

NOTICE OF MEETING

HARINGEY CHILDREN'S TRUST

Working together for the children of Haringey

TUESDAY, 3RD APRIL, 2012 at 16:30 HRS - CIVIC CENTRE, HIGH ROAD, WOOD GREEN, N22 8LE.

MEMBERS: Please see membership list set out below.

AGENDA

1. APOLOGIES

To receive any apologies for absence.

2. URGENT BUSINESS

To consider any items of Urgent Business. Late items of Urgent Business will be considered under the agenda where they appear. New items of Urgent Business will be considered under Item 10 below.

3. DECLARATIONS OF INTEREST

Members of the Trust must declare any personal and/or prejudicial interests with respect to agenda items and should not take part in any discussion with respect to those items.

4. MINUTES (PAGES 1 - 8)

To confirm the minutes of the meeting held on 24 October 2011 as a correct record.

5. CHILDREN AND YOUNG PEOPLE'S PLAN MONITORING REPORT OCTOBER 2011 - MARCH 2012 (PAGES 9 - 16)

To receive an update on progress of year one of the Children and Young People's Plan action plan.

6. PERFORMANCE REPORT (PAGES 17 - 26)

To receive a report providing an overview of performance against indicators related to the work of the Children's Trust.

7. UPDATE ON CHILDREN'S CENTRES

Report to follow.

8. NEW PARTNERSHIP STRUCTURE AND FUTURE ARRANGEMENTS

Report to follow.

INFORMATION ITEM:

9. NEW DUTIES FOR SHORT TERM BREAKS FOR DISABLED CHILDREN AND YOUNG PEOPLE (PAGES 27 - 36)

10. NEW ITEMS OF URGENT BUSINESS

To consider any items of AOB raised under Item 2 above.

11. ANY OTHER BUSINESS

To raise any items of AOB.

David McNulty Head of Local Democracy and Member Services 5th Floor River Park House

225 High Road Wood Green London N22 8HQ

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SECTOR GROUP	AGENCY	NO. OF REPS	NAME OF REPRESENTATIVE
Local Authority	Haringey Council	6	Councillor Lorna Reith, Deputy Leader and Cabinet Member, Children and Young People Councillor Claire Kober, Leader of the Council Councillor Bernice Vanier, Cabinet Member, Crime and Community Safety Councillor Katherine Reece, Opposition Spokesperson for Children and Young People Councillor Zena Brabazon Libby Blake, Director of the Children and Young People's Service
LSCB	Local Safeguarding Children Board (LSCB)	1	Graham Badman
	NHS Haringey	3	Andrew Williams Sue Baker
	GP	1	Dr Mayur Gor
Health	North Middlesex Hospital trust	1	Clare Panniker
I	Mental Health Trust	1	Jane Lithgow
	Whittington Hospital Trust	1	Dr Yi Mien Koh
	Great Ormond Street Hospital	2	Vacant
ity tives	Community Link Forum	3	Ify Adenuga Alexandra Hendra Maureen Galvin
Community	HAVCO	1	Pamela Pemberton
Community Representatives	College of North East London	1	Paul Head
	Job Centre Plus	1	Hazel Renwick
	Primary Schools	1	John Jay
	Secondary Schools	1	Tony Hartney

	h Form 1 lege	June Jarrett
· ·	ecial 1 lools	Margaret Sumner
		Vata O'lleaut
a La Se Pro	ingey 1 bation vice	Kate Gilbert
O G Wet Poli	ropolitan 1 ce	Sandra Looby
Tot	al 28	

Agenda Item 4

MINUTES OF THE CHILDREN'S TRUST (HSP) MONDAY, 24 OCTOBER 2011

Present: Councillor Lorna Reith, Graham Badman, Councillor Zena Brabazon,

Maureen Galvin, Debbie Haith, Sarah Miller, Councillor Katherine

Reece, Peter Ryan.

In Xanthe Barker, Sarah Parker, Patricia Walker, Stuart Young.

Attendance:

MINUTE NO.	SUBJECT/DECISION	ACTON BY
OBCB27	APOLOGIES	
	Apologies or absence were received from the following:	
	Sue Baker Alex Hendra - Sarah Miller substituted John Jay June Jarrett Councillor Claire Kober Peter Lewis - Debbie Haith substituted Pamela Pemberton Councillor Bernice Vanier Apologies for lateness were also received from Councillor Zena	
ODOD07	Brabazon.	
OBCB27	URGENT BUSINESS There were no items of Urgent Business.	
OBCB278	DECLARATIONS OF INTEREST	
	There were no declarations of interest made.	
OBCB27	MINUTES	
	Prior to confirmation of the minutes the following update was provided:	
	Child Poverty Strategy	
	It had been intended that this would be brought to the Trust at this meeting; however consultation on the strategy has been delayed.	
	RESOLVED:	
	That the minutes of the meeting held on 19 July 2011 be confirmed as a correct record.	
OBCB28	REVIEW OF PARTNERSHIP ARRANGEMENTS	1
	The Trust received a report that provided an overview of the findings of	

the recent review of partnership arrangements in Haringey.

The review had been considered necessary at this point due to a number of policy changes introduced by the coalition Government including the abolition of the Local Area Agreement (LAA) and the Area Based Grant (ABG). This coupled with the significant loss of capacity to support the current partnership structure meant that it was no longer sustainable.

The recommendations arising from the review were summarised and the Board was advised that a new 'Core Group' would be established to replace the HSP Standing Leadership Conference and the HSP Executive. The core group would include:

- Council Cabinet Members
- > Senior Council Officers
- > Health
- Police
- > Job Centre Plus

This group had held its first meeting on 7 October and it was envisaged that it would meet on a six weekly basis.

As statutory bodies the shadow Health and Wellbeing Board and the Community Safety Partnership would remain in place; however, it was intended that the other Theme Boards would be decommission by the end of the calendar year and that the current partnership structure would be dissolved.

In terms of the next steps outgoing Theme Boards were being asked to identify areas of work that would not be picked up elsewhere and that would need to be taken forward. The review had recommended that any areas of work that required particular focus should be looked at via time limited Task and Finish groups.

It was noted that the Children's Trust Performance Management Group (CT EPMG) had discussed the review's recommendations and how the multi agency work that was currently overseen and drawn together by the Trust would be monitored once the Trust was disbanded. Initial suggestions as to where these might be allocated were set out in the report.

Given that attendance had fallen, as organisations had less capacity to send representatives to the meetings, it was proposed that the Trust would no longer meet in person. However, the dates scheduled for the remainder of the municipal year would be kept in the diary and if there were any issues that members of the Trust felt should be considered at a formal meeting the scheduled dates could be used.

In response to concerns raised that the role of elected Members would be lost if the Trust was disbanded the Trust was advised that the membership of the shadow Health and Wellbeing Board (sHWB)

included four Councillors and that all of the Cabinet sat on the new Joint Leadership Group (JLG). As a significant proportion of the Trust's current work was likely to be moved to these bodies political input would be maintained.

The Social Inclusion Group (SIG) referred to in the report had not yet been established. This would be chaired by Councillor Strickland and once the membership had been agreed the Trust would be notified.

