



# Inspection of progress made in the provision of safeguarding services in the London Borough of Haringey

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Care Quality Commission  
HM Inspectorate of Constabulary  
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**Age group:** All

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## About the inspection

1. This second inspection of progress made in the provision of safeguarding services was carried out by Ofsted, the Care Quality Commission (CQC) and Her Majesty's Inspectorate of Constabulary at the request of the Secretary of State for Children, Schools and Families. The Secretary of State asked the inspectorates to provide a judgement on the progress made in relation to specific areas of weakness and priorities for further improvement identified in the special joint area review of safeguarding carried out in November 2008 and the June 2009 inspection of progress. These two inspections judged safeguarding services to be inadequate and making limited progress respectively. The inspection team used a three point scale (limited, satisfactory and good) to evaluate the evidence and judge progress made in the following areas:

- The effectiveness of arrangements for the referral, assessment, protection and planning for children in need.
- The development of preventative strategies.
- Support, supervision and performance management of social workers and other front line personnel.
- The effectiveness of partnership working and the capacity of the partnership for further improvement.

2. The inspection also took account of actions planned and taken by the council and its partners in response to the joint area review action plan submitted to Ofsted and the Department for Children, Schools and Families in March 2009. In addition, inspectors evaluated and judged progress against the relevant sections of the children and young people's plan, the safeguarding plan, the findings of serious case reviews and the improvement plan produced by health bodies in May 2009 in response to the review of involvement and action taken by health in relation to the case of Baby Peter.

## Evidence

3. Prior to the commencement of fieldwork, inspectors took into account findings from the most recent and relevant inspection reports published by Ofsted and its partner inspectorates and commissions. Inspectors also considered evidence provided by the local authority and its partners which included the police and each of the four NHS Trusts: the Haringey Teaching Primary Care Trust (known as NHS Haringey), Great Ormond Street Hospital for Children NHS Trust, the North Middlesex University Hospital NHS Trust and the Whittington Hospital NHS Trust.

4. During fieldwork, inspectors scrutinised a sample of 10 randomly selected case files relating to children and young people receiving safeguarding or child

protection services. The evidence from 'whistle blowing' referrals to Ofsted about services in Haringey was also evaluated. The council's screening, referral and assessment teams, known as First Response, were visited where a further selection of cases were selected at random, scrutinised and, where necessary, discussed with key social work staff and managers. Inspectors also gathered evidence from children and young people, parents and carers, elected members, senior officers, service managers and other key staff, front line social workers, healthcare professionals from the four NHS Trusts that were central to the May 2009 CQC report, educational professionals, the police and representatives from the community and voluntary sector.

## **Context**

5. The report of the June 2009 inspection of progress made in the provision of safeguarding services in Haringey reported upon the significant changes that had occurred within the senior management and in the political leadership of the council since the November 2008 joint area review. It also highlighted the considerable and complex challenges facing the council and its partners before they could begin to provide assurance that the children service's strategic and operational management and front line staff had sufficient capacity to consistently deliver services to the required standards.

6. Although some progress was evident in some important areas, complex and critical challenges remained in addressing serious capacity issues, the quality of front line social work practice and decision making and to improve the robustness of quality assurance processes. Professional relationships across the partnership were building, but evidence of mistrust and an absence of shared understanding were apparent. It was on these fundamental issues that the priorities for further improvement were focused. This report specifically sets out the inspection team's findings and judgements about the extent of the progress made in relation to each of them.

## **Overall judgement on progress since the inspections of November 2008 and June 2009**

7. This inspection has found extensive and consistent evidence of good progress overall and good capacity for further improvement. There was also evidence that the leadership and management of services are sufficiently robust to deliver the necessary improvements that still have to be made. There have been significant improvements in the quality of practice and management, partnership working, capacity (which includes volume and capability of the workforce), quality assurance and performance management processes. The council and its partners have achieved much since the special Joint Area Review of November 2008. A new Leader and Cabinet Member for Children and Young People were appointed and many of the current management team took up post early in 2009. They began to identify, tackle and make an impact on the significant problems that existed. There has been a marked acceleration of progress to build upon the foundations which had been laid at the time of the

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June 2009 inspection. There is an increased level of confidence and morale in the area that is enabling managers and staff to look forward with greater enthusiasm and commitment.

