

Overview and Scrutiny Committee

WEDNESDAY, 30TH MARCH, 2011 at 18:00 HRS - CIVIC CENTRE, HIGH ROAD, WOOD GREEN, N22 8LE.

MEMBERS: Councillors Bull (Chair), Browne (Vice-Chair), Alexander, Basu, Ejiofor, Newton and Winskill

Co-Optees: Ms Y. Denny (church representative) plus 1 Vacancy, Ms S. Marsh (Parent Governor), Ms M Jemide (Parent Governor), Ms S Young (Parent Governor), Ms H Kania (LINK Representative)

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

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

4. DECLARATIONS OF INTEREST

A member with a personal interest in a matter who attends a meeting of the authority at which the matter is considered must disclose to that meeting the existence and nature of that interest at the commencement of that consideration, or when the 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. SUPPORT TO CHILDREN AT RISK OF SUBSTANCE MISUSE (PAGES 1 - 18)

To receive an update further to the Support to Children at Risk of Substance Misuse Scrutiny Review.

7. CABINET MEMBER QUESTIONS - CABINET MEMBER FOR CHILDREN'S SERVICES (PAGES 19 - 22)

Briefing and answers to questions – Councillor Lorna Reith, Cabinet Member for Children's Services.

8. CHILDREN'S SAFEGUARDING POLICY AND PRACTICE ADVISORY COMMITTEE (PAGES 23 - 24)

To receive the report updating on the work of the Advisory Committee.

9. SAFEGUARDING ACTION PLAN - UPDATE ON PROGRESS (PAGES 25 - 86)

To receive the update report on the delivery of the Safeguarding Plan, for the period up to February 2011.

10. CHILD PROTECTION PERFORMANCE AND KEY ISSUES REPORT (PAGES 87 - 100)

To consider and note the update report on child protection performance.

11. SCHOOL EXCLUSIONS (PAGES 101 - 106)

To consider the report on Haringey school exclusions.

12. EXAM RESULTS (PAGES 107 - 112)

To note the preliminary analyses of results at the end of the Foundation Stage, Key Stages 1, 2, 4 and Post 16 for 2010.

Hard copies of background papers are available on request.

13. NEW ITEMS OF URGENT BUSINESS

14. MINUTES (PAGES 113 - 118)

To confirm the minutes of the meeting held on 1st November 2010.

15. FUTURE MEETINGS

The next meeting of the Overview & Scrutiny Committee will be held on 9th May 2011.

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Monday 14th March 2011

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Cabinet Member for Children and Young People Overview and Scrutiny Child Protection on 30 March 2011

Finance

The 2010-11 budget recognised budget pressures primarily in the Looked After Children (LAC) placement budgets including those attributable to the Southwark Judgement. In total £4.4m was added to the budget, including £2.9m for placements and £0.8m for associated legal costs. A further £0.6m was given to support staffing structures in Children and Families targeted at safeguarding services.

Despite this additional resource the service has continued to experience increased demands for its safeguarding services, resulting in an estimated overspend for the year and the need for additional resources to be included as part of the 2011-12 budget setting process.

2010-11 is the final year of the last multi-year funding settlement for the Dedicated Schools Grant (DSG) and the government has announced both that per pupil funding is being maintained for 2011-12 at 2010-11 levels and that the current funding arrangements are to be continued for a further year. Significant work during 2010-11 has been focussed on lobbying for a change to the inequitable Area Cost Adjustment (ACA) arrangements which disadvantage Haringey and designing and consulting upon a new Early Years Single Funding Formula (EYSFF) ready for implementation in April 2011.

Educational achievements

The percentage of pupils attaining 5+ A* - C grades in Haringey in 2010 is 73% compared to the national result of 75.4%. Haringey schools improved by 24.5% in the percentage of pupils attaining 5+ A* - C grades at GCSE from 2005 - 2010. This compares with a national improvement of 18.3% in the same period. The percentage of pupils attaining 5+ A* - C (including English and maths) is 48% compared to the national result of 53.4%. Haringey schools improved by 16.2% from 2005 -10 compared to a national improvement of 9.1% in this measure.

Haringey's Key Stage 2 results (percentage of pupils attaining both English and maths level 4+) in 2010 are 75% compared to national results of 73%. These results, however, have been affected by the national test boycott. Only 20 schools in Haringey (out of 57) did the tests and the published results stated above are based on those schools that did the Key Stage 2 tests.

- There are no Haringey schools below the government threshold of 30% 5+ A* - C (including English and maths). The government has recently raised the threshold to 35% and this puts Greig City Academy (30%), St Thomas More (31%) and John Loughborough (31%) below the new threshold
- As Corporate Parents you will be pleased at this year's results for Looked After children. Results at GCSE are better than ever; 20% passed 5 A* - C grades including English and Maths (national LAC results are 12%) and 33% passed 5 A* - C grades (national LAC results are 26%).
- The levels of young people who are Not in Education, Employment or Training (NEET) has reduced from 6.8% to 6.6% (2010-2011). The November to January average figure for those young people who are not known has risen slight from 5.0% to 5.5% over the same period from last year. These figures now bring us in line with statistical

neighbours and close to national figures. The challenge will be to continue this improvement in 2011 against an economic down turn.

Areas of Focus for the future

- The withdrawal of a number of Government grants and the transfer of others to schools has required a major reduction in staffing numbers and a restructuring of the School Standards Service. This process has now been completed and the new structure is being implemented from 1 April 2011, although the full effects of the new approach will be seen after the Easter break.
- The Government believes that schools rather than local authorities should be accountable for pupils' performance. Accordingly the new Standards Service has been set up to assist schools in processing support for their own improvement, whilst adequate resources for the LA to fulfil its residual responsibilities. Broadly, these involve intervention where schools fall below floor targets and advocacy on behalf of vulnerable pupils and their families. Haringey Council has also retained a range of expertise at a strategic level in order to be able to work in partnership with schools on matters of common concern. To assist in their process and reflect the partnerships approach, an advisory group of headteachers has been established to act as a "critical friend" to the Standards Service. Meanwhile, talks continue in order to identify mutually advantageous ways of working with neighbouring LAs and thus increasing potential capacity.

Investment in primary schools

Haringey has continued to respond to the London-wide primary reception places shortage pro-actively, with work progressing on the expansion of Rhodes Avenue and planning in progress for additional places in the east of the borough. In recent years 120 new primary admission places have been created, with 30 more at Rhodes Avenue for 2011.

More primary school places will be needed in 2011 and beyond. We have developed plans but await the delayed DfE National Capital Review outcomes in order to see whether sufficient funding will be available.

At Broadwater Farm we are creating a new primary special school linked closely to a rebuilt primary school as an innovative learning campus, providing the best for some of our most vulnerable children alongside a superb mainstream primary school environment.

BSF

The Building Schools for the Future programme remains on target, with the new secondary school – Heartlands High School – opened on time and within budget in September this year. Works are now completed at all schools apart from remaining work at Heartlands and at Woodside High School and its linked secondary special school (now known as Riverside).

School Meals

Haringey's school meals service introduced healthy eating menus a year before the new national menus and nutritional standards were required. Meal take up in the all-important primary years has increased by 10% over the last four years.

Prevention and Early Intervention

Currently the Children's Networks department delivers prevention, early intervention and support services to children and young people who have additional needs. From 1 April

2011, to reflect the budget savings required of CYPS, a reformed department – Prevention and Early Intervention - will have responsibility for Early Years (previously in School Standards), Admissions and School Organisation (previously in Business Support and Development), the remaining functions of School Standards, and the Youth Offending Service (previously in the Chief Executive's Service).

Areas of Focus

- Planning for the cessation of significant levels of grant funding – likely to affect play, extended services, youth and behaviour support;
- reviews of Youth and Connexions, Participation and Play in the light of expected cuts
- reviews of Early Years and Children's Centres in light of proposed budget reductions and the development of cluster-based model of children's centre delivery
- Discussions advancing with Enfield regarding a shared EPS/CAMHS service.
- Review of Childcare fees, following report to Cabinet on 8 February, with the proposed introduction of a new fee structure from September 2011
- further development of multi-disciplinary teams to deliver more integrated support to children/young people identified through the CAF as requiring targeted services e.g. family support, behaviour support, speech and language provision, education welfare etc
- consolidation of an intense piece of work across the CYPS and partners, particularly NHS Haringey and the Mental Health Trust, to develop a strategy to support children and young people with social, emotional and behavioural difficulties to ensure that the needs of these children are appropriately identified, that they receive the right support at the right time and, wherever possible, they are retained in Haringey provision.
- Development of a Preventative and Early Intervention model and thresholds for all staff working with children, young people and families.

Children and Families

The numbers of Looked After Children have continued to stabilise and are now below 600. Children who require statutory intervention to ensure they are safeguarded continues to be the priority for Children's Services and partner agencies.

The recent announced inspection of Safeguarding and Looked After Children's Services has evidenced the significant progress that the Local Authority and its partners have made to strengthen safeguarding provision over the past 18 months.

The inspection took place over a two week period in January. The inspection noted the highly visible and committed leadership within the partnership and commented that the arrangements for contact, referral and assessment of children in need or who are at risk of harm are good.

With regard to the quality of services for looked after children and young people the report stated that they have been maintained despite the priority afforded to safeguarding services, and the partnership is aiming for top quartile performance in all areas.

The report further commented that the capacity for improvement in both safeguarding and looked after children's services is good, that senior and political leadership has been strengthened and is clearly aware of service needs and areas for further improvement.

Clearly there is still much to do, a number of recommendations were made which will be part of plans for the continued improvement of services.

We will continue to strengthen safeguarding services for our most vulnerable children including looked after children for whom the council and its partners have a responsibility as corporate parents.



Haringey Council

Briefing for:	Overview and Scrutiny Committee
Title:	Report from Children's Safeguarding Policy and Performance Advisory Committee
Lead Officer:	Hilary Corrick, Independent Social Work Consultant, and Independent Member
Date:	30th March 2011

1. INTRODUCTION

This report gives feedback from the Children's Safeguarding Policy and Performance Advisory Committee.

2. BACKGROUND INFORMATION

The Children's Safeguarding Policy and Practice Advisory Committee is a back bench Committee which was set up in 2009 to look in detail at safeguarding aspects of policy and practice. As such, it has linked with the Overview and Scrutiny Committee and their regular reviews of child safeguarding work.

3. COMMITTEE UPDATE

At their January meeting members of the Children's Safeguarding Policy and Practice Advisory Committee received a report on contacts, referrals, and assessments in the First Response service. They looked at the data available and were able to compare rates of referrals, the proportion of referrals which receive an Initial Assessment and timescales for completing the assessments. Members were able to compare rates and timescales in the borough with those of comparator authorities and nationally. The data suggested that the service is able to identify those children needing assessment at an early stage, but is less good at completing those assessments in a timely way. Timeliness is important but Members questioned officers about the quality of assessments.

At their next meeting members of the Safeguarding Policy and Performance Advisory Committee will receive a report from Officers about



Haringey Council

child protection planning, and the issues and challenges. They will also receive a report on an audit of child protection investigations which started in November 2010.

4. THE COMMITTEE FUTURE

A report was presented to Cabinet on March 22 2011 which proposes that the Children's Safeguarding Policy and Practice Advisory Committee should be reconstituted to ensure that it works along similar lines to the Corporate Parenting Committee.

Discussion had been held between with the Cabinet Member for Children and Young People, Chair of Committee, Independent Member of the committee and the Deputy Director for Children and Families about the work of the committee and its alignment to the Cabinet as an advisory committee. Similarities of the committee's role to scrutiny and its position in the committee structure were discussed and it was felt that the committee was correctly aligned to the Cabinet as an Advisory Committee. This provided the committee with a long term status and allowed linkages to the Corporate Parenting Advisory Committee to be made. The Children's Safeguarding Policy and Practice Committee was constructed to work in parallel to the Corporate Parenting Advisory Committee and had duties for overseeing the Council's responsibility for children in need, particularly focussing on safeguarding.

This proposal was agreed and a joint meeting of the Children's Safeguarding Policy and Practice Committee and the Corporate Parenting Advisory Committee will be held in March 2011 to discuss issues of mutual interest.

When these new arrangements come into place in the new Council year, the Children's Safeguarding Policy and Practice Committee should no longer require to report formally to the Overview and Scrutiny Committee.

Agenda item:

[No.]

Overview & Scrutiny

On 28th March 2011

Report Title: Safeguarding Plan for Haringey

Report of **Peter Lewis, Director of Children & Young People's Service**

Signed :



Contact Officer : Debbie Crossan, Project Manager

Wards(s) affected: **ALL**

Report for: **Non Key Decision**

1. Purpose of the report (That is, the decision required)

- 1.1. This report provides Scrutiny with an update on delivery of the Safeguarding Plan, for the period up to February 2011.
- 1.2. The report also presents the Inspection of Safeguarding and looked after children services report (Ofsted February 2011)

2. Introduction by Cabinet Member (if necessary)

- 2.1. N/A.

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

- 3.1. The Haringey Community Strategy 2007-2016 in particular the 'Safer for all' key outcome. In response to the JAR Action Plan we have strengthened our commitment to provide support and protection to the most vulnerable people in our community through the following priority: We will **'Safeguard children and adults from abuse and neglect wherever possible and deal with it appropriately and effectively if it does occur'** – *Community Strategy Update, March 2009*
- 3.2. The Council Plan 2007-2010 priority of 'Encouraging lifetime well-being at home, work, play and learning'

- 3.3. The Children and Young People's Plan 2009-20 in particular the 'Stay Safe' element which, in part, replicates the key actions developed within the Safeguarding Plan.
- 3.4. Haringey Strategic Plan (NHS) 2008-2013
- 3.5. Safer for all, Haringey's Community Safety Partnership Strategy 2008-2011

4. Recommendations

- 4.1. To note progress in delivery of the Safeguarding Plan milestones.
- 4.2. To recognise the progress made and achievements identified through the announced inspection.
- 4.3. To note the development of a Safeguarding and Looked After Children Action Plan which will replace the Safeguarding Plan.

