



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

Care Quality Commission
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About the inspection

1. The inspection was carried out by Ofsted, the Care Quality Commission and Her Majesty's Inspectorate of Constabulary at the request of the Secretary of State for Children, Schools and Families. The Secretary of State asked the inspectorates to provide a judgement on the progress made in relation to specific areas of weakness identified in the special joint area review of safeguarding carried out in November 2008 and which judged safeguarding services to be inadequate. In particular, the inspection team was asked to evaluate the evidence and judge progress made in the following areas:

- managing the backlog of cases from pre-1 December 2008 where insufficient action or poor assessments had been made previously
- recording and tracking cases through the system, including looking at a sample of recent cases
- providing support for front-line social workers, and the impact this has had on delivering a better quality service to children and young people
- developing effective performance management systems; and
- establishing the 'capacity to improve' within the authority, and the extent of effective working together amongst partners in the Haringey area.

2. The inspection also took account of actions planned by the council and its partners in the joint area review action plan submitted to Ofsted and the Department of Children, Schools and Families in March 2009.

Evidence

3. Prior to the commencement of fieldwork, inspectors took into account findings from the most recent and relevant inspection reports published by Ofsted and its partner inspectorates and commissions. Inspectors also considered evidence provided by the local authority and its partners, including the joint area review action plan and the current Children and Young People's Plan. During the fieldwork, inspectors scrutinised a sample of 12 randomly selected case files relating to children and young people receiving safeguarding or child protection services. The council's referral and assessment teams and the safeguarding and children in need team were visited where a further 45 cases were selected at random, scrutinised and discussed with key social work staff and managers. Inspectors also held discussions with children and young people, elected members, senior officers, service managers and other key staff, front-line social workers, healthcare professionals, the police and representatives from the community and voluntary sector.

Context

4. Since the publication of the joint area review on 1 December 2008, the council in Haringey has undergone many significant changes, particularly relating to its children's social care services:

- Following the suspension and subsequent replacement of the Director of Children's Services, management of the service was undertaken by an experienced director seconded from another authority from 1 December 2008 until the appointment of the current, permanent director on 1 January 2009.
- An interim Deputy Director of Children's Services was appointed on 28 January 2009 following the replacement of the substantive postholder. More recently an interim Assistant Director for Safeguarding was appointed on 7 May 2009.
- The appointments of the current leader of the council and cabinet member for children and young people's services were confirmed by an extraordinary council meeting on 9 December 2008 following the resignations of their predecessors.
- The Secretary of State for Children, Schools and Families directed the appointment of the first independent chairperson to the Haringey Safeguarding Children Board on 5 December 2008.

5. Operational management of the referral and assessment service within children's social care has been very unstable. This is linked to suspensions of staff involved with the case of Baby Peter and also to staff sickness and special leave. More recently further disruption has been caused by the restructuring of the referral and assessment service and additional suspensions and dismissals from post as the current senior management team began to tackle poor practice and capability concerns about individual managers and social workers. Key vacancies remain and a considerable proportion of posts, including some in the senior management team, are filled by interim and agency managers.

6. Haringey authorities submitted an action plan to Ofsted in response to the joint area review on 27 February 2009. The plan, subsequently strengthened and supplemented by additional information, was agreed and approved by Ofsted on 17 April 2009. It is a three-year plan designed to ensure that Haringey's service for children and young people becomes excellent by 31 March 2012. Alongside the joint area review action plan is a complementary plan to improve the quality of inter-agency child protection practice. This was produced as part of the re-commissioned serious case review following the death of Baby Peter which was judged good by Ofsted on 7 April 2009. The original serious case review was carried out before the current chair of the Local Safeguarding Children Board took up post and was evaluated as inadequate by Ofsted on 1 December 2008.