8. There is clear evidence that the partnership is very aware of the areas for improvement that still have to be addressed within individual services and corporately across the partnership. There is evidence that these are being planned for in appropriately measured ways in the knowledge that a significant amount of time has passed since the death of Baby Peter in August 2007. Members, managers and staff are realistic that their perceptions of good progress do not equate simplistically to the achievement of good standards of management and practice. However, there was consistent evidence of largely satisfactory standards being achieved throughout much of the service. There is both recognition and acceptance that much remains to be done to achieve better outcomes for children and the high standards of service that the partnership has set for itself. The developing culture of continuous improvement is being used to challenge achievement across the partnership and to stimulate and shape the next phase of the progress plan and to guard against complacency. Performance management, close supervision and evaluation of service impact are explicitly required by partners' plans and there is evidence to confirm that this rigorous approach is becoming increasingly established across the partnership.

### **Summary of key findings**

9. The council and its partners have made good progress in improving the effectiveness of arrangements for the referral, assessment, protection and planning for children in need. Effective screening has resulted in better managed and reduced caseloads. Improved assessments, case recording and more effective child protection planning, including better multi-agency working, are improving the capacity of the council to safeguard and protect children. The introduction of the police's child risk assessment matrix has improved information sharing across agencies and the recording, management oversight and review of individual cases. However, medical practitioners are under-represented at child protection conferences. Improved management arrangements across the partnership are identifying shortfalls in practice and there is good understanding of what needs to be done to improve.

10. The council and its partners have made good progress in developing a range of preventative services underpinned by a comprehensive strategy. The Children's Trust area partnerships and local children's networks provide planning and delivery mechanisms to ensure that the needs of vulnerable children are identified and met. Work is underway to strengthen the engagement of the voluntary sector in this process. However, recent Ofsted inspections have found safeguarding knowledge and practice in a number of early years and childcare providers to be weak. The recent formalisation of thresholds for access to social care services and the revision and implementation of the common assessment framework are providing further

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support to those providing early intervention and preventative services. However, partners recognise that the revised framework is at an early stage of implementation and more work is required to ensure that it becomes consistently used in accordance with the policy.

11. The council has made satisfactory progress in strengthening the support, supervision and performance management arrangements in front line social care services. Individual supervision sessions between managers and practitioners are established and have been further strengthened by the requirements of the recently implemented supervision policy, although annual performance appraisal arrangements are yet to be implemented consistently across the service. Management development, the replacement of weaker managers and accessibility of line and senior managers have increased social workers', managers' and councillors' confidence in the service. Case decisions are now recorded on children's files although the quality of the entries is not consistent and too often lacks clarity in describing the action that is required. Similar progress has been seen in health trusts where there are clear policies in place for supervision of health visitors and school nurses. Performance management is now increasingly well established across the partnership. Council members are actively engaged in performance management and have also been closely involved in supporting service improvements across the partnership. Improvements have been made to *Frameworki*, the computer based recording and information system, which are significantly improving the efficiency and effectiveness of key elements of child protection practice.

12. Progress in developing effective partnership working and the capacity of the partnership for further improvement is good. Improved workforce planning coupled with a much greater confidence across the partnership has reduced turnover and increased the rate of recruitment of competent staff in social care and health and there have been further increases in police front line and support service staffing. There is greater stability within management grades and there are good development opportunities. Multi-disciplinary working, including that of the increasingly effective Haringey Safeguarding Children Board and the Children's Trust, is firmly established on the basis of increasingly mutual trust and shared objectives and plans. There is clear evidence of problems being tackled to good effect across the partnership. Better analysis of need and increased ability to plan services to meet priorities and improved services and outcomes for children are demonstrating the emergence of good capacity for further improvement. The disaffection among staff evident at the time of the June 2009 inspection has largely dissipated. It has been replaced by a workforce that is looking forward with confidence and a clearer sense of professional accountability. There is recognition across the partnership that much remains to be done, for example the continued roll out of learning from the serious case reviews, the involvement of children and young people in the Haringey Safeguarding Children Board and the further development of commissioning arrangements.

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## Priorities for further improvement

### 13. Priorities for further improvement:

- Secure further and consistent improvements in the timeliness of initial and core assessments.
- Ensure children and young people's case records contain chronologies and details of analysis of need.
- Ensure that all initial child protection conferences are held within 15 working days.
- Improve the involvement of children and young people in both initial and review child protection conferences.
- Improve medical attendance at case conferences.
- Ensure that the inadequacies identified by Ofsted inspections of childminders and childcare provision are addressed.
- Develop performance measures to evaluate the effectiveness of the common assessment framework.
- Ensure the implementation of annual performance appraisal arrangements for all social work staff.
- Ensure management decisions on case files are documented to enable the impact of the resulting action to be measured.
- Disseminate the learning from serious case reviews to childminders and all childcare providers.