5. Reason for recommendation(s)

- 5.1. This report provides Scrutiny with a progress report on the Safeguarding Plan for Haringey up to February 2011.

6. Summary

- 6.1. The Safeguarding Plan for Haringey has now been refreshed three times since originally formed as the JAR Action Plan and is in the process of being refreshed once again. These refreshes have incorporated findings from the Ofsted inspections and key findings from the serious case reviews (SCRs). The purpose of the plan is to enable the Council to be amongst the best at safeguarding children and young people by 2012.
- 6.2. The announced inspection of safeguarding and looked after children which took place in January confirmed our route of progress but more remains to be done. Progress to the end of February 2011 is shown within the Safeguarding Plan Milestone Report.

7. Chief Financial Officer Comments

- 7.1. The Safeguarding Plan attached to this report is not costed. Additional resources amounting to £7.4m were agreed for the Children's Service as part of the 2011-12 budget however, it is clear that these resources target in the main, on-going service pressures around the number of Looked After Children (LAC) and their associated costs.
- 7.2. Consequently, any additional costs associated with implementing the Safeguarding plan will need to be met from existing resources.
- 7.3. Future progress reviews of the plan should consider the resource implications of agreed actions.

<p>8. Head of Legal Services Comments</p> <p>8.1. N/A</p>
<p>9. Head of Procurement Comments</p> <p>9.1. N/A</p>
<p>10. Equalities & Community Cohesion Comments</p> <p>10.1. N/A</p>
<p>11. Consultation</p> <p>11.1. N/A</p>
<p>12. Service Financial Comments</p> <p>12.1 See Chief Financial Officer comments</p>
<p>13. Use of appendices /Tables and photographs</p> <p>13.1. Appendix 1: Glossary of Terms</p> <p>13.2. Appendix 2: Safeguarding Plan Milestone Summary Report, February 2011</p> <p>13.3. Appendix 3: Ofsted Inspection of safeguarding and looked after children services report, February 2011</p>
<p>14. Local Government (Access to Information) Act 1985</p> <p>14.1. JAR Report (December 2008)</p> <p>14.2. Annual Performance Assessment (December 2008)</p> <p>14.3. Inspection of Progress in the Provision of Safeguarding Report (July 2009)</p> <p>14.4. Inspection of Progress in the Provision of Safeguarding Report (February 2010)</p> <p>14.5. Unannounced inspection of contact, referral and assessment arrangements 9September 2010</p> <p>14.6. Inspection of safeguarding and looked after children services report (February 2011)</p>

1. Background

- 1.1.1 Since January 2009 the Safeguarding Plan has been closely monitored and regularly refreshed to incorporate the latest findings from Ofsted inspections and Serious Case Reviews. In October 2010 senior officers from across the partnership came together to take stock and review the plan in light of the changed political and economic climate. The partnership was clear that even during a time of financial pressures they would prioritise safeguarding. The result of this workshop was the development of the refreshed Safeguarding Plan which was launched in December 2010. Progress to date against this can be found in Appendix 2.
- 1.1.2 In January 2011 Ofsted and the Care Quality Commission undertook a two week announced inspection of safeguarding and looked after children services. Inspectors noted that 'improvements reported after the last unannounced inspection of the service in August 2010 have been sustained' and that 'highly visible and committed leadership within the partnership, including the LSCB and Haringey Children's Trust, has strengthened safeguarding systems over the past 18 months'. Many of their judgements say that our work is adequate; however, in 9 of the 22 judgements they make, they say we are 'Good' and have made "sustained and significant improvement" since 2009. No areas were judged as inadequate. Their overall judgement for Capacity to Improve is 'Good' for both Safeguarding and Looked After Children. These two judgements are extremely important and compare favourably with those local authorities who have been through a similar inspection, though inevitably some have done better and some not so well.
- 1.1.3 ~~The announced inspection was the first in recent years to include our looked after children's services and this will be reflected in the Safeguarding and Looked After Children Action Plan, which will replace the Safeguarding Action Plan. The inspection report included 9 areas for improvement for safeguarding and 5 for looked after children, which are to be addressed within 3-6 month timescales. In response senior officers from across the partnership have identified actions and milestones which will meet Ofsted's requirements and improve services delivered to our children and young people. These will be included in the refreshed plan, alongside some of the actions from the December version.~~

2. Next Steps

- 2.1.1 The areas for improvement and findings identified by Ofsted will be incorporated into the Safeguarding and Looked After Children Action Plan and this in future will be reported to Overview and Scrutiny twice per year.

Overview & Scrutiny**Safeguarding Plan – Glossary of Terms and Acronyms**

AFI	Area for Improvement
APA	Annual Performance Assessment
C&YPS	Children & Young People's Service
CAF	Common Assessment Framework
CAIT	Child Abuse Investigation Team
CAMHS	Child and Adolescent Mental Health Service
CiC	Children in Care – children in care to the local authority
CiN	Children in Need – children in receipt of a service from Children & Families after assessment identified a particular need
CLU	Children With Disabilities (looked after under a series of short-term placements)
CP	Child Protection
CPP	Child Protection Plan – the agreed plan by which the statutory (and other) agencies will protect a child from significant harm, agreed at a multi-agency child protection conference
CT	Children's Trust
CTEMPG	Children's Trust Executive Performance Management Group
CYPP	Children & Young People's Plan
DCSF	Department for Children, Schools & Families
DV	Domestic Violence
ECM	Every Child Matters – government initiative with 5 themes of activity to focus activity in support of children and young people
FRMAT	First Response Multi-Agency Team
FII	Fabricated or induced illness
FWi	Framework-I – computer system used for children & families casework
GAG	Gangs Action Group
GOSH	Great Ormond Street Hospital in Haringey
HCT	Haringey Children's Trust
HSP	Haringey Strategic Partnership
JAR	Joint Area Review
LAA	Local Area Agreement
LAC	Looked After Child(ren) – children in care
LC	Leaving Care – usually referring to that group of children in care, over the age of 16 and still in receipt of services or support
LCT	Leaving Care Team – the specialist team that take responsibility for (most) children in care from age 16 and see them through to the end of their care episode. The team helps to find accommodation and either work or continued study.
LPM	Legal Planning Meeting
LSCB	Local Safeguarding Children's Board
MACIE	Multi-Agency Child Investigation Exercise
MARAC	Multi-Agency Risk Assessment Conference
MAPPA	Multi Agency Public Protection Arrangements





MPS	Metropolitan Police Service
NMUH	North Middlesex University Hospital Trust
NAI	Non accidental injury
NQSW	Newly Qualified Social Worker
Ofsted	Office for Standards in Education – undertake inspections on children’s services including safeguarding
PCT	Primary Care Trust
PEP	Personal Education Plan – required for every looked after child in education
R&A	Referral & Assessment
SCR	Serious Case Review
SPE	Single Point of Entry
SPSG	Safeguarding Plan Steering Group
SPPP	Safeguarding Policy & Practice Panel
SW	Social Worker(s)
UNM	Unaccompanied Minor(s) – children under 18 who have come to this country from abroad without a parent or other attached adult



Appendix 2. Safeguarding Plan Milestone Report February 2011

Generated on: 04 March 2011














Haringey Council





Action Status	
	Not achieved / not on track support required to address issues
	Not on track but no support required to address issues
	Action in progress and on track to be completed
	Action completed and desired outcome achieved






Action	Milestone	Planned Start Date	Due Date	Status	Progress Note	Milestone Lead	Theme	Outcome
9.01 (4.04) Implementing "best practice" in identifying, assessing and managing risk	Risk management strategy developed and recognised across multiple agencies	01 Jun 2010	28 Feb 2011		February 2011 - Achieved. Completed and has been to LSCB and SAB. Further work underway to embed elsewhere.	Marion Wheeler	Good Practice	Safeguarding services of a high quality are provided across the Borough
	Systems embedded to improve and monitor multi-agency assessment practice in line with the principles laid out in the LSCB Risk Management Strategy 2010 and Section 11 Children Act 2004 (SCR Q Rec 6)	01 Jan 2011	31 Jul 2011		This milestone will be superseded by actions included in the QA section of the Safeguarding and Looked After Children Action Plan.	Debbie Haith		
	Mechanisms in place to ensure that staff from all agencies give equal importance to the role of males involved with a family, resident or non resident, during their	01 Jan 2011	31 Jul 2011		February 2011 - On track.	Marion Wheeler		

Action	Milestone	Planned Start Date	Due Date	Status	Progress Note	Milestone Lead	Theme	Outcome
	assessment processes and audit toolkit amended to include this (SCR Q Rec 8)							
	Information sharing issues highlighted in SCR Q addressed by all agencies in their action planning (SCR Q Rec 4)	01 Jul 2010	31 Jul 2011		February 2011 - On track. Further work regarding information sharing has been undertaken with key managers in CYPs, additional work now underway between Adult Mental Health Trust partners and CYPs.	Marion Wheeler		
9.02 (4.07) Integrating "best practice" domestic violence work to safeguard children & young people	Learning from SCR Q disseminated	01 Dec 2010	30 Jun 2011		February 2011 - On track. Key messages, briefing and poster agreed - rollout to specific settings started (health visitors, children's centres, schools safeguarding forums). Likely to be tested via new LSCB QA framework pilot.	Sarah Peel	Good Practice	Ensuring domestic violence work is integrated with safeguarding services
	Training approach to domestic violence reviewed to ensure that it is underpinned by core knowledge and understanding of issues identified in SCR Q (SCR Q Rec 2)	01 Dec 2010	31 Jul 2011		February 2011 - On track.	Rachel Oakley		
	Schools and Children's Centres supported to develop a greater understanding of safeguarding and domestic violence	01 Jan 2011	31 Dec 2011		February 2011 - On track. This is a significant and continuing work programme, the second DV Coordinator has made considerable progress with this during last year and will now be embedded in CYPs permanently to continue the work.	Marion Wheeler		
9.03 (4.08) Consistent approach to recording and presenting information within school and health files established and implemented	Recording, presenting and information sharing mechanisms between schools and school nurses established	01 Sep 2010	31 Dec 2010		To be reviewed.	Bob Garnett	Good Practice	Clear linkage and read across between case files supports the safeguarding of children in schools and through health services
	Annual compliance reporting integrated within Safeguarding Plan reports	01 Jan 2011	31 Jul 2011		To be reviewed.	Bob Garnett		
	Information sharing issues regarding health visitors and school nurses highlighted in SCR Q addressed (SCR Q Rec 4)	01 Jul 2010	31 Jul 2011		February 2011 - On track. Ongoing work with School Nursing Service, Named Nurse for Child Protection and schools lead in CYPs LBH to identify	Jane Elias		








Action	Milestone	Planned Start Date	Due Date	Status	Progress Note	Milestone Lead	Theme	Outcome
9.04 (4.09) Ensure that children and young people are consistently involved and their views are heard in Safeguarding Services	Mechanisms for more effectively hearing and recording children and young people's view during the safeguarding assessment process determined and implemented	01 Jun 2010	31 Mar 2011		appropriate recording, storage, and access and sharing of information. February 2011 - On track. 1. Pilot scheme for children to give feedback on CP/Core assessments undertaken - report on findings due shortly. 2. CPA's analysis of completion of 'Have your say' post child protection conference consultations due.	Marion Wheeler	Good Practice	Children and young people's voice is heard and responded to in Safeguarding Services
	Child's champion scheme for representing the child at case conferences developed and implemented	01 Jul 2010	31 Mar 2011		February 2011 - On track. In Development - draft in 1 week. Early discussions indicate good reception from partner agencies on the proposal.	Marion Wheeler		
	MPS assessed whether feedback from children and young people after ABE interviews can be sought	01 Jul 2010	31 Jul 2011		January 2011 - On track. Work ongoing at this time as to how the views of young people would be sought. Enquiries ongoing with Detective training school Hendon.	Chris Barclay		
9.05 (4.12) Delays in transfers are significantly reduced and notification arrangements for meetings are improved	Staffing levels in long term teams reviewed	01 Jun 2010	31 Dec 2010		December 2010 - Achieved. Staffing levels agreed supported by resources growth bid.	Marion Wheeler	Good Practice	Staffing levels are appropriate for effectively Safeguarding Children & Young People
	9.06 (4.14) Increase the involvement of health professionals in complex case meetings	01 Aug 2010	31 Mar 2011		February 2011 - On track. Specialist Health Visitors and Designated Nurse booked to attend training March 2011 (earliest available).	Karen Baggaley	Good Practice	Reduced reliance on legal process through the implementation of robust arrangements at an earlier stage
9.07 (4.15)	Review effectiveness of involvement in preventing the escalation of cases and amend processes and procedures if needed	01 Oct 2010	31 May 2011		February 2011 - Not on track. No regular attendance yet to review.	Karen Baggaley		
	Mechanisms for monitoring schools	01 Oct 2010	28 Feb 2011		To be replaced by 'Best Practice	Debbie Haith	Good Practice	Reduced reliance





