Scrutiny Review – Communications with Residents (Adult Social Care)

A Review by the Adults & Health Scrutiny Panel – 2025/26	
Committee Membership	Cllr Pippa Connor (Chair)
	Cllr Cathy Brennan
	Cllr Dr Thayahlan Iyngkaran
	Cllr Mary Mason
	Cllr Sean O'Donovan
	Cllr Felicia Opoku
	Cllr Sheila Peacock
	Helena Kania (Co-opted Member)

scrutiny@haringey.gov.uk

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1. Chair's Foreword

This report sets out the findings of the Adults & Health Scrutiny Panel's review into communications between residents and Adult Social Care services. The review was initiated following feedback from residents and community organisations, who identified communication as a key area of concern affecting their experience of accessing support.

Effective communication lies at the heart of high-quality adult social care. It shapes how residents experience services, influences trust in the Council, and plays a crucial role in ensuring that people feel heard, informed and supported—particularly at times when they may already be vulnerable. The evidence presented to the Panel made clear that, while there are examples of good practice and dedicated staff delivering person-centred support, this experience is not consistent across the service.

We heard directly from service users, carers, and community organisations about delays in responses, difficulties in navigating contact routes, and a lack of clear, proactive updates. These issues can cause significant frustration and anxiety, and in some cases may exacerbate existing challenges faced by residents. At the same time, we recognise the considerable pressures faced by Adult Social Care services, including high levels of demand, workforce challenges and the need to prioritise complex and urgent cases.

The Panel wishes to place particular emphasis on the findings in relation to safeguarding. The evidence received highlighted clear and serious shortcomings in the current arrangements, including difficulties in getting through on phone lines, a lack of acknowledgement of referrals, and an absence of clear timescales or tracking mechanisms.

The Panel considers that these are not complex system issues but fundamental standards that must be consistently met. Our recommendations in this area are therefore clear: safeguarding calls must be answered, referrals must be acknowledged, referrers must be provided with a reference number, and clear timeframes for responses must be set with contact details provided. These are basic requirements that are essential to ensuring that safeguarding concerns are handled in a timely, transparent and accountable manner.

The Panel identified a need for further and more detailed scrutiny of the safeguarding referral process beyond the initial referral stage, particularly in relation to how quickly referrals are reviewed and acted upon. The Panel also highlighted the importance of examining the quality and consistency of communication with residents, including ensuring residents are routinely provided with clear timescales for investigation, regular updates on progress, and appropriate contact details to enable follow-up.

The Panel welcomed the steps already being taken by the Council to address wider issues, including the Adult Social Care Improvement Plan and the planned redesign of the 'front door' to services. We were also encouraged by examples of improvement in specific areas, such as communications relating to aids and adaptations, which demonstrate what can be achieved through clear processes and accountability.

This report seeks to build on that progress, my thanks go to the Adults and Health Scrutiny panel members and our Scrutiny officer for undertaking and supporting this important review. Our recommendations are practical, targeted and focused on raising standards across the service. In particular, they emphasise the need for consistency, clarity and accessibility in all communications with residents.

I would like to thank all those who contributed to this review, including Council officers, elected Members, and representatives from community and voluntary organisations. Most importantly, I would like to thank the residents and service users who shared their experiences with us. Their insights have been invaluable in shaping this work.

The Panel expects that the recommendations set out in this report will be acted upon and will lead to measurable improvements in how residents experience Adult Social Care services in Haringey.

Cllr Pippa Connor
Chair of Adults & Health Scrutiny Panel

2. Recommendations

Implementation of consistent communication standards across Adult Social Care services	
1	**The Panel recommended that the learning and best practice from the improvements to communications relating to Aids & Adaptations services should be implemented in any other areas of Adult Social Care where this is not already existing practice. Specific measures should include:** • **A single named person and contact details should be provided to the resident/family and kept up to date during the process.** • **Key communications/decisions should be confirmed in writing by email/letter so that the resident/family has a record of this.** • **There should be a clear explanation for any delays and the resident/family given the opportunity to discuss any changes.**
Safeguarding referrals	
2	**The Panel emphasised that there needed to be an immediate improvement to safeguarding contact arrangements and recommended that safeguarding referrals be treated as a priority area for urgent performance improvement. The Panel recommended that minimum standards should include the following:** • **Safeguarding phone lines must be answered during all advertised opening hours** • **Caller waiting times must be actively monitored and reduced to an acceptable level** • **A unique reference number to be given to enable tracking of the referral.** • **Provide a clear timeframe for when the referrer could expect to be updated.** • **Supplies contact details and a specific reference number so that the referrer can get in touch if they have not received an update within this timeframe.**
3	**That all digital safeguarding referrals should receive an automatic response which:** • **Acknowledges that the referral has been submitted and that it will receive attention.** • **Provides a clear timeframe for when the referrer could expect to be updated.** • **Supplies contact details and a specific reference number so that the referrer can get in touch if they have not received an update within this timeframe.** **The Panel emphasised that these measures should be considered to be basic operational requirements and should be implemented without delay.**
Adult Social Care Directory	
4	**The Panel welcomed the development of the new Adult Social Care Directory and the improvements that had been made so far. As this project was being completed, the Panel requested that the following additional measures be given consideration:** • **For geographic filters and search terms to include place names familiar to residents. Where the locality team areas are used as options, it should be made clear to the user which geographic area this covers, for example with a map or brief additional text.**