## Key findings

### **The effectiveness of arrangements for the referral, assessment, protection and planning for children in need**

14. The council and its partners have made good progress in improving the effectiveness of arrangements for the referral, assessment, protection and planning for children in need. Following the inspection in June 2009, the council and its partners have taken robust and well targeted action to tackle shortfalls in practice. Many children and families are now beginning to receive a more timely and competent service, although it is recognised that further work is needed to make this consistent.

15. An effective initial screening system for referrals to the children's social care service, together with the introduction of threshold criteria in October 2009, are starting to have a positive impact on the management of the high volume of cases handled by front line duty teams. Screening is well managed

and referrals are prioritised in a timely way. Referrals which do not reach the social care service threshold for initial assessment are redirected to other services or towards the common assessment framework process so that the child's needs can be identified. Where application of the threshold criteria is unclear or challenged a senior manager can be accessed to clarify and resolve issues. Consequently, the volume of referrals which require a social work intervention has been appropriately reduced.

16. The introduction of clear thresholds has been well received by key agencies, including the voluntary and community sector. Referral processes have been improving steadily in the last six months. Greater consistency is still required in feeding back to referrers the details of actions taken or proposed. However health visitors, North Middlesex University Hospital NHS Trust and some schools and education managers have good tracking systems in place. Effective action has also been taken by health and children's social care services to improve the quality of health referrals and a standard referral form, accessible electronically but initially faxed to the first response team, has been introduced. With one exception, the health trusts follow up referrals with a telephone call. Liaison between the police and children's social care services at the point of referral is also more structured and systematic. A single, comprehensive assessment process for all referrals to police child abuse investigation teams, called the child risk assessment matrix, has been introduced throughout the Metropolitan Police Service. Although recently implemented in Haringey, benefits in terms of improved recording, information sharing, oversight and review are already evident. Plans are well advanced to create a multi-agency team from April 2010 to build upon the progress that has been made to manage and prioritise more effectively the very large numbers of referrals of domestic abuse. This will be co-located with the First Response Team within children's social care and will involve staff from the education welfare service, the borough police public protection service, and health.

17. The timeliness of initial assessments and core assessments is improving steadily and is the subject of rigorous oversight. This remains an area for development requiring concerted management action despite a significant reduction in the number of cases that are currently awaiting an initial assessment. There are now only 14 of these. The causes of delays are well understood and close management scrutiny of each individual case is identifying any increase in the level of risk that requires immediate action. Recent referrals examined by inspectors show good improvement in timely and appropriate responses to child protection concerns. Daytime services are supported by an effective out-of-hours team. Continuity of case plans is assured by good practice in exchanging information, effective collaboration with partner agencies, ready access to social work managers and, where necessary, to the council's solicitors for consultation and guidance, and links to the *Framework* electronic record system.

18. Significant improvement has been achieved in the quality of assessments. This area of practice has been specifically targeted by managers and more

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recent cases demonstrate good involvement of the child or young person and other agencies leading to consistent identification of risk factors. However, some case records still lack documented case chronologies and details of analysis. Three of the ten files selected at random in advance of the inspection raised concerns about the quality of practice, but neither these, nor any of the cases subsequently examined during this inspection, including the whistle blowing cases, raised critical safeguarding concerns and no children were judged to be at immediate risk of significant harm. The introduction of the safeguarding panel to oversee complex cases and to ensure that case plans are supported is valued by staff and provides an additional quality check on casework.

19. More than 94% of child protection review conferences are undertaken within statutory timescales, although the timeliness of initial child protection conferences is more variable and currently stands at 43%, a figure significantly lower than that found in comparator councils. Too few medical consultants and general practitioners (GPs) attend case conferences, although there is a policy that written submissions must be made where attendance is not possible. All 282 child protection cases are allocated to qualified and experienced social workers and the quality of child protection plans is being closely monitored by senior managers. Recent plans demonstrate a sharper focus on identifying risk. Separate *Framework* report formats for core assessments, section 47 investigations and the initial child protection conference have been combined, a progressive step that has been very well received by practitioners and managers. The bringing together of these documents has resulted in significant improvements to timeliness, report quality and case management of these critical stages in the child protection process.