Action	Milestone	Planned Start Date	Due Date	Status	Progress Note	Milestone Lead	Theme	Outcome
Guidance to be established clarifying what and when health and schools involvement in child protection conferences will be required	and health involvement in Child Protection conferences established and built into performance management framework Initial audit of compliance undertaken within health	01 Dec 2010	30 Apr 2011		standards for attendance at strategy meetings (and child protection conference) developed and attendance monitored at LSCB' February 2011 – On track. Data collection is currently underway for the February audit of GP attendance and reports to CP conference - results will be available by end of April 2011. Health Visitor and School Nurse attendance at Child Protection conferences is recorded monthly on the safeguarding scorecard. Due date needs moving to April 2011 from February 2011.	Bridget Owen		on legal process through the implementation of robust arrangements at an earlier stage
9.08 Develop ICS so that it is in line with best practice	Initial audit of compliance undertaken within schools Roll out ICS improvement phases Work with Core Logic to develop Family Based recording	01 Dec 2010 01 Dec 2010 01 Dec 2010	28 Feb 2011 30 Jun 2012 30 Jun 2012	 	To be reviewed. February 2011 - On track. February 2011 - On track.	Bob Garnett Rachel Oakley Rachel Oakley	Good Practice	ICS improved leading to increased knowledge of families and more effective case management
9.09 Work collaboratively to ensure that commissioning is effective	Partners coordinate reductions in commissioning budgets to minimise the impact on vulnerable children and young people Programme of Commissioning projects supported (HESP Strategic Commissioning Stream)	01 Dec 2010 01 Jan 2010	31 Dec 2011 31 Dec 2011		Remove from plan. Shadow Health and Wellbeing Board to lead on joint commissioning. Remove from plan. Shadow Health and Wellbeing Board to lead on joint commissioning.	Ian Bailey Ian Bailey	Good Practice	Safeguarding Services are effectively operated across the partnership
10.01 Review current service provision for people with personality disorder	Current service provision for people with personality disorder reviewed to recognise the point at which a parent with this diagnosis needs support and services so as to enhance the support provided to the children & families (SCR Q Rec 5)	01 Jan 2011	01 Jan 2011		February 2011 - Achieved. The safeguarding staff have rolled out training across Haringey with regard to safe guarding children. Specific training was targeted at Start and the Home Treatment Teams in Haringey. This raised awareness around safeguarding children with an	Carole Bruce-Gordon	Early Intervention	Children and families of people with personality disorders more effectively supported






Action	Milestone	Planned Start Date	Due Date	Status	Progress Note	Milestone Lead	Theme	Outcome
10.02 (5.05) Embed the Healthy Child Programme through inter-agency working providing universal and intensive programmes. This informs further development and rollout of the CAF.	Review Healthy Child Programme (0-5) and agree implementation plan	01 Apr 2010	31 Jul 2011		February 2011 - Achieved.	Claire Wright	Early Intervention	Effective multi-agency provision of early years services which are outcome focussed
	Healthy Child Programme rolled-out in the North and South Networks	01 Sep 2010	31 Jul 2011		February 2011 - On track.	Jane Elias		
	Schools effectively supporting the Healthy Years Programme	01 Sep 2010	31 Jul 2011		January 2011 - On track. The Healthy Early Years Programme is currently being rolled out to Children's Centres in the South network supported by the Senior Public Health Strategist for Children and Young People. 90% of schools are accredited Healthy Schools - the future of the programme is subject to local decision making.	Jeanelle De Gruchy		
	Transition arrangements between early years and school (services) reviewed	01 Jan 2011	30 Jun 2011		To be reviewed.	Claire Wright		
10.03 (5.01) All Haringey Children's Centres, children's community health services and schools will undertake a CAF for any children	Deliver support mechanisms for CAF in private, voluntary and independent (PVI) settings	01 Jul 2010	31 May 2011		February 2011 - Achieved.	Allison Botham	Early Intervention	Timely and appropriate assessments and referrals are made in line with the Haringey thresholds of need

Action	Milestone	Planned Start Date	Due Date	Status	Progress Note	Milestone Lead	Theme	Outcome
that they consider to be vulnerable, as the first stage in identifying additional needs								
10.04 (5.02) Refocus the resources within universal settings so they identify and support the needs of the most vulnerable.	Training needs assessment for universal services completed	01 Jul 2010	28 Feb 2011		To be carried out as part of Children's Trust Workforce Development and therefore dropped from this plan.	Rachel Oakley	Early Intervention	Timely and appropriate assessments and referrals are made in line with the Haringey thresholds of need
	Training programme for universal services developed	01 Oct 2010	31 Mar 2011		To be carried out as part of Children's Trust Workforce Development and therefore dropped from this plan.	Rachel Oakley		
10.05 (5.03) Continue to develop the role, understanding and performance management of the CAF	CAF assessors training rolled-out	01 Jan 2010	28 Feb 2011		February 2011 - Achieved. Trainers trained and training begins end of March	Allison Botham	Early Intervention	Enhanced partnership working delivering joined up services in local areas
	Performance management framework for CAF developed and implemented, informed by evaluation of information from targeted and specialist provision and universal settings	01 Oct 2010	31 Dec 2010		December 2010 - Achieved. Agreed at Integrated Working Implementation group in December - to be ratified at Integrated Working Strategy group 1st February.	Allison Botham		
10.06 (5.04) Develop integrated working by moving from Multi-Disciplinary Teams (MDT) to Multi-Agency Teams (MAT), integrated with poly-systems	Early intervention services mapped to include workforce and resources	01 Jun 2010	31 Mar 2011		February 2011 - On track. Status relates to Early Years aspect only. Lead for wider MDT work lead through Jan Doust (Deputy Director).	Ngozi Anuforo	Early Intervention	Integrated inter-agency working leading to a more efficient and effective early intervention service
	Local population needs identified for each area partnership and appropriate services planned	01 Nov 2010	30 Apr 2011		Lead to be amended.	Ngozi Anuforo		
	GPs incorporated into the early intervention system and made aware of services available in their area	01 Nov 2010	31 Dec 2010		December 2010 - Achieved. Achieved via 4-6 weekly Health Visitor/GP liaison visits by link Health Visitor to every GP practice and information sent regularly to each GP practice by Named Nurse for Primary Care.	Claire Wright		
	Understanding of care pathways alongside tiers of need embedded	01 Sep 2010	31 Mar 2011		February 2011 - On track. Status relates to Early Years aspect only.	Ngozi Anuforo		

Action	Milestone	Planned Start Date	Due Date	Status	Progress Note	Milestone Lead	Theme	Outcome
					Lead for wider MDT work lead through Jan Doust (Deputy Director).			
	The 'core offer' for all developed and described to incorporate the Healthy Child Programme 0 - 19	01 Jan 2011	30 Apr 2011		February 2011 - On track.	Jane Elias / Jan Doust		
	Multi-agency teams co-located within each area partnership	01 Sep 2010	31 Aug 2011		February 2011 - On track. MDT teams operational within each Children's Network area. Further consideration to be given to the composition of these teams in new financial year.	Jan Doust		
10.07 Multi-agency Early Years Strategy developed	Delivery of Early Years Strategy on track	01 Jun 2010	31 Dec 2011		February 2011 - On track. Early Years Policy agreed and supporting Early Years Single Funding Formula. Current work is focusing on implementing budget decisions related to early years and Children's Centres.	Jan Doust	Early Intervention	Early Years Strategy delivered
10.08 (5.06) As a partnership identify resources to deliver the Preventative Strategy	Strategy action plans revised and actions re-prioritised as a result of needs and resource analysis, in line with aspiration to be amongst the best by December 2011	01 Nov 2010	31 Mar 2011		February 2011 - On track. On track but all elements are under review within context of budget pressures. Further work to be undertaken once immediate management challenges of staff reductions have been achieved.	Jan Doust	Early Intervention	Value for money and best practice delivered effectively in early intervention services
	Delivery of Parenting and Family Support Strategy on track	01 Jun 2010	31 Dec 2011		February 2011 - On track. Strategy under review within context of budget pressures. Further work planned for beginning of new financial year.	Jan Doust		
	Delivery of Preventative Strategy on track	01 Jun 2010	31 Dec 2011		February 2011 - On track.	Jan Doust		
10.09 (5.07) Review the continuum of service provision aligned with the preventative strategy, descriptors of thresholds and continuum of	Review management structures	01 Jun 2010	31 Dec 2010		February 2011 on track. This is being delivered through the 'Re-Thinking Haringey' programme and the various consultations lined to budget reductions.	Jan Doust	Early Intervention	Prevention and targeted services intervening early so that needs are met earlier and without the need for statutory interventions
	Review composition of teams	01 Sep 2010	31 Dec 2010		February 2011 - On track.	Jan Doust		
	Ensure that teams are moving towards delivering multi-agency interventions and joined up	01 Jan 2011	31 Jul 2011		February 2011 - On track.	Jan Doust		








Action	Milestone	Planned Start Date	Due Date	Status	Progress Note	Milestone Lead	Theme	Outcome
needs.	approach							
10.10 (5.09) Ensure that the inadequacies identified by Ofsted inspections of childminders and childcare provision are addressed through training and communications	Evaluation of the impact of training completed	01 Jun 2010	31 Jan 2011		January 2011 - Achieved. Additional evaluations will be taken forward as part of the planning for future. February 2011 - On track. Childminders are taking up training and we have a good picture of their further training needs. However the impact of withdrawing the Childminding Development Officer posts may well impact on our ability to support in future	Ros Cooke	Early Intervention	All Ofsted inspections of childminders and childcare providers meet required safeguarding standards
10.11 (5.10) Develop an accreditation scheme for non-school settings	Determine further training needs and costs of continuing to fully fund safeguarding training requirements	01 Jun 2010	30 Apr 2011		February 2011 - On track. Childminders are taking up training and we have a good picture of their further training needs. However the impact of withdrawing the Childminding Development Officer posts may well impact on our ability to support in future	Ros Cooke	Early Intervention	All Ofsted inspections of childminders and childcare providers meet required safeguarding standards
	All non-schools settings completed self-assessment for accreditation	01 Nov 2010	31 Mar 2011		February 2011 - On track. 95% of settings have completed assessments, those who have not are being followed up.	Ros Cooke	Early Intervention	All Ofsted inspections of childminders and childcare providers meet required safeguarding standards
	Accreditation visits to all settings	01 Jan 2011	28 Feb 2011		February 2011 - On track. Visits are underway.	Ros Cooke	Early Intervention	All Ofsted inspections of childminders and childcare providers meet required safeguarding standards
	Accredited levels for all settings agreed and published	01 Feb 2011	31 Mar 2011		February 2011 - On track. It may be decided that publication would be better done in September.	Ros Cooke	Early Intervention	All Ofsted inspections of childminders and childcare providers meet required safeguarding standards
10.12 (5.11) Develop and embed an understanding of child protection procedures within schools	Children & Young people's service holding school governors to account where safeguarding procedures are not being delivered correctly	01 Jun 2010	31 Jul 2011		To be replaced by 'actions put in place to assist schools to understand and embed child protection procedures'.	Bob Garnett	Early Intervention	All Ofsted inspections of childminders and childcare providers meet required safeguarding standards
	A clear set of expectations on the role of schools in early intervention and prevention developed	01 Jan 2011	31 Dec 2011		February 2011 - On track. Under review. Further work planned for new financial year.	Jan Doust	Early Intervention	All Ofsted inspections of childminders and childcare providers meet required safeguarding standards
11.01 (6.03) Safeguarding Champions scheme expanded to enhance the corporate parenting role	Review and re-launch Safeguarding Champion scheme across the Children's Trust	01 Sep 2010	31 Mar 2011		February 2011 - On track.	Marion Wheeler	Leadership and Governance	Increased ownership of and responsibility for CYP by senior managers across the partnership

Action	Milestone	Planned Start Date	Due Date	Status	Progress Note	Milestone Lead	Theme	Outcome
11.02 (6.05) Identify the role and capacity building requirements to enable voluntary sector support for safeguarding	Voluntary sector supported to capacity build as a result of findings from the Voluntary Sector Strategy and work of the Voluntary Sector Group	01 Dec 2010	31 Dec 2011		To be taken up by shadow Health and Well Being Board.	Peter Lewis	Leadership and Governance	Clear role for the voluntary sector with effective support and capacity building mechanisms in place
11.03 (6.06) Develop and communicate the roles, responsibilities and relationships of the LSCB, SAB and Children's Trust	Responsibilities for cross-cutting issues such as domestic violence determined and communicated	01 May 2010	31 Jul 2011		February 2011 - On track. Draft paper with outline recommendations has been discussed at LSCB/ SAB and Safeguarding Plan Steering group. Further discussions have taken place with the lead member / portfolio holders for Children's and Domestic Violence. Following structural changes within the council and the Council leader's governance review and the implementation of the forthcoming Shadow Adults and Children's Health and Well Being Board we will be in a position to determine and communicate the arrangements for Domestic Violence.	Kevin Crompton	Leadership and Governance	Clear governance arrangements that are understood across the partnership
	Joint protocol which underpins approach to Safeguarding of both children and adults specifically in relation to domestic violence and mental health developed (SCR Q Rec 1)	01 Jan 2011	31 May 2011		February 2011 - On track. Draft completed - needs further work and discussion at lead management groups during Spring.	Marion Wheeler		
	Review of Multi Agency Risk Assessment Conference (MARAC) to identify what work needs to be done by which Board to produce: 1 • A framework for a 'Think Family' approach that explicitly considers the needs of children (SCR Q Rec 3)	01 Jan 2011	31 Jul 2011		February 2011 - On track. Not yet started.	Marion Wheeler		
	Review of Multi Agency Risk Assessment Conference (MARAC) to identify what work needs to be	01 Jan 2011	31 Jul 2011		February 2011 - On track. Early discussions held.	Marion Wheeler		