Overall judgement on progress since December 2008

7. It is only six months since the last inspection and although progress can be seen in some areas, the council and its partners have made limited progress overall in addressing the areas of weakness identified in the November 2008 joint area review. Progress is evident in some important areas, such as in developing strategic partnerships. However, overall this progress is limited particularly in relation to improving key aspects of front-line social work practice and management oversight. The timeliness and quality of decision making at the referral and initial assessment stages and the quality assurance processes in place to support those taking these decisions remain inconsistent and insufficiently robust. These concerns are exacerbated by the serious capacity issues of the council and some of its partners.

Summary of key findings

8. The council and its partners have made good progress in prioritising and addressing thoroughly the backlog of unallocated cases identified by the council in January 2009. A multi-agency taskforce, initially brought together to improve the referral and assessment processes, worked with rigour and determination to clear the backlog within a six-week period. In carrying out its work the task force identified a number of serious concerns about the management of referrals, particularly within children's social care services. These included the lack of competence and confidence in decision-making.

9. The council has made limited progress in improving the quality of social work practice, supporting and assuring decision making and in developing case recording and tracking processes. Despite persistent and concerted action, significant shortcomings in staffing and in the capability of some managers and social workers have restricted the rate of progress and children and young people are not yet consistently safeguarded.

10. Progress in providing support for front-line workers is improving across the partnership and is satisfactory overall. There is now more direct and appropriately open communication with senior managers. However, the impact of support in social care and health visiting services is more limited because of continuing high vacancy levels among social work staff and continuing concerns about the quality of aspects of front-line management in social care.

11. Progress in developing effective performance management systems is satisfactory in the police and social care services but limited in the health service. The police have taken robust steps to put in place systems to manage and monitor individual cases and although progress has been made the consistent application of these systems is not yet evident. The council has taken extensive action to identify the extent of the problems in its data collection systems which were highlighted as a major weakness in the 2008 joint area review. However, despite some significant progress and continued action, key areas of the service still do not benefit from having validated performance data.

NHS provider trusts have not developed their approach to performance management in a consistent and cohesive way thereby undermining their ability to integrate data in ways that assist performance management or planning.

12. Capacity to improve within the council and across the partnership is limited overall. The time available to tackle a challenging agenda for change has been short and progress has been hampered by severe capacity limitations. There is a realistic and accurate acknowledgement by the council and its partners that they have not achieved sustained and consistent evidence of improved quality across the service. However, good progress has been made in some aspects of working together effectively among partners and there is a shared and strong commitment and motivation to improve the quality of safeguarding services in Haringey.

Priorities for further improvement

13. Priorities for further improvement:

- The council and its partners should take immediate action to ensure that all children and young people are adequately safeguarded.
- The council and its partners should take immediate steps to accurately establish the volume of demand for services and strengthen the ability to prioritise responses so that the quality of the work can be improved and statutory timescales can be achieved.
- The Haringey Safeguarding Children Board should ensure that the learning from the recent serious case review of Baby Peter is fully disseminated to all front-line services with immediate effect.
- The Metropolitan Police Service should ensure that borough police activity is incorporated within and monitored through the Metropolitan Police Service action plan.
- The council's children's services should ensure that formal supervision arrangements are consistently in place and that all case decisions made in supervision are formally recorded on files.
- The council's children's service should formally launch and disseminate the revised procedure manual.
- The council's children's service should ensure that supervision and performance management are fully integrated in front-line social care services.
- The council's children's service should improve its use of the *Framework I* computer system and investigate and take opportunities to improve its effectiveness and ability to support good practice.

- The Children's Trust should take immediate steps to develop a local preventative strategy in accordance with the requirements of the joint area review action plan, and strengthen the role of the voluntary sector and wider partnership.
- The council's children's service should strengthen its use of the common assessment framework and formally implement its policy relating to eligibility for access to services.
- The NHS provider trusts should improve their collection and management of data to improve the effectiveness of their performance management capability.