20. Participation of key agencies in reviews, assessments and child protection planning is increasing, and notification arrangements for meetings have become more systematic and timely. The introduction of the child risk assessment matrix has been well received and is resulting in identifiable early improvements to the timeliness and quality of police information to child protection conferences and core groups meetings. Police are present at all initial child protection conferences although attendance at reviews is determined on a case by case assessment of need. This improvement follows an increase in staffing levels and improved planning and preparation. Care planning is improving across health partners following a recent review and proposals for a common information technology system across providers are being considered. Robust action has been taken in the council's legal services team to implement the learning from serious case reviews and this has improved the quality of service. The attendance of the council's solicitors at child protection conferences coupled with improved legal planning meetings is impacting well upon decision making in complex cases and on the quality of council applications to the court. However, children and young people rarely attend child protection conferences and the council recognises this is an area for improvement.

21. Progress on improving case recording in children's social care services is satisfactory. Most case records are up to date and relevant. Management of cases is improving and management decisions are now systematically recorded on files. There has been a concerted effort by the police to move from paper to electronic records. Police record-keeping is more robust following the implementation of the child risk assessment matrix and the rationalisation of recording through the crime recording information system. Great Ormond Street Hospital in Haringey has made good progress in ensuring improved case recording by health visitors and school nurses. The council and NHS London are undertaking a project to improve access by health partners (including GPs) to information on children with a child protection plan. There are four different electronic case recording systems in place in GP practices in Haringey. However, the use of different systems causes significant difficulty in a minority of practices where patient records cannot be transferred electronically if the transfer necessitates communicating with a different system. This means that some confidential information still has to be transferred in paper form. NHS Haringey is involved in a national pilot designed to allow practices to transfer patient notes electronically which, if successful, would be implemented nationally from the end of 2010. School-based records are recognised as being too inconsistent and action is planned to introduce a consistent process supported by a standard recording format for child protection conferences and reviews.

22. Auditing arrangements introduced in 2009 are comprehensive and thorough at single-agency and multi-agency levels, including Haringey Safeguarding Children Board. Audits are well targeted and a consistent framework is in use across health and social care which is enabling evaluations of practice improvement. Independent audits from an external consultant have been commissioned by a members' panel since shortly after the death of Baby Peter to provide an additional check on the integrity of data that councillors receive from all sources. Early findings from internal and external audits confirm a steady trend of improvement in health and social care where practice has previously been judged to be inadequate. However there are still areas for improvement, for example in health where 23% of health visitor and school nurse records were found by an internal audit to be below standard. The Metropolitan Police Service has supplemented its performance management arrangements with the introduction of a rolling programme of inspection and review health checks for all of the Metropolitan Police Service child abuse investigation teams. However, the Haringey child abuse investigation team has been the subject of management scrutiny over the last year and for this reason, together with the timing of this inspection of progress, it has not yet been inspected under the new programme.

23. Information systems for managers are much improved. Managers in social care receive weekly detailed management information to enable effective case tracking. Many children under three years of age with child protection plans have a named senior manager as a 'safeguarding champion'. There is an ambition to extend this initiative to all children with a child protection plan in

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this age range. This has resulted in social workers feeling well supported in complex cases and has also served to increase confidence in senior managers who are seen to be taking direct and supportive interest in complex cases. Tracking of cases in the police child abuse investigation team has also improved through the use of one electronic access point for all referrals and the use of the crime recording information system as a single point of reference for collated information and up-to-date chronologies. NHS Haringey has introduced a scorecard for hospital trusts in Haringey and GPs. These are being developed to ensure that quality data are captured. The data inform the Health Leadership Safeguarding Children Steering Group in developing good practice.

24. Progress in reducing caseloads in the children's social care service is good. Some social workers' caseloads have reduced by up to 50% as a result of concerted and well focused managerial action and increased administrative support. Individual social worker caseloads of between 14 and 17 children and young people within the children's social care service First Response Teams are now at acceptable and nationally comparable levels. This is enabling social workers and managers to focus more effectively on the timeliness and quality of assessments. There are still some delays in transferring cases from First Response to longer term teams, but these are much reduced and are kept under close scrutiny. The quality of information recorded on the files being transferred has improved steadily.

