

Q 'N' A: Special Overview & Scrutiny Committee – 17th September 2009
Agenda item 6 – Joint Area Review (JAR) Action Plan

No	Page/ Point	Question/Observation	Answer (Where applicable)
		Questions from Councillor Newton	
1	Agenda 6 Appendix 1 p.7, 2. Action 1.1.1:	What is the remit of the Children's Trust Executive Performance Management Group? Who is in the Group, what decisions does it take and where does this Group report to?	<p>The Group consists of:</p> <ul style="list-style-type: none"> • Cllr. Reith (Chair) • Borough Commander • Chief Executive NHS Haringey • Director of Children's Services <p>The Group's remit is to drive the operational delivery of the work of the Children's Trust, to monitor and manage the trust's performance. It report to the Children's Trust and does not, of itself, take decisions.</p>
2	p.8, 19. Action 6.1.4:	What strength does the five new health visitors bring the team up to? How many children are individual Health Visitors responsible for and what is the comparator with other boroughs?	<p>There are:</p> <p>34.14 wte HV posts plus 5.00wte Team Leaders 19.44 wte HVs in post 14.07 wte vacant posts</p> <p>Caseload per HV (including .50 clinical time from each Team Leader) is currently 802 when counting the whole 0-4 year old population. If all HVs in post caseload would reduce to approx 500 per HV.</p> <p>Comparator figures from the Family & Parenting Institute indicate that Haringey is the 3rd lowest provider of HV services out of 102 PCTs. However, the data on the F&P website for wte Hvs in Haringey is incorrect. When the correct data is used, Haringey becomes the 30th lowest provider of HV</p>



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			services
3	p.11, 1 st bullet & 4. 4 th bullet:	These say on one hand that NHS provider trusts should improve their collection and management of data and on the other that they have improved - what have they done to improve and how is it monitored and what differences will the child protection scorecard make?	<p>A paper entitled Assuring Safeguarding in Haringey's Health services went to, and was approved by the NHS Haringey Board, in July. The approach to assurance described, includes the child protection scorecard, but is clear that this one approach and needs to be seen in the context of a broader framework, which also includes the work of the LSCB Quality Assurance Sub Group, the JAR Health Action Plan Group, regular performance management meetings with providers, the NHS Haringey's Serious Incident Group which has a monitoring and challenge role in respect of SCRs, a programme of quality testing of effectiveness through clinical audit, feedback from staff, and so on. There is evidence of improvement having been made in a number of areas, and the JAR Health Action Plan Group attended by senior representatives from NHS Trusts is a key forum for providing support, challenge and overview of the different elements of the Plan.</p> <p>The child protection score card will include indicators that cover the following processes: note taking and record keeping; case conference attendance; supervision; training; and organisational capacity. The indicators relate to measurable processes that emanate from the findings of recent JAR inspections, and whilst completion of the scorecard will not in itself answer questions of quality and effectiveness, it is anticipated that it will be the starting point for informed discussion and focused and evidence questioning. NHS Trusts have been asked to populate the scorecard with data as part of an initial trial, prior to it's formal adoption as a performance management tool in Quarter 3 (Oct' to Dec'). The scorecard will be subject to review as services change and improve, so that its utility and relevance is constantly optimised.</p>
4	p.11, 5.	Is the new approach to undertaking SCRs now in place?	There is more emphasis on the need for independence from any management responsibility for staff involved in a case in relation to both



			those undertaking an Individual Management Review or an over-view report and in membership of the SCR panel. This may create some difficulties in the future and also has implications in terms of cost of recruiting independent IMR and over-view writers. The process of undertaking the SCRs this year has been in line with the requirements.															
5	Appendix 2: Assessment Framework General:	Please clarify 'uncompleted' and 'uncompleted and within timescale' and likewise 'not started' and 'not started and within timescale'	<p>'Uncompleted' means that the assessment has not been completed and is now out of timescale.</p> <p>'Uncompleted within timescale' means that, at the point of collecting the data, the assessment is not yet complete but has not run out of the time allowed for the assessment to be completed.</p> <p>Similarly, 'not started' and 'not started within timescale' has the same meaning, bearing in mind there is a time allowed for the start of the assessment to take place.</p>															
6	p.13, NI 59:	What are the figures for this indicator for comparator boroughs over the same period and what targets do comparator boroughs set?	<table border="1"> <thead> <tr> <th></th> <th>2006-07</th> <th>2007-08</th> </tr> </thead> <tbody> <tr> <td>Barnet</td> <td>67%</td> <td>78%</td> </tr> <tr> <td>Haringey</td> <td>77%</td> <td>88%</td> </tr> <tr> <td>Merton</td> <td>86%</td> <td>80%</td> </tr> <tr> <td>Newham</td> <td>75%</td> <td>59%</td> </tr> </tbody> </table>		2006-07	2007-08	Barnet	67%	78%	Haringey	77%	88%	Merton	86%	80%	Newham	75%	59%
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7	Children in Care p.16, Local 31 a & b:	Why is the number of looked after children with a personal education plan falling? How many children do not have a PEP? Why are less than two thirds of personal education plans not up to date?	Previously the LAC education team had concentrated on ensuring LAC had up to date PEPs but it was decided that this responsibility should lie with the child's social worker and the education team would focus on direct work with the children and schools to raise individual's attainment. This has been very successful with a significant rise in the education attainment of LAC who have been looked after for over a year. School holidays have meant that															