	• **For users who submit suggestions for changes or additional entries to receive an acknowledgement that their submission has been received and that it would be reviewed within a specified timeframe.** • **That all entries be regularly checked directly with service providers to ensure that they remained up to date.** *(The Panel acknowledged that this commitment had been made as part of the evidence received)*
Haringey Council website	
5	**That the following issues be given consideration as part of the Improvement Plan work to improve the Adult Social Care section of the website:** • **For the Adult Social Care section of the website to be easier to find from the homepage of the website.** • **To ensure that the website is designed to be accessible to people with additional needs including through the use of Easy-Read text to explain key issues including how to access services.** • **Developing short British Sign Language (BSL) videos for use on the website to explain key issues including how to access services, co-produced with service users and relevant community organisations.** • **For regular reviews to take place to ensure that advice and information about services on the website was accurate and up to date.** • **For the improvements to the design of the website to be co-produced with service users to ensure that key information is easy to find and understand.**
6	**To ensure that information about how to access Adult Social Care services and the availability of other services provided by community and voluntary organisations remains available to residents who do not have access to digital channels, through libraries, the Council's Haringey People magazine and community navigators.**

3. Context to the Review

3.1 In September 2024, the Scrutiny team held a community consultation event, known as the Scrutiny Café, with residents and community groups in attendance. The purpose of the event was to establish key priorities for the scrutiny work plan for 2024/25 and 2025/26.

3.2 The issue of communications with residents emerged from the event as a top priority. Examples of some specific feedback included:

- When residents had issues, the communications back from the Council were not always prompt or clear. Residents did not always know what was happening and did not feel that they were part of decisions.
- Residents needed to have confidence that the Council would always come back to them and respond to their concerns/queries/requests otherwise they became frustrated. A lack of communications could contribute to depression, anxiety, stress, and feelings of powerlessness from not being responded to.
- Scrutiny should examine the demand for services compared to the supply of staff. A small team of staff could be taking a large number of calls from residents on a daily basis, which inevitably led to delays in responses to residents. Statistics on this should be gathered by Scrutiny and shared with the public.

4. Committee membership and terms of reference

Committee Membership

4.1 The membership of the Adults & Health Scrutiny Panel that conducted this Review were:

Councillors: Pippa Connor (Chair), Cathy Brennan, Thayahlan Iyngkaran, Mary Mason, Sean O'Donovan, Felicia Opoku, Sheila Peacock.

Co-opted members: Helena Kania.

4.2 The terms of reference for the Review were:

To review the current arrangements for communications between residents and Adult Social Care services including:

- The experience of residents when they contact the Council regarding Adult Social Care services, including response times, acknowledgement of enquiries and the rate of satisfactory resolution of issues.
- How the Council proactively updates residents about the status of their case, including with regards to assessments, safeguarding follow up and in circumstances where delays are anticipated.
- How residents access the 'front door' to services, whether that is through the Council's main communications channels or the locality team for their area.
- The accessibility of information about adult care and support services on the Council website and the online Haricare directory.

4.3 The scoping document and terms of reference for the Scrutiny Review were approved by the Overview & Scrutiny Committee in November 2025. Evidence sessions took place in January and February 2026.

4.4 The Adults & Health Scrutiny Panel conducted the Review having previously considered various issues relevant to these terms of reference at meetings of the Panel including:

- The Council's recent adoption of a **'locality' model** which aimed to decentralise social care provision and strengthen partnership arrangements at neighbourhood level.[1]
- The establishment of the **Independence & Early Intervention (IEI) Team** as part of the restructure of the Connected Communities Service to strengthen early help and prevention and to proactively provide support as part of the localities model.[2]
- Details of Adult Social Care **complaints** that had been upheld by the Local Government & Social Care Ombudsman.[3]
- Monitoring of recommendations previously made by the Panel on improvements to **aids and adaptations** to support residents with mobility issues – particularly in relation to delays and communications issues.[4]
- The Council's response to a **Care Quality Commission (CQC) inspection** of Adult Social Services in October 2024.[5]