The role of opposition and Members was discussed and it was noted that there were no positions for opposition Members within the new partnership structure. It was contended that this disenfranchised a significant proportion of elected Members from partnership working. Similarly backbench Members from all political groups also had no formal mechanism for influencing partnership working under the new arrangements.

Voluntary and Community Sector (VCS) involvement was raised and it was noted that the potential conflict of interest between commissioning and membership of the sHWB was being considered. The Council was in the process of producing a VCS Commissioning Framework and it was anticipated that this would help address some of the issues that this raised.

It was acknowledged that involvement of the VCS within the partnership was an issue that would need to be debated further and resolved.

In response to concern as to where multi agency audits, which currently fell within the remit of the Trust would be monitored, it was suggested that the new JLG might provide the best forum for this and there was agreement that consideration should be given to this. There was also agreement that the relationship between the sHWB, LSCB, JLG and Community Safety Partnership (CSP) required further clarification and that areas of overlap would need to be identified.

There was a general consensus that the most useful function of the Trust had been the network it provided to share information and communicate with partners and it was suggested that an online 'bulletin board' or 'e-bulletin' could be produced to help sustain the network.

RESOLVED:

- i. That the report be noted.
- ii. That further work to determine where the work that currently fell within the remit of the Trust would be allocated should be undertaken and that the Trust should be advised of this once it had been finalised.

iii. That, on the basis that the Trust's current work was re-allocated to alternative partnership bodies, future scheduled meetings would only take place if there was a particular topic or issue that

Patricia Walker

All to note

iv. That the CT EPMG should continue to meet to monitor developments related to children and young people in Haringey and how the Children's Trust work programme would be dealt with after April 2012.

v. That consideration should be given to how opposition and backbench Members could influence partnership working.

OBCB28 LOCAL SAFEGUARDING CHILDREN BOARD: ANNUAL REPORT

The Trust received an overview of the LSCB Annual Report 2010/11 from the chair of the LSCB, Graham Badman.

LSCBs were required to present their Annual Reports to local Children's Trusts in order to challenge partners and ensure that the necessary structures and processes were in place to create effective safeguarding practice in the area. In addition, the recommendations of the Munroe Review included the proposal that in future the report was to be sent to the Chief Executive and Leader of the Council, and (subject to legislation) the Chair of the Health and Wellbeing Board and the local Police and Crime Commissioner.

An overview was given of the seven priority outcome areas for the LSCB and it was noted that a further two priority outcomes were proposed for inclusion within from 2011/12:

- ➤ A coordinated and strategic approach to reduce the impact of harm to children resulting from sexual exploitation
- > A coordinated and strategic approach to reducing the impact of gangs and gang violence on children and young people

Following Mr Badman's presentation the Trust discussed the report.

The issues highlighted with respect to Domestic Violence (DV) and the difficulties attached to ensuring that victims were able to proceed to court were noted. The Trust was advised that ensuring that cases were prepared properly and that administrative processes were followed was recognised as being important in alleviating delays in reaching court.

This point had also been picked up as part of more than one Serious Case Review (SCR) where delays in administrative processes and a lack of coordination between agencies had contributed towards the death of a woman experiencing DV.

It was noted that that Local Authority was developing the support that it provided to victims of DV and this was recognised as being part of its safeguarding duty to children. Multi agency working was also being improved via initiatives such as the MARAC which was led by the Police and used to identify potential victims of DV.

The lack of referrals from early year's settings was discussed and it was suggested that the reasons for this were complex and required further analysis; this was not considered to be due to a lack of training or awareness of Children's Centre staff. It was noted that more out reach working may form part of an approach to identifying children at risk.

In response to a query as to how the areas highlighted in the report would be addressed and taken forward the Trust was advised that the LSCB itself had a series of Action Plans that flowed from this. It was for partner agencies to ensure that they made provision for this within their respective organisations.

The disbanding of the Trust would mean that the oversight of the multi agency response to this was lost and consideration would need to be given as to how this would be addressed. There was agreement that the Joint Leadership Group may be the best forum to take on this aspect of the Trust's role.

The Chair thanked Mr Badman for his overview of the report and noted that it had been helpful to discuss this in detail.

RESOLVED:

- That the LSCB Annual Report be noted.
- That the Trust was provided with an update with respect to which body would take on the multi agency overview of the recommendations arising from this and future LSCB Annual Reports.

Debbie Haith / Patricia

OBCB281 TRANSFORMING CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS) IN-PATIENT SERVICES FOR YOUNG PEOPLE LIVING IN BARNET, ENFIELD AND HARINGEY: REPORT BACK ON CONSULTATION

The Trust considered a report that provided an update with respect to North London Central (NCL) proposals regarding commissioning of Tier 3 and Tier 4 Children and Adolescent Mental Health Services (CAMHS).

It was noted that the proposals had been consulted upon with service users and that 51% of the overall responses were positive about the proposed changes, 43% negative and 6% neutral.

The young people that had previously used the Northgate had been in favour of retaining the services that it provided and they had also indicated that reducing the stigma attached to institutionalisation was important.

In general terms respondents had been in favour of developing an enhanced community service.

The Joint Health Overview and Scrutiny Committee (JHOSC) had

requested that a further report was submitted to it providing more information in several areas and this would be considered before a final decision was made.

The Trust discussed the proposals and their impact on service users. In response to a query as to what young people had felt about the provision of education whilst in in-patient care the Trust was advised that this had been a key area for young people. The transition from in-patient services back to mainstream schools was recognised as being challenging and new models were being looked at with pupil referral unit (PRU) to help improve transition.

Concerns were raised specifically with regard to the loss of the Northgate Clinic as a number of young people had expressed their support for it. The Trust was advised that the clinic only offered care on a Monday to Friday basis and that the new service model required beds to be available seven days per week.

It was noted that schools with Academy status operated with greater autonomy and that their policies may be different schools in the control of the Local Authority and that this would need to be taken into account when reviewing transitional arrangements for young people leaving in patient care.

Sarah

The Chair noted that a piece of work was being undertaken to raise awareness amongst teaching staff of mental health issues and to help teaching staff identify young people who may be affected by this.

In response to a query as to whether there was any further opportunity to influence the proposals and how they would be progressed the Trust was advised that the NLC Board would consider the proposals on 15 December and that the points raised as part of this discussion would be reflected in the report that it considered.

RESOLVED:

That the outcomes of the public consultation, the actions to date and the further plans ahead of the NHS NCL Board on 15 December be noted.

OBCB28: SPEECH AND LANGUAGE THERAPY FUNDING

The Trust received a verbal update with respect to changes in the way Speech and Language Therapy services were funded.

The high demand placed on the Speech and Language Therapy (SLTS) meant that it was no longer possible to provide the current level of services for the amount of funding available. It was recognised that any decision to reduce the SLTS would be controversial; however, changes were necessary in order to ensure that children most in need continued to receive assistance.