		some PEPs have not been done. Social workers have been reminded of the need to ensure that PEPs are up to date within the next 2 months
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		Questions from Councillor Engert	
8	Appendix 1 p.10, bullet 1	What immediate action has Children's Service taken to address this to ensure all children and young people are adequately safeguarded?	Action to address this is in the Action Plan. It will take the delivery of all actions to be able to say that we are adequately safeguarding children – there is no one action, or group of actions, that of themselves make this so.
9	p.11, 2. 3 rd bullet:	How exactly do you intend to improve the quality of child protection plans?	Work is continuing on this. We have engaged 3 experienced social work consultants, 2 of whom are working alongside social workers and their managers to improve care planning in relation to individual complex cases. The 3 rd consultant has been working over the past 3 months with the Child Protection Advisors who chair child protection case conferences to improve the format and the content of plans to ensure that they are clearer about what the risks to the child are, and how that risk will be managed. We are also working with other agencies particularly with health to improve the quality of referrals which will assist in producing better quality plans.
10	p.12	'Work on improving links between children's and adult services'. Given that a high proportion of children at risk come from homes where adults have been identified with problems is it not imperative that links between children and adult services are tightened as soon as possible rather than postponing it till may 2010?	Work on this is taking place already. There is now a new meeting between the two Lead Members, Directors and Deputy/Assistant Directors to take forward issues of transition and better links between the two Departments. The Deputy Director C&F and the AD adults also meet regularly and both are ensuring that any issues that arise in respect of cases involving both children and adults services are speedily resolved. We are also working on improving joint protocols and are planning for our respective management teams to meet soon to discuss further ways in which we can improve practice on the ground.



11	Appendix 2 Assessment Framework p.13, NI 59	When does the Director of Children's Service expect the percentage of initial assessments completed within 7 days to consistently reach the revised target of 53%?	Our aim is to reach this target by December 2009.
12	p.13, Local 7	Given the number of initial assessments not started at July 2009 of 287. What assurances can the Director for Children's Services give residents that these children are safe?	Whilst assessments may not have started as such, there is regular review of these cases and the evidence is refreshed to determine whether a different priority should be given to any case.
13	p.13, Local 13	Given the rising number of core assessments not started - at what point does the Director of Children's Service expect to clear the backlog?	The aim is to clear all significant backlogs by the end of December 2009.
14	Children in Need p.13, Local 14	Again, the percentage of children in need for whom social work visits are up to date is a falling percentage - when does the Director of Children's Service expect to see the situation reversed?	This relates to a number of factors – visits that have been made but not yet written up; turnover in staff; children being away over the summer and some uncooperative families who make engagement difficult. New procedures are being issued governing visits and this activity will receive renewed management attention.
15	Child Protection p.14, NI 67	Reviews of child protection cases within a year have fallen from 100% to 96.2% how many children have not had their cases reviewed and what is being done to achieve 100% in this area?	This in fact relates to two families where conferences were out of time due to reports not being completed in a timely manner. We are streamlining this process to ensure for the rest of the year and beyond notification to social workers about forthcoming conferences are produced in a more timely manner to allow the necessary time to complete the reports.



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16	p.14, SSI 50	Visits: this has fallen from 94% to 78.4% how many children are involved and what are the implications for them?	This relates to a number of factors – visits that have been made but not yet written up; turnover in staff; children being away over the summer and some uncooperative families who make engagement difficult. New procedures are being issued governing visits and this activity will receive renewed management attention. It is worth noting that the statutory expectation is six weekly visits – we are expecting monthly visits and reporting on that.
17	p.14, NI 65	Please explain NI 65. How many children are involved and for what sort of reasons do children cease to have a child protection plan and then have a new one?	This measure relates to children subject to plans who have at any time in the lives been subject to plans before. Typically it relates to children where neglect is an issue and where parenting is deemed good enough to cease a plan and then matters deteriorate in the future and a new plan is required. Equally it can apply when dangerous partners move in and out of families.
18	Children in Care p.15, NI 61	Please explain NI 61 and the relatively poor performance against target?	This relates to the time between a decision being made that adoption is in the best interest of the child and that child being placed in an adoptive family. Usually this happens when harder to place children – sibling groups, those with disabilities, older children – are being placed and where there simply are less available families. Our membership of an adoption consortium means searches can cover all of north London thus maximising opportunities for placements.
19	p.16, Local 66 b & c	What is being done to improve the rates of up-to-date dental checks and health assessments for looked after children?	In relation to health checks for LAC, we now have a commitment from the PCT and GOSH in Haringey for an identified paediatrician to undertake all LAC health checks which will improve the quality and will help ensure that they are up to date. Dental checks in the first instance are the responsibility of social workers and carers to ensure that these are done – we are reminding social workers of the need to do this. Where there any problems in identifying a dentist the PCT will assist us in resolving this.
20	p.16, NI 147 & 148	What is the reason behind the severe deterioration of care leavers in suitable accommodation or in	The number of Care leavers in EET always falls at this time of your because of the school leaving date. At the point of leaving school there are always some who have not yet decided whether they are going on to