[1] Localities overview, Haringey Council website: https://haringey.gov.uk/adult-social-care/adult-social-care-policy-practice/adult-social-care-strategy-supporting-adults-haringey/localities
[2] Item 21, Meeting of the Adults & Health Scrutiny Panel, 22nd September 2025 https://www.minutes.haringey.gov.uk/mgAi.aspx?ID=83609
[3] Item 44, Meeting of the Adults & Health Scrutiny Panel, 16th December 2025 https://www.minutes.haringey.gov.uk/mgAi.aspx?ID=84349
[4] Item 56, Meeting of the Adults & Health Scrutiny Panel, 31st March 2025 https://www.minutes.haringey.gov.uk/mgAi.aspx?ID=82097
[5] Item 58, Meeting of the Adults & Health Scrutiny Panel, 31st March 2025 https://www.minutes.haringey.gov.uk/mgAi.aspx?ID=82098

5. CQC Inspection and Adult Social Care Improvement Plan

5.1 In February 2025, the Care Quality Commission (CQC), in its role as the independent regulator of care services in England, published a local authority assessment following an inspection of Haringey Council into how it was discharging its duties under the Care Act 2014.

5.2 Haringey Council was awarded a score of 56 out of 100 by the CQC which resulted in a rating of "Requires Improvement". The CQC states that *"People's experience of the local authority's services, care and support was mixed, with examples of both positive and negative outcomes."*

5.3 Conclusions of the CQC report that were of particular relevance to this Review included:

- *"Where people had accessed support, there were examples of positive outcomes for them. Contacting the local authority was … a barrier, with information not always being accessible. Communication needs were not always considered for people."*
- *"Information was not always accessible. This included supporting people with reasonable adjustments, so information was available in a suitable format. Support for people with sensory impairments was limited, although the local authority was taking steps to increase this."*
- *"Safeguarding processes reduced the risk of abuse and/or neglect to people. Communication with people and partners was inconsistent following referrals but staff understood the need to make safeguarding personal."*
- *"The front-door of adult social care had moved to localities to streamline contact processes and there were plans for physical hubs to support people to access information."*
- *"Coproduction to influence change was recognised as an area for improvement. Partners told us support and investment for coproduction had been limited and there was mistrust from communities following, for example, a cancelled coproduced project. The local authority was taking steps to address this, and this was reflected in strategies and processes such as specific coproduction groups."*
- *"People had positive experiences of being supported by multi-agency integrated teams which enabled people to access services and stay independent."*
- *"The local authority had reduced their waiting lists, including by outsourcing backlogs. Staffing had been increased across social care significantly to help manage workloads, which included frontline teams, but some staff told us capacity was still an issue."*
- *"Senior leadership was visible, supportive of staff, and worked together to support a positive culture."*

5.4 Following the publication of the CQC's report, the Panel requested a report from Adult Social Services on the Council's response. This report was discussed at a meeting of the Panel in March 2025[6] at which the Director for Adult Social Services highlighted some key areas requiring improvement that the Council was responding to. These included support for carers, waiting times, communications from the service and with residents, signposting and information/advice and co-production.

[6] Item 58, Meeting of the Adults & Health Scrutiny Panel, 31st March 2025 https://www.minutes.haringey.gov.uk/mgAi.aspx?ID=82098

5.5 A full Adult Social Care Improvement Plan, which aimed to address the concerns highlighted by the CQC and embed sustainable improvement over a 2-3 period, was then published by the Service in October 2025.[7] The Plan included ten priority areas for action including "Improving, Information, Advice & Guidance". Elements of these areas for action were referred to throughout the evidence received of part of this Review.

[7] Haringey Adult Social Care Improvement Plan, October 2025
https://www.minutes.haringey.gov.uk/documents/s154387/Appendix%203_ASC%20Improvement%20Plan%20October%2025.pdf

6. Evidence received – Contacting the Council

6.1 The Panel took evidence from and questioned the Corporate Director of Adults, Housing & Health, the Director of Adult Social Care and the Cabinet Member for Health, Social Care & Wellbeing. The Panel also took evidence from representatives of service users through the Joint Partnership Board (JPB) and from Disability Action Haringey (DAH) and received background information from the Council's Digital Content Team.

6.2 DAH is a registered charity which advocates for the needs of the local disabled community in Haringey and to ensure equal access to services. The Panel took evidence from the Chair, Chief Executive and a Trustee of DAH.

6.3 The JPB was set up in 2017 to ensure that vulnerable groups in Haringey have a voice in the way that NHS services and social care are provided for them. In addition to the main Board, the JPB has a number of Reference Groups formed of NHS and Adult Social Care services users from a wide range of services in Haringey. The Reference Groups each represent specific groups of people including for Autism, Older People, Physical Disability, Dementia, Severe & Complex Learning Disability and Carers. The Panel took evidence from a broad cross-section of representatives from the Board and the Reference Groups.