Action	Milestone	Planned Start Date	Due Date	Status	Progress Note	Milestone Lead	Theme	Outcome
	done by which Board to produce: 2. The development of a clear, recorded meeting process that identifies actions, leads and timescales (SCR Q Rec 3)							
	Review of MARAC 3 • A system for monitoring and scrutiny that can evidence an understanding of process and function and require action to be taken to address any areas of weakness (SCR Q Rec 3)	01 Jan 2011	31 Jul 2011		February 2011 - On track. Not yet started.	Marion Wheeler		
11.04 Re-design governance arrangements for Safeguarding Plan	Safeguarding Plan reporting arrangements mapped out and agreed	01 Nov 2010	31 Mar 2011		February 2011 - On track. Reporting arrangements to be agreed on 14th March.	Peter Lewis	Leadership and Governance	Clear reporting arrangements in place
11.05 Stream-line partnership meetings	Partnership meetings identified and stream-lined	01 Nov 2010	30 Apr 2011		Remove from the plan as all meetings are under review due to restructures.	Peter Lewis	Leadership and Governance	Output of partnership meetings maximised
11.06 Incorporate findings and recommendations from Ofsted's announced inspection of safeguarding and looked after children	Actions and milestones developed in response to Ofsted's finding and recommendations from the announced inspection	01 Feb 2011	30 Apr 2011		February 2011 - Achieved. New actions resulting from inspection findings incorporated into the refreshed Safeguarding and Looked After Children Plan.	Peter Lewis	Leadership and Governance	Partnership identifies and monitor actions need resulting from inspections
12.01 (7.05) Ensure the implementation of annual performance appraisal arrangements for all social work and health staff	Guidance and support provided to increase the number and quality of performance appraisals taking place	01 Dec 2010	31 Mar 2011		February 2011 - On track. Remains an issue. Plan for this to be drafted and discussed with C&F MT in March - including target completion rates, quality checks, review etc.	Philippa Morris	Capacity and Staffing	Staff have the skills required to effectively perform their roles
	Incorporate upward appraisal of managers	01 Nov 2010	30 Nov 2010		December 2010 - Achieved. Upward appraisal briefings and reminders for managers took place in November/December, including	Philippa Morris		

Action	Milestone	Planned Start Date	Due Date	Status	Progress Note	Milestone Lead	Theme	Outcome
	Incorporate reporting on appraisal completion within performance management framework	01 May 2010	31 Mar 2011		details on implementing upward appraisal. Uptake and impact remain a risk.	Debbie Haith		
12.02 (7.08) Develop the Haringey Offer around resources, support, valued staff and the quality of the workplace. Enhancing working together (needs to reflect partnership not just Council)	Fully develop the Haringey Offer as a cross partnership offer based on the support and opportunities offered by a career in Haringey Launch the Offer across the partnership	01 May 2010	31 Mar 2011		Drop due to changed economic climate.	Philippa Morris	Capacity and Staffing	Potential new and agency staff view Haringey as the employer of choice
12.03 (7.09) Undertake self assessments against Social Work Taskforce "Health Check"	Programme of self assessments against SW Task Force "Health Check" developed at departmental, service and team level Health checks at team level completed Health checks at service level completed Health check at directorate level completed	01 Jun 2010	31 Mar 2011		Drop due to changed economic climate.	Philippa Morris		
		01 Jun 2010	31 Mar 2011		January 2011 - On track. Delayed due to inspection preparation - to be completed by end of March.	Rachel Oakley	Capacity and Staffing	Social work staff feel valued through the provision of support, suitable workloads, systems and tools enabling them to perform to a high standard
		01 Jun 2010	31 Mar 2011		January 2011 - On track. As above.	Rachel Oakley		
		01 Jun 2010	31 Mar 2011		January 2011 - On track. As above.	Rachel Oakley		
		01 Jun 2010	31 Mar 2011		January 2011 - On track. As above.	Rachel Oakley		
	Actions to address any issues arising developed and integrated within Safeguarding Plan through change control processes	01 Nov 2010	31 Mar 2011		January 2011 - On track. As above.	Rachel Oakley		
12.04 Review training and development in light of Munro	Training and development reviewed in light of Munro report	01 Dec 2010	31 Jul 2011		February 2011 - On track.	Rachel Oakley	Capacity and Staffing	Staff receiving training and development which is line with

Action	Milestone	Planned Start Date	Due Date	Status	Progress Note	Milestone Lead	Theme	Outcome
report								government changes
12.05 Identify alternative methods for service delivery for a time of reduced resources	Options for alternative service delivery developed (i.e. multi-agency working; customer journey mapping; shared services; place based budgets)	01 Jan 2011	31 Dec 2012		February 2011 - On track.	Peter Lewis	Capacity and Staffing	Service users receive effective services in a time of reduced resources
12.06 Develop innovative delivery methods and content for training	Alternative methods for delivering training (i.e. training managers to train staff on DV) outlined Training on forensic thinking and 'detective skills' for social worker developed and piloted with assistance from the Police	01 Jan 2011 01 Dec 2010	31 Jul 2011 31 Jan 2011		Drop - To be picked up as part of learning and development strategy. January 2011 - Not achieved. A course is in existence and is currently being remodelled to suit the training for both Police and Social workers. To be re-timed.	Rachel Oakley Chris Barclay	Capacity and Staffing	Well trained and highly competent staff
13.01 (8.08) Develop CAF performance management	Performance management framework for CAF developed and implemented Outcomes for children and young people who have been subject to CAF measured	01 Oct 2010 01 Oct 2010	31 Dec 2010 31 Mar 2011	 	December 2010 - Achieved. February 2011 - On track. Will be agreed at March Integrated Working Strategy Group, scheduled for 1st March.	Alison Botham Alison Botham	Performance Management	Partnership has a greater understanding of effectiveness of CAF
13.02 (8.05) Widen cross - partnership performance management	Review data collection within context of NHS reorganisation and ensure quality of data collection improved in all NHS Trusts	01 Jun 2010	31 Dec 2010		January 2011 - Achieved. The North Middlesex Hospital records specialist staffing and Child Protection training compliance, the Whittington Hospital completes adapted scorecard to suit hospital setting, Mental Health Trust records specialist staffing and Child Protection training compliance and GOSH in Haringey completes original safeguarding scorecard.	Julie Quinn	Performance Management	Performance management information effectively collected and analysed during a time of reduced resources
	Realign NHS Haringey's contribution following re-organisation and review performance management make up to ensure there is the capacity	01 Jan 2011	30 Jun 2011		February 2011 - On Track. Acute contracts contain requirement to complete the safeguarding scorecard. Population of scorecard will need to be agreed in the North Central London	Julie Quinn		

Action	Milestone	Planned Start Date	Due Date	Status	Progress Note	Milestone Lead	Theme	Outcome
	Realign Haringey Council's contribution following re-organisation and review performance management make up to ensure there is the capacity	01 Jan 2011	30 Jun 2011		sector as reduced capacity from April. February 2011 - On track.	Peter Lewis		
	Realign Metropolitan Police Service's contribution following re-organisation and review performance management make up to ensure there is the capacity	01 Jan 2011	30 Jun 2011		January 2011 - On track. Ongoing.	Chris Barclay		
13.03 Develop interagency performance management model	Partnership safeguarding scorecard developed and agreed by LSCB Quality Assurance Subgroup	01 Dec 2010	31 Mar 2011		February 2011 - On track.	Debbie Haith	Performance Management	Robust approach to managing performance across the partnership supports attainment of our goals
	Partnership safeguarding scorecard launched	01 Apr 2011	30 Apr 2011		February 2011 - On track.	Debbie Haith		
13.04 Develop a programme of peer reviews of single agency information to test whether thresholds are being correctly applied	Audit toolkit for testing implementation of thresholds developed	01 Jan 2011	31 Mar 2011		To be replaced by QA framework actions.	Debbie Haith	Performance Management	Audits provide assurance that the most appropriate children and young people are receiving child protection services
	Audit programme for testing implementation of thresholds in place	01 Apr 2011	30 Apr 2011		February 2011 - On track. CAF audits to be included in review of audit programme, this revised themed programme will test multi agency application of thresholds.	Debbie Haith		
	Audit programme for testing implementation of thresholds in place	01 Apr 2011	30 Apr 2011		February 2011 - On track. As above.	Debbie Haith		
	Mechanisms put in place to monitor the effectiveness of the First Response Multi-Agency team (FR MAT) and lessons learnt from SCR Q used to inform the strategy for development of First Response team (SCR Q Rec 7)	01 Jan 2011	31 Mar 2011		February 2011 - On track. Underway - some delay in getting this started.	Marion Wheeler		
13.05 Develop a	System for recording and sharing	01 Jan 2011	30 Apr 2011		To be replaced by a system for	Debbie Haith	Performance	Partnership has an

Action	Milestone	Planned Start Date	Due Date	Status	Progress Note	Milestone Lead	Theme	Outcome
system for recording which case files have been audited across the partnership	which case files have been audited by the partnership developed and in place				collating, evaluating and reporting on audits (Ofsted Feb 2011)'. February 2011. Lead amended from Jane Elias to Ros Cooke.		Management	improved knowledge of cases being audited
13.06 (8.07) Develop and monitor outcomes for children who have experienced Early Years services but are not subject to a child protection plan	Success Measures for Early Years interventions developed Method developed for gauging clients experience of Early Years services	01 Jan 2011 01 Jan 2011	31 Dec 2011 31 Dec 2011		February 2011. Lead amended from Jane Elias to Ros Cooke. February 2011. Lead amended from Jane Elias to Ros Cooke.	Ros Cooke Ros Cooke	Performance Management	Improved outcomes for children and young people receiving Early Years services



Inspection of safeguarding and looked after children services

London Borough of Haringey

Inspection dates: 10 to 21 January 2011

Reporting inspector: Martin Ayres

Age group: All

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Contents

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

About this inspection

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

The inspection judgements and what they mean

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

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

Service information

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

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

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

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

Safeguarding services

Overall effectiveness

Grade 3 (adequate)

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

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

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

Capacity for improvement

Grade 2 (good)

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

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

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

Areas for improvement

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

Within three months:

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

Within six months:

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

Safeguarding outcomes for children and young people

Children and young people are safe and feel safe

Grade 3 (adequate)

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

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

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

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

Quality of provision

Grade 3 (adequate)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Ambition and prioritisation

Grade 2 (good)

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

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

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

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

Leadership and management

Grade 2 (good)

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

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

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

Performance management and quality assurance

Grade 3 (adequate)

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

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

Partnership working

Grade 2 (good)

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

Services for looked after children

Overall effectiveness

Grade 3 (adequate)

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

Capacity for improvement

Grade 2 (good)

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

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

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

Areas for improvement

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

Within three months:

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

Within six months:

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

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

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

Being healthy

Grade 3 (adequate)

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

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

Staying safe**Grade 3 (adequate)**

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

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

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

Enjoying and achieving

Grade 2 (good)

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

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

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

Making a positive contribution, including user engagement

Grade 3 (adequate)

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

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

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

Economic well-being

Grade 2 (good)

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

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

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

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

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

Quality of provision

Grade 3 (adequate)

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

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

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

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

Ambition and prioritisation

Grade 3 (adequate)

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

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

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

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

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

Performance management and quality assurance

Grade 3 (adequate)

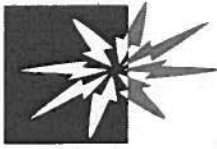
123. Specific performance management systems for looked after children and leaving care services are in place, which are supported by designated personnel attached to teams. Performance against national indicators is almost always in line with, or better than, similar areas. Most performance indicators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

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

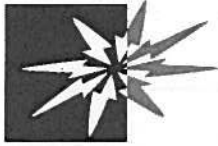
Record of main findings:

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

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Haringey Council



Haringey Council

Overview and Scrutiny Committee

On 30 March 2011

Report Title: An Update Report on Key Performance Information in Child Protection

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

Contact Officer : Debbie Haith, Deputy Director, Children and Families

Email: Debbie.haith@haringey.gov.uk

Tel: 0208 489 4641

Wards(s) affected: ALL

Report for: Non-Key Decision

1. Purpose of the report (That is, the decision required)

This report provides update on some key performance data relating to the Council's work to safeguard and protect vulnerable children.

2. Introduction by Cabinet Member (if necessary)

2.1.

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

4. Recommendations

4.1. To note contents of this report

<p>5. Reason for recommendation(s) 5.1.</p>
<p>6. Other options considered 6.1. N/A</p>
<p>7. Summary 7.1. This report provides update on some key performance data relating to the Council's work to safeguard and protect vulnerable children</p>
<p>8. Financial Comments 8.1. There are no specific financial issues arising from this report</p>
<p>9. Head of Legal Services Comments 9.1 n/a</p>
<p>10. Head of Procurement Comments – [Required for Procurement Committee] 10.1. n/a</p>
<p>11. Equalities & Community Cohesion Comments 11.1. n/a</p>
<p>12. Consultation 12.1</p>
<p>13 Use of appendices /Tables and photographs 13.1 Attached are graphs containing the National Indicators (NI's) relating to the Children and Families Service. These contain details of annual performance and targets, comparative data and recent monthly data.</p>
<p>14 Local Government (Access to Information) Act 1985</p>

Commentary to Appendix of NI's

15. **Referrals** – the table below shows the rates of referrals per 10,000 population under 18 compared with the previous years and national averages.

	Haringey 31/3/09 Rate per 10,000	Haringey 31/3/10 Rate per 10,000	Natl Avg 31/03/10 Rate per 10,000	Haringey 31/3/09 Number	Haringey 31/3/10 Number	Haringey 01/04/10 to 28/2/11
No of Referrals Received in Year	575	679	548	2815	3324	2278 (approx year end rate 502)

The rate of referrals has decreased in 2010/11. Significant work has been undertaken within the multi-agency screening team to ensure that thresholds for social work intervention are clear and appropriate. Around 90% of contacts into the service are dealt with at this point either by social workers, police, specialist health visitors, education and CAMHS.

16. NI 68 – this measures the conversion rate of referrals going onto be initial assessments. In the year to date to the end of February 84% of referrals converted to initial assessments. These are higher than previous outturns and comparator averages, an indication that thresholds for social work intervention are clear and appropriate.

17. **Assessments** - . The timescale for completion of initial assessments has changed from 2010/11 to allow 10 days for initial assessments to be completed rather than 7 to ensure an early and timely view is taken of children's needs. The year to date percentage of assessments completed in 10 days is 66% against a plan of 70% for the year. The February position for this indicator showed much improvement with 136 out of 184 initial assessments completed in timescale, 74%. Assessment processes and timeliness are subject to on-going monitoring, review and audit.

NI 60 – for more complex cases, a more comprehensive assessment is required. These are known as 'core assessments' and are required to be completed in 35 days. The year to date position for core assessments in timescale is 60.5% against a target of 70%. There has been an increase in cores completed in the month partly due to a focus on completion of older core assessments outstanding, therein affecting overall timeliness. The Head of Service for First Response is in the process of undertaking an audit and review of assessments older than 40 days. The data below breaks down the number of assessment completed against those completed in timescale.