It was noted that a detailed 'options' report would be circulated to the

	Trust once proposed changes to the service had been developed.		
	RESOLVED:		
	i. That the verbal update be noted.	Debbie Haith / Sarah Parker	
	ii. That, once available, the options report, as set out above, should be circulated to the Trust.		
OBCB284	PERFORMANCE REPORT		
	The Trust received a report that presented information with respect to performance indicators related to the work of the Trust and developments in performance monitoring.		
	It was noted that performance against targets with respect to the completion of Initial and Core Assessments had not been met. The Trust was advised that the service had initially prioritised improving the quality of Initial and Core Assessments and now that this had been achieved a targeted piece of work was being undertaken to improve the speed with which they were completed.		
	The Chair noted that she met with senior officers from the Children and Young People's Service on a regular basis to discuss performance issues.		
	Areas of performance currently monitored by the Trust would be reviewed and reallocated to other existing bodies. There was agreement that any areas that might be at risk of 'falling between' areas should be identified and that the CT EMPG should discuss this further at its next meeting.		
	RESOLVED:		
	i. That the performance report be noted.		
	 That the CT EMPG should identify any areas where they may be a gap in performance monitoring and agreed how this should be taken forward. 	Debbie Haith / Patricia Walker	
OBCB28	NEW ITEMS OF URGENT BUSINESS		
	There were no new items of Urgent Business.		
OBCB28	ANY OTHER BUSINESS		
	There were no items of AOB.		
OBCB28	DATES OF FUTURE MEETINGS		
	There was agreement that the dates listed below should be kept in people's diaries; however, the Trust would only meet in person if		

MINUTES OF THE CHILDREN'S TRUST (HSP) MONDAY, 24 OCTOBER 2011

members	s contacted the Chair and requested a meeting.	
> 7 F	December, 4.30pm February, 4.30pm March, 4.30pm	

The meeting closed at 6.45pm.

COUNCILLOR LORNA REITH
Chair



Meeting: Children's Trust

Date: 3 April 2012

Report Title: Children and Young People's Plan Monitoring Report

October 2011 - March 2012

Report of: Debbie Haith, Deputy Director Children and Families

Purpose

To provide end of year progress update on the delivery of the one year Children & Young People's Plan action plan.

Summary

In September 2009 Haringey's Children's Trust published the Children and Young People's Strategic Plan 2009-2020 accompanied by a three year implementation Plan.

Since 2009 much has changed both politically and economically, and in recognition of this it was agreed at the Children's Trust meeting in February 2011, that a revised Children and Young People's Plan action plan should be developed covering 2011-2012. The new action plan was agreed at the Children's Trust on the 19th July 2011. This report provides an overview of progress against the plan for the final six months of 2011-12.

Recommendations

That the Children's Trust notes the content of this report.

Financial/Legal Comments

N/A

For more information contact:

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1. Introduction

- 1.1. The Children & Young People's Plan (CYPP) action plan for 2011-12 was produced in the context of the political and economic developments following the change of Government in 2010. These changes impacted on the council, on health and education services across the borough. Information on these developments was included in sections 4 and 5 of Haringey's Children & Young People's Plan
- 1.2. 2011-2012, which outlined the national and local context at that time. Not the least of these factors is the reduction in Government funding

- available for the provision of public services, changes in welfare benefits and the continuing decline in the national economy.
- 1.3. A year later the pace of Government change continues. For example a new Education Act was passed late in 2011, which includes measures to further promote the development of academies. More recently the Health and Social Care bill, the legislation which will underpin the changes taking place in the delivery of health care, was ratified by parliament in March 2012.
- 1.4. The following provides a summary of what has been delivered in the last 12 months as a result of implementing the one year Children and Young People's Plan Action Plan 2011-12. Any incomplete actions will be picked by other operational groups and boards.
- 2. Objective 1: Giving Every Child the Best Start in Life ensuring all children make good progress from conception to 3 years to improve outcomes at age 5
- 2.1. As a result of consultation priority 1 of the draft Health and Well Being Strategy has been amended from 0 to 3 year olds to conception to 3 year olds.
- 2.2. Implementation of actions to reduce infant mortality has continued and actions have been included in the draft Health and Well Being strategy. It was intended that the infant mortality rate would reduce, but this has not been achieved, however it should be noted that there is a time lag between actions being implemented and their impact being realised. The rate remained static at 4.8 per 1,000 live births in 2008-10 and 2007-09. This compares to a rate of 4.6 per 1,000 live births for England and 4.5 for London. Positively compared against its statistical neighbours Haringey continues to have the lowest infant mortality rate. Another large scale training event to address the risk factors for Sudden Unexpected Deaths in Infancy (SUDI) is planned for May 2012.
- 2.3. The review of commissioning intentions and priorities in regard to the delivery of the full Healthy Child Programme has been completed. This has resulted in the commissioning of 5.23 whole time equivalent (WTE) Health Visitors for 2012/13. However challenges in recruitment are expected so impact may not be seen until later in 2012/13. At present the current Healthy Child model is continuing to be delivered.
- 2.4. The core offer for Children's Centres has been agreed. A service specification has been created and is being agreed with each children's centre.

3. Objective 2: Reduce inequalities

3.1. A number of initiatives have and are being put in place to ensure that young people are engaged and heard in the planning and delivery of services. As a result of the Safeguarding and Looked After Children

Inspection (Feb 2011) it was agreed that a Rapid Health Needs Assessment for looked After Children in Haringey should be undertaken. As part of the assessment ten young people aged 9-19 participated in a workshop representing: young people in foster care, asylum seeker backgrounds, care, young accommodated by Southwark judgements, unaccompanied minors, those that had been in Children's Homes and young mothers. As a result of this and other research carried out, a number of recommendations were made and are being actioned by the LAC Multiagency Group. It has been agreed that a further workshop with looked after children and care leavers will take place and the outcome will be fed through to Haringey commissioners and providers.

- 3.2. In order to increase consultation with children and young people and their involvement in planning and reviewing services, the Social Workers in the Disabled Children Team have received training in using communication in print. Visual materials have also been produced for use in safeguarding conversations with children and young people with disabilities. Views of young people receiving short break services are collected as part of the monitoring process and used to inform future planning of their service and the overall range of services. Young people in transition are determining how to use their individual budget and there is a young people's panel for recruiting staff in the Additional Needs and Disabilities service.
- 3.3. A three year Young People's Strategy was consulted on from December 2011 to February 2012. The consultation was very successful with 613 responses from young people, including 14.4% of responses from young people with disabilities. In addition targeted facilitated sessions with young people with learning difficulties and disabilities were held.
- 3.4. It was aimed that as a result of implementing the Youth Justice Annual Plan the direction of travel for the following indicators would improve: Reduction in the number of first time entrants to the Youth justice System, Reduction in re-offending and reduction in the use of custody. The latest binary rate for re-offending was 40.1%, which related to 531 young people in the cohort April to March 2010 committing 55 reoffences the following year. This was higher than Haringey's London statistical neighbours. In addition Haringey's rate of use of custody increased from last year's figures to 3.14 (rate per 1,000 of 10-17 population) which relates to 43 young people sentenced to custody for the first 3 quarters 2011-12. Again this was higher than Haringey's London statistical neighbours. However, this rise was predicted due to a tougher sentencing environment following the disturbances. The number of first time entrants has decreased from 494 in 2007 to 266 in 2010-11. Although the direction of travel on custody and re-offending is disappointing, both were affected by the riots and increase in serious youth violence and gang activity.
- 3.5. On the 17th October 2011 the Safeguarding and Looked After Children Plan was officially signed off and closed by the Towards Excellence

Board. Any outstanding actions have been transferred to existing Boards/Groups in order to ensure completion. All actions resulting from February 2011's Ofsted/CQC areas for improvement have been achieved. Significant progress has been made since the first plan went live in February 2009, which has been demonstrated by both announced and unannounced Ofsted and CQC inspection reports. This significant progress has been recognised by the Parliamentary Under Secretary of State for Children and Families who ended the government's intervention in March 2012.