6.4 In each of the evidence sessions, the Panel focused on three main areas of questions, based on the terms of reference for the Review:

- The experience of residents initially contacting the Council as new applicants for services.
- The experience of residents who are existing service-users to able to contact the Council and have confidence that the Council will always come back to them and respond to their queries.
- Digital access to services and information.

<u>Experience of contacting the Council – Service User overview</u>

6.5 The Panel was informed by service user representatives that there were systemic communication challenges in relation to the Council that negatively affected residents and also community organisations when supporting residents. It was also acknowledged that there had been some recent improvements, but it was anticipated that changes to services would take some time.

6.6 DAH regularly heard from residents who reported that communications with Adult Social Care services were inconsistent, delayed and often unclear. While it was emphasised that some individual staff provided great person-centred support and communication, that was not experienced consistently across the teams or services. There were delays in responses, a lack of acknowledgement of communication, uncertainty about who was responsible for a particular case/inquiry, clarity around time scales and next steps. Residents often felt excluded from decisions about their own support. These experiences undermined trust in the service and caused significant stress to residents, particularly for residents already facing barriers disability, mental health, previous trauma or neuro-divergence.

6.7 The absence of consistent acknowledgements to communication and the lack of clear communication standards led to repeat contacts becoming necessary. This also places a burden on community organisations when supporting residents. DAH explained that a resident could be booked in for a 90-minute appointment because it might take 40-50 minutes to get through to the service in order to obtain information that may only take 5-10 minutes. This reduced their capacity to support more residents and achieve better outcomes.

6.8 The Panel was informed that there was a lack of proactive communications updates. Residents often found it difficult to obtain details on their care needs assessments. There was usually little reason given for delays. There was sometimes turnover in staff and the change in the member of staff responsible for a case was not communicated to the resident.

6.9 The lack of direct contact details with a named officer was frequently cited by service user representatives as an issue which led to service users feeling unsure about how to obtain support or updates regarding their case. For individuals calling the Council, the process could be stressful. Residents were not provided with a direct phone number for the officer handling their case and, if the resident then missed a phone call from the officer, there was no way of getting back in touch and it was necessary to wait until the officer called back.

6.10 On accessing the front door, there was confusion about how to access Adult Social Care services and whether it was best to do this through the Council's main number, the locality team's number or another route. Calling the Council and being redirected 'from pillar to post' was reported as something that frequently happened. Residents having to repeat their story to different staff was also a frequent experience which could be challenging, time-consuming and sometimes traumatic for residents.

<u>Experience of contacting the Council – Adult Social Care overview</u>

6.11 On the general approach to dealing with adult social care enquiries, the Director of Adult Social Care explained that Adult Social Services managed a high and complex level of demand and that residents communicated with the Council through a range of different routes, including face-to-face when out in the community.

6.12 The Panel was informed by the Director of Adult Social Care that the main Adult Social Care phone line (020 8489 1400) was well publicised and was listed on the Council's website. This line had a selection of choices to triage callers to the right team. Most callers were directed to the First Response Team which addressed the concerns of the resident and determined whether the issue could be dealt with directly or whether the resident needed to be signposted on to a named social worker or to the locality where the resident lives. Response times varied depending on the nature and urgency of the inquiry.

6.13 Enquiries were also received through various other routes including the Locality teams, the Safeguarding team and the Hospital team. Safeguarding concerns and immediate risks were prioritised. Non-urgent requests were acknowledged and progressed in line with current capacity in statutory services. Where there were delays, these were largely reflective of

system-wide pressures which all adult social care services in London and across the country were also facing. Prioritisation therefore had to be made on a risk basis and based on well-documented and well-evidenced issues that residents were experiencing.

6.14 The Director of Adult Social Care reported to the Panel that a meeting had been held recently to look at taking co-production forward across the whole service, including the carers' strategy. Officers had been nominated to work with each of the Joint Partnership Board's reference groups. She felt that face-to-face interaction was the best way to communicate new developments.

6.15 The Panel asked about difficulties that residents experienced when they raised issues that are the responsibility of a different department, such as housing. The Corporate Director of Adults, Housing & Health explained that the case management system that was being brought in allowed for some oversight and tracking, but she was not aware of a system that could enable that level of tracking. She added that the team would not have the level of resource to follow up these issues in a manual way. The new complaints system, called Infreemation, was better at tracking issues and escalating when responses were not made and this would be directed to the systems of relevant departments. However, this would not necessarily do end-to-end tracking of contacts.

