

## NOTICE OF MEETING

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### Safer Communities Executive Board

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WEDNESDAY, 15TH OCTOBER, 2008 at 11:00 HRS - L5 (N) RIVER PARK HOUSE.

**MEMBERS:** Please see the table below for details of the Membership

#### AGENDA

**1. APOLOGIES AND SUBSTITUTIONS**

To receive any apologies for absence.

**2. MINUTES (PAGES 1 - 10)**

To confirm the minutes of the meeting held on 23 June as a correct record.

**3. DECLARATIONS OF INTEREST**

Members of the Board must declare any personal and/or prejudicial interests with respect to agenda items and must not take part in any decision required with respect to these items.

**4. URGENT BUSINESS**

The Chair will consider the admission of any items or urgent business. (Late items will be considered under the agenda item where they appear. New items of urgent business will be considered under agenda Item 15 below).

**5. TERRORISM UPDATE**

A verbal update will be provided by the Police.

**6. ANNUAL STRATEGIC ASSESSMENT -KEY FINDINGS (PAGES 11 - 12)**

Please note that further information in relation to this report will be circulated on Friday 10 October.

7. **PROTECTING YOUNG PEOPLE FROM VIOLENT KNIFE CRIME (PAGES 13 - 32)**
8. **PERFORMANCE AGAINST KEY TARGETS : QUARTER 1 PERFORMANCE REPORT (PAGES 33 - 44)**
9. **DYING FOR A DRINK -HARINGEY'S ALCOHOL HARM REDUCTION STRATEGY 2008-11 (PAGES 45 - 84)**

This report is being presented to the Board for final comments.

10. **DOMESTIC AND GENDER BASED VIOLENCE STRATEGY (PAGES 85 - 106)**

Please note that the Strategy referred to in the report has been appended separately.

11. **REDUCTIONS TO POOLED TREATMENT BUDGET (PAGES 107 - 110)**
12. **NEW SAFER NEIGHBOURHOOD TEAM WARD PANEL PRIORITIES (PAGES 111 - 112)**
13. **SUB-BOARD REPORTS (PAGES 113 - 128)**
14. **DISCUSSION ITEM: REDUCING RE-OFFENDING**

Please note that papers in relation to this discussion topic will be sent out on Friday 10 October.

15. **NEW ITEMS OF URGENT BUSINESS**

To consider any new items of Urgent Business admitted under Item 4 above.

16. **ANY OTHER BUSINESS**

To consider any items of AOB.

17. **DATES OF FUTURE MEETINGS**

To note the dates of future meetings as set out below:

- 2 December 2008
- 16 March 2009

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River Park House  
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Xanthe Barker  
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<b>ORGANISATIONS</b>	<b>NO. OF REPS</b>	<b>NAME OF REPRESENTATIVE</b>
Haringey Council	8	<b>Dr Ita O'Donovan</b> , Chief Executive (Chair) <b>Councillor Nilgun Canver</b> , Executive Member for Enforcement & Community Safety <b>Niall Bolger</b> , Director of Urban Environment <b>Sharon Shoemith</b> , Director of The Children and Young People's Service <b>Barbara Nicholls</b> , Director Rep for Adult, Culture and Community Services <b>Claire Kowalska</b> , Community Safety Strategic Manager <b>Marion Morris</b> , Drug & Alcohol Partnership Manager <b>Jean Croot</b> , Head of Safer Communities
Haringey Teaching Primary Care Trust	1	<b>Christina Gradowski</b> , Director
Haringey Metropolitan Police	1	<b>Dave Grant</b> , Borough Commander (Vice-Chair)
Haringey Fire Service	1	<b>John Brown</b> , Borough Commander
Haringey Probation Service	1	<b>Mary Pilgrim</b> , Head of Service Delivery, Haringey
Homes for Haringey	1	<b>David Hucker</b> , Chief Executive (interim)
Mental Health Trust	1	<b>Lee Bojtor</b> , Director
Community Link Forum	3	<b>Sue Brown</b> <b>Mohamed Maigag</b> <b>Rev Nims Obunge</b>
HAVCO	1	<b>Enid Ledgister</b>
Metropolitan Police Authority	1	<b>Kirsten Hearn</b> , MPA Independent Member
Haringey Magistrates Court	1	<b>Stephen Carroll</b> , Bench Legal Manager
<b>TOTAL</b>	<b>20</b>	

**MINUTES OF THE SAFER COMMUNITIES EXECUTIVE BOARD (HSP)**  
**MONDAY, 23 JUNE 2008**

**Present:** Dr Ita O'Donovan (Chair), A. Aokin, John Brown, Sue Brown, Jean Croot, Jan Doust, Christina Gradowski, Claire Kowalska, Enid Ledgister, Mohamed Maigag, Marion Morris, Nims Obunge, Carolyn O'Sullivan, Nick Simpson

**In Attendance:** Xanthe Barker, Chris Harrington, Pauline Haughton, David Hennings, Sha-Kera King, Andrew Meek, Pamela Pemberton, Sean Sweeney, Michael Robinson, Jackie Thomas, Mabs Uddin.

**LC40. APOLOGIES AND SUBSTITUTIONS**

It was noted that apologies had been received from the following:

Niall Bolger  
Councillor Canver  
Samantha Evans  
Matthew Hazelton  
Kirsten Hearn  
Sharon Kemp  
Barbara Nicholls  
Mary Pilgrim  
Sharon Shoemith                    -Jan Doust substituted  
Richard Wood                        - Nick Simpson substituted

**LC41. MINUTES**

The Board received the minutes of the meeting held on 28 March 2008 for confirmation.

**RESOLVED:**

That the minutes of the meeting held on 28 March 2008 be confirmed as a correct record.

**LC42. DECLARATIONS OF INTEREST**

No declarations of interest were made.

**LC43. URGENT BUSINESS**

No items of urgent business were raised.

**LC44. ELECTION OF CHAIR**

**RESOLVED:**

That Dr Ita O'Donovan be appointed as Chair for the ensuing Municipal Year.

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**LC45. APPOINTMENT OF VICE-CHAIR**

**RESOLVED:**

That the Borough Commander be appointed a Vice-Chair for the ensuing Municipal Year.

**LC46. APPOINTMENT OF A REPRESENTATIVE TO THE HARINGEY STRATEGIC PARTNERSHIP**

**RESOLVED:**

That Pastor Nims Obunge be appointed as the Boards representative to the HSP for the ensuing Municipal Year.

**LC47. MEMBERSHIP AND TERMS OF REFERENCE: 2008/09**

The Board received a report requesting that it confirm its Membership and Terms of Reference for 2008/09 and formally amend its Membership to include the new Community Link Forum representatives.

In response to a request from the Haringey Community and Police Consultative Group (HCPCG) that the organisation should be formally included within Boards membership, the Chair noted that she wanted the Board to be as inclusive as possible; as an interim measure it was suggested that the HCPCG should be invited to attend Board meetings and included within all correspondence in relation to the Board.

It was agreed that there would be discussion outside the meeting in relation to the formal inclusion of the group within the Boards membership.

With regard to the Terms of Reference it was requested that reference should be made to HAVCO under paragraph 4.8.

**RESOLVED:**

That the Membership and Terms of Reference as set out be confirmed as correct.

That the Terms of Reference be amended to include the new CLF representatives within the Board Membership.

**LC48. COMMUNITY LINK FORUM PRESENTATION**

The Board received a presentation from the Community Link Forum (CLF) setting out it's objectives and work to date.

It was noted that the CLF had been established as a means of improving the link between the Voluntary Sector and the Haringey Strategic Partnership. Following

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ratification of the CLF Agreement by the Haringey Strategic Partnership (HSP) in July 2007 work had been carried out by the organisation that culminated in the CLF Elections in April 2008.

The CLF was allocated four places on the HSP and each of the Thematic Boards, three of these being given to the elected CLF representatives and one to a representative from HAVCO.

The representatives elected to the Safer Communities Executive Board were as follows:

- Sue Brown
- Mohamed Maigag
- Nims Obunge

Following the presentation the Chair welcomed the CLF representatives to the meeting and noted that their inclusion within the Board provided a good opportunity to review the format of the meetings.

It was suggested that the slide, from the presentation, on 'Achieving Priorities: VCS View should be used to develop discussion topics for future SCEB meetings. There was agreement that the format of future meetings should be revised to allow the Board to concentrate on thorough discussion of specific issues.

The Chair requested that contact details of Board members be circulated with the minutes.

**RESOLVED:**

- i. That the presentation be noted.
- ii. That suggestions for future agenda items be fed through to Community Safety Team.

**LC49. ANNUAL REVIEW 2007/08**

The Board received a report that informed Members of proposed content of the Annual Review of Safer Communities activity and delivery during 2007/08.

It was noted there was a requirement to report to the public on the outcomes of Partnership working. The document presented would be formatted and made available on the Haringey Council web site and in leaflet form for the public and circulated to Councillors and local libraries.

In response to a query it was confirmed that the document would be made available in other languages on request.

The Board discussed the Annual Review and the following points were raised:

- Councillor Nilgun Canver -title should make reference to Haringey Council

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- John Brown Borough Commander –title should make reference to the London Fire Brigade
- It was suggested that the document should make reference to the contribution of local communities.

The Chair noted that the title 'Annual Review' may be misleading as it implied that a review of all of the activities within the responsibility of Safer Communities Team would be reviewed. There was agreement that an alternative title e.g. key achievements that better described the content and purpose of the document was identified.

It was confirmed that the document had been reviewed to ensure that the language used was accessible to all. However, it was recognised that there were still areas that could be simplified further and this would be addressed.

**RESOLVED:**

- i. That to note the content of the document.
- ii. That the amendments set out above be incorporated.
- iii. That the title be revised prior to publication to better reflect the content and purpose of the document.

**LC50. SAFER HARINGEY EVALUATION FRAMEWORK: END OF YEAR REPORT  
2007/08 AND FINANCE SUMMARY**

The Board received a report that provided an update on the Safer Haringey Evaluation Framework.

The framework covered the projects funded via the Borough Command Unit Fund (BCUF), the Safer and Stronger Communities Fund (SSCF) and the Neighbourhood Renewal Fund (NRF). The allocation of funding was based upon local need and the capacity of partner organisations to deliver outcomes.

It was noted that at the end of the second quarter only one project had failed to meet the milestones set out in its project plan and this had been reported to the Board previously.

The implementation of the evaluation framework meant that the Board was now in a good position to contribute to the new Performance Management Framework being introduced across the HSP and Thematic Boards.

It was noted that representatives should inform their respective organisations that it was no longer possible to put in a bid for funding from the Partnership and that under the new Performance Management Framework attached to the ABG, there was specific criteria for funding set against clear performance targets.

The Chair echoed this point and reminded the Board that any projects not performing against agreed targets would no longer continue to receive funding.



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The Board was advised that members of the Community Safety Team would be assigned to each project and would monitor the progress and provide support following the introduction of the new Performance Management Framework.

It was noted that the level of money from the BCUF was as had been anticipated and therefore no adjustments were required.

**RESOLVED:**

That the report be noted.

**LC51. DAAT UPDATE REPORT**

The Board received a report that provided an overview of initiatives and developments undertaken by the Drug and Alcohol Partnership Board.

Free Phone Helpline

It was noted that a free phone helpline had been commissioned that would run between 23 June 2008 and 31 March 2009. This had been commissioned in order to provide a central advice and information/referral point for people wanting to access drug and alcohol treatment. An advertising campaign would publicise the helpline, which would include adverts at Wood Green tube station and on buses in the Wood Green and Tottenham areas.