	Statistical Neighbours 2009-10	2010- 11 Plan	Sep 10	Oct 10	Nov 10	Dec 10	Jan 11	Feb 11
Number of Initial Assessments Completed in the Month			148	206	201	175	165	184
Number of initial			98	152	123	121	89	136

	Statistical Neighbours 2009-10	2010-11 Plan	Sep 10	Oct 10	Nov 10	Dec 10	Jan 11	Feb 11
assessments completed within 10 days								
Percentage of Initial Assessments Completed in 10 days			66.2%	73.8%	61.2%	69.1%	53.9%	73.9%
Year to date Percentage of Initial Assessments Completed in 10 days	78%	70%	65.8%	67.2%	66.3%	66.6%	65.4%	66.2%
Number of Core Assessments Completed in the Month			92	85	103	109	106	117
Number of Core Assessments Completed within 35 days of initial assessment			64	45	70	71	68	76
Percentage of Core Assessments Completed within 35 days			69.6%	52.9%	68.0%	65.1%	64.2%	65.0%
NI 60 - Year to date position of Core Assessments Completed	79%	70%	58.0%	57.4%	58.8%	59.5%	60.0%	60.5%

18. Numbers subject to a child protection plan. The table below shows the rates of children subject to child protection plans per 10,000 population under 18 compared with the previous years and national averages. Although the proportion of children appeared to plateau over the last few months, there has been an increase in the number of children becoming subject to a CP plan in February, 39 compared to an average of 26 each month since the beginning of April.

The Borough continues to see a greater number of children and young people subject to CP Plans moving into the Borough than moving out of the Borough. In the 13 months to February 2011, 43 children subject to a CP Plan moved into the Borough and 36 moved out of the Borough. Since January this year, 11 children subject to CP Plans have moved into the Borough and only 3 have moved out.

	Haringey 31/3/09 Rate per 10,000	Haringey 31/3/10 Rate per 10,000	Nat Avg 31/03/10	Haringey 31/3/09 Number	Haringey 31/3/10 Number	Haringey 28/2/11 Number
Children Subject to a CP Plan	36.5	60	35.5	179	294	325 (rate 66)

Data for Children Subject to Child Protection Plans in Haringey Comparator Boroughs is listed in the table below:

Children subject to a CP Plan @ 31/03/2010	
Hackney	N/A
Islington	132
Wandsworth	162
Waltham Forest	170
Lewisham	203
Hammersmith and Fulham	235
Greenwich	278
Haringey	294
Lambeth	304
Southwark	336
Croydon	346

19. NI 67 – children who are subject to child protection plans should be reviewed initially after three months and then every six months thereafter. At the end of February, there were 7 children whose reviews had been held out of timescale in the year (Apr – Feb 11), 97%, an improvement on the previous year, and in line with the national average. Work is underway to review, streamline and improve child protection review processes.

20. NI 65 – this measures children newly becoming subject to a plan who had previously had a plan some time in their earlier life. Numbers are small and monthly variations are not a reliable indicator of performance. In February, 3 out of 39 children who were made subject to a Child Protection Plan had previously been subject to a plan. This is a year to date position of 9.2% against a plan of 10% and in line with comparators.

21. NI 64 – this measures children who, when their child protection plan ceases, had had a plan for two or more years. Again monthly variation is too small to be a reliable indicator of trends. In February, one of the 25 children who ceased to be subject to a Child Protection Plan had been subject to a plan for two or more years. This is a year to date position of 5.4% and in line with comparators.

22. Number of children in care – Following a sharp rise in numbers of children in care in 2009/10, although slightly higher, overall numbers of children in care have stabilised throughout 2010/11. However, there has been an increase in the proportion of care proceedings initiated in this year with 201 care proceedings initiated between April 10 and February 11 compared with 186 between April 09 and March 10, requiring more complex work and allocation of resource.

At the end of February 2011, there were 609 children in care. This remains higher than comparator averages as outlined in the tables below.

The following table shows the rates of children in care per 10,000 population under 18 compared with the previous years and national averages.

	Haringey 31/3/09 Rate per 10,000	Haringey 31/3/10 Rate per 10,000	Nat Avg 31/03/10	Haringey 31/3/09 Number	Haringey 31/3/10 Number	Haringey 28/2/11 Number
Children in Care	100	119	Nat 58 *SN 89	492	591	609 (rate 124)

*SN is our top 10 statistical neighbours

Data for Children in Care in Haringey Comparator Boroughs is listed in the table below:

Children in Care @ 31/03/2010	
Wandsworth	205
Hammersmith and Fulham	255
Hackney	305
Islington	315
Waltham Forest	340
Lewisham	525
Southwark	555
Lambeth	565
Haringey	590
Greenwich	590
Croydon	1010

23. NI 66 – as with children subject to plans, children in care also have to be regularly reviewed. At the end of February, 89% of children in care had their reviews in timescale in the year. This is 62 out of 609 children in care who had at one or more reviews out of timescale in the year so far. Comparator averages for this indicator are around 90%.

24. NI 63 and 62 – are both measures of the stability of children in care. NI63 measures those who have been in the same placement for at least 2 of the last 2.5 years. In February, 99 out of 142 children who had been in care for 2.5 years or more had been in the same placement for at least 2 years (70% and in line with comparator averages).

NI62 measures how many children have three or more moves in the course of a year – performance is good (and when these PIs were subject to bandings, 0-16% was considered top performance). At the end of February, 81 out of 609 children in care have had three or more placements so far in the year (April 10 – Feb 11 which is 13.9% for this period or 14.9% for the previous 12 months). Performance in this area is higher than comparator averages. A review of all children with 2 or more placements in the year has been undertaken. Much of the initial movement of children relates to sibling groups being separated on initial placement until appropriate placements are found to ensure that where possible these siblings are placed together. There is also a particular pressure in this area due to the high number of children in care and difficulty

in finding appropriate placements as soon as children are coming into care. Long term stability of children in care however remains at a good level and in line with averages. Findings from all analysis in this area will form part of the commissioning strategy for children's placements.

25. Adoptions/Special Guardianship Orders - There has been 16 adoption and 11 special guardianship orders granted to date totalling 27. NI61 – 11 (69%) of the children adopted were placed within 12 months of best interest, this is in line with comparator boroughs.

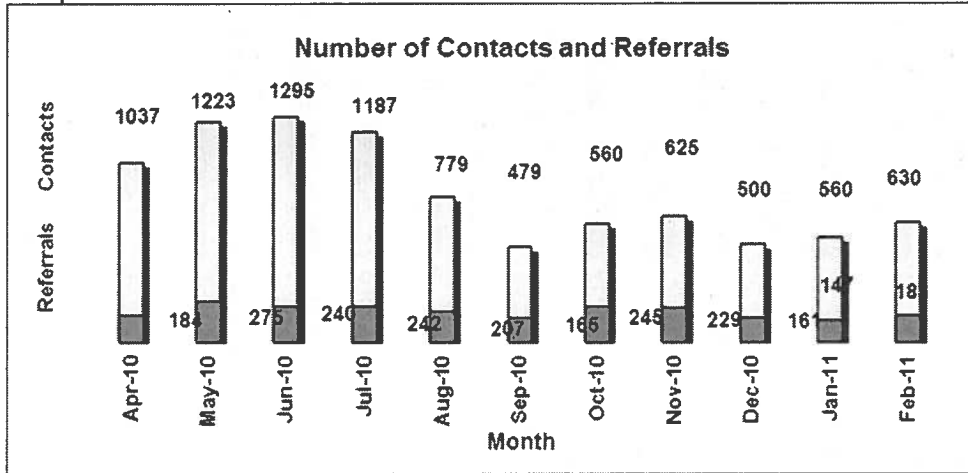
26. NI 147 – measures the number of care leavers known to be in suitable accommodation. 91% of children who turned 19 in the year to date were in suitable accommodation on or around their 19th birthday, in line with comparator boroughs.

27. NI 148 – is a subset of the Council's NEET figures and looks at 19 year old care leavers who were in Education, Training or Employment on or around their 19th birthday. Care leavers are one of the hard to reach groups. 71% of children who turned 19 in the year to date were in education, training or employment on or around their 19th birthday, considerably higher than comparator boroughs.

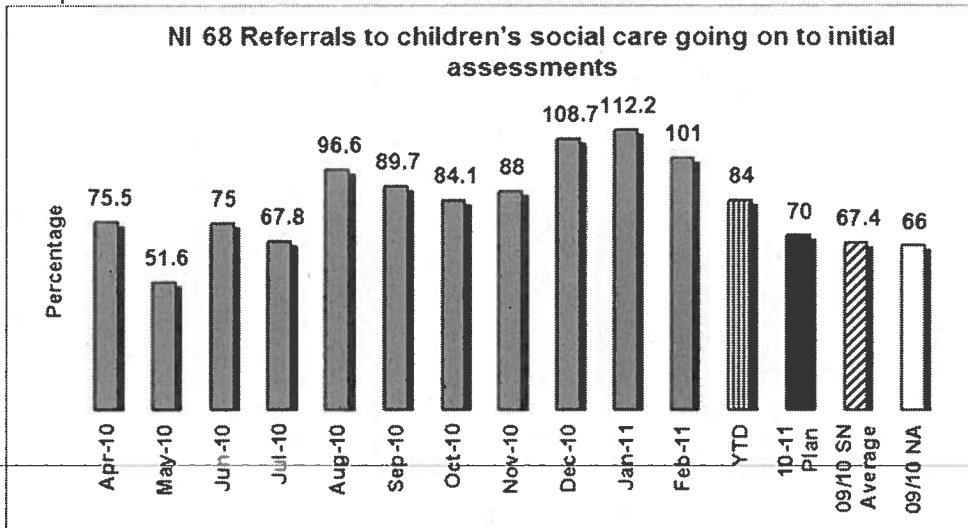
Appendix 1 – Key Performance Indicators – Graphs