<u>Performance and Training</u>

6.16 The Panel asked the senior Directors about the concerns regarding the experience of residents who got into contact with the Council by email but did not receive a response and were also not automatically informed what would happen next or how long they could expect to wait to be replied to:

- The Director of Adult Social Care acknowledged that this had been an issue and that the service was currently engaged with a redesign of the 'front door' which would be a clear single point of contact for Adult Social Care. This would include clear messaging when people call out of hours in order to manage expectations and make clear when people could expect to be contacted. The aim was for consistent responses and consistent messaging. Changes were anticipated in April 2026 following a period of consultation, including with unions as the changes would involve changes to people's roles.
- A new Deputy Director for Adult Social Services had recently been appointed and would be focused on performance and practice in the localities. Performance reporting would include weekly reports for each locality team and daily monitoring of the front door team. This would help to get a sense of quality control and consistency of approach across the Borough and also support staff. Staff would require training and development to understand expectations and minimum standards.

6.17 The Panel observed that management oversight in customer services settings typically used performance data, such as caller wait times or the percentage of responses made to email contacts within the waiting time standard time.

6.18 The Panel also highlighted the importance of qualitative data, such as satisfaction levels. The Director of Adult Social Care said that there was lot of activity with residents to obtain input

into the Adult Social Care Improvement Plan, including through the Commissioning Co-production Board, the LD Carers' Forum and the Carers' Co-production group. She added that there were a range of national surveys, but it was likely to be more meaningful to have direct dialogue with groups about whether services were improving. She added that it may be possible to broaden this work by including additional groups.

6.19 DAH observed that when contacting specific teams, some teams could be easier to contact than others. One example provided was that there a particular officer on duty on specific days of the week who was very effective at dealing with queries and so this was known to be a good time to call. However, it was commented that the efficiency of the service ought not to be dependent on individual staff members in this way.

6.20 The Panel queried whether inconsistencies in the service could be resolved through staff training, upskilling of staff and oversight of response times. Suggestions through the evidence received included a toolkit for staff to assist with clear information and signposting which could potentially involve co-production so that service users could highlight common issues. The Panel also expressed concerned about the staff shortages and the stress that existing staff were under.

6.21 The Corporate Director of Adults, Housing & Health commented that there was a wider area of focus on workforce culture in the Council following on from the recent LGSO report. There was a focus and commitment to embedded learning and making sure that people understand the importance of communications being timely, clear and empathetic. Learning sessions had recently been held with staff on this issue. The Director of Adult Social Care added that there had been some recent work around improving letters to residents, including in relation to sensitive cases such as overpayments, where it was important to get the tone right.

<u>Aids & Adaptations – communications improvements</u>

6.22 The Panel referred to previous scrutiny work carried out on the topic of 'aids and adaptations', which concerned the service provided to people who require mobility equipment or alterations to their home to help them with mobility issues. Improvements to communications with residents was a key element that was considered as part of this work that has relevance to the wider issues on communications this relate to this Scrutiny Review.

6.23 Following the scrutiny work on aids and adaptations, a series of recommendations was made to the Cabinet in 2022[8] which included:

- A named person and contact details should be provided to the resident/family and kept up to date during the process
- Key communications/decisions should be confirmed in writing by email/letter so that the resident/family has a record of this.
- There should be a clear explanation for any delays and the resident/family given the opportunity to discuss any changes.

[8] Minutes, Adults & Health Scrutiny Panel, 15th September 2022 (includes full list of recommendations) https://www.minutes.haringey.gov.uk/mgAi.aspx?ID=74001

6.24 The Panel has continued to monitor these recommendations and officers had reported that improvements made in this area had included a 4-6 week contact pathway to update them about the status of their case, a new case management system and an initiative to proactively contact everyone on the waiting list.

6.25 A particular issue was that, in some cases, there could be several different professionals working on a particular adaptation (e.g. occupational therapist, social worker, surveyor) and this led to difficulties for residents who did not know who best to contact and were often referred to a different person when they did make an enquiry. The Council had therefore made a commitment that there would be a lead professional on aids and adaptation cases so that there would be someone taking ownership for coordination and to act as a single point of contact for the resident. The lead professional also conducted regular check-ins with the resident to ensure that they were kept up to date with issues and concerns, for example if the work on an adaption was subject to a delay.

RECOMMENDATION 1 – The Panel recommended that the learning and best practice from the improvements to communications relating to Aids & Adaptations services should be implemented in any other areas of Adult Social Care where this is not already existing practice. Specific measures should include:

- **A single named person and contact details should be provided to the resident/family and kept up to date during the process.**
- **Key communications/decisions should be confirmed in writing by email/letter so that the resident/family has a record of this.**
- **There should be a clear explanation for any delays and the resident/family given the opportunity to discuss any changes.**

7. Evidence received – Safeguarding Referrals

7.1 At the evidence session with the JPB, concerns were heard from several representatives about the difficulties in making safeguarding referrals. An example given was an organisation trying to call the relevant telephone numbers but not being able to get through to anyone, then filling out the online referral form but not having received a response over a week later.