Cannabis Awareness Campaign

This would run from 23 June to 17 August and would be publicised in the same way as the helpline with an evaluation report prepared in the autumn. At present the Borough had a higher than average number of people with cannabis related problems and it was hoped that the campaign would raise awareness of this issue.

The Board discussed the initiatives set out and there was agreement that raising awareness around cannabis, particularly amongst young people, was a key priority. Concern was raised that the campaign had only been funded due to under spend in other areas. It was suggested that this type of campaign should be prioritised, if funding was available, as a preventative measure.

It was noted that the national Drug Strategy placed priority on addressing misuse of Class A drugs, which meant that identifying funding for initiatives around non Class A drugs was difficult. It was hoped that if the publicity campaign was successful funding in future years could be validated.

The Chair noted that the reclassification of cannabis had added to the confusion around the drug and welcomed the proposed initiative as a means of addressing this.

Street Outreach Plan

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In order to increase the numbers of people accessing drug treatment and to provide a comprehensive street outreach programme, it was hoped that the street outreach service would be extended to five nights per week.

A purpose designed vehicle had been purchased that would be used to offer more services to clients. This had been financed using money received by Haringey HPCT.

Carers Pilot

A pilot support group run during 2006/07 had shown that carers wanted personal support to assist them in their role. To address this counselling service specifically for carers had been commissioned for 2008/09.

**RESOLVED:**

That the report and timetable for the implementation of the projects be noted.

**LC52. LOCAL AREA AGREEMENT UPDATE**

The Board received a report that provided an update on the position in relation to the new Local Area Agreement (LAA) for 2008/09.

It was noted that the thirty-five national indicators included within in the new LAA had been agreed and the LAA had been formally submitted to GOL on 30 May.

The Board was advised that the target on Domestic Violence and had not been included within the LAA as baseline data had not been available. In addition to the targets specifically within the Board's responsibility there were several other targets within the LAA that it would play a key role in achieving.

Quarterly monitoring reports would be received by the Board and a matrix would be provided setting out the targets solely within the Boards responsibility and where there was an overlap between the Boards. The Chair requested that the matrix was circulated to the Board following the meeting.

**RESOLVED:**

- i. That the report be noted.
- ii. That the matrix referred to above be circulated to the Board.

**LC53. COUNTER TERRORISM UPDATE**

The Board received a report setting out proposals for the establishment of a Counter Terrorism Partnership Group (CTPG) to manage an Action Plan aimed at reducing the threat of Terrorism in the Borough.

It was proposed that the group should be established in order to ensure that there was a joined up approach across the partnership in relation this issue. The Board was

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given an overview of the proposed membership and objects of the group and it was noted that there would be four key objectives:

- Preventing violent extremism
- Supporting the Police in gathering intelligence
- Reducing the number of vulnerable sites within the Borough
- Ensuring the Borough is prepared for the consequences of terrorism

The Board was advised that the action plan would be managed by the CTPG, which would meet on a quarterly basis and this would be Chaired by the Superintendent of Haringey MPS.

The Board discussed how faith groups and young people could be better engaged to reduce the risk of radicalisation, and noted that there was good work already taking place, for example by the Haringey Racial Equalities Council. It was emphasised that this was difficult and long-term work. In response to a query it was confirmed that there was scope for local businesses to support this work and this would be welcomed; the crucial role of schools was also acknowledged.

The Chair raised concern that the proposed objectives were too wide-ranging and could result in duplication, and suggested that they should focus on the key area of prevention. It was noted that it was also important to be aware of the possibility of language being used that was counterproductive in encouraging engagement.

The Chair requested a report be brought back with a new set of objectives reflecting the discussion, but that the group could be formed prior to this.

Pastor Obunge informed the Board that an event entitled 'Walk Talk' was being organised and a walk was taking place from Leeds to London where Faith Leaders and survivors of the London bombings would work to engage with and improve communication between communities.

**RESOLVED:**

That a further report be brought back to the Board with a revised emphasis on raising awareness and prevention.

**LC54. ACTION PLANS FOR 2008/09**

The Board received a report that presented the Strategic Actions for 2008/09 under the coordination of the Safer Communities Service.

Plans were presented in relation to the:

- Drug and Alcohol Action Team
- Youth Offending Service
- Community Safety Team
- Emergency Planning

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The Board was advised of the key actions and potential challenges to delivery and it was noted that monitoring reports would be compiled on an exceptions basis with good performance being highlighted.

The Chair noted that there was a large amount of work carried out between meetings and that Board members should feel free to contact officers to discuss any particular issues they may wish to raise between meetings.

**RESLOVED:**

That the report be noted.

**LC55. REDUCING RE-OFFENDING**

The Board received a report highlighting work that had been carried out across the partnership on reducing re-offending.

It was proposed that an Action Plan should be commissioned in relation reducing re-offending in order to help partner agencies work towards their own targets and to link together the strategies and actions.

**RESOLVED:**

That the work on producing a Haringey Reducing Re-Offending Action Plan be commissioned.

**LC56. UPDATE ON COMMUNICATION STRATEGY**

The Board received a verbal update on the development of a Communication Strategy for the Partnership.

It was noted that the draft Communications Strategy and Protocol for the Partnership would be considered by the HSP at its meeting on 3 July.

The Board was advised the Strategy took into account the need to respond quickly to requests for information. Mechanisms were included within the Strategy to ensure that partners were provided with information rapidly so they were able to respond to requests for information in a consistent manner.

**RESOLVED:**

That the verbal update provided be noted.

**LC57. HARINGEY ALCOHOL STRATEGY**

The Board received a report setting out progress in relation to the development of the Borough's Alcohol Strategy.

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A review had been commissioned by the DAAT in order refresh the Borough's Alcohol Strategy in line with the revised Alcohol Strategy for England, the new Public Service Agreement for alcohol harm reduction and the new statutory duties placed on CDRPs and PCTs.

The Board was advised that data gathering and interviews with stakeholders would be completed by the end of June and there would be further consultation via the Area Assemblies, the Safer Neighbourhood Teams and the Council's website. A stakeholder event was being held on 4 July at Alexandra Palace and this would be used as an opportunity to engage stakeholders and obtain sign up to the priorities.

It was proposed that issues arising from the stakeholders event would be fed into the Action Plans discussed under Item 55 and quarterly progress reports would be received by the Board at future meetings.

The Board discussed the proposals and there was agreement that Anti Social Behaviour should included within indicators listed in Appendix 1 of the report.

It was noted that the PCT was required to report on alcohol- related issues on a quarterly basis and there was agreement that more localised information should be included.

**RESOLVED:**

That the proposed monitoring and implementation structure be approved.

**LC58. ANTI SOCIAL BEHAVIOUR STRATEGY: 2008/11**

The Board received a report for information that presented the new Anti-Social Behaviour Strategy and the consultation currently taking place.

It was noted that the Strategy would go through the Council's decision making process over the summer.

**RESOLVED:**

That the report be noted.

**LC59. ANY OTHER BUSINESS**

The Board was advised by Pastor Obunge that a meeting was being held at the Civic Centre on 30 June to discuss arrangements for the Haringey Week of Peace. He encouraged anyone aware of existing projects that could easily be incorporated into the activities for the week to attend.

The Chair requested that contact details of Board members should be circulated with the minutes of the meeting.

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**LC60. NEW ITEMS OF URGENT BUSINESS**

No new items of urgent business were received.

**LC61. DATE OF FUTURE MEETINGS**

The following dates for future meetings were noted:

- 15 October 2008
- 2 December 2008
- 16 March 2008

**Dr Ita O'Donovan**

**Chair**



**Meeting:** Safer Communities Executive Board

**Date:** 15 October 2008

**Report Title:** Strategic Assessment

**Report of:** Leo Kears, Safer Communities Coordinator

**Summary:**

The Strategic Assessment analyses crime, disorder and environmental data in Haringey to identify problem issues and emerging trends. This will assist the partnership in identifying priorities for reducing crime and disorder and meeting performance targets.

**Recommendations:**

That Board members can identify new issues they would like the Strategic Assessment to focus on in the future, for example extending its scope to issues such as health or Worklessness that are related to crime and disorder.

**Financial/Legal Comments:**

N/A

**For more information contact:**

Name: Leo Kears  
 Title: Safer Communities Coordinator  
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 Email: [leo.kearse@haringey.gov.uk](mailto:leo.kearse@haringey.gov.uk)

**1. Background**

- 1.1. Home Office statutory requirements state that each year the partnership shall prepare a strategic assessment of crime, disorder and substance misuse to inform/revise the partnership plan. The Strategic Assessment will also guide problem solving to impact on targets.

- 1.2. Previously, Strategic Assessments were created on a six-monthly basis and were a data report. We are now moving to an annual basis and are creating a strategic report with recommendations based on analysis and interpretation of the data.

## 2. Key Issues

- 2.1. **Datasets:** The following list shows the sources/datasets collated and analysed to examine each issue:
  - 2.1.1. **Crime** – recorded crimes (CRIS), arson and malicious calls (London Fire Brigade), ambulance callouts (London Ambulance Service), hate crime (police data), victim data (Victim Support), domestic violence (Hearthstone) and youth victimisation/offending (YOS, police).
  - 2.1.2. **ASB environmental issues** – ASBAT (Anti-Social Behaviour Action Team), calls to emergency services (DARIS), disorder on buses (Code Reds) and road traffic accidents (LASS).
  - 2.1.3. **Environmental issues** – graffiti and flytipping (Haringey Enterprise), noise and refuse complaints (Urban Environment), enforcement FPNs (enforcement), abandoned vehicles (CIVICA).
- 2.2. **Methodology:** A variety of analytical techniques are used to identify issues of concern. Issues are judged to be of concern depending on whether they are high, increasing, or linked to priorities/targets.
  - 2.2.1. **Hotspot maps** are used to identify key locations, wards and geographical trends.
  - 2.2.2. **Long term trend graphs** are used to show long term trends, seasonality, estimate future levels and compare performance with the London average and our most similar boroughs.
  - 2.2.3. **Temporal hotspots** are used to identify key days and times.
  - 2.2.4. **Operational expertise** and anecdotal evidence to explain trends.
  - 2.2.5. The analysis focuses on identifying strategic priorities. Further analysis (for example, Victim/Offender/Location profiling) will identify tactics and opportunities to tackle these priorities.
- 2.3. **Key findings:** key findings and recommendations will be distributed to SCEB members in good time for the meeting on the 15<sup>th</sup> October.





**Meeting:** Safer Communities Executive Board

**Date:** 15 October 2008

**Report Title:** Protecting Young People from Violent Crime

**Report of:** The Local Safeguarding Children Board (LSCB)

**Summary:** This paper provides guidance to schools on the use of metal detecting wands and advises them on the protocols required. Each school would be expected to produce its own protocol signed up to by its governing body.

**Recommendations:** That the SCEB supports the LSCB to release this guidance to schools subject to any advice on wording.

**Financial/Legal Comments:** N/A

**For more information contact:**

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## **Protecting young people from violent crime**



### **Introduction**

1 Haringey's Local Safeguarding Children Board (LSCB) and the borough's Safer School Partnership have worked together and alongside schools to consider the safety of secondary aged young people in relation to knife crime.

2 Knife crime among young people is a serious concern to parents, police, school staff and, more importantly, to the young people themselves. A recent MORI carried out on behalf of the Youth Justice Board (YJB) found that 29% of secondary school children admitted to routinely carrying a knife.