Referral and Assessment

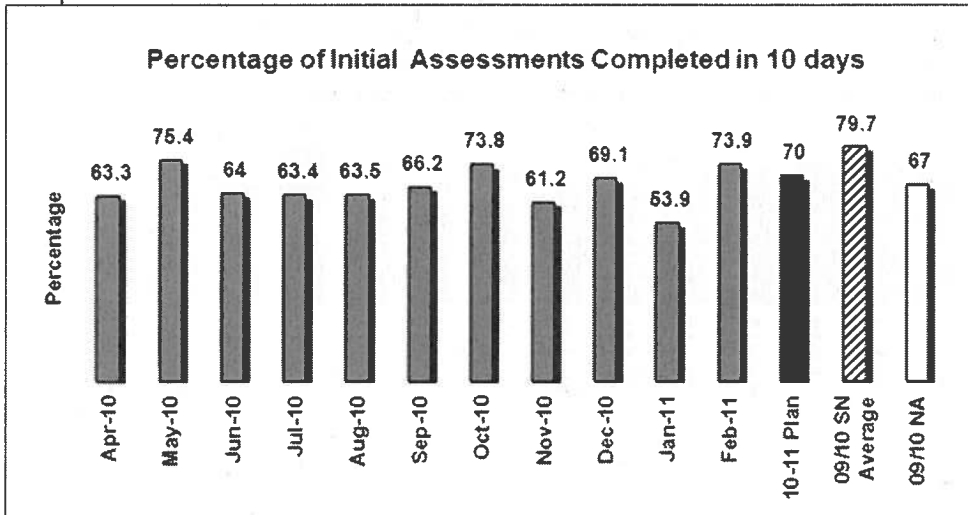
Graph 1



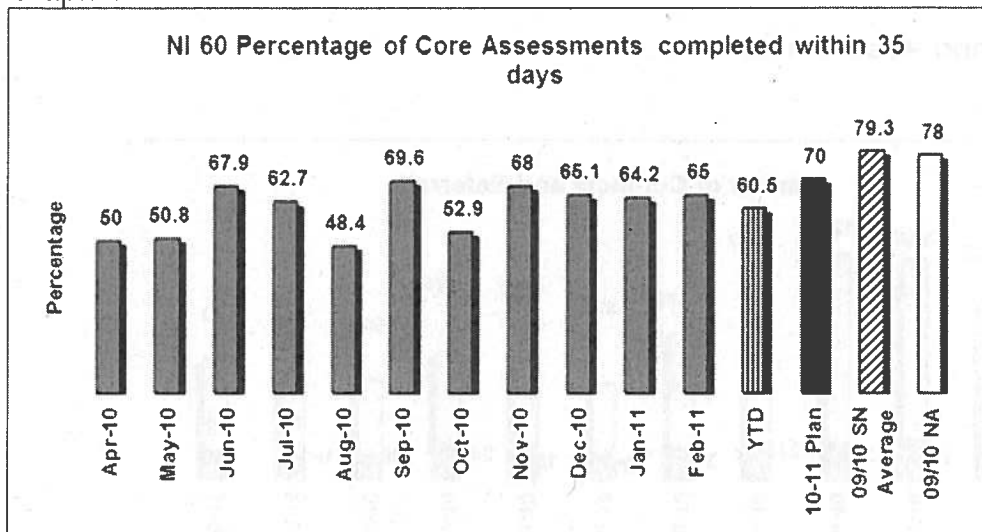
Graph 2



Graph 3

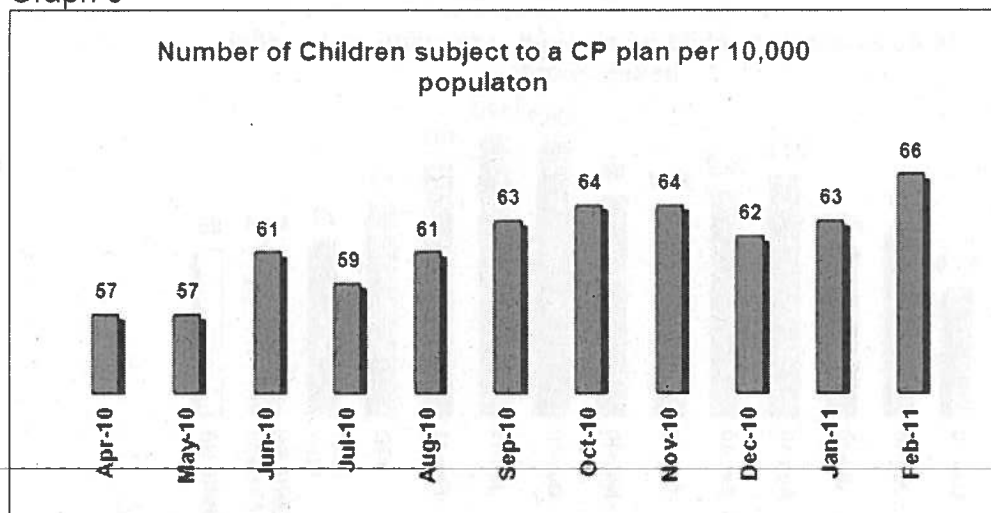


Graph 4

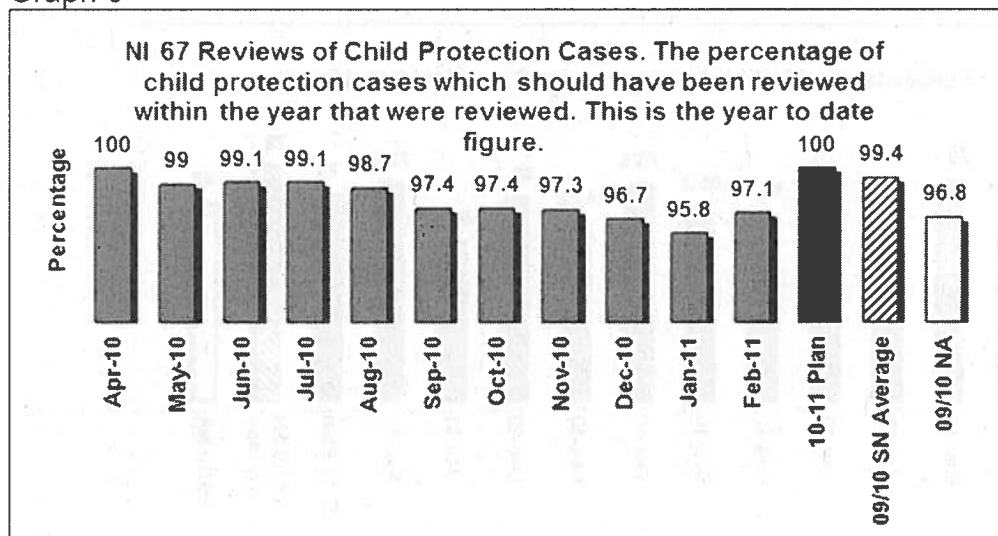


Children Subject to a Child Protection Plan

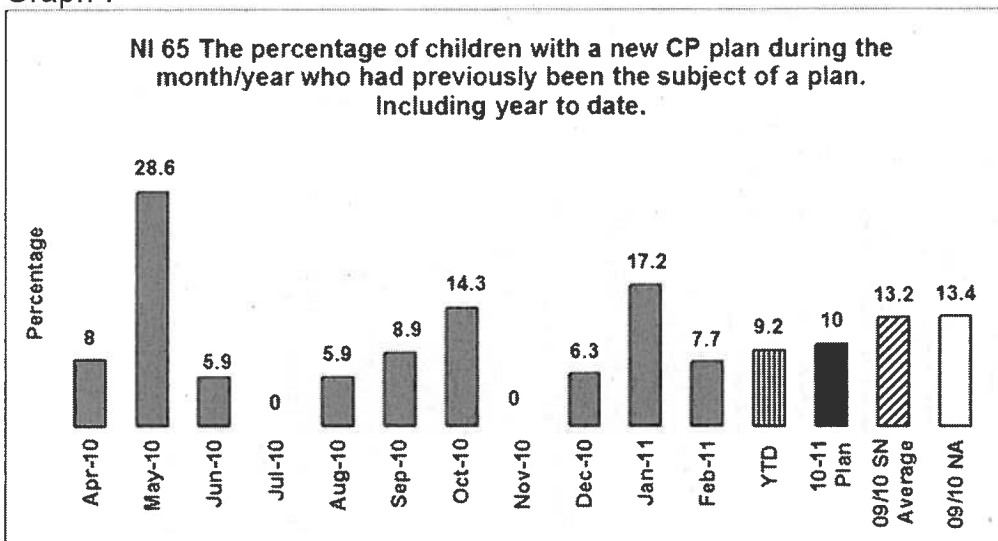
Graph 5



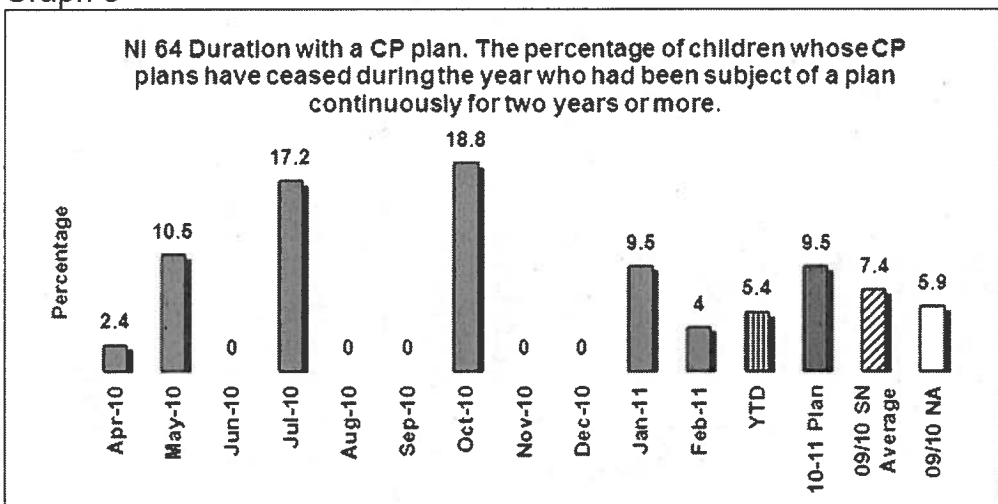
Graph 6



Graph 7

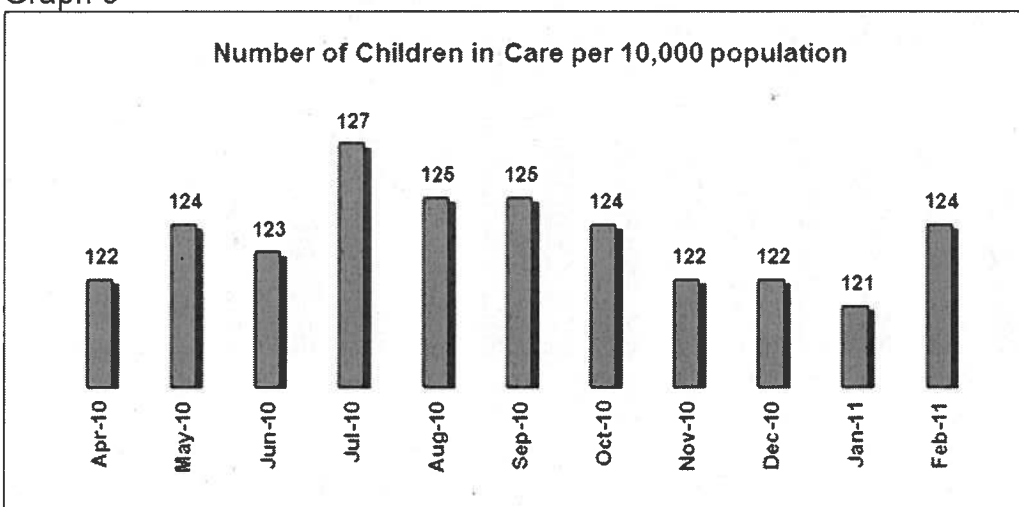


Graph 8

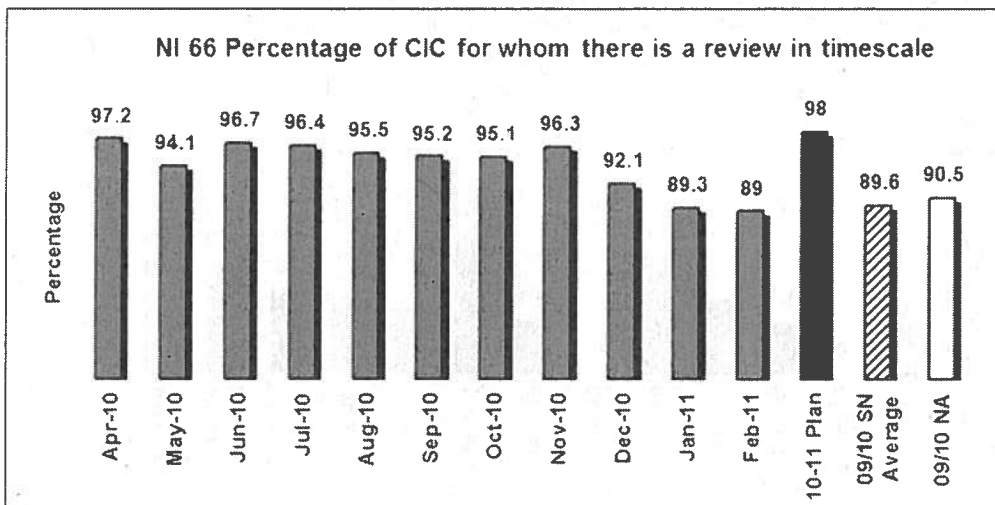


Children in Care

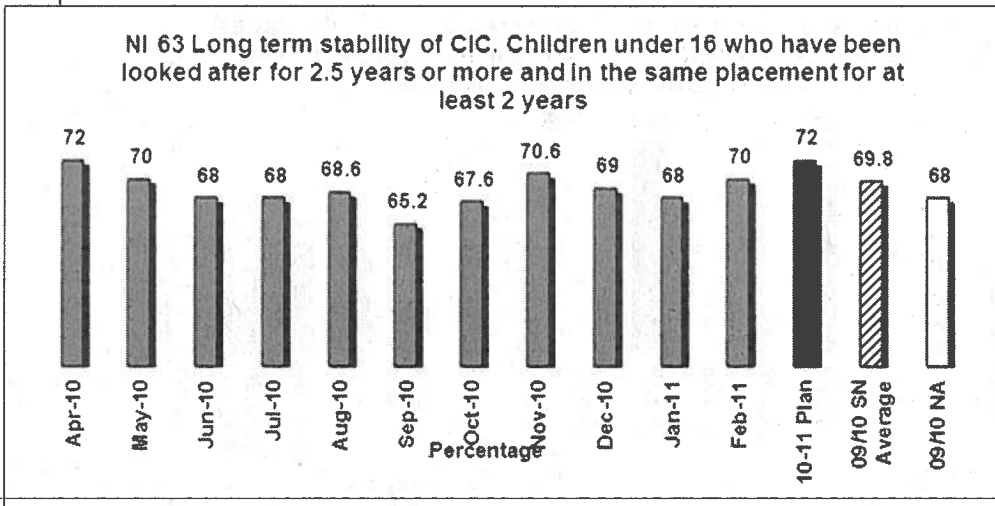
Graph 9



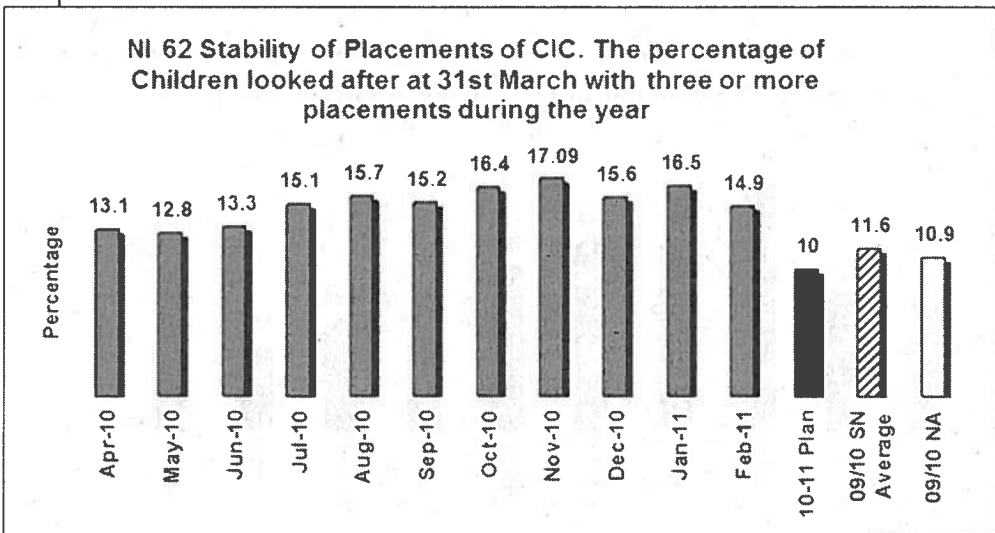
Graph 10



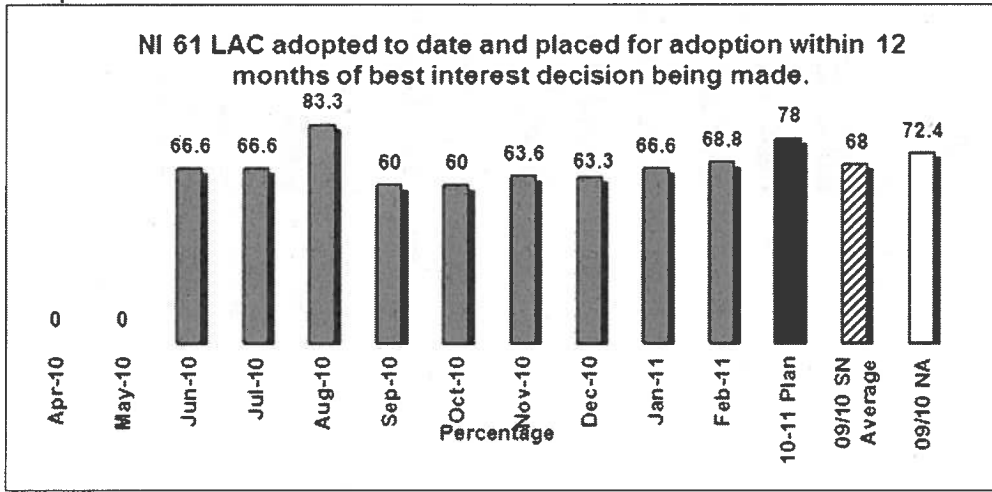
Graph 11



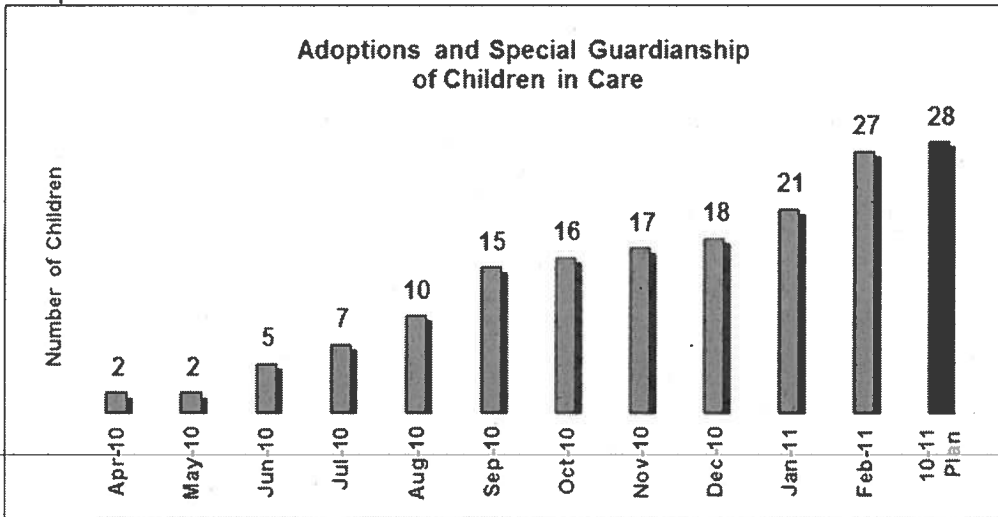
Graph 12



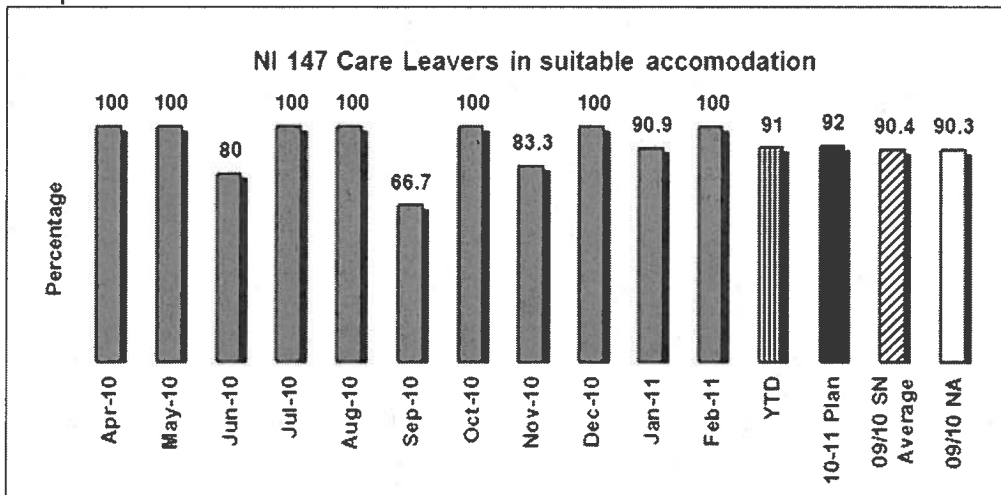
Graph 13



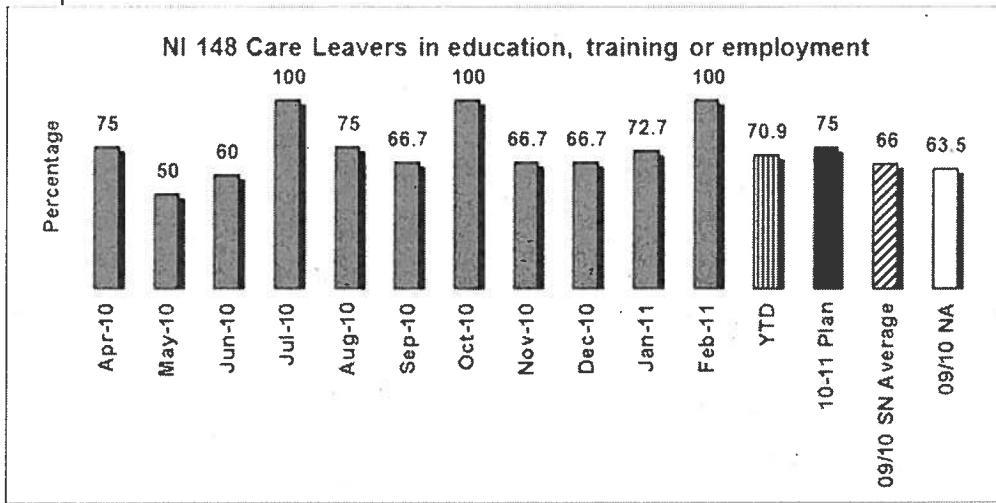
Graph 14

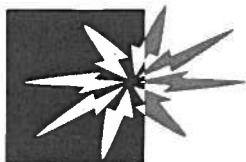


Graph 15



Graph 16





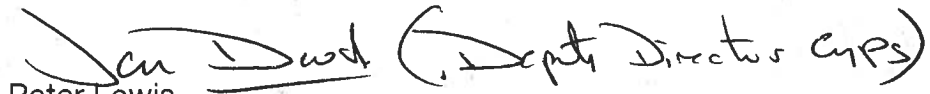
Haringey Council

Agenda item:

Overview and Scrutiny	on 30th March 2011
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<p>Report Title: Preliminary analyses of results at the end of the Foundation Stage, Key Stages 1, 2, 4 and Post 16 for 2010.</p>		
<p>Report of: Director of The Children and Young People's Service</p>		
<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; padding: 5px;">Wards(s) affected: All</td> <td style="width: 50%; padding: 5px;">Report for: Information</td> </tr> </table>	Wards(s) affected: All	Report for: Information
Wards(s) affected: All	Report for: Information	
<p>1. Purpose</p> <p>1.1 To inform Members of the results at Foundation Stage, Key Stages 1, 2, 4 and Post 16 and provide data on attendance and exclusions for 2010.</p>		
<p>2. Introduction by Cabinet Member (if necessary)</p> <p>2.1 The 2010 results are encouraging and thanks are due to our pupils and their teachers.</p> <p>2.2 Key Stage 2 and 4 results are particularly good as are the results for our Looked After Children.</p> <p>2.3 However, the existence of significant differences in the achievement levels of different ethnic groups remains a concern and a focus of school improvement activities.</p>		
<p>3. Recommendations</p> <p>3.1 To note the analyses of the results set out in the summary report in Appendix 1.</p> <p>3.2 If Members want to read the full report on the preliminary analyses of results this is available from Avi Becker, Head of Management Information and Research on 0208 489 5009 or by e mail to avi.becker@haringey.gov.uk a final version will be prepared in April 2010 when all the results should be validated.</p>		

Report Authorised by:


Peter Lewis
Director of The Children and Young People's Service

Contact Officers: Bob Garnett, Deputy Director, School Standards and Inclusion
Avi Becker, Head of Management Information and Research
Tel: 020 8489 5009

4. Executive Summary

- 4.1 This report provides a summary of the analyses to date of the provisional school results for 2010.
- 4.2 Overall results in 2010 in Haringey are continuing to improve, particularly at Key Stages 2 and 4. Key Stage 2 results were affected by the national boycott of the tests. Once all the results are validated the report will be updated, this should be completed by April 2011.

5. Chief Financial Officer Comments

- 5.1 The Chief Financial Officer has been consulted on the content of this report and has no additional comment to make.

6. Head of Legal Services Comments

- 6.1 The Head of Legal Services has been consulted on the content of this report. There are no legal implications in this report.

7. Local Government (Access to Information) Act 1985

Not applicable

8. Headlines

- 8.1 The headlines are:
Foundation Stage results have declined by 1% in the main progress indicator (78 points or more) and the gap between the lowest performing 20% and the median score for all children increased slightly.
Key Stage 1 results have remained fairly similar to the previous year at all levels.
Key Stage 2 results were affected by the national boycott of the tests. The published results for pupils attaining Level 4 or above in both English and maths show an improvement from 68% to 73%. National results improved from 72% to 74%.
Key Stage 4 results have continued to improve. Haringey is now 2.4% behind

national for 5+ A* -C GCSE (Haringey 73.0%, national 75.4%) and 5.4% behind national for 5+ A* -C GCSE including English and mathematics (Haringey 48.0% national 53.4%).

Post 16 average point score per exam entry improved from 206.1 to 212.5 compared with a national increase from 211.7 to 214.4.

- 8.4 In the appendix to this report there is a summary of the analyses of the provisional school results. The full report can be obtained by contacting Avi Becker and some hard copies have been put in the Members' Room.

9. Equalities Implications