7.2 Following the evidence session, the Panel's main concerns about safeguarding referrals were:

- The safeguarding phone line not being answered.
- If a call was put through, no information was provided as to when the caller would hear back regarding their concerns.
- If the referrer filled out the safeguarding form, there was sometimes no recognition from the service that this had been received.
- There were long waits to hear back if the referral had been accepted.
- There could be no way for the referrer to find out who to contact if they didn't hear anything back once the form had been submitted.
- No reference number was provided that a referrer could use in a follow up email to track what was happening.
- When contact from the Council was made, no timeframe was provided for when any next steps would happen.

7.3 Evidence received from DAH about safeguarding referrals was that it was typically difficult to get through to someone on the phone line and that you may often then have to be referred elsewhere. This meant that it was often necessary to repeat the information. The overall process was time consuming and detracted from how many people DAH could help.

7.4 The Panel was also told by DAH that it was difficult to obtain information about outcomes. While it was acknowledged there may be some information that would not be appropriate to share, it would still be good to be able to obtain an update that the safeguarding referral has been effectively handled as this would be reassuring. The Panel noted that, according to the CQC inspection report from February 2025[9], an internal audit conducted by the Council had found that 71% of referrers were informed of the outcome of Section 42 (safeguarding) enquiries.

7.5 In response to the concerns raised, the Cabinet Member for Social Care & Wellbeing commented that these concerns were difficult to hear but not taken lightly and did validate the issues that had been previously identified and included in the Adult Social Care Improvement Plan.

7.6 The Director of Adult Social Care made a number of observations about safeguarding referrals:

- Safeguarding referrals into Adult Social Care were received through 'front door' arrangements, the purpose of which was provide a single consistent route into the

[9] London Borough of Haringey: Local authority assessment, CQC (Feb 2025) https://www.cqc.org.uk/care-services/local-authority-assessment-reports/haringey-0225

service. There was no separate, direct safeguarding telephone line. Safeguarding referrals could be made by telephone, an online form or written correspondence from partner agencies. When safeguarding referrals were received, the focus was on consistent triage and having a clear recording and audit.

- It was recognised that callers may experience difficulties in getting through by telephone at peak time. Callers are then queued, directed through callback arrangements or provided with information about how to access information through the website.
- It was also recognised that, while online referrals were screened and processed internally, the visibility of how this was being progressed could be improved.
- Demand was a big issue and was therefore a cornerstone of the Improvement Plan and the work of the independent safeguarding review that had been commissioned to look at the role and function of the Safeguarding Board and how the Council performed its statutory duties.
- A Strategic Programme Lead for Safeguarding had been appointed to manage the transitional phase while the recommendations from the safeguarding review were being established. The new appointment to Deputy DASS would be leading on performance across the service, including in safeguarding. A new Principal Social Worker would be joining in March 2026 who would focus on practise at the front line.
- The digital roadmap was an important part of the improvement journey as some practices in the service were outdated.
- Safeguarding referrals were professionally screened to determine the level of risk, whether the concerns met the Section 42 threshold and whether immediate protective action was required. Safeguarding investigations could be complex with variations in the amount of time required.
- Monthly meetings took place with providers to discuss the responses to their safeguarding enquiries.
- Progress was underway with the transformation of the 'front door' to Adult Social Care which was expected to make a huge difference in how responsive and person-centred the service was.

7.7 The Corporate Director of Adults, Housing & Health, emphasised the importance of the Adult Social Care Improvement Plan and the recognition of staffing and capacity levels. In addition, an additional £3.6m of staffing investment had been proposed for the 2026/27 Budget. In addition:

- The new Adult Social Care Directory would improve the availability of up-to-date information for signposting.
- The Connected Communities service had now been integrated into the Adult Social Care service as the new Independence and Early Intervention team, which would further increase capacity.
- There was scope for complex cases across adults and housing to be supported in a different way to promote early intervention/prevention and meet demand challenges.

RECOMMENDATION 2 - The Panel emphasised that there needed to be an immediate improvement to safeguarding contact arrangements and recommended that safeguarding referrals be treated as a priority area for urgent performance improvement. The Panel recommended that minimum standards should include the following:

- **Safeguarding phone lines must be answered during all advertised opening hours.**
- **Caller waiting times must be actively monitored and reduced to an acceptable level.**
- **A unique reference number to be given to enable tracking of the referral.**
- **Provide a clear timeframe for when the referrer could expect to be updated.**
- **Supplies contact details and a specific reference number so that the referrer can get in touch if they have not received an update within this timeframe.**

RECOMMENDATION 3 – That all digital safeguarding referrals should receive an automatic response which:

- **Acknowledges that the referral has been submitted and that it will receive attention.**
- **Provides a clear timeframe for when the referrer could expect to be updated.**
- **Supplies contact details and a specific reference number so that the referrer can get in touch if they have not received an update within this timeframe.**

The Panel emphasised that these measures should be considered to be basic operational requirements and should be implemented without delay.