3 Schools and others are rightly concerned about the number of young people carrying knives and school staff work proactively to discourage this and to recognise the reasons why young people might feel the need to do so. All Haringey schools have robust procedures for behaviour management and for tackling bullying, and Haringey schools have one of the lowest rates of permanent exclusion in London. However, given the loss of young life across London (and elsewhere in the country) in recent years, concern has led schools to seek other means of ensuring the safety of young people in school and on the streets.

4 Haringey secondary schools are committed to working together, and with statutory agencies to reassure young people and their parents/carers by taking decisive action to safeguard them and especially protect them from the risk of knife crime. This position is fully supported by the Local Safeguarding Children Board (LSCB) whose statutory partners include the Local Authority; the Teaching Primary Care Trust; Great Ormond Street, North Middlesex and Whittington Hospitals; the Probation Service; the Youth Offending Team; and the Metropolitan Police.

5 This paper focuses on the use of metal detecting devices in school as a method of deterring young people from carrying knives and to protect them both in school and in the community.

### **Metal detecting devices**

6 A range of metal detecting devices is available for use in schools; from airport style metal detecting arches to hand-held metal detecting wands. No school wants to use metal detecting devices routinely – for example, having young people pass through arches each day, but they do see the value of such devices as a deterrent to provide improved levels of reassurance to both students and their parents.

7 Together, schools have agreed that having the use of metal detecting wands would be of benefit when occasional searches are required either of an individual student or groups of students or indeed for occasional routine screening of larger number of students, for example, a year group. The wands will register the existence of metal objects on a person. Legal advice states that the act of screening a person with a hand-held wand does not of itself constitute a search under section

1 of the Police and Criminal Evidence Act, as there is no contact made during the process. The indication provided by the wand may, however, provide grounds for suspicion that there is something concealed and therefore assist in providing the grounds for a further physical search.

8 As a result most secondary schools are considering the purchase and use of metal detecting wands. The decision to use such equipment in schools rests with the governing body of each school. *However, the use of the wands within an agreed protocol is supported by both the LSCB and the Safer Schools' Partnership.*

9 The introduction of these devices into secondary schools within Haringey will assist in maintaining a safe, secure environment. They will enable school staff and police officers to conduct non-intrusive searches of persons suspected of carrying weapons within the school. The use of such devices should be carried out in accordance with the guidance in this document.

### **Protocols**

10 Governing bodies are advised that the use of metal detecting wands or other similar equipment must be supported by a written protocol for its use made available to the parents/carers, ideally giving them an opportunity to comment. Before this stage, headteachers are advised that they should consult their staff on the operation of the protocol and should engage them in drawing up and understanding the protocol. Officers from the CYPS and the Safer Schools' police officers are available for advice on the introduction and use of the protocols. and each body should be provided with a copy of the final agreed document. The protocol should be completed and circulated to parents *before* metal detecting wands are used in school.

11 The protocol should be applied in conjunction with the 'Guidelines for Searching Pupils within School Boundaries', summarised in Appendix I.

12 The protocol should include:

- a clear explanation of how the school intends to use the wands; that is, not routinely but as a deterrent used to search individuals or groups of students where concerns are raised or as an unannounced screening of larger groups;
- the staff who have been nominated as authorised to use the wands and if necessary to conduct more thorough searches of young people;
- plans for the initial training for those staff that would use the wand, and on-going refresher training at an agreed frequency and not more than every three years. This training would be not only focussed on the use of the wand but on the correct use of restraint for all those authorised to use it – this should correlate with the list of school staff that have been authorised to restrain young people;
- clear procedures about how records of the use of the metal detecting wands are to be kept and shared – see paragraph xx.
- the arrangements for recording the use of the wands and details of any young people who are found to be in possession of weapons;
- a clear outline what happens if a weapon(s) is found – see paragraph xx below.

### **What happens if a weapon is found?**

13 Carrying a knife or other offensive weapons is potentially a criminal offence. Any weapons recovered should be sealed in protective tubes provided by police and retained for collection by the Safer Schools Police Officer. Parents/carers must be notified of all incidents where a student is in possession of a knife or offensive weapon. A record should be kept about the date, time, location, reason given for use of the weapon, the student's details, the details of person conducting the scan and the outcome. The records will be retrieved annually by the LSCB for monitoring purposes.

14 The incident should be reported to the police immediately and a statement completed. The Police Officer will be required to complete a MERLIN 'Young Person Coming to Notice of Police' information report. The young person may be required to attend the police station either through arrest or invitation. This will be a joint decision between police and school depending upon the individual situation.

15 The school will take action in line with its own behaviour policies. Permanent exclusion should not automatically follow the discovery of a weapon as circumstances will vary. It is likely that fixed-term exclusion may follow to enable the circumstances to be explored. However, in many cases it would be more helpful to retain the young person in school so that he/she and his/her parents/carers can be supported by appropriate agencies, in line with the aims set on in the introduction.

### **Referral to the Children and Young People's Service**

16 When a young person is found to be in possession of a knife or other offensive weapon the school must immediately consider whether there is a need to refer them through the Single Referral Route and a decision will then be made about the need to conduct statutory child protection investigations. As a minimum, it is expected that the school will complete a Common Assessment Framework assessment on the young person which will then be used as a referral as appropriate. Schools can seek the advice of a child protection advisor, duty social worker, single referral route manager or the youth offending service if they are in any doubt about how or whether to assess or refer a young person.

17 Where child protection procedures are instigated, the strategy meeting will consider any action required to safeguard the young person and the Police and Crown Prosecution Service (CPS) will make a decision regarding appropriate action.

### **What happens to the young person?**

18 The Crown Prosecution Service will consider the following options:

- Take No Further Action
- Warn the suspect in accordance with the Final Warning scheme, and refer to Youth Offending Service
- Charge to Court

## **Appendix I The Statutory Position**

Knives and other weapons are the subject of two specific pieces of legislation.

### **Section 139A: Criminal Justice Act 1988 (Pointed / Bladed Articles)**

This states that any person who has an article, to which Section 139 applies, with him on school premises, shall be guilty of an offence. The following items are prohibited by this legislation:

- any article which has a blade, and/or
- is sharply pointed

**Folding pocket-knives are exempt from this legislation unless the cutting edge of the blade exceeds 7.62cm / 3 inches.**

It shall be a defence for a person charged under this section to prove that he had good reason or lawful authority for having the article with him in a public place. A defendant may also show as a defence that he has the article:

- for use at work,
- for religious reasons,
- as part of any national costume.

### **Section 1(1): Prevention of Crime Act 1953 (Offensive Weapons)**

Any person who without lawful authority or reasonable excuse, proof whereof shall lie on him, has with him in any **public place**, any offensive weapon, shall be guilty of an offence. This is further supported by ;

### **Section 139A(2): Criminal Justice Act 1988 as amended (School Premises:**

Any person who has an offensive weapon within the meaning of Section 1 of the Prevention of Crime Act 1953, with him on school premises, shall be guilty of an offence.

**An offensive weapon is deemed to be any item that is;**

- made to cause injury
- adapted to cause injury
- intended to cause injury

**Please note:-** Offences can be committed at any time of the day, not only during normal school hours, as long as the land is normally used as school premises (e.g. for the normal academic year). The creation of these offences was intended to cover a gap in the law where such weapons are carried on school premises that are not public places because many schools do not allow access to the general public outside school hours. However, the wording of section 139A above is such that the offences could be committed on school premises even when the public do have access (e.g. a youth has a 10cm (4 inch) long knife at a public car boot sale being held on school playing fields on a Bank Holiday Monday). There is, therefore, some overlap with the older legislation concerning the possession of offensive weapons and sharp blades in public.

## **Appendix 2: Searching Guidelines, Powers and Definitions**

The powers of search within school premises are contained in several pieces of legislation, the relevant sections are summarised below. There is also an explanation of a police officers right to search under section 1, Police and Criminal Evidence Act, 1984.

### **Powers of teachers to search**

A member of the staff of a school may search a pupil or his possessions for articles and weapons where there are **reasonable grounds**<sup>1</sup> for suspecting that the pupil may have with him or in his possessions;

- a) an article to which section 139 of the Criminal Justice Act 1988 applies (knives and blades), and/or
- b) an offensive weapon (within the meaning of the Prevention of Crime Act 1953).

Several conditions are attached to the exercise of these powers. A search under this section may be carried out only where;

- a) the person carrying out the search is the head teacher of the school; or he/she has been authorised by the head teacher to carry out the search.
- a) the member of the staff and the pupil are on the premises of the school;
- b) they are elsewhere and the member of the staff has lawful control or charge of the pupil.

Nothing in any enactment, instrument or agreement shall be construed as authorising a Headteacher of a school to require a person other than a member of the staff of the school to carry out a search under this section.

### **Condition of Search Procedure**

A person who carries out a search of a pupil under this section;

- a) may not require the pupil to remove any clothing other than outer clothing;
- b) must be of the same sex as the student; and
- c) may carry out the search only in the presence of another member of the staff who is also of the same sex as the student.

A student's possessions may not be searched under this section except in his/her presence and in the presence of another member of the staff.

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<sup>1</sup> There must be some bona fide justification for searching the individual concerned.

If, in the course of a search under this section, the person carrying out the search he may seize and retain:

- a) anything which he has reasonable grounds for suspecting falls within the prohibitions outlined earlier
- b) any other thing which he has reasonable grounds for suspecting is evidence in relation to an offence,

A person who seizes anything under this act must deliver it to a police constable as soon as reasonably practicable – see paragraph xx.

The powers possessed by teachers in respect of searches of desks are as described above, namely, the property being searched is the property of the school rather than the student and the doctrine of *in loco parentis* would in any event permit such action where it could be shown to be in the interest of the welfare of students and/or for the purpose of the maintenance of discipline.

#### **Use of Force to Conduct Search**

A person who exercises a power under this section may use such force as is reasonable in the circumstances for exercising that power. Any question of the use of force by a teacher to carry out such searches (whether of property or of the person) requires an examination of s.550A of the Education Act 1996. It states that:

a member of the staff of a school may use, in relation to any student at the school, such force as is reasonable in the circumstances for the purpose of preventing the student from doing (or continuing to do) any of the following, namely-

- (a) committing any offence,
- (b) causing personal injury to, or damage to the property of, any person (including the pupil himself);
- (c) engaging in any behaviour prejudicial to the maintenance of good order and discipline at the school or among any of its pupils, whether that behaviour occurs during a teaching session or otherwise.”

#### **Reasonable Force**

There is no legal definition of 'reasonable force'. So it is not possible to set out comprehensively when it is reasonable to use force, or the degree of force that may reasonably be used. It will always depend on all the circumstances of the case.

There are two relevant considerations:

- the use of force can be regarded as reasonable only if the circumstances of the particular incident warrant it. The use of any degree of force is unlawful if the particular circumstances do not warrant the use of physical force. Therefore physical force could not be justified to prevent a pupil from committing a trivial misdemeanour, or in a situation that clearly could be resolved without force.
- the degree of force employed must be in proportion to the circumstances of the incident and the seriousness of the behaviour or the consequences it is



intended to prevent. Any force used should always be the minimum needed to achieve the desired result.

Whether it is reasonable to use force, and the degree of force that could reasonably be employed, might also depend on the age, understanding, and sex of the pupil.

Of course this power must be exercised with caution and the force used would have to be no more than necessary for achieving one of the aims stated in paragraphs (a) to (c) above. So for instance, a pupil who refused to open his desk could be removed from the classroom using reasonable force in order to facilitate the search of it.