- 9.1 The attainment of all groups is monitored in the Children and Young People's Service and information provided at school level ensures that the progress of all pupils is monitored closely. The Haringey data includes detailed analysis of the performance of all ethnic groups, the largest groups being African, African Caribbean, Turkish, Kurdish and White British. The report also provides a detailed analysis at each key stage by gender, looked after children, free school meals, as well as high attaining and low attaining pupils. The data that underpins the analysis is included in the tables at the end of the report. The information is used to focus school improvement activities.

10. Conclusion

- 10.1 The results are analysed each year to help us to ensure that standards are improving at the end of each key stage test and also to target and assess the impact of our school improvement work. We recognise that we need to continue to close the gap with the national data and maintain a particular focus on improving results in the Foundation Stage and at Key Stage 2.

Summary of the analyses to date of the provisional school results 2010

FOUNDATION STAGE

1. The Foundation Stage Profile (FSP) is the statutory end of year assessment tool for pupils going into the reception class aged 5. It is still fairly new and the data need to be treated with caution as its reliability is dependent on robust moderation systems being fully implemented and on accurate ongoing assessments being made by teachers. The percentage of children achieving at least 78 points and 6 or above in all of Personal, Social and Emotional development (PSE) and Communication, Language and Literacy (CLL) declined by 1% to 42% (national improved from 52% to 56%). The local authority gap between the median score and the lowest 20% increased from 35.2% to 36.2% (national gap reduced from 33.9% to 32.7%).

KEY STAGE 1

2. The results at Key Stage 1 at levels 2+ were stable in reading and maths but declined slightly in writing and science. At level 2B+ results were stable in reading and improved slightly in writing and maths.
3. There continue to be significant differences between ethnic groups, particularly at the higher level 3 in Key Stage 1. For example, 42% White UK pupils attain level 3 and above in reading compared to 13% African Caribbean, 12% African, 4% Turkish, 24% Irish, 17% Nigerian and 24% White Other pupils.

KEY STAGE 2

4. Results at Key Stage 2 have been affected by the national boycott of the tests which involved 37 out of 57 Haringey schools. The published results for pupils attaining Level 4 or above in both English and maths show an improvement from 68% to 73%. National results improved from 72% to 74%.

KEY STAGE 4

5. Steady progress has been made at GCSE with continued gains in the percentage of pupils attaining 5+ A* - C grades. Since 2005 Haringey has improved from 48.5% to 73.0% in the 5+ A* - C indicator (national improvement is from 57.1% to 75.4%). Haringey is now 2.4% behind the national figure. There is also improvement in the 5+ A* - C (including English and maths) indicator. Haringey has improved from 31.8% in 2005 to 48.0% in 2010 (national from 44.3% to 53.4%). Haringey is now 5.4% behind the national figure.

6. The gap in performance between schools in the east and the west of Haringey is also closing at Key Stage 4. In the %5+ A* - C (including English and maths), the gap of 22% in 2002 has narrowed to 15% in 2010. This is now the main challenge for all schools to improve.
7. The attainment of most ethnic minority pupils at KS4 has improved considerably and many groups are beginning to close the gap with the Haringey average in the 5+ A* - C indicator. The challenge now is to make good progress in the 5+ A* - C (including English and maths) indicator where differential attainment is a significant issue.
8. The attainment of Looked After Children at most Key Stages (with the exception of KS1) is above their national peers. The percentage of Looked After Children who gain 5+ A* - C grades (including English and maths) is 20% (provisional) in 2010 (12.0% nationally).

POST 16

9. The average total point score per student increased from 632 to 633 compared to the national increase from 739 to 745. The average point score per exam entry increased from 206 to 212 (national improved from 212 to 214).

NEET

10. There has been a decrease in the percentage of NEET from 12.5% in 2006/07 to 6.8% in 2009/10. The average number of NEET in September, October and November (2010) was 306. The final percentage for the year is based on November, December and January 2011 results. This is not currently available.

ATTENDANCE AND EXCLUSIONS

11. Pupils' attendance in Haringey primary schools has improved from 94.24% to 94.38% (provisional). Attendance in secondary schools also improved from 92.66 to 93.10%. Final national and local validated data for 2009/10 are not currently available.
12. There were 7 permanent exclusions in primary schools during the academic year 2009/10 (9 in 2008/09). There were 31 permanent exclusions from secondary schools in the 2009/10 academic year (27 exclusions in 2008/09).