25. Good progress has been made across the partnership in improving the knowledge of safeguarding and child protection procedures. The recently published *Haringey Safeguarding Children Board Handbook for Child Protection* has been well received. Ten thousand copies have been disseminated to staff across agencies reinforcing the message that safeguarding is everyone's responsibility. However, the high demand for the handbook, which is currently being reprinted, means that some groups of staff have not yet received their own copies although it is accessible on line. The groups still requiring copies include: front line staff in the youth service, some areas of early years provision, for example childminders and private, voluntary and independent childcare providers, and voluntary and community organisations. Pan-London child protection procedures and local guidance are also available on line, regularly updated and well accessed by staff. Practice standards are on display in children's social care offices and all relevant police personnel have immediate access to child protection procedures.

26. Robust procedures are in place to monitor compliance with safeguarding requirements in schools and Ofsted inspectors consistently report safeguarding to be a strength. However, seven of the 25 inspections of childminders and childcare provision in the last six months have identified inadequacies in safeguarding. Partners recognise that a cultural change is needed amongst some early years and childcare providers so that they fulfil their responsibilities for keeping children safe and contribute appropriately to the preventative agenda by being sufficiently confident and knowledgeable of procedures to refer safeguarding concerns appropriately. While robust actions are being taken

to bring about improvements, for example, the accreditation scheme for childcare providers and targeting childminders for the 'Making a Difference' training course, it is too early to see their impact.

### **Development of preventative strategies**

27. Progress in the development of local preventative strategies, in the use of the common assessment framework and in the effectiveness of policies relating to the eligibility for access to services is good. Partners have made good progress since the Joint Area Review in 2008 and the subsequent inspection of progress. Both inspections identified the range of family support and preventative services that were in place or developing, but also found that the services lacked a coherent strategy to target and co-ordinate them effectively.

28. Haringey Children's Trust has now developed a comprehensive preventative strategy which is in the final stage of extensive consultation before formal implementation on 1 April 2010. The children and young people's plan sets out the priorities for delivering the strategy which is based on the needs analysis undertaken for the plan and a range of other data, including local information from each of the three geographical networks in Haringey. It has also taken account of the learning from serious case reviews. An 'annual vulnerable children's conversation' is being re-introduced although few have taken place so far. There is some scepticism about their purpose and value, based upon previous experience of a similar initiative some time ago. However in the conversations which have taken place recently, multi-agency teams have visited and held discussions with staff in children's centres, schools and other settings to share information and good practice. Importantly, they have also sought to identify the most vulnerable children to inform local service planning and prioritisation. The preventative strategy is well linked to other more specific plans and strategies, for example those focusing upon family support, homelessness, disabled children, early years, mental health, substance misuse, and the health of children.

29. Children's Trust area partnerships have been recently established in each of the three geographical areas in the borough to provide strategic leadership to deliver the children and young people's plan and to agree local priorities. Each area has identified its own additional priority based on local need. The north network is focusing on a community with high levels of deprivation, the west on domestic abuse and the south on transition points for children. The learning from these will inform future planning.

30. Local children's networks, each led by a co-ordinator, have been created in each of the three areas to develop and deliver multi-agency services. Three co-located teams, currently largely based on educational support services, are being developed and will be extended over time to encompass a wide range of partners. For example, health visitors have been assigned to each network although they are not yet co-located with network teams. The teams are receiving common training to strengthen practice and learning and they are

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being supported to plan and co-ordinate activities to meet the identified range of children's needs more effectively.

31. Managers and staff across the partnership speak about the significant improvements in the quality of multi-agency relationships. Trust has been established to a significant extent which, in turn, has stimulated improvements in collaborative working demonstrated by improved attendance and planning at different forums and by examples of effective child-centred joint working. For example, agencies working with homelessness and domestic violence link with the education welfare service to ensure that disruptions to children's education are minimised when families are relocated. Similarly, the police work effectively with integrated youth services to successfully deflect young people from gang-related activity.

32. Haringey introduced the common assessment framework very quickly in January 2007. However, it was inappropriately seen as a referral process by the limited number of agencies, in particular the schools, which were involved at that stage. Partners have subsequently made significant and appropriate revisions to the process and the guidance, most importantly in emphasising the framework's primary purpose as an ongoing assessment tool to be used by staff and agencies in delivering support to children and families. However, partners recognise that the revised version is at an early stage of implementation and more work is required to ensure that it becomes consistently used in accordance with the policy.

33. Knowledge of the common assessment framework is being reinforced through extensive multi-agency training programmes, including training for the trainers, which are running on different dates through to August 2010. This ensures that learning is being disseminated more effectively across staff groups and agencies. For example, three special educational needs co-ordinators, one from each network area are members of the common assessment framework central panel, and are able to learn more about the process and disseminate this learning in their schools.