- 3.6. The Corporate Parenting Strategy was agreed by the Corporate Parenting Advisory Committee on 28 June 2011. Accompanying the strategy is an action plan for 2011-12, which is monitored regularly by the Multi Agency Looked After Children Officer Group. An update on progress was presented to the Corporate Parenting Advisory Committee on 22 September 2011. Many of the actions in the plan have now been achieved. A system to monitor the quality of health care for children looked after has been developed and reported to the multi agency group. A quality assurance framework has been developed by the Quality Assurance and Practice Development Service which reviews the systems and processes for the care of children. A core data set has been developed and performance is reported to the Corporate Parenting Advisory Committee and the Children's Safeguarding Policy and Practice Advisory Committee. Regular reviews of complaints are carried out.
- 3.7. A child poverty needs assessment has been carried out and consultation on the Child Poverty Strategy has taken place. Awaiting guidance from the Lead Member for Economic Development and Social Inclusion on how best to proceed.
- 3.8. The Working together to improve the emotional well being and mental health of children and young people in Haringey: joint commissioning strategy April 2011 March 2014 has been signed off. A review against the strategy is to take place and this is being led by Deputy Director Children and Families (Haringey Council) and supported by Public Health Children's Commissioning Manager.
- 3.9. Implementation of the 2011-12 Teenage Pregnancy Prevention and Support action plan has been achieved. However, ONS 2010 under 18 conception rate showed a disappointing rise in Haringey's rate to 64.7 per 1000 compared to 51.1 per 1000 in 2009 (lowest ever rate). The overall three year aggregate data for 2008–2010 shows a decrease of 16% since 1998-2000. The under 16 conception rate for 2010 decreased to its lowest rate. Local data for 2011 collected so far for under 18 conceptions suggests a decrease from 2010. More data will be available in May/June 2012.
- 3.10. Activities which support schools to target families who would qualify for free school meals (FSM) and make effective use of the pupil premium have been achieved. The gap in attainment at GCSE widened but both FSM and non FSM pupils made substantial improvements in

attainment overall. From September 2012 schools will need to report how they are using the pupil premium – this will continue to be monitored.

- 3.11. Schools have been supported to effectively commission services that will reduce inequalities. The School Improvement Service are continuing to ensure that schools are working to narrow the gap by monitoring vulnerable schools, delivering governor training and ensuring that the Ofsted framework which has a clear focus on narrowing gaps in attainment is used as the criterion when carrying out reviews.
- 3.12. Haringey Public Health Team has reviewed the Healthy Schools 'offer' to schools and the Director of Public Health has presented this to primary and secondary head teachers. The Haringey Public Health Team facilitates separate meetings each term for schools to support professional development and implementation of the Health Schools Scheme. Schools are returning their Healthy Schools Reviews providing evidence of Healthy Schools status.
- 3.13. In order to evaluate the commissioning and use of parenting programmes a mapping exercise of parenting programmes currently being delivered was updated in December 2011. The parenting programmes offer for 2012-13 is being finalised. The core of the offer is based on three evidence-based parenting programmes: Webster-Stratton, Triple P, and Strengthening Families, Strengthening Communities.
- 3.14. Actions to ensure that good multi agency systems are in place to support vulnerable children at points of transition have been achieved. The Primary Pupil Referral Unit (PRU) has developed a Pupil Passport containing relevant information on attainment, social and emotional progress, student voice and barriers to learning and effective support, which travels with the child to prepare the prospective school. This has enabled effective transition. Children will be monitored for a reduction in exclusions. Transition plans for children who have been permanently excluded or who have been on interim placements at the PPSC is a key remit of the Behaviour and Alternative Provision Team. The Behaviour Intervention Service actively liaise with The Octagon and Primary PRU to ensure plans are in place and children are effectively prepared for transition. A schedule of visits to the prospective school prior to and after integration ensures that barriers to progress are identified early and strategies put in place.
- 3.15. Attendance at primary schools for the Autumn Term 2011/12 was 95.67% which is an improvement on the figure of 94.4% for the previous academic year a reduction in absence of 1.27%. Attendance at secondary schools for the Autumn Term 2011/12 was 94.9% which is an improvement on the figure of 93.1% for the previous academic year a reduction in absence of 1.8%.

- 3.16. The delivery of specialist training and advice to schools to reduce the risk of exclusions of children subject to a child protection plan, children looked after and children with special educational needs has been achieved. Data on children with multiple exclusions (Looked After children with one exclusion) are followed up via contact with schools to ensure support plans are in place via pupil support plans or personal education plans. Training is given to schools on request in Team Teach (Positive Handling), Staff Reflection, Effective Classroom Management and Specialist training to Teaching Assistants and School Meal Supervisor Assistants is delivered to schools where need has been ascertained. Restorative Approaches are encouraged for children as an alternative to exclusions to encourage an effective return to school. Specialist teachers offer advice and training to school staff on managing behaviour of pupils with SEND. For example the Autism Team provide termly two day training on managing behaviour of ASD pupils for school staff. They also provide Early Bird and school age parent training groups which include sessions on behaviour management. Specialist teachers advise schools on links between language, learning and behaviour. They provide training centrally and in schools on developing social skills.
- 3.17. Training is delivered to parents of children with statements at the Markfield Project once per term. Parents are advised on seeking early support and engaging in school support processes. The Health Well-Being and Attainment Forum is attended by a representative from Behaviour and Alternative Provision to ensure information sharing and co-ordination for Looked After children who have been excluded or at risk of exclusion. Training for school governors continues.
- 3.18. The Joint Commissioning group for 11- 19 year olds has been established and has agreed the priorities for the coming year. Work has taken place on reviewing existing commissioning activity including the re-commissioning of a number of services including Looked After Children (LAC) Child Adolescent Mental Health Services (CAMHs), Multi Systemic Therapy (MST) implementation and semi supported accommodation for LAC. The transition policy in place and a task group has been set up to review the pathway for children with continuing care needs to adult services.
- 3.19. The Aiming High programme has been embedded and outcomes include a reduction of the number of young children with disabilities coming into care; increase in the number of children with complex needs accessing short breaks services; establishment of Haringey Involve Parents Forum; single point of referral established for health, education and social care leading to earlier identification and assessment of needs; multi-agency practitioners meeting to allocate key workers and team around the child (TAC) approaches; increase in the number of families using Direct Payments; refurbishment of Haslemere Centre and increase to seven day services, including autism specific overnight midweek.