Where searches of the pupil are concerned, it must be emphasised that the teacher will have to satisfy himself that there is some basis for engaging in this activity. It would for instance be acceptable to insist upon a search if the teacher had reason to believe that the pupil had in his possession controlled drugs or an offensive weapon: this would clearly come within the common law and be justified regarding the welfare of pupils, the maintenance of discipline and the prevention of the commission of an offence.

The Act allows all teachers at a school to use reasonable force to control or restrain pupils. It also allows other people to do so, in the same way as teachers, provided they have been authorised by the Headteacher to have control or charge of pupils.

**All those authorised to use force should have training in safe restraint.**

Headteachers should identify people, other than teachers, whom they wish to authorise to have control or charge of pupils and therefore be able to use force if necessary. Authorisation may be on a permanent or long term basis because of the nature of the person's job, or short term for a specific event such as a school trip. The Headteacher should explicitly inform the people concerned, and ensure that they are aware of and properly understand what the authorisation entails. To ensure that, Headteachers may find it helpful to arrange for a senior member of the teaching staff to provide training or guidance. They should keep an up-to-date list of authorised people and ensure the teachers know who they are.



## **Protecting young people from violent crime**



### **Introduction**

1 Haringey's Local Safeguarding Children Board (LSCB) and the borough's Safer School Partnership have worked together and alongside schools to consider the safety of secondary aged young people in relation to knife crime.

2 Knife crime among young people is a serious concern to parents, police, school staff and, more importantly, to the young people themselves. A recent MORI carried out on behalf of the Youth Justice Board (YJB) found that 29% of secondary school children admitted to routinely carrying a knife.

3 Schools and others are rightly concerned about the number of young people carrying knives and school staff work proactively to discourage this and to recognise the reasons why young people might feel the need to do so. All Haringey schools have robust procedures for behaviour management and for tackling bullying, and Haringey schools have one of the lowest rates of permanent exclusion in London. However, given the loss of young life across London (and elsewhere in the country) in recent years, concern has led schools to seek other means of ensuring the safety of young people in school and on the streets.

4 Haringey secondary schools are committed to working together, and with statutory agencies to reassure young people and their parents/carers by taking decisive action to safeguard them and especially protect them from the risk of knife crime. This position is fully supported by the Local Safeguarding Children Board (LSCB) whose statutory partners include the Local Authority; the Teaching Primary Care Trust; Great Ormond Street, North Middlesex and Whittington Hospitals; the Probation Service; the Youth Offending Team; and the Metropolitan Police.

5 This paper focuses on the use of metal detecting devices in school as a method of deterring young people from carrying knives and to protect them both in school and in the community.

### **Metal detecting devices**

6 A range of metal detecting devices is available for use in schools; from airport style metal detecting arches to hand-held metal detecting wands. No school wants to use metal detecting devices routinely – for example, having young people pass through arches

each day, but they do see the value of such devices as a deterrent to provide improved levels of reassurance to both students and their parents.

7 Together, schools have agreed that having the use of metal detecting wands would be of benefit when occasional searches are required either of an individual student or groups of students or indeed for occasional routine screening of larger number of students, for example, a year group. The wands will register the existence of metal objects on a person. Legal advice states that the act of screening a person with a hand-held wand does not of itself constitute a search under section 1 of the Police and Criminal Evidence Act, as there is no contact made during the process. The indication provided by the wand may, however, provide grounds for suspicion that there is something concealed and therefore assist in providing the grounds for a further physical search.

8 As a result most secondary schools are considering the purchase and use of metal detecting wands. The decision to use such equipment in schools rests with the governing body of each school. *However, the use of the wands within an agreed protocol is supported by both the LSCB and the Safer Schools' Partnership.*

9 The introduction of these devices into secondary schools within Haringey will assist in maintaining a safe, secure environment. They will enable school staff and police officers to conduct non-intrusive searches of persons suspected of carrying weapons within the school. The use of such devices should be carried out in accordance with the guidance in this document.

## **Protocols**

10 Governing bodies are advised that the use of metal detecting wands or other similar equipment must be supported by a written protocol for its use made available to the parents/carers, ideally giving them an opportunity to comment. Before this stage, headteachers are advised that they should consult their staff on the operation of the protocol and should engage them in drawing up and understanding the protocol. Officers from the CYPs and the Safer Schools' police officers are available for advice on the introduction and use of the protocols, and each body should be provided with a copy of the final agreed document. The protocol should be completed and circulated to parents *before* metal detecting wands are used in school.

11 The protocol should be applied in conjunction with the 'Guidelines for Searching Pupils within School Boundaries', summarised in Appendix 1.

12 The protocol should include:

- a clear explanation of how the school intends to use the wands; that is, not routinely but as a deterrent used to search individuals or groups of students where concerns are raised or as an unannounced screening of larger groups;
- the staff who have been nominated as authorised to use the wands and if necessary to conduct more thorough searches of young people;
- plans for the initial training for those staff that would use the wand, and on-going refresher training at an agreed frequency and not more than every three years. This training would be not only focussed on the use of the wand but on the correct use of restraint for all those authorised to use it – this should correlate with the list of school staff that have been authorised to restrain young people;
- clear procedures about how records of the use of the metal detecting wands are to be kept and shared – see paragraph xx.
- the arrangements for recording the use of the wands and details of any young people who are found to be in possession of weapons;
- a clear outline what happens if a weapon(s) is found – see paragraph xx below.

### **What happens if a weapon is found?**

13 Carrying a knife or other offensive weapons is potentially a criminal offence. Any weapons recovered should be sealed in protective tubes provided by police and retained for collection by the Safer Schools Police Officer. Parents/carers must be notified of all incidents where a student is in possession of a knife or offensive weapon. A record should be kept about the date, time, location, reason given for use of the weapon, the student's details, the details of person conducting the scan and the outcome. The records will be retrieved annually by the LSCB for monitoring purposes.

14 The incident should be reported to the police immediately and a statement completed. The Police Officer will be required to complete a MERLIN 'Young Person Coming to Notice of Police' information report. The young person may be required to attend the police station either through arrest or invitation. This will be a joint decision between police and school depending upon the individual situation.

15 The school will take action in line with its own behaviour policies. Permanent exclusion should not automatically follow the discovery of a weapon as circumstances will vary. It is likely that fixed-term exclusion may follow to enable the circumstances to be explored. However, in many cases it would be more helpful to retain the young person in school so that he/she and his/her parents/carers can be supported by appropriate agencies, in line with the aims set on in the introduction.

### **Referral to the Children and Young People's Service**

16 When a young person is found to be in possession of a knife or other offensive weapon the school must immediately consider whether there is a need to refer them through the Single Referral Route and a decision will then be made about the need to conduct statutory child protection investigations. As a minimum, it is expected that the school will complete a Common Assessment Framework assessment on the young person which will then be used as a referral as appropriate. Schools can seek the advice of a child protection advisor, duty social worker, single referral route manager or the youth offending service if they are in any doubt about how or whether to assess or refer a young person.

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Knives and other weapons are the subject of two specific pieces of legislation.

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**Folding pocket-knives are exempt from this legislation unless** the cutting edge of the blade exceeds 7.62cm / 3 inches.

It shall be a defence for a person charged under this section to prove that he had good reason or lawful authority for having the article with him in a public place. A defendant may also show as a defence that he has the article:

- for use at work,
- for religious reasons,
- as part of any national costume.

### **Section 1(1): Prevention of Crime Act 1953 (Offensive Weapons)**

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### **Section 139A(2): Criminal Justice Act 1988 as amended (School Premises):**

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**An offensive weapon is deemed to be any item that is;**

- made to cause injury
- adapted to cause injury
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**Please note:-** Offences can be committed at any time of the day, not only during normal school hours, as long as the land is normally used as school premises (e.g. for the normal academic year). The creation of these offences was intended to cover a gap in the law where such weapons are carried on school premises that are not public places because many schools do not allow access to the general public

outside school hours. However, the wording of section 139A above is such that the offences could be committed on school premises even when the public do have access (e.g. a youth has a 10cm (4 inch) long knife at a public car boot sale being held on school playing fields on a Bank Holiday Monday). There is, therefore, some overlap with the older legislation concerning the possession of offensive weapons and sharp blades in public.

## **Appendix 2: Searching Guidelines, Powers and Definitions**

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### **Powers of teachers to search**

A member of the staff of a school may search a pupil or his possessions for articles and weapons where there are **reasonable grounds**<sup>1</sup> for suspecting that the pupil may have with him or in his possessions;

- a) an article to which section 139 of the Criminal Justice Act 1988 applies (knives and blades), and/or
- b) an offensive weapon (within the meaning of the Prevention of Crime Act 1953).

Several conditions are attached to the exercise of these powers. A search under this section may be carried out only where;

- a) the person carrying out the search is the head teacher of the school; or he/she has been authorised by the head teacher to carry out the search.
- a) the member of the staff and the pupil are on the premises of the school;
- b) they are elsewhere and the member of the staff has lawful control or charge of the pupil.

Nothing in any enactment, instrument or agreement shall be construed as authorising a Headteacher of a school to require a person other than a member of the staff of the school to carry out a search under this section.

### **Condition of Search Procedure**

A person who carries out a search of a pupil under this section;

- a) may not require the pupil to remove any clothing other than outer clothing;
- b) must be of the same sex as the student; and

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<sup>1</sup> There must be some bona fide justification for searching the individual concerned.



- c) may carry out the search only in the presence of another member of the staff who is also of the same sex as the student.

A student's possessions may not be searched under this section except in his/her presence and in the presence of another member of the staff.

If, in the course of a search under this section, the person carrying out the search he may seize and retain:

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A person who seizes anything under this act must deliver it to a police constable as soon as reasonably practicable – see paragraph xx.

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### **Use of Force to Conduct Search**

A person who exercises a power under this section may use such force as is reasonable in the circumstances for exercising that power. Any question of the use of force by a teacher to carry out such searches (whether of property or of the person) requires an examination of s.550A of the Education Act 1996. It states that:

a member of the staff of a school may use, in relation to any student at the school, such force as is reasonable in the circumstances for the purpose of preventing the student from doing (or continuing to do) any of the following, namely-

- (a) committing any offence,
- (b) causing personal injury to, or damage to the property of, any person (including the pupil himself);
- (c) engaging in any behaviour prejudicial to the maintenance of good order and discipline at the school or among any of its pupils, whether that behaviour occurs during a teaching session or otherwise."

### **Reasonable Force**

There is no legal definition of 'reasonable force'. So it is not possible to set out comprehensively when it is reasonable to use force, or the degree of force that may reasonably be used. It will always depend on all the circumstances of the case.

There are two relevant considerations:

- the use of force can be regarded as reasonable only if the circumstances of the particular incident warrant it. The use of any degree of force is unlawful if the particular circumstances do not warrant the use of physical force. Therefore physical force could not be justified to prevent a pupil from committing a trivial misdemeanour, or in a situation that clearly could be resolved without force.
- the degree of force employed must be in proportion to the circumstances of the incident and the seriousness of the behaviour or the consequences it is intended to prevent. Any force used should always be the minimum needed to achieve the desired result.

Whether it is reasonable to use force, and the degree of force that could reasonably be employed, might also depend on the age, understanding, and sex of the pupil.

Of course this power must be exercised with caution and the force used would have to be no more than necessary for achieving one of the aims stated in paragraphs (a) to (c) above. So for instance, a pupil who refused to open his desk could be removed from the classroom using reasonable force in order to facilitate the search of it.

Where searches of the pupil are concerned, it must be emphasised that the teacher will have to satisfy himself that there is some basis for engaging in this activity. It would for instance be acceptable to insist upon a search if the teacher had reason to believe that the pupil had in his possession controlled drugs or an offensive weapon: this would clearly come within the common law and be justified regarding the welfare of pupils, the maintenance of discipline and the prevention of the commission of an offence.