8. Evidence received – Adult Social Care Directory and Corporate website

8.1 The Panel noted that the Adult Social Care Improvement Plan included commitments to:

- Improved website navigation.
- Refreshed community support directory.
- Enhance translation, accessibility and digital inclusion.
- Develop a Feedback Impact section on the Adult Social Care website pages, which will inform "You Said, We Did" areas of improvement.

Adult Social Care Directory

8.2 In recent years, adults in Haringey looking for care and support services had been able to access an online directory known as 'Haricare' in order to search for details about relevant local organisations. Councillors on the Panel had previously reported concerns expressed by some constituents that they did not find the Haricare directory easy to use. The Director of Adult Social Care acknowledged that online directories were only as good as the money invested in them and that Haricare had been a dated website that needed a refresh. A project to update the directory had therefore recently been undertaken.

8.3 The Panel received information from the Council's Digital Content Team that Haricare had previously been run through a contract with an external service provider, but a decision had recently been taken to move the service in-house and redesign it as a new service to be known as the Adult Social Care Directory.

8.4 The work to migrate information to the new Adult Social Care Directory had included entries from Haricare, information from a voluntary and community sector resource list drawn up by an external consultancy and entries from existing directories on the Council's website that were relevant to Adult Social Care. As of January 2026, there were a total of 310 entries in the new Adult Social Care Directory.

8.5 In discussions about the criteria for inclusion in the new Adult Social Care Directory, there had been a focus on local provision because there was a view that Haricare had expanded to include some content which was less relevant. The criteria for the new Directory were determined as:

- The services must be available to Haringey residents.
- National and London-wide organisations were considered only where there were no kind of similar local services. However, local services were generally prioritised.
- Services which sought to promote a political or religious cause were not listed. Although a service and/or its venue could be associated with a religion, that cannot be the purpose of the service.
- Commercial services would be considered where they provide services specifically for people in Haringey or had CQC accreditation.
- Services must be free of charge or at a low cost for members of the community.

8.6 In order to keep the Directory up-to-date, a direct check-in with service providers would be carried out every 12 months to make sure that they were still providing the services displayed in the Directory.

8.7 There had also been work on a set of around 40 new filters for the new Directory to help users to find what they needed. These were in different groups based on support needs, service type and location.

8.8 The “soft launch” of the Directory took place in November 2025 as this was when the previous contract had ended. This meant that the new Directory wasn’t promoted on the site but it was still possible to find it through the search facility on the Council website or from external search engines. There had not yet been a full launch because there was still some work to be completed and some entries to be added. Additional features to be added included a map view and a function to add “what you searched for” text at the top of the page after a search with the number of results added.

8.9 The possibility of an interactive workshop to gather user feedback was raised and this was likely to include social care staff, as they would be users of the Directory, as well as residents and other stakeholders. It was noted that staff in the first response team used the Directory service on a daily basis to help them with conversations and signposting.

8.10 The Panel questioned the Corporate Director of Adults, Housing & Health and the Director of Adult Social Care regarding the new Adult Social Care Directory.

8.11 A Panel Member had explored the Directory and described entering the search term “dementia” while selecting the east of the Borough. Only two entries were returned although she was aware that there were more organisations that were active in this area. She asked what confidence Directors had in the directory and whether more capacity was needed in the team to provide more information to the Digital team.

8.12 The Director of Adult Social Care noted that the final version of the Directory was still being worked on and was not yet complete. She noted that, if the directory was printed, residents would have most of what they needed, but the challenge was the search engine functionality. It was important to note that the new website was still in the process of being built but agreed that it needed to be as agile and functional as possible with the limited budget that was available.

8.13 The Panel commented that the new Adult Social Care Directory was a considerable improvement on the previous Haricare Directory. Other observations made by the Panel, based on the information received, were:

- That in addition to the work to redesign the online directory, there would need to be a budget to keep it regularly updated because out-of-date information could be a particular problem with online directories.
- That the terms that people were likely to use regarding the geographical area should be added to the functionality of the online directory. It was noted that the current options for geographical area were listed under the heading ‘Locality’ and were based on the three locality teams (West, Central and East). The Panel felt that many residents would not necessarily be familiar with the term ‘locality’ or the locality boundaries and were more likely to search using a more familiar term such as “Tottenham” or “Wood Green”.

- That some residents did not engage with the website at all, and so other channels of communication remained important.
- The option on the new directory which enabled users to suggest new entries or to report incorrect or out-of-date entries was welcomed by the Panel. DAH also agreed that this was an improvement but also pointed out that users would not necessarily receive any feedback on whether any action had been taken as a result of their suggestion. Users would be less likely to make suggestions if they felt that this was not making a difference.