Key findings

Managing the backlog of cases from pre-December 2008

14. The council has made good progress in managing the backlog of unallocated cases.

15. Following the publication of the joint area review, in December 2008, which highlighted poor recording practices and inadequate management oversight the council began an extensive programme to establish the extent of the demand upon children's services and the quality of the work that was being undertaken. By February 2009, a considerable backlog of approximately 400 cases had been identified, comprising work that had not been started and was therefore significantly overdue and where initial and core assessments were incomplete or of poor quality. An initial review of these cases demonstrated that existing capacity within the children's social care service was insufficient to address the outstanding work. As a consequence, a multi-agency taskforce that had originally been commissioned by the new interim Deputy Director of Children's Service diverted its focus from its original objectives which were to address a range of issues relating to the multi-agency nature of the referral and assessment processes. The taskforce under the close supervision of an experienced social work service manager on loan from another local authority, supported by police child abuse investigation officers and health staff commenced work on the 16 March 2009 and completed its work over a six-week period.

16. From the outset, this work was carried out with rigour and determination. Systematic action by the taskforce was taken to audit and prioritise the cases for action. Risks to children were identified, assessed and where necessary further action was taken. In total, 200 cases were closed and 30 strategy discussions were held in which the police, health and social care services considered whether further protective work was required. Thirty home visits were made to children and families and 19 family groups were identified where an initial child protection case conference was required. Over 300 referrals were made to the police child abuse investigation team as a result of multi-agency

scrutiny, out of which about 15% resulted in a new crime being recorded. By the end of the exercise the 100 unallocated cases that had been identified had reduced to 15, all of which were assessed as low priority and have subsequently been dealt with.

17. Work on clearing the original backlog enabled the task force to identify a number of serious concerns about the management of referrals, particularly within children's social care services. These included:

- the absence of a coherent management structure in the referral and assessment teams
- over-stretched managers and social workers
- high caseloads for individual social workers
- difficulties in case transfer between teams
- poor communication between staff
- lack of staff supervision and professional development
- lack of competence and confidence in decision-making
- lack of clear thresholds for referral
- work on cases not being entered on the electronic recording system
- an electronic recording system that did not provide robust management information, so could not be relied upon to support performance management
- staff who lacked knowledge of other services available.

18. The police found some cases where the quality of the desk checks made by the police public protection team had been poor. The experience of working on this project, which the police elevated to the status of a major operation, highlighted capacity pressures which have subsequently been addressed. Relationships between key agencies were also found to be poor, typified by a lack of trust and compounded by frequent staff changes and inadequate communication, sometimes perceived to be obstructive. The timeliness of contributions to enquiries and assessments by general practitioners was poor and was in a number of cases of insufficient quality.

19. The work of the taskforce provided significant opportunities for rebuilding confidence in multi-agency working and demonstrated clear commitment to this end. It also contributed to the reorganisation of the referral and assessment service. The taskforce produced a summary report of its findings with six

recommendations for improvement which was shared by the Children's Trust. These recommendations are being addressed.

Recording and tracking cases through the system

20. The council has made limited progress in improving the quality of social work practice and in developing effective case recording and tracking systems and processes. Significant shortcomings remain which means that children and young people in Haringey are not yet consistently safeguarded.

21. Staff and managers are working hard to improve the quality of work undertaken in the referral and assessment teams and partner agencies report improved communication. There is some recent evidence of effective work on new cases which shows good decisions made by suitably competent managers and better quality practice by front-line practitioners. However practice of this quality is not typical and longer standing case files do not consistently contain chronologies or comprehensive and coherent recording.

22. An effective new pathway into children's social care and a single point of entry for the Child and Adolescent Mental Health Service are proving effective in enabling referrers to gain access to these services more easily.

23. Attendance of appropriate staff at child protection conferences has improved and there is increased police attendance at child protection review conferences. The police have introduced a system to rigorously oversee and monitor their responsibilities set out in child protection plans and to ensure that each of their case files has an up-to-date chronology enabling the officer attending any conference to provide contemporary information. All child protection conferences are timely, effectively chaired and, more recently, well minuted. Child protection plans are adequate and, where they are not implemented fully, chairs of conferences challenge those responsible. In hospital settings, accident and emergency personnel now have 24-hour access to updated child protection lists but are dependent on social work staff to maintain the system. Consequently the absence for any reason of a hospital based social worker is a significant risk to this process and there is no contingency plan to cover this eventuality.