- 4. Objective 3: Ensuring children, young people and their families access services in a timely and appropriate manner
- 4.1. Actions to raise awareness of domestic violence and its impact on children across all agencies in contact with children and families have been achieved. Domestic Violence (DV) Co-ordinator delivered awareness raising training on the impact of domestic violence on children to approximately 180 professionals from a multiplicity of key statutory and community based agencies in the period from November 2011 March 2012. DV Co-ordinator has also circulated guidance and information on practice issues such as working with perpetrators of DV, identifying types of violence, supporting male victims, teenage partner violence and so on. In 2011 196 high risk cases were discussed at MARAC. Of these, 77% were non-police referred which indicates a good level of understanding by all agencies of the risks from DV. Sixty-seven percent of the cases seen at MARAC were BME.
- 4.2. Actions to improve clarity, timeliness and effectiveness of transition into adult continuing care or social care have been achieved. Transition policy completed following detailed consultation with parent/carers and staff. Agreed transition procedures and pathways from C&YPS to Adults revised and in use by front line staff. Over 60 parent/carers attended Transition evening on process of transition and this was followed by the Transition fair on 23 February at Tottenham Hotspur Foundation. There were 45 providers with over 150 visitors, including parents, carers, young people, school staff and other professionals. The recommendations of the Overview and Scrutiny Committee have all been addressed and a report on progress was presented in February 2012. The work experience project for young people in care with complex disabilities completed successfully. This enabled three young people with communication and mobility difficulties and challenging behaviour to visit Adult providers and take part in sporting and leisure activities in Haringey.
- 4.3. A six month project has been set up to focus completely on the transition of young people who have mental health needs, who may, or may not qualify for continuing healthcare after they reach the age of 18. This project has very clear outcomes for improving the experience of transition for young people who have mental health needs; including those who are looked after, and out of area. The project will, at the end, have an action plan that will feed into the LBH transition strategy and agreed pathways. Each young person will now be screened annually from the age of 14 to minimise the need to crisis manage a case as they approach 18. It will also identify to the transition panel who will require services post 18, and identify the most appropriate referral pathway.
- 4.4. The Haringey Investment fund was launched in March 2012. Voluntary organisations have the opportunity to submit bids explaining how their services will support the local authority's priorities, including priorities for children and young people. Closing date for bids is on 10th April

- 2012. Following this an evaluation process will take place to select providers.
- 4.5. Haringey's Multi-agency Safeguarding Hub (MASH) was launched in February 2012 by Tim Loughton MP, the Parliamentary Under Secretary of State for Children and Families and was the first to go live in London. The MASH brings together agencies from the council, police, health and probation into an integrated multi-agency team, where they can share intelligence on vulnerable children, families and adults. Haringey's MASH builds on good partnership arrangements developed under First Response Multi Agency Team (FRMAT). The MASH model is to be rolled out across London with other local authorities set to look to Haringey to see what Haringey's model of best practice looks like.
- 4.6. A number of actions have been achieved to improve young people's specialist substance misuse treatment. The Joint commissioning group have reviewed the allocation of funding for CYPS for substance misuse with the aim of improving value for money in 2012. Insight, a provider supporting young people affected by substance misuse, have continued to work with schools and teams in CYPS, reaching a number of young people and parents in schools. Improvements are needed in the numbers of vulnerable young people supported and treated by Insight. Cosmic in partnership with CYPS social workers are working with families affected by substance misuse. YOS have two substance misuse workers who assess young people referred and known to the service. They undertake one to one work with young people and refer onto specialist services when required. YOS work with young people known to the Octagon. A senior practitioner based in the Safeguarding and Support team undertakes direct work with children and their families affected by substance misuse, provide consultation to practitioners and work with voluntary sector to support families known to the safeguarding team.



Meeting: Children's Trust

Date: 3 April 2012

Report Title: Performance

Report of: Director Children and Young People's Service

Purpose

To present information on performance indicators related to the work of the Children's Trust.

Summary

The report presents exception reports on performance indicators that appear to be missing their targets.

Information on performance indicators was collected in mid March. The following indicators are currently missing their targets by 5% or more and are at red:

Be Healthy

HY93 Early Access for Women to Maternity Services HY112 – Under 18 conception rate

Stay Safe

OP386 – children in care cases reviewed within timescales Enjoy and Achieve

NI 102b - achievement gap between pupils eligible for free school meals and their peers achieving the expected level at Key Stages 2 and 4 - Part 2 Key Stage 4

The data, graphs and commentary on these indicators are given in the appendix.

Recommendations

That the Children's Trust notes and comments on the report.

Financial/Legal Comments or implications

N/A

For more information contact:

Patricia Walker Principal Policy Officer 020 8489 3373 Name: Title

Tel:

Email address: patricia.walker@haringey.gov.uk

APPENDIX

Children and Young People - exception report

Generated on: 16 March 2012

Glossary

Symbol indicates that the indicator is meeting its targets

Symbol indicates that the data is showing the target has been missed by between 0.1%-5%

Symbol indicates that the data is showing the target has been missed by 5% or more.

Symbol indicates that there has been no change

Symbol indicates that some of the data required to calculate either the status or the short trend is not available.

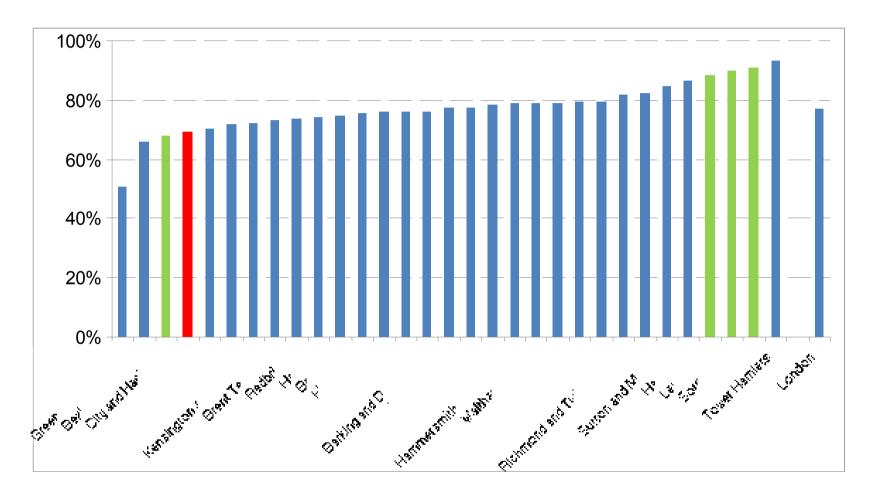
ST short trend

Children's Trust: Be Healthy

HY93 Early Access for Women to Maternity Services (Antenatal booking at 12 weeks) (NI 126) The percentage of women provided in the area who have seen a midwife or a maternity healthcare professional, for health and social care assessment of needs, risks and choices by 12 completed weeks of pregnancy **Ouarters** Value Target Status 73.9% PH01 093 Early Access for Women to Maternity Services (Antenatal booking at 12 weeks) 04 2009/10 80.0% 85.0% 01 2010/11 61.8% 81.0% 80.0% 66.0% 81.0% Q2 2010/11 75.0% 71.7% 03 2010/11 81.0% 70.0% 68.3% Q4 2010/11 69.3% 90.0% 67.2% 65.0% Q1 2011/12 65.6% 81.0% 02 2011/12 71.0% 81.0% 60.0% Q3 2011/12 81.0% 55.0% Years 51.9% 50.0% Value Short Trend ? 51.9% 2008/09 1 73.9% 2009/10 Target (Years) 2010/11 67.2% 68.3% 2011/12 Red