The Act allows all teachers at a school to use reasonable force to control or restrain pupils. It also allows other people to do so, in the same way as teachers, provided they have been authorised by the Headteacher to have control or charge of pupils.

### **All those authorised to use force should have training in safe restraint.**

Headteachers should identify people, other than teachers, whom they wish to authorise to have control or charge of pupils and therefore be able to use force if necessary. Authorisation may be on a permanent or long term basis because of the nature of the person's job, or short term for a specific event such as a school trip. The Headteacher should

explicitly inform the people concerned, and ensure that they are aware of and properly understand what the authorisation entails. To ensure that, Headteachers may find it helpful to arrange for a senior member of the teaching staff to provide training or guidance. They should keep an up-to-date list of authorised people and ensure the teachers know who they are.

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**Meeting:** Safer Communities Executive Board

**Date:** 15 October 2008

**Report Title:** Performance Against Key Targets : Quarter1 – Exception Report

**Report of:** Claire Kowalska, Community Safety Manager

**Purpose:**

This report is for information only

**Recommendations:**

That the Board note the new performance management arrangements and areas of concern for Quarter 1 under point 3 below.

**Financial/Legal Comments:**

N/A

**For more information contact:**

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 Title: Community Safety Manager  
 Tel: 0208 489 6949  
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**1. Background**

1.1 In June 2008, Haringey signed a revised Local Area Agreement (LAA) based on a new set of national indicators. The focus of this agreement is a core set of 35 improvement targets, which have been agreed with each theme board and will be monitored quarterly. To support this agreement, the Haringey Strategic Partnership has introduced a new quarterly monitoring and performance management system with effect from April 2008.

- 1.2 A brief overview and the exceptions from Quarter 1 are presented in the following report. A copy of the actual report is appended for information and is structured in two parts: A traffic light report (scorecard) against key targets; progress against projects and budget variance against the Safer Communities Area Based Grant. With effect from Quarter 2, the scorecard will be simplified and will focus only on the 6 improvement targets, agreed stretch targets and local targets. Corporate Policy & Performance will report on the wider targets of interest to this board on a bi-annual basis.
- 1.3 It should be noted that the current timing of the theme board meetings and availability of data and reports is out of line. This will be aligned from next year to allow more current and timely information to be considered by each board. It should also be noted that some targets are still being negotiated and that data for the majority of indicators was not available in Q1.

## **2. Performance against targets (Section 1)**

### **LAA Improvement targets**

- 2.1 The Safer Haringey Partnership is responsible for 6 of the 35 improvement targets. These are NI 15, 16, 21, 35, 40 and 111. Details are on the front page of the appendix.
- 2.2 NI 16 (serious acquisitive crime) is the only one for which both an agreed target existed and data was available. This target performed well in Q1 with an annual equivalent rate of 36.4 per 1,000 of the local population compared with a target of 37.6.
- 2.3 All other improvement targets will report progress in Quarter 2.

### **Stretch targets**

- 2.4 Prior to the new LAA, Haringey had an existing 3-year contractual arrangement with the Government to deliver stretched performance against two targets of particular local significance and can be found towards the back of the appendix in section 1. 2008/09 is year two of the agreement. Stretch targets attract pump priming funds and also performance reward grants. In some cases, a percentage achievement will attract a proportion of the reward.
- 2.5 The domestic violence target has two parts: Increased sanctioned detections and a reduction in incidents of repeat victimisation. Performance is exceptionally strong for sanctioned detections (currently running at 50% against a stretch target of 36%). However, the negotiated target for repeat victimisation is extremely challenging and has an erroneous baseline, which cannot be renegotiated. This is, therefore, highly unlikely to be met. The target is subject to a 60% reward against 60% performance but the board should expect to see a red flag against this area.
- 2.6 The reduction in personal robbery continues with very strong performance. Haringey's stretch target for robbery is 1,321 by year

end (2.6% reduction on the previous year). The annual equivalent of Q1 performance was 944, representing a reduction of 28.5%.

### **Local targets**

- 2.7 Safer Communities also has two local targets of interest which are not subject to the same level of scrutiny or reward as those above. These are: Victim Support services to children and young people and Re-offending rate of prolific and priority offenders (PPOs). The former has an agreed target and available data (see areas of concern below). Data for the latter will not be available until later in the year.

### **Bi-annual reporting**

- 2.8 All remaining indicators on the appendix are related to the work of Safer Communities directly or as a cross-cutting issue and progress will be reported bi-annually.

### **Areas for concern (Q1)**

- 2.9 The only areas for concern (Red) from the available data at the close of Q1 were: Victim Support services to children and young people and the repeat victimisation stretch target. In Q1, Victim Support had not yet recruited the two key youth workers to carry out this work. They have subsequently made successful appointments and we are working closely with them to ensure progress. We would expect to see results from Q3. The Safer Communities Performance Management Group will be assessing the potential for reaching 60% of the repeat victimisation target alongside other priorities at its forthcoming meeting.

## **3. Progress against projects and budget variance (Section 2)**

- 3.1 All projects are underway with funding on track. The main Q1 budget variances were showing against the Police Provision and Preventing Violent Extremism (PVE) allocations. The former was due to a delay in invoicing and is being addressed. The latter was due to late confirmation of the fund and the time required for project planning. The target for PVE is to reach a level 2 standard across a number of categories. Delivery is following the credited SARA model (Scan, Analyse, Respond and Assess) which corresponds with the four annual quarters. Realistically, we cannot expect to see the direction towards travel until Q3.

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## Quarterly Performance Review - 2008/09

Q1

## Section 1

	07/08	08/09	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD Progress	
<b>Safer Communities</b>								
<b>Improvement Target</b>	<b>NI 15</b>	<b>Serious violent crime rate</b>					<b>Lead: NS</b>	
	<i>Target</i>	No target set.						
	<i>Comment</i>	This is a new indicator for which baseline figures will be developed during the year.						
	<b>SCI</b>							
<b>Improvement Target</b>	<b>NI 16</b>	<b>Serious acquisitive crime rate</b>					<b>Lead: NS</b>	
	<i>Target</i>	37.6 per 1000 population (8,479 offences)						
	<i>Comment</i>	Quarter 1 annual equivalent performance is 36.4 per 1000 population (2,055). FY2007/08 outturn was 39.8 per 1000 population						
39.8 offences per 1000 population (8972)	<b>SCI</b>	<b>Green</b>						
		36.4 per 1000 pop.						
<b>Improvement Target</b>	<b>NI 21</b>	<b>Dealing with local concerns about anti-social behaviour and crime by the local council and police</b>					<b>Lead: CK</b>	
	<i>Target</i>	Baseline still to be confirmed by GOL						
	<i>Comment</i>	Information for this indicator will be monitored annually in the Place Survey.						
	<b>SCI</b>							
<b>Improvement Target</b>	<b>NI 35</b>	<b>Building resilience to violent extremism</b>					<b>LAA</b>	
	<i>Target</i>	The 2008/09 target is level 2					<b>Lead: SS</b>	
	<i>Comment</i>	This is an average of the following criteria; Understanding of, and engagement with, Muslim communities, Knowledge and understanding of the Preventing Violent Extremism agenda, Effective development of an action plan to build the resilience of communities and support vulnerable individuals and Effective oversight, delivery and evaluation of projects and actions						
	<b>SCI</b>							
<b>Improvement Target</b>	<b>NI 40</b>	<b>Drug users in effective treatment</b>					<b>Lead: MM</b>	
	<i>Target</i>	954 - 8% on baseline of 883 (Annual target)						
	<i>Comment</i>	Quarter 1 data won't be available until September 08, Qtr 2 data until December and so on, resulting in end of year (08/09) figure due August/September 2009. The most recent data available is 912 which covers the period March 07 - February 08, which is a 22% increase from same period last year.						
	<b>SCI</b>							
<b>Improvement Target</b>	<b>NI 111</b>	<b>First time entrants to the Youth Justice System aged 10 – 17</b>					<b>Lead: LJ</b>	
	<i>Target</i>	Direction of travel compared to same quarter last year (75.6%)						
	<i>Comment</i>	There was an 18.5% reduction in the number of first time entrants for the first quarter						
	<b>SCI</b>	<b>Green</b>						
		-18.5%						
	<b>NI 17</b>	<b>Perceptions of anti-social behaviour</b>					<b>Lead: CK</b>	
	<i>Target</i>	NA						
	<i>Comment</i>	This will be measured annually in the Place Survey.						
	<b>SCI</b>							

	<b>NI 18 Adult re-offending rates for those under probation supervision</b>	<b>Lead: MP</b>
Target	Not set	
Comment	London Probation is not in a position to supply reconviction figures to support LAA targets figures at present. LP state that reliable figures demonstrating a reduction in the number of offenders being reconvicted is extremely difficult. Even when figures are produced they are difficult to interpret. London Probation will make information on reconviction available as it comes through from NOMS. No date has been given for	
SCI		
	<b>NI 19 Rate of proven re-offending by young offenders</b>	<b>Lead: LJ</b>
Target	No target.	
Comment	Baseline to be submitted to YJB end September – cohort will be Jan – March 2007 figure	
SCI		
10.9 per 1000 population (2469 offences)	<b>NI 20 Assault with injury crime rate</b>	<b>Lead: NS</b>
Target	Baseline performance year. New indicator.	
Comment	Quarter 1 annual equivalent performance is 11.2 per 1000 population (634 offences). This is a 4.5% reduction on Q1 performance last year. FY2007/08 outturn was 10.9 per 1000 population. Traffic light not applicable	
SCI		
	<b>NI 26 Specialist support to victims of a serious sexual offence</b>	<b>Lead: NS</b>
Target	Not set. Under consultation	
Comment	Unlikely to go live until 2009/10	
SCI		
	<b>NI 27 Understanding of local concerns about anti-social behaviour and crime by the local council and police</b>	<b>Lead:CK</b>
Target	Baseline still to be confirmed	
Comment	Information for this indicator will be monitored in the annual Place Survey.	
SCI		
2.0 offences per 1000 population (441 offences)	<b>NI 28 Serious knife crime rate</b>	<b>Lead: NS</b>
Target	2008/09 target is 1.8 per 1000 population (417 offences)	
Comment	Quarter 1 annual equivalent performance is 1.6 per 1000 population (93 offences). FY2007/08 outturn was 2.0 per 1000 population.	
SCI	Green 1.6 per 1000 pop.	
0.6 offences per 1000 population	<b>NI 29 Gun crime rate</b>	<b>Lead: NS</b>
Target	0.5 offences per 1000 population (124 offences)	
Comment	Quarter 1 annual equivalent performance is 0.4 per 1000 population (22 offences). FY2007/08 outturn was 0.6 per 1000 population.	
SCI	Green 0.4 per 1000 pop.	
376	<b>NI 33 Arson incidents</b>	<b>Lead: NS</b>
Target	2008/09 target is 360	
Comment	Quarter 1 annual equivalent performance is 312 (78 offences for April - June) FY2007/08 was 376. These figures are sourced from Haringey Fire Service	
SCI	Green 312	
	<b>NI 34 Domestic violence – murder</b>	<b>Lead: NS</b>
Target	NA	