24. A significant number of case files examined by inspectors demonstrated poor decision-making in relation to safeguarding. This is a matter of great concern. From the 12 case files selected in advance of the inspection and a further 45 selected at random during the inspection, eight cases (14%) judged by the council as low priority were apparently unallocated and raised serious safeguarding concerns. The council was asked to review the decisions that had previously been made. These reviews resulted in the council agreeing with inspectors that urgent and significant action should be taken with partner agencies to secure the safety and well-being of the children involved in each of the cases.

25. Despite recent reductions for some social workers across the children's service, caseloads remain too high. This impacts on the ability of social workers to carry out initial and core assessments that are timely and of good quality. Management reports scrutinised and discussed by inspectors indicated that the council had identified a further 400 initial assessments that had exceeded statutory time limits, some dating from January 2009. In addition, a further 85 core assessments had not been completed within the statutory 35-day timescale. These cases were not part of the backlog of cases which had been discovered and cleared by the task force earlier in the year. A management review of these cases carried out in response to inspectors' questions revealed concerns about the quality of practice in 21 of the cases involving core assessments. Additional concerns were identified by senior managers among the 134 cases that had been originally judged by the council to be of low priority. These concerns ranged across a wide spectrum from those requiring further information to inform decisions about case closure through to eight cases which were considered as needing child protection enquiries to be made. These findings highlight the lack of effective prioritisation and auditing practices by managers, although inspectors noted that very recent steps have been taken to address each of these issues in accordance with a recommendation of the joint area review action plan. However, because a significant number of front-line manager jobs are currently vacant or subject to changes of personnel, the programme of case file auditing as part of the process of management oversight and monitoring is not being carried out systematically.

26. The ineffective use of the common assessment framework and the lack of implementation of a fully understood policy for service eligibility means that social care services are accepting referrals for assessment when more appropriate early interventions should be offered in the community. Whilst this practice is understandable in the wake of the Baby Peter tragedy, it serves to increase the capacity challenges in social care services and prevents children and young people benefiting from early intervention services that should be provided by partner agencies.

27. The council's electronic system for recording key case decisions and action is inefficient. Front-line staff report complex and time-consuming processes for entering data on to the system. The risks arising from these system dysfunctions are that data are unreliable, managers can not easily track progress on cases and in some cases professionals who need access to the system in the absence of the case holder do not have access to critical child protection or safeguarding information. Opportunities to learn from other councils using the same system, where improvements have been made, are being taken.

28. Recording and tracking of vulnerable children and young people by NHS provider trusts are adequate. Community health staff use different paper files and some have access to electronic systems of tracking. The electronic systems are limited in their effectiveness by not having the capability to connect with one another.

Support for front-line social workers

29. Progress in providing support for front-line workers is improving and is satisfactory overall. There is now more direct and open communication with senior managers that is re-building the confidence of staff. Social workers and managers identify better senior management support than in the period preceding the November 2008 joint area review. Evidence from cases over the last six weeks demonstrates better social work management than has previously been the case. However, the application of formal supervision that challenges practice is more variable and management decision-making is not consistently recorded, making it difficult to monitor and audit operational practice in all cases.

30. Effective and stable deployment of social workers in front-line social work services is proving difficult to achieve within a context of constrained and limited resources. In some front-line social work teams, manager and social worker vacancies, coupled with frequent staff turnover, mean line managers lack the capacity to support workers in developing practice. Whilst underperformance and poor practice are being addressed, the council recognises that this task is not yet complete and that capacity will remain constrained in the short term although the workforce strategy envisages improvement from the autumn of 2009.