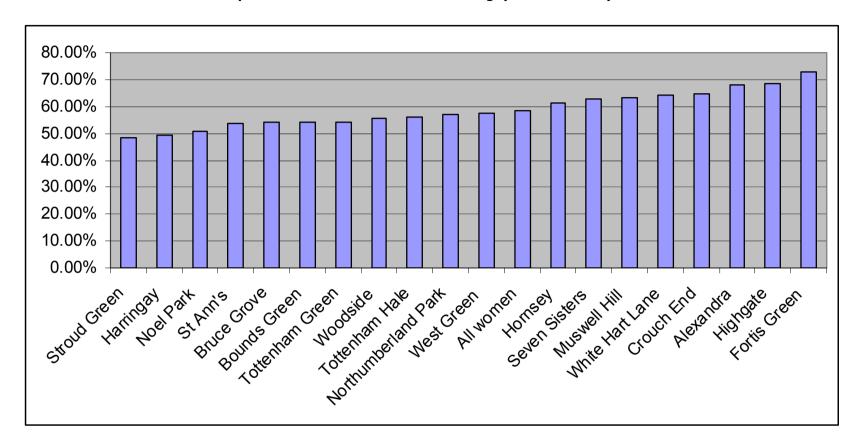
Health Equity Audit indicated that Black African women and young women below age of 20 are most likely to book late. An action plan is in place to encourage more women to access services early. This is monitored by NHS NCL. Recent activity (January 2012) includes preparation of a video in Somali and meeting with Somali women's group. The following tables show data on women who make antenatal bookings within 13 weeks for Haringey and it's statistical neighbours, and the same information for wards across Haringey. The rolling year average for England is 85%.

Women who have seen a health professional within 13 weeks: Haringey, London Boroughs and statistical neighbours January 2012



Haringey's statistical neighbours are the City and Hackney, Lewisham, Southwark and Lambeth.

Women who have seen a health professional within 13 weeks: Haringey wards January 2012



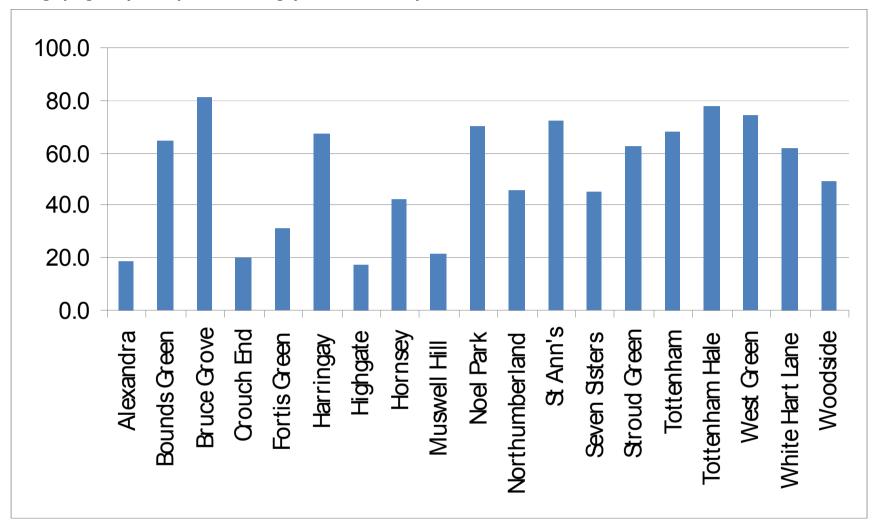
Be Healthy (continued)

HY112 Under 18 conception rate per 1000 Quarters Value Target Status CY03_112 Under 18 conception rate per 1000 Q4 2009/10 51.2 70.0 Q1 2010/11 51.2 67.5 51.2 Q2 2010/11 65.0 63.7 63.7 51.2 62.5 03 2010/11 60.0 Q4 2010/11 57.5 56.0 01 2011/12 55.0 Q2 2011/12 52.5 03 2011/12 50.0 Years 47.5 Value Short Trend 45.0 42.5 2008/09 69.7 40.0 2009/10 56.0 ? 2010/11 Target (Years) 2011/12 Red

Latest conception data for Haringey was released in the last week of August 2010 and covers the period to June 2009. The data shows a rate of 50.1 conceptions per 1000 (42 conceptions in the quarter) compared to 56.4 per 1000 for same period in 2008. The rolling 4 quarter average is now 52.4 per 1000 which is the lowest rate amongst our statistical neighbours. The data is supplied by the Office for National Statistics (ONS) and is the only totally reliable data that describes teenage pregnancy rates across Haringey for 2007-2009 and allows comparisons across wards.

The following graph shows teenage pregnancy conceptions for 2007-2009 by ward. Wards with the lowest rates are all in the west of the borough. However it is not the case that all wards in the west have rates lower than wards in the east. Stroud Green has rates of teenage conceptions higher than wards such as Seven Sisters, Northumberland Park and Woodside.

Teenage pregnancy conceptions in Haringey for 2007-2009 by ward.

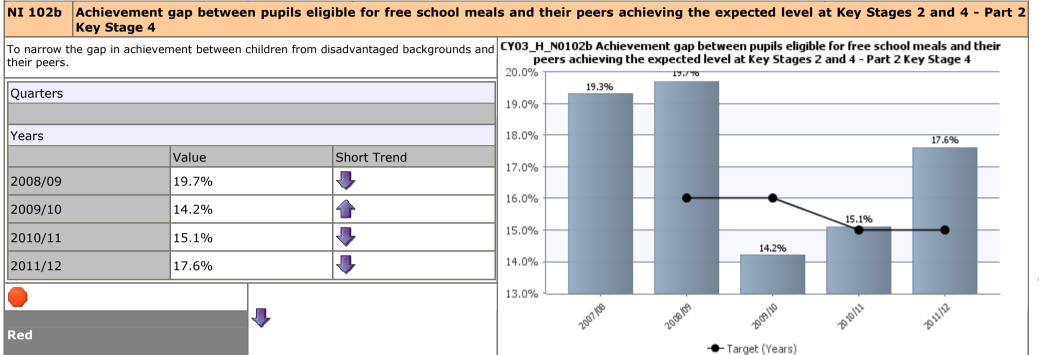


Children's Trust: Stay Safe

OP386 Children in care cases which were reviewed within required timescales (NI 66) The percentage of children looked after cases which should have been reviewed during the year ending 31 March that were reviewed on time during the year. Quarters Value Target Status ? 91.1% 04 2009/10 CY02_386 Children in care cases which were reviewed within required timescales 100.0% ? 96.7% Q1 2010/11 97.5% ? 95.0% Q2 2010/11 95.2% 92.5% 91.1% 03 2010/11 92.1% 90.0% 87.8% 87.5% Q4 2010/11 87.8% 85.0% 79.7% 92.0% Q1 2011/12 82.5% 80.0% Q2 2011/12 59.4% 92.0% 77.5% 75.0% Q3 2011/12 68.1% 92.0% 72.5% Years 70.0% 68.6% Value Short Trend 67.5% ? 2008/09 ? 2009/10 91.1% Target (Years) 1 2010/11 87.8% 2011/12 68.6% Red

Staff difficulties and vacancies within the IRO team have impacted on performance in the first half of the year; however, all permanent vacancies have now been filled and progress over the second half of the year is being closely tracked and monitored.