RECOMMENDATION 4 – The Panel welcomed the development of the new Adult Social Care Directory and the improvements that had been made so far. As this project was being completed, the Panel requested that the following additional measures be given consideration:

- **For geographic filters and search terms to include place names familiar to residents. Where the locality team areas are used as options, it should be made clear to the user which geographic area this covers, for example with a map or brief additional text.**
- **For users who submit suggestions for changes or additional entries to receive an acknowledgement that their submission has been received and that it would be reviewed within a specified timeframe.**
- **That all entries be regularly checked directly with service providers to ensure that they remained up to date.** *(The Panel acknowledged that this commitment had been made as part of the evidence received)*

<u>Corporate Website</u>

8.14 Evidence received from service user representatives indicated that service users experienced difficulties in navigating the Council's website and that finding information was challenging despite recent redevelopments. It was noted that the link to the Adult Social Care section of the website was not prominently displayed on the homepage of the website. Information on some parts of the website was considered to be too complex and not necessarily written in plain English while accessibility features were inconsistent. It was reported that people with cognitive impairments found the website difficult to navigate.

8.15 Specific concerns were expressed by DAH about access to information for deaf residents and there were therefore concerns about the risk of their being excluded because of their access needs. It was suggested that access to information could be improved through the provision of BSL (British Sign Language) videos on the website, for example to explain information about a care needs assessment.

8.16 The CQC inspection report of January 2025 also drew attention to accessibility issues, specifically:

- Partners felt that digital exclusion was a barrier for people in accessing services. This was recognised by the Council which had included this in the Adult Social Care Prevention Strategy and included measures such as expanding digital training programmes and providing access to digital equipment through community hubs.

- The Council website did not include information in different languages for people whose first language was not English. There was a translation function for multiple languages but this was not always easy to find.
- The Council's use of easy-read information to support people with learning disabilities and/or neurodivergence was inconsistent.

8.17 The Panel acknowledged that many people trying to access Adult Social Care services were vulnerable and had additional access needs. This therefore needed to be reflected in the design of the corporate website, including through 'Easy Read' information and accessibility functions based on disabilities, but also through clearer explanations about how to access services and the practical next steps to do so.

8.18 The Panel also emphasised the importance of keeping advice and information about services on the website up to date and ensuring that updates were made when circumstances changed.

8.19 The Panel commented that the 'front door' to Adult Social Care services needed to be easy to locate from the main front page of the corporate website and also from mainstream search engines.

8.20 A Panel Member proposed that any overhaul of the website would need the input of service users in order to put together readable user interfaces. It was also suggested that 'mystery shopping' style tests should be carried out to check that the pathways actually worked.

8.21 The Panel also acknowledged that some people who required access to health and social care services did not access online information or were not able to because of their health or financial circumstances. This highlighted the importance of ensuring this information about how to access services was promoted through other communications channels including through libraries, the Council's Haringey People magazine and community navigators.

RECOMMENDATION 5 – That the following issues be given consideration as part of the Improvement Plan work to improve the Adult Social Care section of the website:

- **For the Adult Social Care section of the website to be easier to find from the homepage of the website.**
- **To ensure that the website is designed to be accessible to people with additional needs including through the use of Easy-Read text to explain key issues including how to access services.**
- **Developing short British Sign Language (BSL) videos for use on the website to explain key issues including how to access services, co-produced with service users and relevant community organisations.**
- **For regular reviews to take place to ensure that advice and information about services on the website was accurate and up to date.**
- **For the improvements to the design of the website to be co-produced with service users to ensure that key information is easy to find and understand.**

RECOMMENDATION 6 – To ensure that information about how to access Adult Social Care services and the availability of other services provided by community and voluntary organisations remains available to residents who do not have access to digital channels, through libraries, the Council's Haringey People magazine and community navigators.

9. Future scrutiny work

9.1 It was recognised by the Panel that the time available to conduct the Review was limited and that the Scrutiny Panel established in 2026/27 could choose to conduct further scrutiny work in this area based on the findings of this report.

9.2 This Review includes a number of recommendations relating to the initial process for residents and organisations making safeguarding referrals (see Section 7). However, the Panel was not satisfied that sufficient scrutiny had been undertaken in relation to the subsequent stages of the safeguarding referral process and therefore recommends further, more detailed examination in this area.

9.3 In particular, the Panel identified a clear need for more robust scrutiny of the process once a safeguarding referral has been submitted, including outstanding questions raised during the review regarding unread emails and delays in action being taken. The Panel recommended that comprehensive performance data be obtained in relation to current response times following safeguarding referrals, alongside a detailed examination of how promptly emails and other communications are reviewed, escalated, and acted upon.

9.4 The Panel also recommended further scrutiny of the communication provided to residents once safeguarding concerns have been received and reviewed. This should include consideration of whether residents are routinely provided with clear timescales for investigation, regular updates on progress, and appropriate contact details to enable follow-up where responses are delayed or safeguarding concerns remain unresolved.