31. A new procedure manual is available for social care staff on the council's intranet. The procedures it contains are helpful and comprehensive but because of poor dissemination few staff know of their existence. This limits their effectiveness in tackling the inconsistent practice and leads to unnecessary time demands being placed on managers in answering basic questions. Team briefings have not been used for this purpose.

Performance management

32. Progress in developing effective performance management systems, although recent, is satisfactory in social care and police services but limited in NHS provider trusts.

33. A directorate and corporate performance management framework is in place within the council and lines of reporting on progress and performance are clear. The interim Joint Area Review Performance Management Group provides the formal governance arrangement for programme implementation and delivery in the absence of partnership performance management arrangements through the Children's Trust. A comprehensive initial report on progress against the objectives of the action plan was produced in April 2009. This report is

supplemented by highlight reports which examine in detail issues which threaten the successful implementation of the action plan, for example the significant risk facing the council and its partners until the integrity of all performance information and data are assured.

34. Council officers have commissioned a fundamental overhaul of data collection systems that has highlighted the full extent of the unreliability of data. Cleansed and validated data are now being used appropriately by partners for monitoring, evaluation and planning but in children's social care, data remain unvalidated in some critical areas. In health, the quality of data is variable and is not used for analysis. A strategic commitment from health services to introduce more rigour into the process is not yet apparent in practice.

35. Budget reviews are ensuring that the implementation of the joint area review action plan is supported by sufficient financial resources and that, where necessary, additional resources are made available to meet new or unanticipated costs. Monthly finance and performance summaries are subject to scrutiny by senior officers and reported to the Chief Executive's Management Board and to Cabinet. The council has also created a Quality Outcomes Board, with membership drawn from the senior management of external agencies, to provide rigorous challenge to its plans and actions.

36. Challenge to officers from elected members on the quality of practice is strengthening and reflects significant progress and a change of culture since the 2008 joint area review. In addition to the traditional overview and scrutiny panel, the council has recently formed a Safeguarding Policy and Practice Panel to enable it to examine in more detail the work of children's services. This panel comprises a membership of councillors from the ruling and opposition groups and will be supported by a recently appointed social care consultant.

37. Progress in developing and fully implementing robust supervision and management arrangements is satisfactory and improving in the police service although it is more limited in children's social care, specifically in referral and assessment and in the children in need and safeguarding teams.

38. The police service has taken robust steps to introduce weekly meetings to performance manage their contribution to all cases in which children have child protection plans. Actions are minuted and are monitored. However, much of the change envisaged in the police service is identified in the Metropolitan Police Service's action plan. There is no separate borough action plan to capture the range of activity developed at local level in response to the joint area review action plan. Although borough police activity is currently consistent with the Metropolitan Police Service action plan, it has not been formally incorporated and is therefore not subject to the same level of monitoring and evaluation.

39. NHS provider trusts and their diverse professional groups have not been engaged with other partners in developing their approach to performance management. This has resulted in systems that lack consistency, cohesion and

the ability to integrate data in ways that assist performance management or planning.

40. Members have received appropriate training on safeguarding and are better informed on key issues. They have commissioned independent, evaluative reports on case file audits. When these reports require further action to be taken or further information to be provided, the Director of Children's Services is charged with the responsibility for doing so.

41. Despite some improvements, overall performance management is not embedded consistently in front-line practice. Use of the electronic system for recording key case decisions and multi-agency action remains ad-hoc and ineffective. Internal and external audits of case files show shortcomings but fail to pinpoint the full extent of weaknesses in decision-making.

Establishing the 'capacity to improve' within the authority, and the extent of effective working together amongst partners in the Haringey area

42. Capacity to improve within the council and across the partnership is limited. Despite significant and persistent efforts to improve recruitment, until recently results have been slow. The time available to tackle a challenging and ambitious agenda for change has been short and while members, senior officers and partners show committed leadership, the council and its partners acknowledge that they have not achieved improved quality across the children's service. Improving the quality of front-line services has proved to be particularly challenging and, despite some recent progress, much remains to be done to build a workforce of sufficient strength and provide it with an infrastructure that supports best practice. Inspectors and the council identified serious concerns about the safety of some children named in social care files and the council and its partners accept that currently not all children are adequately safeguarded.