Children's Trust: Enjoy and Achieve



Although the gap has increased to 17.6%, this is still significantly below the national gap of 27.4%. The gap increased because the percentage of pupils eligible for free school meals attaining 5+ A* - C (including English and maths) increased from 37.8% to 45.9%, whilst the performance of non eligible pupils increased from 52.9% to 63.5%.

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Meeting: Children's Trust

Date: 20 February 2012

Report Title: New Statutory Duties For Short-Term Breaks For

Disabled Children And Young People

Report of: Head of Additional Needs and Disabilities

Purpose

To provide a briefing on the new statutory duties for short breaks for disabled children and young people.

Summary

Haringey has developed a Short Break Statement with effect from 1 April 2011, setting out the arrangements for the allocation of short breaks for children and young people with disabilities and their families.

Recommendations

To note the content of the report.

For more information contact:

Name: Phil Di Leo

Title: Head of Additional Needs and Disabilities

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1 Introduction and background

- 1.1The Children & Young Person's Act 2008 made the provision of short breaks a statutory duty for all local authorities from 1 April 2011. The regulations cited in Paragraph 6 of Schedule 2 to the Children Act 1989 underpin every local authority's short break offer to disabled children and young people and their families.
- 1.2 Every local authority must provide services designed to assist carers in their area by giving them breaks from caring in accordance with these regulations.
- 1.3 All local authorities were required to publish a Short Break Duty Services Statement by 1 October 2011. The Short Break Services Statement must be kept under review. The Haringey Short Break Statement is available on

the Haringey website and has been circulated widely. (Attached at Appendix 1)

- 1.4 The Underlying principles of the provision are:
 - Short breaks to be additional to universal provision;
 - Short breaks should be preventative not just a crisis intervention.
 - Short breaks should support carers and provide benefits to children and young people.
 - Short breaks should improve outcomes for disabled children, young people and their families.
 - Short break services should consider siblings as part of a family assessment.
 - Short breaks are personal to individual need.

2 Haringey's Short Break Service Statement

- 2.1 The Short Breaks Statement was drawn up in consultation with disabled children/young people and their parents/carers throughout the three years of the Aiming High programme. It sets out the services available and how they are accessed and allocated. The emphasis is on providing services where disabled children, young people and their families can have a short break when they need it and have a good time.
- 2.2 At present the following short breaks are available to disabled children: Universal services:
 - Holiday play schemes
 - After school clubs
 - Youth clubs
 - Weekend play schemes
 - Family Fun days
- 2.3 For children and families with additional support needs we can offer:
 - Support to attend the short breaks services above
 - Support to attend sport and leisure activities
 - Support for young people to plan their own activities
 - Training and specialist equipment for providers
- 2.4 For the small group of children, young people and their families/carers that need short breaks with additional, specialist care we offer:
 - Specialist short breaks after school and in school holidays
 - Inclusive activities after school and during holidays
 - Specialist youth club for young people with autism
 - Family Link service providing after school, weekend and overnight services

- Haslemere Centre providing after school clubs during the week, weekends and school holidays and overnight services midweek and weekends
- Befriending services
- Inclusive sports and drama activities
- Range of commissioned services from voluntary organisations.
- 2.5 In 2008 there were 188 children and young people receiving short breaks and this has now increased to 600. The number of providers has increased from eight in 2008 to 19 in 2012.
- 2.6 Haslemere Centre has been refurbished and this has resulted in a sevenday service for young people. The garden has been remodelled and new specialist garden equipment has been welcomed by all the service users. It is now the new base for Haringey Involve Parent/Carers' Forum which has further improved the signposting and information sharing role of the Forum.
- 2.6 The Short Break Service Statement is a formal recognition of the ongoing collaboration with children and young people, parents/carers, providers and professionals over the past three years. The statement was also the subject of discussion between neighbouring Local Authorities and a common framework for the statement was agreed which was then differentiated for each borough. This approach has been particularly helpful for agreeing eligibility, moderation and practically for families who move between boroughs.
 - The Duty has recognised the vulnerability of children and young with disabilities and their families. The outcomes of Aiming High programme has resulted the development of a core offer framework for children and young people with very complex needs who were previously unable to access services. This has improved families' resilience and their overall ability to manage family life.
- 2.7 Over the past three years there has been a reduction in the number of young people referred to residential schools as more support has been provided to families in their local community. There is a high level of satisfaction expressed by service users and their families. There has been an increase from 26 families in 2008 to 90 families in 2012 managing their own services through Direct Payments. This experience is now transferring to the development of individual budgets for young people with disabilities in transition to Adulthood and in preparation for Personalisation approach.
- 2.8 The Council will be commissioning services on new contracts from 2013 and planning is underway to ensure that the new contracts deliver what young people and parents/carers want and which address lessons learned to date. Parents/carers and young people are fully involved in the commissioning and procurement process, including determining the services, drawing up the specification, members of procurement panels etc. The Short Breaks statement will be a key driver in determining principles and outcomes required.

2.9 The commissioning strategy will need to take account of the learning from
the Green Paper 'Support and Aspire' Pathfinders and support the
implementation of the proposed single plan approach and increased
control for parent/carers on determining and purchasing their services.

Appendix 1

HARINGEY SHORT BREAKS SERVICES STATEMENT

Short Breaks form one element of the support offered by Haringey to disabled children, young people and their families.

This statement provides a summary of:

E the range of short breaks we provide for disabled children and their families E how the range of short breaks offered were selected and how the offer will

reviewed

E how to access short breaks

E how children and families can continue to contribute to planning and review of

short break services.

This statement was developed in consultation with disabled children and young people, their parents/carers and organisations involved in arranging and providing short breaks for children and their families.

We welcome further contact from parents/carers of disabled children. Our contact details are:

Additional Needs and Disabilities Service 40 Cumberland Road London N22 7SG Tel 020 8489 3205

mailto:Philomena.Dileo@haringey.gov.uk

Website: www.haringey.gov.uk

Introduction

Since 1 April 2011, we have a statutory duty under the Break for Carers of Disabled Children Regulations 2011 to "Provide short breaks to those who care for disabled children when it would improve their ability to care for their disabled child, or when they could not continue to provide care without a short break."

'Short breaks are provided to give disabled children and young people enjoyable and stimulating experiences which contribute to their social and personal development while also offering their parents, carers and families a break from their caring responsibilities.

These breaks can include day, evening, overnight and weekend activities and can take place in the child's own home, in a community or residential setting.

They come in a range of formats and each one can last just a few hours to a few days, and occasionally longer, depending on the type of provision and the needs of the child and their family.'

(Short Breaks Implementation Guidance. DCSF, DoH 2008)

This Short Break Statement has been developed in consultation with families and partners in the statutory, voluntary and community sectors. It will be reviewed annually to ensure that it reflects changing need, the learning from the delivery of short breaks and changes arising from policy and practice developments.

Short breaks give children and young people the chance to do something they enjoy doing, away from their parents. They are also a chance for parents to have a short break from caring.

In consultation with disabled children/young people and their parents, we have tried to create a service where disabled children, young people and their families can have a short break when they need it and have a good time. Short breaks in are provided to disabled children without charge.

