

# Inspection of safeguarding and looked after children services

London Borough of Haringey

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**Reporting inspector:** Martin Ayres

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## About this inspection

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

## The inspection judgements and what they mean

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

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

## Service information

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

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

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

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

## Safeguarding services

### Overall effectiveness

### Grade 3 (adequate)

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

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

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

## Capacity for improvement

## Grade 2 (good)

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



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

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

## Areas for improvement

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

### Within three months:

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

**Within six months:**

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

# Safeguarding outcomes for children and young people

## Children and young people are safe and feel safe

### Grade 3 (adequate)

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

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

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

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

### Quality of provision

### Grade 3 (adequate)

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

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

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

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

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



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

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

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

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



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

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

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

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

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

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

## **Ambition and prioritisation**

**Grade 2 (good)**

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

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

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

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

## Leadership and management

## Grade 2 (good)

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



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

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

## **Performance management and quality assurance**

### **Grade 3 (adequate)**

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

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

## Partnership working

## Grade 2 (good)

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



## Services for looked after children

### Overall effectiveness

### Grade 3 (adequate)

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

### Capacity for improvement

### Grade 2 (good)

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

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

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

## Areas for improvement

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

### Within three months:

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

### Within six months:

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

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

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

### Being healthy

### Grade 3 (adequate)

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

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

**Staying safe****Grade 3 (adequate)**

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

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

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

### **Enjoying and achieving**

### **Grade 2 (good)**

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



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

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

### **Making a positive contribution, including user engagement**

#### **Grade 3 (adequate)**

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



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

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

## **Economic well-being**

**Grade 2 (good)**

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

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

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

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

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

### **Quality of provision**

### **Grade 3 (adequate)**

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

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

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

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

### **Ambition and prioritisation**

### **Grade 3 (adequate)**

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

## Leadership and management

## Grade 3 (adequate)

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



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

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

## **Performance management and quality assurance**

### **Grade 3 (adequate)**

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

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



## Record of main findings:

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