34. The link between the early intervention framework and making appropriate referrals to social care has strengthened. Common assessment framework staff are now co-located with the First Response Team and this has improved understanding about thresholds. There is evidence of cases being appropriately moved between social workers and staff involved in delivering preventative and early intervention services to children. While parents are now contributing more consistently to their assessments, children are not participating to the same extent. Performance measures to monitor the effectiveness of the process are not yet in place. Partners also recognise the need to engage the voluntary sector in the common assessment framework more and are working collaboratively with the local voluntary sector umbrella organisation to achieve this. Common assessment framework co-ordinators are also visiting individual organisations.

35. The implementation of the thresholds policy and guidance has already started to help agencies to understand their own responsibilities better, to have a more consistent understanding of the role of the common assessment framework, and to know when to make referrals to social care, all of which have strengthened arrangements to safeguard children.

### **Support, supervision and performance management of social workers and other frontline personnel**

36. The council has made satisfactory progress in strengthening the support, supervision and performance management arrangements in front line social care services. Comprehensive supervision training for team managers has been well received and is impacting on practice, although not consistently. All managers have been assessed for their ability to conduct supervision and the developmental needs that were identified have been, or are currently being, addressed. Management capacity has been enhanced by the introduction of the practice manager role. Practice managers who have been drawn from the ranks of senior practitioners, have also had training in supervision.

37. Social worker supervision files provide very recent evidence that the new supervision policy is being implemented. However, aspects of the new policy, such as individual supervision sessions, are more long standing and established. Front line staff have good access to managers outside of planned formal meetings. Confidence in management decisions has improved as weaker managers have been replaced, often as a result of more rigorous supervision aligned to better performance management, and current managers have become more confident in their roles. The frequency of supervision is being audited by senior managers. In December 2009, a good proportion (80%) of social workers received formal supervision, and managers are monitoring the reasons for supervision not taking place. Social workers are clear that the quality of supervision is also improving although the rate of improvement is not uniform. The revised supervision policy requires an annual appraisal of staff, but this provision has yet to be implemented formally. Amongst health partners, there is good progress in providing appropriate safeguarding training to staff across the commissioner and provider trusts. Supervision arrangements have improved across the health community and are satisfactory for school nurses and health visitors. The profile of safeguarding in the supervision and appraisal of GPs has been raised along with awareness of the subject. Plans are in place locally to include the role of the GP in safeguarding and child protection as a formal and integral part of their contracts.

38. Good progress has been made on recording decisions on case files and supervision files. The majority of case files have evidence of management decisions, although there is variability in quality of recording with actions to be taken and anticipated outcomes not always clear. Supervision files also contain records of management decision-making. Evidence of management decisions on case files is subject to regular audit.

39. Good progress has been made in improving the *Frameworki* electronic case recording system. Social workers report notable improvements to the quality of child protection documents which are both shorter and less repetitive. They are in a format which enables them to be easier to use in work with service users. Financial request forms, which are also located in the same computer based system, have been upgraded and are more focused, easier to use and assess. These steps are improving efficiency and have created capacity by reducing the excessive and often unproductive time previously spent on servicing case records. Support provided by information technology (IT) consultants is welcomed by social work staff and is also contributing to effective use of the computer based systems.

40. Performance management is robust with the partnership focusing upon ensuring that risk is identified and managed in a timely way in all cases. There is demonstrable evidence of the impact of performance management upon the quality of outcomes for children and young people and, notably, in identifying weakness in practitioners and front line managers. For example, Great Ormond Street Hospital in Haringey carried out an audit of quality of practice on 30 health visitors and school nurses assessment files in October 2009 and again in January 2010. The results of the first audit were shared with staff and demonstrable improvements to the key elements of safeguarding practice were seen by the time of the second audit.

41. Performance management reporting lines within council services are established. These include the regular and programmed management audit of cases, the council leader and lead member commissioned monthly audit of the quality of initial and core assessments and the longitudinal study of the quality which is undertaken by the member led safeguarding policy and practice panel. The Health Leadership Safeguarding Children Steering Group performance manages the joint health action plan which incorporates all of the actions arising from the Joint Area Review, serious case reviews and the CQC investigation report (published in May 2009). The Health Leadership Safeguarding Children Steering Group also has a function concerning the resolution of performance management problems outlined in its terms of reference. Health partners meet on a regular basis and safeguarding is a standing item on their agenda. Any serious safeguarding incident is reviewed by the NHS Haringey lead for children and safeguarding and significant learning from the episode is identified so that practice across health trusts can be improved. NHS Haringey has recently introduced a scorecard for hospital trusts in Haringey and GPs, which is reviewed by the Health Leadership Safeguarding Children Steering Group. Whilst this is an innovative development, the collection and analysis of performance data from all four trusts has not been wholly implemented.