At present we offer the following short breaks to all disabled children

- E Holiday play schemes
- E After school clubs
- E Youth clubs
- E Weekend play schemes

Full details of these short breaks can be found on our website and from the Additional Needs and Disabilities Service.

For children and families with additional support needs we can offer

- E Support to attend the short breaks services above
- E Support to attend sport and leisure activities
- E Support for young people to plan their own activities

For the small group of children, young people and their families/carers that need short breaks with extra, specialist care we offer

- E A range of specialist short breaks after school and in school holidays
- E Inclusive activities after school and during holidays
- E Specialist youth club for young people with autism
- E Family Link services providing day and overnight services;
- E Haslemere Centre providing after school clubs during the week and weekends and overnight services midweek and weekends;
- E Befriending services;
- E Inclusive sports and drama activities;
- E Specialist training and resources to increase access to activities.

How this range of short breaks was decided and how the arrangements will be reviewed

Before setting up these short break arrangements we talked to children, young people and their parents/carers about their experiences, needs and wishes. We did this at consultation events, family fun days, through Haringey Involve Parent Participation Forum as well as through questionnaires, review outcomes and meetings during 2008/9/10.

Parents told us what they wanted most was holiday provision, especially during the summer and so we have set up a range of funded short breaks for this time.

The Aiming High programme has enabled over 600 children and young people with disabilities to access holiday and after school activities. All Haringey special schools and Haringey Sixth Form Centre now provide activities out of school hours as well as a large number of mainstream schools.

Young people said they wanted opportunities to take part in the same activities as their non-disabled peers. This is why we are offering a range of activities including universal, specialist and inclusive schemes which seek to develop the young person's skills and interests while having fun. So far young people can take part in a wide range of sports activities, inclusive theatre group, craft, inclusive play schemes, visits and outings and residential experiences.

But we understand that people's views change and develop over time and so we are keeping the range of short breaks under review to make sure it continues to reflect what parents, children and young people tell us they want. We are pleased to receive regular feedback on services from our young people and this is used to inform our service planning and the range of services we offer.

For example we were told by young people that they wanted more activities at Haslemere Centre during the week and not just at weekends.

We have refurbished the building and now offer after school clubs every evening and have introduced a new overnight service mid week. We are also able to provide six weeks service in the summer. Young people also helped us choose a range of new equipment for the garden and well as IT resources.

We will continue to hold consultation events each term, in conjunction with Haringey Involve Parent Participation Forum and the Parent Partnership Service managed by Markfield.

These events will include sessions on:

- Positive Futures for children starting school;
- Secondary transfer process;
- planning transitions for 14+;
- Opportunities Fair in partnership with Tottenham Hotspur Foundation;
- Meet the professionals and
- targeted consultation on local and national policies.

How we have developed the short breaks we offer

Over the last two years we have done a lot of work to arrange more short breaks and increase the range of activities offered. We have provided extra training to a number of different groups of staff. For example we have provided training on a range of communication methods for staff in our mainstream play and youth services, as well as for targeted and specialist short breaks staff to allow disabled children to use these services. Services now work together better so that the short breaks offered are better coordinated. Family Link, Markfield and

Haslemere Services all work together to provide a range of inclusive activities, increasing their opportunities to enjoy themselves and share their experiences.

Team Work is a new activity set up by Parents/carers and staff at Haringey 6th

Form Centre and after school activities include Yoga, cycling and volunteering.

Parents tell us that they now feel there is better information available and our parent/carers events are increasingly well attended.

Benefits of short breaks

Providing short breaks to families has helped many families live a more 'ordinary' life eg having a holiday together, parents having some time to rest or spend with other children in the family and disabled children and young people taking part in many new activities which they have enjoyed. In some cases the support offered by the short break service has helped prevent family stress and breakdown.

Many families have also felt it has enabled them to become stronger and better able to manage. Parents tell us that the summer activities have been 'life savers' and they particularly value that they no longer feel they have to fight for services and that they can plan activities for themselves knowing that their young person is safe and having fun.

Accessing Short Breaks

We think it is important to share out the short breaks in a fair way. Some families will need more support than others because of their needs and circumstances.

Often families/carers could really enjoy a break as well as the children and young people themselves. A short break can help to reduce stress and isolation.

Every child and young person and their family is different, therefore we provide short breaks with three different levels of support that we call for different levels of need. Parents have told us that they consider this is fair and sensible.

Pathway 1 offers access to mainstream activities with support from the services providing the activity. Pathway 1 is open to all disabled children and young people in Haringey.

These activities include after school clubs; weekend and holiday play schemes and youth clubs.

Pathway 2 offers short breaks with support designed around a child or young person's particular needs, as well as the short breaks offered in Pathway 1.

For this pathway, one of the professionals involved with the child or young person will make an assessment of their needs. A meeting will also be arranged with the child, young person and family to discuss the kind of support they need and want.

This will help everyone decide what support would be most helpful. This Pathway may include mainstream activities as set out above and which has enhanced training, equipment and staffing.

Pathway 3 *is designed* for the small group of children, young people and their families/carers who need short breaks with extra, specialist care. Again this could be in a mainstream activity or another type of short break, including a specialist service.

We have set up a single point of entry process for provision for children and young people with and disabilities including complex health, care and educational needs. The weekly managers' meeting includes representatives from

Health, Social Care and Education who are able to make decisions about expenditure and the allocation of services.

This managers' meeting

- Provides a more understandable access to services for service users
- Provides an opportunity to look at all the child and young person's needs, and arrange individual single and joint informal and formal assessments;

- Reduces duplication and multiple referrals to other panels /services;
- Identifies a Key Worker and Team Around the Child Approach to coordinate planning and review progress
- Will consider outcomes of assessments, allocation of services, including short breaks and set review dates, taking into account whether services continue to meet the child and families needs;
- Identify all transition points for children and young people including to adulthood.

This process enables us to respond quickly to any changes in the child and/or family circumstances and to ensure co-ordination across services.

This pathway includes additional support to attend a wide range of activities, access to specialist after school and holiday breaks, befriending services, overnight and Family Link Short breaks.

How children and families can continue to contribute to planning and review of short break services

We plan to continue to develop our short break provision by providing more variety in what we offer and more choice for children/young people and their families. We want to make sure our short breaks get better and better.

We will continue to ask users what they think of services and will use that information to help make improvements.

We also plan to continue working with parents/carers through our Parents' Participation Forum Haringey Involve to understand what is wanted.

The Parents' Participation Forum has representatives on strategic planning groups so they are involved in decision-making at every stage as we continue to develop the short break 'offer'.

Haringey Involve
Parent Participation Forum
Co-Chairs: Carol Adams /Kelly Wilson
4 Haslemere Road
London N8 9QX
Tel 0208 341 2816
Mobile 07941966178
mailto:haringeyinvolve@yahoo.co.uk

We will also be continuing our work with disabled children and young people to ensure that they have opportunities to give their views and contribute to planning.

Please tell us what you think

We are always keen to hear your views and experiences. This is how we have developed our services so far and will continue to listen and learn. Please contact

Phil Di Leo, Head of Additional needs and Disabilities if you would like to more information, share your experiences or become more involved in developing our services for disabled children and young people.

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