43. Members, officers and partners have a clear understanding of the extent and depth of challenges facing the council and its partners. Some slippage in the joint area review action plan timetable has occurred during work with partners to understand fully new accountabilities and responsibilities. This work is essential in enabling new or revised structures such as the Children's Trust and the Local Safeguarding Children Board to be developed on solid and sustainable foundations. Elected members and senior managers reported a change in culture in which relationships between officers, politicians and partners are now based on professional honesty and integrity. Senior managers are visible and accessible and a culture of openness, growing trust and collective responsibility is emerging between staff, although this is at an early stage and significant challenges remain.

44. Good progress has been made in some aspects of effective working together among partners in the Haringey area. Professionals across all agencies, including general practitioners and other independent practitioners, share a strongly expressed commitment and motivation to improve

safeguarding services within the borough. A shift in culture to one of openness and honesty across the partnership is improving professional working relationships and appropriate sharing of information. There are examples of good practice, such as the recently introduced regular meeting between a senior social care manager and their police counterpart, that is enabling trust between the two agencies to be re-built following a significant fracture of their relationship in the aftermath of the death of Baby Peter. However, it is too early for recent developments such as these to demonstrate consistent and sustained impact on performance.

45. While strategic partnerships are being built to secure a functional Children's Trust and Local Safeguarding Children Board, much remains to be done to bring these to maturity. Schools, alternative providers of learning and some voluntary sector and early preventative services contribute strongly to the preventative agenda. Action to consolidate this into a formal local preventative strategy is underway in accordance with the requirements of the joint area review action plan. However, the role of the voluntary sector is under developed overall and the effectiveness of preventative services is diminished by having no functional common assessment framework arrangements or clear eligibility criteria for access to services.

46. Child protection training for designated and named health and education staff is of good quality and robust procedures are in place to monitor safeguarding compliance in schools. Prompt action in some parts of the children's service ensured that the findings of a recent serious case review were provided to some staff. However other front-line staff and managers remain unaware of the key findings and recommendations and neither the Local Safeguarding Children Board nor the Children's Trust has yet organised a systematic programme of dissemination following publication of the serious case review.

47. In targeted schools, regular multi-agency meetings of professionals are working well to identify children and young people at risk. Extended services are moving in the right direction but their contribution to the preventative agenda is at an early stage.

48. There is a recent and comprehensive workforce strategy within the council. Central to its aims is a recruitment strategy which has been implemented and is continuing with some early signs of success. This is also a training and staff development plan which is at the launch stage. Both of these components are seen as integral to the successful transformation of Haringey's children's services.

49. Significant changes in personnel at all levels demonstrate the council's commitment to improving its services but the assessment and referral service in particular remains vulnerable to staff vacancies. Decisive action has been taken to recruit competent and capable social work managers and front-line staff but this is not complete and is likely to take much more time to secure.

50. Operationally, some very recent improvements in practice are characterised by better assessment, line management and communication with service users and stakeholders. However, capacity to deliver in some critical functions is still compromised by the vacancy and turnover rates and the capability of some staff.

51. Capacity and continuity are also severely limited by difficulties in recruiting health visitors and permanent staff in children's social care. Currently over one-third of health visitor posts are unfilled, a figure that is incompatible with plans to run a range of universal, targeted and specialist services. A third of social care staff is from agencies and employed on a temporary basis. It is expected that these staff will be replaced by permanent staff as they come into post. Additional support for frontline staff has been provided and, as part of the workforce strategy, the borough is currently seeking to fill vacant posts with permanent staff. As part of this activity, ten qualified social workers have been recruited and will take up posts in July 2009. The police service has moved to significantly strengthen its officer complement to improve service delivery and to ensure that it has the capacity to manage its workload.