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### **The effectiveness of partnership working, and the capacity of the partnership for further improvement.**

42. Good progress has been made in securing much strengthened partnership arrangements and building capacity for further improvement.

43. Recruitment processes remain sound, but improvements have been made to strengthen them further. Improved workforce planning coupled with systematic support and management arrangements have resulted in a decline in the turnover of social workers from 13.9% to 10.1% in the year to December 2009 against a social worker establishment of 202 posts. This performance reflects good progress in a year when the children's social care service has shed a significant number of poorly performing staff. Recruitment of qualified staff from other local authorities and the USA, successfully encouraging competent and motivated agency staff to become Haringey post holders, and the qualification of a number of Haringey social work trainees have increased the permanent social work complement by 21. This figure will be swelled further by an additional 14 social workers who have been appointed, but have not yet taken up post. This has enabled the borough to reduce its reliance on agency staff, although those who have successfully satisfied the requirements of a competency based assessment process will be retained as supernumerary social workers and managers. This will ensure that the momentum in building the capacity of the workforce is maintained.

44. There has also been a net increase in the number of health visitors in post following successful recruitment campaigns at a time of a national shortage of trained staff. The number of health visitors in post rose to 25.6 whole time equivalents by December 2009 with four more posts offered to candidates yet to take up post. There has also been an increase in the establishment to 34 health visitor posts and there are currently 8.4 full time equivalent vacancies. A review of the work of health visitors to increase their capacity has resulted in a more innovative approach, with some functions being transferred to general practitioners, health visitor assistants and administrators. Great Ormond Street Hospital in Haringey has developed further posts to augment health visitor numbers including sponsorship arrangements. These steps have demonstrably assisted the service in maintaining key elements of the universal offer at a time of constrained staff resources. There are still pressures on the service, although caseloads have been reduced to levels of comparator trusts. Monitoring of health visitor vacancies is carried out on a fortnightly basis by senior managers and through the health action plan.

45. Benchmarking exercises of community paediatrics, health visiting, school nurses and speech and language therapy were completed in June 2009. As a consequence, a further £1.4 million of funding has been provided for the recruitment of an additional consultant paediatrician, the costs of increasing health visitor salaries together with additional funding for new posts. Training of staff across health partners is much improved, with roll out to GPs in hand and

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monitoring systems in place. School nurses and health visitors have access to a range of training courses ranging from small groups to large conferences.

46. There have been further increases to the establishment of the Haringey police child abuse investigation team with an additional Detective Sergeant's post and Police Conference Liaison Officer's post, the creation of the post of Researcher, and further administrative support. The impact of these posts is particularly apparent in the police conference liaison process, with greatly improved planning, preparation and supervision. A small number of temporary vacancies are being actively managed, although the current temporary absence of one Detective Sergeant during the development of the First Response Multi-Agency Team, will require ongoing monitoring. This will ensure that a judgement is made about the viability of releasing an officer from the child abuse investigation team, following its full implementation in April 2010.

47. The increased confidence being displayed across the partnership is supporting managers in adopting a more systematic and professional approach to recruitment whereby vacancies are being covered by competent agency staff rather than compromise recruitment standards. Social worker vacancy levels are at, or approaching, zero and exceed the performance of comparator authorities. The net reduction in health visitor and school nurse vacancy and turnover rates means the performance of Great Ormond Street Hospital in Haringey is approaching that of its comparators.

48. There has been significant progress in achieving stability at all tiers of management within social care and health. Senior management in social care services has remained constant since the June 2009 inspection and middle management has been consolidated with interim staff being successfully confirmed in posts and new managers being recruited. It is from this stability that confidence has grown and capacity has been built, with clear evidence of progress in achieving professional relationships which actively safeguard children. For example, there is good partnership working between health and education to identify a significant number of children attending GP surgeries and hospital accident and emergency departments who fail to provide information about their school or education. This example and other similar examples are allowing services to identify and where necessary to provide help more effectively to children and young people in vulnerable situations who may require safeguarding. There is also confidence that any future resignations of managers will no longer be experienced as a threat to the progress of the service as sufficient corporate strength has been built to enable continuity.