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		education, training or employment?	Further Education, Training or Employment. This resolves itself quite quickly in September. We have good links with housing and have recently strengthened the arrangements for young people leaving care to ensure that they get timely advice and are well supported to achieve the most suitable accommodation that is available and possible
		Questions from Councillor Allison	
21	P8 pt13	Who is on the Aiming High forum? How often do they meet	The forum is chaired by the Deputy Director C&F, meets bimonthly and includes representatives from CYPS, NHS, special schools, voluntary and community groups and parents – all of whom are involved with disabled children
22	P10 pt4	How closely does the borough police team work with childrens services? When are they notified if a child in care is missing from a placement?	Nearly all child protection referrals are referred to the police with a view to deciding whether a joint investigation is appropriate. Cases are subject to strategy meetings/discussions to agree a plan of action and to ensure good agency coordination. Managers meet with the Police once a week to review all cases and to ensure effective communication and to resolve any differences. Children missing from care are reported to the Police by the placement – the point of reporting may vary according to the age and circumstances of the child
23	P11	What is a 'child protection scorecard'?	The NHS organisations in Haringey have agreed to monitor monthly performance indicators relating to child protection e.g. attendance of health professionals at case conferences. The collection of this data is in a format to be known as the Safeguarding Assurance scorecard.
24	P12	How long does a Serious Case Review take? How many staff are involved? How many do we get per year? Is this figure increasing? How do we compare with statistical neighbours?	Current requirements are that a SCR must be complete within 4 months of notification – it is likely that that will be extended to 6 months. Each statutory agency has to field two senior members of staff – one to sit on the SCR Panel and one to write the Individual Management Report (if no-one able to do that, it may get outsourced to an independent agency/person) Before the current 4 SCRs, Haringey had not done any



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			since 2003. Individual LAs figures are not available
25	P13 appendix 2 general	The number of initial assessments uncompleted is rising, not falling. How many extra staff are need to clear the backlog of assessments? When will these be in place?	These figures are misleading. The key figure is the number of IAs still incomplete – these are coming down and currently stand at 58. We estimate these will be cleared within the next 8 weeks.
26	P16 local 30 and 31	70 children in care are currently without a PEP. When will all CiC have an up to date PEP?	There has been a delay in completing some PEPs because of school summer holidays. SWs are being required to ensure that these are up to date within the next 2 months.
27	general	Please provide a plan of childrens services showing who is in charge of various depts and how many staff are employed within their areas so we can see how many frontline staff there are, what the chain of command is (and where there are vacancies).	Staffing lists to be tabled at the meeting
28	P17local 36 and 37	Please explain the difference between in house and private foster care.	They are in fact entirely different. In house fostering caters for children in care. Where they cannot be served by in-house carers then 'private and voluntary' agencies are used. Other children in care are in residential or other provision. Privately fostered children are not in care but are living with adults who are not their parents – typically aunts, uncles and sometimes family friends. Victoria Climbié was a privately fostered child. Once notified of such arrangements, we have a duty to routinely visit and ensure that the children are safe and well cared for.
29	Fostering General re Evening Standard story	Even if this took place in 2006 the news story is clearly topical. Why did the relevant team not think to share this with councillors on the CYPCC or Corporate Parenting	Senior officers present at the Corporate Parenting Committee had no knowledge of this case. The fostering service had undertaken checks of his wife but had understood that he was not a frequent visitor so had not done a CRB



		<p>Committee? Did senior officers know about it? At our CP meeting on Monday 7th September fostering in Haringey was high on the agenda. Why was this information not shared?</p> <p>* Abdulla Ahmed Ali did not live at the same address but was a relation and frequent visitor. I understand that in foster placements even the neighbours are CRB checked. How was he not picked up?</p> <p>* How did the Evening Standard find out about this case? Is the culture in Haringey still such that an employee thinks they are more likely to get a response from the Evening Standard than the head of children's services?</p> <p>When was Haringey first asked by the Standard to comment on this case?</p> <p>* How is this likely to impact on the current fostering campaign?</p>	<p>check in relation to him. Even if they had done so this may not have elicited any information.</p> <p>We do not know how the Evening Standard got information on this case. What they printed was factually incorrect as it was Abdulla Ahmed Ali's wife's parents who were foster carers, not their daughter and husband as reported.</p> <p>We are not aware that this has had any impact on the fostering campaign.</p>
30	P32 2.1.4	If the focus is now narrower, what have we lost? Why was it originally included in the JAR if it is not now	Because the previous plan addressed a breadth of issues beyond a definition of safeguarding



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		considered as important?	
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