	Comment <b>SCI</b>	Quarter 1 performance: 0 DV related murders.				
	<b>NI 36</b>	<b>Protection against terrorist attack</b>				<b>Lead: JC</b>
	Target	There is no existing data				
	Comment	This is an APACS indicator and will be trialled and evaluated during 2008/09. As a consequence, it will not be published in APACS or used for assessment in APACS in 2008/09.				
	<b>SCI</b>					
	<b>NI 37</b>	<b>Awareness of civil protection arrangements in the local area</b>				<b>Lead: JC</b>
	Target	No target set, baseline figure currently being calculated.				
	Comment	Annual return from the Place Survey				
	<b>SCI</b>					
	<b>NI 39</b>	<b>Alcohol-harm related hospital admission rates</b>				<b>Lead: MM</b>
	Target	1% reduction in the rate of alcohol-related admissions per 100,000 population (EASR) based on baseline of 1342 (06-07). This equates to 1579 (2008/09)				
	Comment	Quarter 1 data not currently available. Currently awaiting Dept of Health figures to be released.				
	<b>SCI</b>					
	<b>NI 41</b>	<b>Perceptions of drunk or rowdy behaviour as a problem</b>				<b>Lead: CK</b>
	Target	No target set				
	Comment	Information for this indicator will be monitored in the Place Survey.				
	<b>SCI</b>					
	<b>NI 42</b>	<b>Perceptions of drug use or drug dealing as a problem</b>				<b>Lead: MM</b>
	Target	No target set				
	Comment	Discussions are still underway on the reporting frequency and data collection method to ensure that meaningful data is available on this indicator for use in APACS. Source data will be the Place Survey				
	<b>SCI</b>					
	<b>NI 43</b>	<b>Young people within the Youth Justice System receiving a conviction in court who are sentenced to custody</b>				<b>Lead: LJ</b>
	Target	Direction of travel compared to same quarter previous year (8.8%)				
	Comment	Relates to the % of all disposals that are custodial sentences (lower is better)				
	<b>SCI</b>	Green				
		7.7%				
	<b>NI 44</b>	<b>Ethnic composition of offenders on Youth Justice System disposals</b>				<b>Lead: LJ</b>
	Target	Annual indicator				
	Comment	Ethnicity of caseload is compared to 2001 census which is considered inaccurate and now out of date. Awaiting update from YOS				
	<b>SCI</b>	N/A				
	<b>NI 45</b>	<b>Young offenders engagement in suitable education, employment or training</b>				<b>Lead: LJ</b>
	Target	Direction of travel compared to same quarter last year (75.6%)				
	Comment	Quarter 1 performance: 70% Relates to % of young people in full time education, training or employment by the conclusion of their intervention. Full-time is regarded as 25 hours per week				
	<b>SCI</b>	Green				
		75.7%				

	<p><b>NI 46 Young offenders access to suitable accommodation</b></p> <p><i>Target</i> Direction of travel compared to same quarter last year (95.7%)</p> <p><i>Comment</i> % of young people in suitable accommodation by the conclusion of their intervention. Bed &amp; breakfast, hostel, homelessness or at risk all constitute unsuitable accommodation</p>	<p><b>Lead: LJ</b></p>
	<p><b>SCI</b> <b>Green</b></p> <p>95.9%</p>	
	<p><b>NI 47 People killed or seriously injured in road traffic accidents</b></p> <p><i>Target</i> FY2008/09 target: 102</p> <p><i>Comment</i> Quarter 1 return (April and May only): 9 (Annual equivalent 54)</p>	<p><b>Lead: Tony Kennedy (Road Safety Engineer)</b></p>
	<p><b>Green</b></p> <p>54</p>	
	<p><b>NI 48 Children killed or seriously injured in road traffic accidents</b></p> <p><i>Target</i> FY2008/09 target: 11</p> <p><i>Comment</i> Quarter 1 return (April and May only): 2 (Annual equivalent 12)</p>	<p><b>Lead: Tony Kennedy (Road Safety Engineer)</b></p>
	<p><b>Amber</b></p> <p>12</p>	
484 primary fires 54 non-fatal casualties	<p><b>NI 49 Number of primary fires and related fatalities and non-fatal casualties, excluding precautionary checks</b></p> <p><i>Target</i> Primary fires target: 2.1 per 1000 population (482 primary fires) Total fatalities target: 0 Non fatal casualties: 0.2 per 1000 population (47 primary fire injuries)</p> <p><b>This indicator has 3 parts i.e. primary fires, fatalities and non fatalities .</b> Quarter 1 performance (annual equivalent) for; Primary fires: 1.7 per 1000 population (100 actual fires) Green traffic light Total fatalities: 0 Green traffic light Non fatal casualties: 0.2 per 1000 population (13 actual non fatalities) Amber traffic</p>	<p><b>Lead: JB</b></p>
	<p><b>SCI</b> <b>Green</b></p> <p>See above</p>	
	<p><b>NI 115 Substance misuse by young people</b></p> <p><i>Target</i> No target set, no data currently available</p> <p><i>Comment</i> This is a new indicator, collected annually by academic year. Awaiting results of OFSTED 'TellUs' survey of year 6, 8 &amp; 10 students. Survey completed but results not yet released.</p>	<p><b>Lead: CYP (Jennifer James)</b></p>
	<p><b>NI 117 16 to 18 year olds who are not in education, training or employment (NEET)</b></p> <p><i>Target</i> 2008/09 target is 11%</p> <p><i>Comment</i> Quarter 1 performance (April - May only) is 8.4%. FY2007/08 outturn was 10.4%.</p>	<p><b>Lead: CYP (Christine George)TBC</b></p>
	<p><b>Green</b></p> <p>8.4%</p>	
54%	<p><b>NI 143 Offenders under probation supervision living in settled and suitable accommodation at the end of their order or licence</b></p> <p><i>Target</i> 70%. This is a pan-London target</p> <p><i>Comment</i> Haringey returns are currently unavailable. These figures relate to pan-London performance. We will be working with Probation partners to try and set local baselines.</p>	<p><b>Lead: MP</b></p>
	<p><b>SCI</b></p>	

27%	<b>NI 144</b>	<b>Offenders under probation supervision in employment at the end of their order or licence</b>	<b>Lead: MP</b>
	Target	40%. This is a pan-London target	
	Comment	Haringey returns are currently unavailable. These figures relate to pan-London performance. We will be working with Probation partners to try and set local baselines. Most recent data shows 33% for FY 2006/07 (sourced from the council scorecard)	
	SCI		
240 repeat incidents	Stretch target	<b>Reduction of repeat domestic violence victimisation incidents</b>	<b>Lead: NS</b>
	Target	176 repeats (Annual target based on a rolling 12-month figure)	
	Comment	Quarter 1 performance is 217 repeat DV reports. This is a rolling annual return and represents the number of repeat incidents in a 12-month period. There were 240 repeat reports for the period March 2008 to April 2007	
	SCI	Red	
		217	
51.40%	Stretch target	<b>Number of incidents of domestic violence that result in sanction detections</b>	<b>Lead: NS</b>
	Target	2008/09 target is 36%	
	Comment	Quarter 1 performance is 49.8% The Q1 performance is based on the period 01/04/08 - 29/06/08 (522 DV incidents of which 260 resulted in a sanction detection)	
	SCI	Green	
		49.8%	
1,503	Stretch target	<b>Reduction in personal robbery</b>	<b>Lead: NS</b>
	Target	1321 offences (2.6% reduction)	
	Comment	Quarter 1 annual equivalent performance is 944 (263 offences April- June) This is a 38.8% reduction on quarter 1 performance last year.	
	SCI	Green	
		944	
LOCAL	Local indicator	<b>Victim support services for children and young people</b>	<b>Lead: JC</b>
	Target	2008/09 target is 2,852 (2% increase on 2007/08 baseline)	
	Comment	Quarter 1 performance is 641 referrals. This indicator is being measured by the number of young people engaged relative to the 2007/08 baseline (2,796) The notable factor affecting Q1 performance was a delay in recruitment. This has been resolved but the full effect is unlikely to show until later in the year.	
	SCI	Red	
		641	
LOCAL	Local Indicator	<b>Re-offending rate of prolific and priority offenders</b>	<b>Lead: MP</b>
	Target	Annual target is for PPO rate not to exceed a 19% ceiling	
	Comment	This is not a LAA indicator. Quarterly data unavailable. Annual reporting. No data available until probably November. Data sourced from PPO convictions on the Police National Computer (PNC)	
	SCI		
Cross Cutting	<b>N1</b>	<b>% of people who believe people from different backgrounds get on well together in their local area</b>	<b>Lead: HSP PMG</b>
	Target	Baseline still to be confirmed	
	Comment	Information for this indicator will be monitored from the Place Survey	
Cross Cutting	<b>N12</b>	<b>Refused and deferred houses in multiple occupation (HMO) license</b>	<b>HSP PMG</b>

	Target	NA		
	Comment	This indicator has been deferred to next year 2009/10		
<b>Cross Cutting</b>	<b>NI 22</b>	<b>Perceptions of parents taking responsibility for the behaviour of their children in their area [Cross Cutting]</b>		<b>HSP PMG</b>
	Target	Baseline still to be confirmed		
	Comment	Quarterly return currently not available.		
	<b>SCI</b>			
<b>Cross Cutting</b>	<b>NI 23</b>	<b>Perceptions that people in the area treat one another with respect and dignity [Cross Cutting]</b>		<b>HSP PMG</b>
	Target	Baseline still to be confirmed		
	Comment	Quarterly return currently not available.		
	<b>SCI</b>			

<b>Projects</b>		<b>Section 2</b>	
<b>Ref</b>	<b>Name</b>	<b>Overall progress</b>	<b>Budget variance £'000s</b>
	Community Safety CCTV Management	Green	£0.0
	Partnership Boards Annual Delivery Plans	Green	£0.0
	ASBAT Intervention Support	Green	-£8692.0
	Haringey Police Provision	Green	-£31236.0
	Safer Communities Provision	Green	£0.0
	Anti Burglary Support Project (Reduce Acquisitive Crime)	Green	£0.0
	Addressing & Reducing Domestic Violence	Green	£1762.0
	Victim Support	Green	£0.0
	Youth Offending Service - Asylum Worker	Green	-£1879.0
	Preventing Violent Extremism Fund	Green	-£11000.0
	ASBAT	Green	-£1185.0
	ASB Grant	Green	£0.0
	DAAT Partnership Support Grant	Green	-£1.0







**Meeting:** Safer Communities Executive Board

**Date:** 15 October 2008

**Report Title:** Dying For A Drink? -Haringey's Alcohol Harm Reduction Strategy 2008-11

**Report of:** Marion Morris - Drug & Alcohol Strategy Manager  
Policy, Partnerships, Performance & Communications

## 1. Summary: Why a Strategy?

- 1.1 The policy context for the development of Haringey's alcohol strategy is:
- It is a statutory duty under the Crime and Disorder Act (1998) for Crime and Disorder Reduction Partnerships to have strategies in place that as a minimum tackle alcohol related crime and ASB.
  - The governments updated national alcohol strategy Safe.Sensible.Social calls for strategies that go beyond this narrow focus to address health related harms and the impact of alcohol on children and families (the approach that Haringey has taken)
  - For the first time ever we have a PSA to reduce alcohol (and drug) related harm PSA 25
  - Haringey has chosen one of the indicators that sit underneath this PSA NI39 – reducing alcohol related hospital admissions as one of its 35 improvement targets in our Local Area Agreement.
- 1.2 In addition alcohol is a cross cutting issue – impacts on most of the issues the borough is trying to tackle. It is core business for most - but low on the agenda – having a strategy will put more of a focus on this issue and bring in the necessary resources to tackle the high level of harm caused by alcohol.