49. Those new to management are developed and supervised closely and there is clear evidence that weakness and developmental need are identified and responded to. Formal leadership training and opportunities for advanced study to masters' degree level are established developmental opportunities. Trust at all levels has increased and has become an integral element of management development. The four NHS Trust chief executives are each occupying substantive posts and the named and designated nurse and doctor

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posts have been filled in each trust throughout 2009. NHS Haringey has also created and appointed to two new senior posts: a lead GP for safeguarding and a named nurse for primary care. The number of established health visitors and community paediatricians has increased and currently no vacancies exist in the team leader posts in the health visiting team.

50. While it is acknowledged across the partnership that some disaffected staff remain in post, the majority of staff can describe and provide evidence of the benefit of effective and visible management at all tiers of the organisations. Managers are continuing to demonstrate leadership and rigour in their approach. Problems are identified and prioritised for action and the significant progress on the action plans that has been made by the council and its partners is demonstrable evidence of capacity for improvement. Longer serving members of staff assert that the bullying culture, which they described previously, has been eradicated. They attribute this to the accessibility of managers through a combination of formal supervision and 'on the floor' presence which has created a positive sense of direction accompanied by a culture of greater openness with a clearer sense of professional accountability.

51. Good progress has been made in ensuring that plans made in response to the 2008 Joint Area Review, the 2009 inspection of progress and the CQC investigation report have been implemented. Appropriate modifications have been made to timescales in the plans (for example to the development and implementation of the preventative strategy) and these have been agreed following professional discussions arising from systematic scoping of the issues. The four NHS Trusts which commission and provide services in Haringey have made good progress and all actions in the health action plan are either on target or achieved.

52. Police activity is being progressed and delivered on a force-wide basis under a specific Modernisation Project. This has incorporated all police actions from the two Haringey inspections, as well as those from Lord Laming's report on *The Protection of Children in England*. Thirty areas for improvement, together with dedicated lead responsibility for each, have been identified, and governance and oversight are provided through a project board, chaired by the Detective Superintendent from the relevant Serious Crime Directorate. The Haringey Borough Detective Inspector with responsibility for safeguarding, who reports directly to the Borough Commander, is a member of the project board. In addition, the Detective Chief Inspector with responsibility for the Haringey child abuse investigation team attends the Haringey Safeguarding Children Board's meetings, as well as the Borough Commander. This structure ensures effective monitoring of progress and that borough police activity, where appropriate, and activity under the modernisation project, is co-ordinated.

53. Partner agencies are integral to the planning and commissioning of services, processes which have been recently strengthened by key appointments. Improved systems for sharing information and data support these processes. There is an increasing body of evidence demonstrating the

impact of commissioning (including re-commissioning) and decommissioning of services in increasing the value for money and effectiveness of services. Work is underway to roll out these practices to improve service provision and value for money in residential care and independent fostering. The partnership recognises fully that despite some significant improvement more remains to be done.

54. The Haringey Safeguarding Children Board has made good progress in establishing its professional role. It has grown in confidence and has benefited from the higher levels of attendance and an accompanying growth in professional trust which is openly acknowledged as having been built over the last year, with an acceleration of progress over the last six months. The Board's plan is soundly based on a clear assessment of what needs to be done to ensure that its professional and community leadership roles are discharged to maximum effect. Its membership continues to be appropriate and is well led by an experienced chair. There is an acknowledgement that its next stage of development should ensure the involvement of children and young people. The Board is perceived by those working in the field and by local members to be a critical friend that is becoming increasingly effective in holding the partnership and its politicians to account for its actions and quality of practice through its audit processes.

55. The learning from the four serious case reviews conducted by Haringey has been disseminated effectively across police, health, all children's social care services and schools, but not as yet to childminders and private, voluntary and independent childcare providers. Those who have benefited from the training are knowledgeable about the detail of the lessons learned and are largely able to identify what they need to change in their own areas of work.

56. The Children's Trust has continued to progress satisfactorily after a later start than many other local areas. It is increasingly central to the effective commissioning and implementation of the children and young people's plan and like the Haringey Safeguarding Children Board, its capacity and impact have increased as trusting relationships have been built across a wide and relevant membership. The voluntary and third sectors are now integrally involved and work is underway to increase their capacities.