Summary of provisional results 2010 (2009 in brackets)

	Haringey	National	Gap with national narrowed by
Foundation Stage			
Personal, social and emotional development (PSE) - % achieving 6 or more in all 3 scales	64 (66)	77 (74)	-5
Communication, language and literacy (CLL) - % achieving 6 or more in all 4 scales	46 (49)	59 (55)	-7
Mathematical Development - % achieving 6 or more in all 3 scales	60 (62)	70 (68)	-4
Percentage achieving at least 78 points and 6+ in all PSE and CLL	42 (43)	56 (52)	-5
LA % gap between median and lowest 20%	36.2 (35.2)	32.7 (33.9)	-2.2
Key Stage 1			
	2010 (2009 in brackets)		
% Reading level 2+	80 (80)	85 (84)	-1
% Writing level 2+	74 (75)	81 (81)	-1
% Maths level 2+	85 (85)	89 (89)	0
% Reading level 2B+	67 (67)	72 (72)	0
% Writing level 2B+	53 (52)	60 (60)	+1
% Maths level 2B+	68 (67)	73 (74)	+2
Key Stage 2 <i>The data here are published by DFE and refers to the 20 Haringey schools that did the tests</i>			
	2010 (2009 in brackets)		
% English level 4+	81 (76)	81 (80)	+4
% Maths level 4+	79 (75)	80 (79)	+3
% English and maths combined 4+	73 (68)	74 (72)	+3
% English level 5+	35 (26)	33(29)	+1
% Maths level 5+	35 (32)	35 (35)	+3
Key Stage 4 (GCSE)			
% 5+ A* - C	73.0 (67.7)	75.4 (70.0)	- 0.1
% 5+ A* - C (inc English and maths)	48.0 (45.7)	53.4 (49.8)	-1.3
% at least one qualification	98.0 (96.9)	99.0 (98.9)	+1.0
Key Stage 5 (Post 16 Advanced)			
Average point score per student	633.2 (631.8)	744.8 (739.1)	-4.3
Average point score per exam entry	212.5 (206.1)	214.4 (211.7)	+3.7

Note: The final column shows whether the gap with the national has closed from 2009 to 2010. A + sign indicates the gap closing, a - sign indicates the gap having increased.

**MINUTES OF THE OVERVIEW AND SCRUTINY COMMITTEE
MONDAY, 1 NOVEMBER 2010**

Councillors Councillors Bull (Chair), Browne (Vice-Chair), Alexander, Allison, Basu, Ejiolor and Newton

Apologies Helena Kania and Sarah Marsh (Parent Governor)

Also Present: **Co-optees:** Yvonne Denny (Church Representative)
Councillors: Reith, Rice and Winskill
Officers: Peter Lewis (Director Children & Young People's Service), Debbie Haith (Deputy Director, Children & Families), Hilary Corrick (Independent Member of Safeguarding Policy and Practice Advisory Committee), Rob Mack (Scrutiny Officer), Duncan Stroud (Associate Director - Communications, Stakeholder Engagement and Partnerships), Claire Wright (PCT – Head of Strategic Commissioning) and Natalie Cole (Clerk)

MINUTE NO.	SUBJECT/DECISION
OSCO98.	<p>WEBCASTING</p> <p>The Committee noted that the meeting was recorded for live or future broadcasting on the Council's website.</p>
OSCO99.	<p>APOLOGIES FOR ABSENCE</p> <p>Apologies for absence were received from Councillor David Winskill and Sarah Marsh (Parent Governor Co-optee).</p> <p>Councillor Rachel Allison acted as a substitute for Councillor Winskill.</p>
OSCO100.	<p>URGENT BUSINESS</p> <p>RESOLVED that Health Visitors be considered as a new item of urgent business (minute OSCO107 below).</p>
OSCO101.	<p>DECLARATIONS OF INTEREST</p> <p>There were no declarations of interest in relation to items on the agenda.</p>
OSCO102.	<p>DEPUTATIONS/PETITIONS/PRESENTATIONS/QUESTIONS</p> <p>There were no such items.</p>
OSCO103.	<p>CABINET MEMBER QUESTIONS: CABINET MEMBER FOR CHILDREN'S SERVICES</p> <p>The Committee received the portfolio briefing and the responses to advance questions posed to Councillor Lorna Reith, Cabinet Member for Children's Services. The Committee asked supplementary</p>

**MINUTES OF THE OVERVIEW AND SCRUTINY COMMITTEE
MONDAY, 1 NOVEMBER 2010**

questions, the answers of which are noted below.

Re. Q8 – Child Protection Legal Fees - The Director of Children’s Services informed the Committee that the number of legal proceedings in child protection cases was not within the Council’s control; more information on this would be circulated to the Committee in response to questions on what actions were being pursued to reduce legal fees and how the Council would meet the appropriate milestone (action 98.1).

The Committee noted that other local authorities had similar experiences with courts constantly requesting additional information before making decisions on child protection. The Cabinet Member informed the Committee that the over-spend on legal fees was being highlighted at Government level.

Re. Q10 – Health White Paper – The Committee requested a short note providing more information on how the Council was establishing close relations with the GP Collaboratives in Haringey and how it would ensure that the health and protection needs of children were reflected in the Council’s response to the White Paper (action 98.2).

Re. Q12 – Committee members were informed that young people coming back into the system were not due to inappropriate case closures but rather to do with how contact about the individual was made and how relevant the data was. The Deputy Director – Children and Families explained that the service was keen to conduct further case studies investigating how information was dealt with when contact about an individual was made a number of times or when re-referrals took place. The Committee noted that “contact” included any information from any agency, even a simple update which needed adding to the system.

A Committee Member expressed concern at the number of black and ethnic minority (BME) children excluded from schools. Headteachers from certain schools with high and low levels of exclusions would be identified to be invited to a future Overview & Scrutiny Committee to talk about the different approaches when dealing with exclusions (action 98.3) including alternatives to exclusion. It was noted that the school was responsible for providing alternative placements for young people excluded for up to 5 days and the local authority provided an alternative for those excluded for more than 6 days.

Re. Q20 – It was reported that whilst the number of social workers in Haringey had increased there were still social worker vacancies. It was noted that Social Workers applying for jobs were not as concerned with financial incentives as they were about working for an employer who provided support, suitable office accommodation, training and a career path. The Committee would receive a briefing note detailing the caseloads of social workers (action 98.3.1).

Re. Q23 – The Committee requested details on the number of children

**MINUTES OF THE OVERVIEW AND SCRUTINY COMMITTEE
MONDAY, 1 NOVEMBER 2010**

	<p>who were eligible for but did not take up free school meals (action 98.4).</p> <p>The Committee asked further questions, the answers of which are noted below:</p> <p>The Committee congratulated Headteacher, Governors and pupils at Gladesmore School on achieving 91% 5+ A*-C GCSE results.</p> <p>In response to questions it was noted that whilst the local authority did not encourage Free Schools it maintained contact with them and worked towards a long term aim to include Free Schools within the Council's family of schools.</p> <p>Out of the £8.5 million Primary Capital Programme funding withdrawn from Haringey by the Government a settlement of £3 million would be returned to the Council.</p> <p>It was noted that the additional 40 children with Child Protection Plans moving into the Borough was due to cheaper rental prices in Haringey.</p> <p>As a result of the Southwark Judgement (which ruled that councils should ensure homeless 16-18 year olds have a full assessment and support for employment, health, education and finance as well as accommodation) there was an additional 20 looked after children in Haringey.</p> <p>RESOLVED that the briefing and answers to questions for the Cabinet Member for Children's Services be noted.</p>
<p>OSCO104.</p>	<p>SAFEGUARDING ACTION PLAN - UPDATE ON PROGRESS</p> <p>The Committee received the Safeguarding Plan for Haringey report, presented by the Director of Children & Young People's Service. A discussion followed and the following responses to questions were noted.</p> <p>The increase in child protection activity had affected the ability to roll-out the health visitor programme.</p> <p>Re. Action 6.03 – Safeguarding Champion scheme extended across the Children's Trust (not on track) – the Committee was informed that there had been commitment from the Chief Executive and the Borough Commander and a Haringey staff member to act as champions.</p> <p><i>Clerks note: The Chair left the meeting at this point (19:35) and Councillor Browne (Vice Chair) took over as Chair.</i></p> <p>Re. Action 7.03 it was noted that the Council would ensure that as much support and training will be available for the Third Sector as was possible.</p>

**MINUTES OF THE OVERVIEW AND SCRUTINY COMMITTEE
MONDAY, 1 NOVEMBER 2010**

	<p>Re. Action 4.09 – Ensuring that Young people are constantly involved and their views are heard in Safeguarding Services - it was noted that the Council was engaging with young people for example attending Youth Council meetings and similar activities.</p> <p><i>Clerks note: Councillor Bull returned to the meeting at this point (19:40 and resumed as Chair.)</i></p> <p>The Committee asked for the reasons that the recent South Tottenham Children’s Trust Board meetings had been cancelled (action 99).</p> <p>The Director of Children and Young Peoples Service congratulated Northumberland Park School on it’s good exam results.</p> <p>RESOLVED that the report be noted.</p>	
<p>OSCO105.</p>	<p>CHILDREN’S SAFEGUARDING POLICY AND PERFORMANCE ADVISORY COMMITTEE</p> <p>The Committee received the report updating on the on the work of the Children’s Safeguarding Policy and Performance Advisory Committee, introduced by Hilary Corrick, Independent Member of the Advisory Committee and Councillor Reg Rice, Chair of the Advisory Committee. It was noted that the date of the report should read 6th October 2010.</p> <p>The Committee noted that the Advisory Committee currently reported to the Cabinet Member for Children’s Services and there were on-going discussions about whether the Advisory Committee should come under the Scrutiny umbrella in future.</p> <p>RESOLVED that the report be noted.</p>	
<p>OSCO106.</p>	<p>CHILD PROTECTION PERFORMANCE AND KEY ISSUES REPORT</p> <p>The Committee received the update report on key performance issues in Child Protection, introduced by Debbie Haith, Deputy Director, Children and Families, who drew attention to the 17% increase in the number of looked after children (LAC) and the 23% increase in those subject to a children protection plan.</p> <p>The Committee noted that there had been a decrease in the numbers of assessments (NI59 and NI60) completed within the timescales (page 64) particularly over the summer period. The report contained data up to August 2010 therefore supplementary information on assessments would be circulated to Committee Members (action 100.1). It was noted that the 10 day target for initial assessments to be completed was more realistic (than the 7 day deadline) and allowed professionals more time to talk to each other about cases.</p> <p>The Committee asked for information on the 7 out of 21 care leavers</p>	

**MINUTES OF THE OVERVIEW AND SCRUTINY COMMITTEE
MONDAY, 1 NOVEMBER 2010**

	<p>who were not in education, employment or training (NEET) on their 19th birthday (Page 66, NI 148) (action 100.2).</p> <p>Committee members noted that the statistics provided in the performance reports were agreed by Council Members through a process conducted by the policy and performance team. Committee members were invited to email the Cabinet Member if they had suggestions on specific variations on data that they wished the Committee or the Corporate Parenting Advisory Committee to consider (action 100.3).</p> <p>In response to concerns raised about the low statistics for reviews in August (page 69 of the agenda pack) and for social worker visits to children in care (CIC) (page 71) it was noted that numbers tended to dip during the summer holiday period and there were a number of reasons why visits might be cancelled and rearranged.</p> <p>RESOLVED that the report be noted.</p>
<p>OSCO107.</p>	<p>NEW ITEMS OF URGENT BUSINESS</p> <p><u>Health Visitors</u></p> <p>Claire Wright, Assistant Director for Commissioning - NHS Haringey and Duncan Stroud, Associate Director – Communications, Engagement and Partnerships – NHS Haringey were invited to the meeting to update the Committee on the health visitor service.</p> <p>The Committee noted that Great Ormond Street Hospital (GOSH) was currently delivering health visitor services on a priority basis due to large work loads; a high number of health visitor vacancies and an increase in the birth rate. It had not been possible to extend the universal programme for health visitor services due to the increase in child protection cases but discussions on how to best provide universal health visitor services were being held between GOSH and Haringey's Children's Services.</p> <p>Committee members expressed concerns that only 14% of mothers in Haringey received one-year visits from a health visitor and asked officers to investigate how other boroughs such as Tower Hamlets provided a much higher level health visitor service and noted that this could be due to the higher level of funding received by other authorities (action 101.1).</p> <p>Assistant Director for Commissioning - NHS Haringey – stated that the aspiration was to provide a multi-agency service for all in Haringey, which would be led by the health visitors service.</p> <p>The Director of Children's Services - L. B. Haringey added that some Children's Centres provided a full health visitor services. He also highlighted that future Sure Start grant funding would be ring-fenced and would be used to enhance health visitor services.</p>

**MINUTES OF THE OVERVIEW AND SCRUTINY COMMITTEE
MONDAY, 1 NOVEMBER 2010**

	<p>Officers would investigate a Committee Member's report that the baby-clinic in the Highgate Children's Centre only offered a baby weighing service and not universal health visitor services (action 101.2).</p> <p>The Committee agreed that GOSH had not fulfilled the criteria for providing health visitor services and that the department was failing new mothers in the Borough. Committee Members also expressed concerns that targeting health visitor services created a stigma which could result in fewer people taking up services.</p>	
OSCO108.	<p>MINUTES</p> <p>RESOLVED that subject to the addition of Yvonne Denny, Co-opted Church Representative in the list of attendees, the minutes were agreed as an accurate record of the meeting.</p>	
OSCO109.	<p>FUTURE MEETINGS</p> <p>The next meeting would be held on Thursday 17th March 2011.</p>	

COUNCILLOR GIDEON BULL

Chair

The meeting ended at 20:40 hrs

SIGNED AT MEETING.....DAY

OF.....

CHAIR.....