## 2. How was the strategy developed?

- 2.1 The strategy was developed over a five months period from April 08 – August 08, through interviews with stakeholders, via area assemblies, and a conference in July 08.
- 2.2 It incorporates the findings of a review of local alcohol related problems and takes into account available alcohol related data.  
This new strategy for 2008-11 builds upon our original strategy that ended in March 2008, and takes into account new statutory duties and guidance.
- 2.3 Its aims are to: tackle the health and social harms alcohol causes, as well as alcohol-related crime and anti-social behaviour.

**3. Significant issues**

- 3.1 Haringey has the highest rate of male alcohol-related mortality in London
- 3.2 Alcohol-related hospital admissions rates have more than doubled over a five year period from 2002/03-2006/07. This is part of a regional and national trend, but none the less still of great concern.
- 3.3 Alcohol is also linked to violent crime in the borough, as well as anti-social behaviour such as street drinking.
- 3.4 Parental drinking is a factor in a number of cases focused on child protection.
- 3.5 The new Local Area Agreement includes a target to reduce alcohol-related hospital admissions. The strategy addresses this, along with a number of other targets where alcohol misuse is a contributory factor.

**4. Key Actions for SCEB**

- Provide training for enforcement agencies on new powers to address alcohol-related ASB Enforcement Service
- Agree a joint alcohol enforcement protocol for inclusion in the council Enforcement Policy Enforcement Service
- Agree and implement a multi-agency approach to the alcohol control zones. This will include: ensuring all enforcement officers are clear about their powers; ensuring support agencies are involved (HAGA, employment, housing etc); CCTV are aware of zones and any particular issues;
- Information on the Alcohol Control Zones to be clear, sources of support available (egg leaflets/cards to be readily accessible, ensuring enforcement officers have alcohol awareness training (because alcohol withdrawal can be fatal)
- Integrate fire safety messages as appropriate into alcohol prevention and information, and improve links between fire service and substance misuse agencies where vulnerable adults are concerned – to help reduce accidental dwelling fire
- Support survivors of Domestic Violence who have substance use issues by exploring potential for greater integration of Domestic Violence into drug and alcohol work, including alcohol arrest referral schemes
- Support survivors of Domestic Violence who have substance use issues by providing surgeries at Hearthstone by an alcohol and Domestic Violence specialist worker
- Support survivors of Domestic Violence who have substance use issues by providing Stella project training to substance misuse workers and frontline Domestic Violence workers
- Agree and implement a communications strategy to ensure all activity related to alcohol harm reduction is suitably communicated and coordinated across the relevant partnership boards and agencies
- To adopt area based working /problem solving approach to alcohol related ASB /environ-crime/crime issues.

## **5. Strategic Framework/Monitoring and Evaluation**

5.1 To be effective in reducing alcohol-related harm, there needs to be a coordinated response from a wide variety of organisations – this is not just an issue for enforcement agencies, or for the health service. The strategy proposes a strategic framework that places different strands of activity within the relevant HSP thematic board to manage delivery.

5.2 The strategy objectives fall within the remit of three of Haringey Strategic Partnerships thematic boards: Safer Communities, Well-being and Children and Young People. The implementation plan is therefore split across all of them, with each board responsible for the delivery of the appropriate actions. An alcohol strategy group sitting under the DAAT will have oversight of the implementation plan as a whole, and will be responsible for evaluating the overall effectiveness of the strategy and for reviewing the implementation plan on an annual basis.

## **6. Recommendations:**

6.1 To approve the strategy and action Plan and support the proposed monitoring and evaluation framework for delivery.

6.2 To agree the proposed title for the strategy Dying For a Drink?

6.3. To note that the DAAT have been successful in its application to GoL for National Partnership Improvement Funding. This 15k will essentially help us mainstream some of the key activity across the partnership and drive through the delivery of the action plan.

## **7. Legal Comments:**

7.1 Section 6 of the *Crime and Disorder Act 1998* places a duty on the Council, together with the local police authority, chief officer of police, fire and rescue authority and primary care trust, to formulate and implement strategies designed to reduce crime and disorder and to combat the misuse of alcohol (and other substance abuse) in the local authority area. This strategy has been drafted in accordance with that duty.

### **Financial Implications**

7.2 To be effective existing projects such as outreach with street drinkers, COSMIC and HAGA need to be maintained. Additional resources will also be needed to commission initiatives that specifically help the borough reduce alcohol related hospital admission rates and address capacity issues within the residential alcohol treatment budget.

7.3 The new indicative health costs for delivering the strategy are in the region of 200 – 250K. The TPCT have earmarked 250k in its investment strategy for 2009/10 to deliver the alcohol strategy. Detailed costings for delivery will not be known until the action plan to reduce alcohol related hospital admissions has been more fully developed. The focus will be on

expanding alcohol related screening and brief interventions in primary care, A & E and ward based settings, along with a prevention plan consisting of social marketing, health promotion, awareness training for generic health and social care professionals and targeted work for key identified communities.

7.4A further 100k is needed to meet the demand for residential treatment for people with complex alcohol problems. A bid has been put forward by ACCS as part of the Councils pre-business planning review process.

7.5The SCEB PMG will also need to consider how we better monitor the extent of alcohol related violence, which may require some additional resources.

7.6. Final CFO comment to be inserted in report going to scrutiny on 27<sup>th</sup> and Cabinet on the 18<sup>th</sup> November.

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## Dying for a drink?

# Haringey alcohol harm reduction strategy 2008-11

Draft v9

## 1. Executive Summary

### 1.1 The need for an alcohol strategy

There is a statutory duty on Crime and Disorder Reduction Partnerships to have a strategy that addresses alcohol-related crime and disorder. Government guidance, in line with the national alcohol strategy *Safe. Sensible. Social.*, calls for strategies that go beyond a crime focus and also address health harms and the impact of alcohol on children and families - which is the approach this strategy adopts.

Haringey has the highest rate of male alcohol-related mortality in London, and as is the case elsewhere, rising rates of alcohol-related hospital admissions. Alcohol is also linked to domestic violence and other violent crime in the borough, as well as anti-social behaviour such as street drinking. Parental drinking is a factor in a number of cases focused on the protection of children..

This strategy builds on Haringey's Alcohol Harm Reduction Strategy 2005/08 and addresses alcohol-related harms by coordinating existing activity better, improving our understanding of the issues, and developing new responses to the problems.

### 1.2 Key aims and objectives

The overarching strategic aim is:

**To minimise the health and social harms, violence and anti-social behaviour associated with alcohol, while ensuring that people are able to enjoy alcohol safely and responsibly.**

Objectives of the strategy are:

- to reduce alcohol-related crime, especially violent crime, and anti-social behaviour
- to reduce the levels of chronic and acute ill-health caused by alcohol, resulting in fewer alcohol-related accidents and hospital admissions
- to prevent alcohol-related harm to children and young people
- to raise awareness of sensible drinking

### 1.3 Strategic framework

The strategy objectives fall within the remit of three of Haringey Strategic Partnerships thematic boards: Safer Communities, Well-being and Children and Young People. The implementation plan is therefore split across all of them, with each board responsible for the delivery of the appropriate actions.

An alcohol strategy group sitting under the DAAT will have oversight of the implementation plan as a whole, and will be responsible for evaluating the

effectiveness of the strategy and for reviewing the implementation plan on an annual basis.

## 1.4 Monitoring and Evaluation

Actions within the strategy are incorporated into the action plans of various boards that report into the HSP via its thematic partnerships. The existing performance management and monitoring structures within those partnerships will monitor and evaluate the individual activities and initiatives they are responsible for. The Drug and Alcohol Action Team's Alcohol Strategy Group will co-ordinate and evaluate the overall effectiveness of the strategy reporting into the Cabinet Member for Enforcement and Safer Communities.

## 1.5 Outline of targets

The strategy is linked to the following targets:

Indicator	Baseline	Target 2010/11
NI 21: Dealing with local concerns about anti-social behaviour and crime by the local council and police	24%	28% feel very or fairly well informed
NI 39 and VSC26: Alcohol-related hospital admissions	1342 (06/07)	1824 (a 1% reduction each year in the underlying upward trend)
NI 111: First time entrants to the Youth Justice System aged 10-17	373	tba
NI 112: Under 18 conception rate	59	tba
NI 113: Prevalence of Chlamydia in under 20 year olds	15%	15% (screened or tested)
NI 121: Mortality rate from all circulatory diseases at ages under 75	98 per 100,000 (07/08)	92
NI 195: Improved street and environmental cleanliness (levels of a. graffiti, b. litter, c. detritus and d. fly-posting)	a. 21% b. 32% c. 3% d. 3% (2006/07)	a. 12% b. 24% c. 3% <b>d. 2%</b>
Local target: Repeat victimisation of domestic violence (2007-2010 stretch target)	201 (05/06)	156
Local target: Number of accidental dwelling fires (2007 –2010 stretch target)	248 (05/06)	230 (stretch target ends 2010)

## 2. Background

### 2.1 Introduction

Alcohol can play an important and positive role in British society but alcohol misuse can harm individuals, families and the wider community. The economic impact of alcohol misuse is around £20bn per year for England and Wales.

In June 2007 the Government published *Safe. Sensible. Social. The next steps in the National Alcohol Strategy*, which builds on the strategy for England it produced in 2004. *Safe. Sensible. Social.* restates the Government's long term aim, which is to minimise the health harms, violence, crime and anti-social behaviour associated with alcohol, while ensuring that people are able to enjoy alcohol safely and responsibly. It has three overarching goals:

- to reduce the levels of alcohol-related violent crime, disorder and anti-social behaviour
- to reduce the percentage of the public who perceive drunk and rowdy behaviour to be a problem in their area
- to reduce chronic and acute ill health caused by alcohol, resulting in fewer alcohol-related accidents and hospital admissions

These goals are reflected in a new Public Service Agreement (PSA) for alcohol, which for the first time commits the Government to reducing alcohol-related harm. Associated with the PSA is a new statutory duty on Crime and Disorder Reduction Partnerships to put in place a local strategy to tackle alcohol-related crime and antisocial behaviour. Guidance from the Home Office, Department of Health and the Department for Children, Schools and Families says that it is best practice for these local strategies also to address health harm and the impact of alcohol on children and families.

In Haringey, the Drug and Alcohol Action Team produced, with partner agencies, a three-year alcohol harm reduction strategy in 2005. This document updates and replaces the 2005-08 strategy. It takes into account *Safe. Sensible. Social.* and associated new duties and guidance, and incorporates the findings of a review of local alcohol-related problems and concerns. It was developed by Ranzetta Consulting for the DAAT during Spring 2008 through discussion with stakeholders and a conference in July.

The findings of a review of teenagers' alcohol and drug use, commissioned by the Overview and Scrutiny Committee in summer 2008 will be incorporated into the Young People's Specialist Substance Misuse Treatment Plan 09/10.

### 2.2 Alcohol-related harm in Haringey

#### 2.2.1 Borough profile

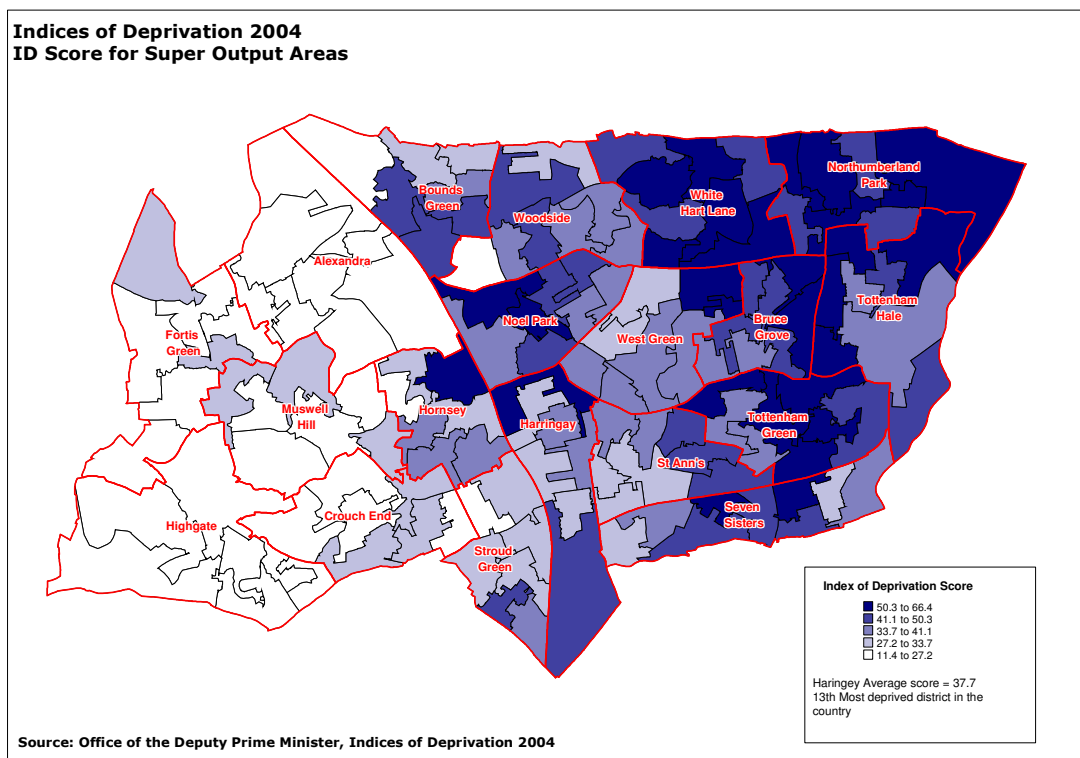
The borough's population has grown by 8.4% since 1991 and is projected to grow by a further 12.6% by 2016 to 233,125. In the 2001 Census, 34.4% of residents were from 'non-white' communities. Many of the ethnic groups in Haringey are white. When 'other white' born in Eastern Europe and the Middle East, White Irish and 'other white' born in the UK and Ireland are included in the definition of black and ethnic minorities then almost 49% of Haringey's population is from black and ethnic minority communities.

Haringey continues to attract large numbers of international migrants. National Insurance Number registrations give an indication as to the changing profile of entry of legal, working age migrants into Haringey. The top three countries of

origin for new registrations between 2002/03 and 2006/07 were Poland (8770 registrations), Turkey (1980) and Italy (1350),

Using the Index of Multiple Deprivation, Haringey is the 18th most deprived authority nationally and the 5th most deprived authority in London. 27% of Haringey's Super Output Areas (SOAs) are amongst the 10% most deprived in the country. These SOAs are concentrated in the east of the borough, mainly in White Hart Lane and Northumberland Park (see figure 1 below).

Figure 1



## 2.2.2 Prevalence of alcohol use and misuse

### Adults 16 to 64

On average Londoners drink less often than the rest of the population in England, and fewer drink above the recommended sensible limits (see box 1). The 2004 General Household Survey (GHS) found that:

- 32% of men in London reported drinking above sensible limits (compared with 39% in England as a whole)
- 15% of women in London reported drinking above sensible limits (22% for England)

These percentages should be treated with caution as they are based on self-reported consumption, and people often understate the amount they drink.

The Department of Health's 2005 *Alcohol Needs Assessment Research Project* found that a smaller percentage of Londoners are hazardous or harmful drinkers (see box 1 for definitions) than in England as a whole, but a higher proportion of Londoners are dependent drinkers, as follows:



- 21% of adult Londoners (16 to 64) are hazardous or harmful drinkers (compared with 23% in England)
- 5% of adult Londoners are dependent drinkers (4% for England)

For Haringey, this suggests that (based on ONS 2001 population figures):

- **31,653 adults aged 16 to 64 are hazardous or harmful drinkers**
- **7,536 adults aged 16 to 64 are alcohol dependent**

The North West Public Health Observatory (NWPHO) has produced synthetic estimates of harmful drinking, defined as consumption of more than 50 units of alcohol per week for males, and more than 35 units of alcohol per week for females. For Haringey the proportion is 6.17%. Therefore:

- **10,065 adults are drinking at harmful levels**

#### **Box 1: sensible limits and definitions of drinking levels**

*Sensible drinking:* no more than 3-4 units a day for men, and no more than 2-3 units a day for women.

*Binge drinking:* 8 or more units of alcohol for men, and 6 or more units of alcohol for women on their heaviest drinking day in the past week.

*Hazardous drinking:* drinking above recognised 'sensible' levels but not yet experiencing harm.

*Harmful drinking:* drinking above 'sensible' levels and experiencing harm.

*Alcohol dependence:* drinking above 'sensible' levels and experiencing harm and symptoms of dependence.

### **Older people**

A Scottish study<sup>1</sup> on alcohol and older people reported survey evidence that older people drink lower quantities of alcohol than younger people. There is evidence that the pattern of drinking changes – as people get older they are likely to drink more frequently, but to consume less per day. Over recent years, the number of older people who exceed recommended levels appears to be increasing.

The prevalence of problematic drinking in Haringey amongst older people is not known at present, but anecdotal evidence suggests it is worth investigation.

### **Children**

On average young Londoners (aged 11-15) drink less often than young people in England. In 2000 the survey of smoking, drinking and drug use in young people (Information Centre) found that:

- 17% of boys in London had drunk in the last week, compared with 25% in England
- 14% of girls in London had drunk in the last week (23% in England)

<sup>1</sup> Alcohol and Ageing: Is alcohol a major threat to healthy ageing for the baby boomers? NHS Health Scotland, 2006

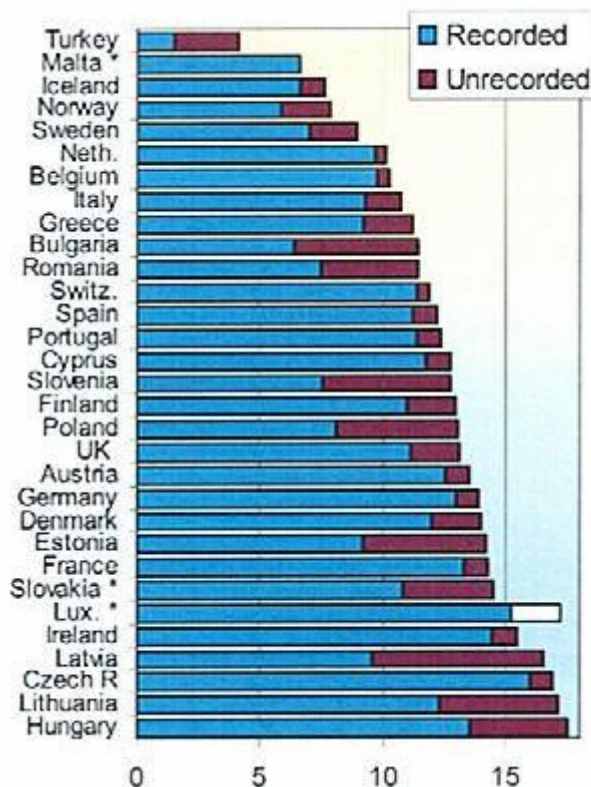
The 2006 survey found that in England the prevalence of drinking alcohol in the last week had declined to 20% of girls and 21% of boys. It also found that the mean alcohol consumption per week of 11 to 15 year olds who had drunk in the last week was 12.3 units for boys and 10.5 for girls (in England).

### Ethnic differentials in alcohol use

In 2004 the Health Survey for England found that people from many ethnic minority groups in England (Indian, Pakistani, Bangladeshi, Black Caribbean and Black African) were on average more likely to be non-drinkers and less likely to drink above recommended levels or to binge drink than the general population. People from the Irish group, however, were more likely to drink above recommended levels and to binge drink than the general population. It is not known whether this is a contributory factor in the high rates of alcohol related deaths in the borough – and it will require further investigation.

Figure 2 shows how per capita alcohol consumption varies across Europe. Poland, from which Haringey has by far the highest rates of inward economic migration (see 2.2.1 above) has similar consumption rates to the UK.

**Figure 2: Adult alcohol consumption in European countries (litres per year per person 15+)** Source: Alcohol in Europe, Institute of Alcohol Studies, 2006

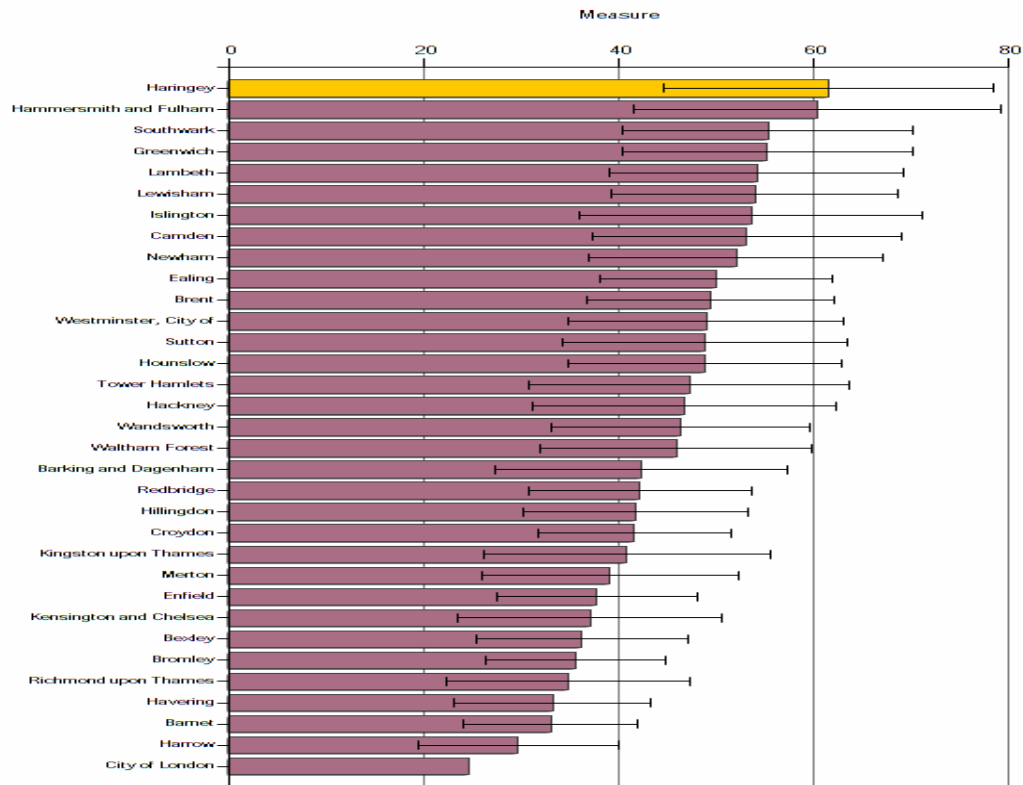


### Socio-economic differentials in alcohol use

Per capita consumption and alcohol-related harm are closely correlated at population level, but the harm an individual suffers as result of alcohol misuse depends on the context in which they drink as well as the amount they drink. An individual with low socio-economic status is likely to suffer more harm (through factors such as poorer nutrition, financial problems, less secure employment) than somebody of higher status who is drinking the same amount (London Health Observatory briefing on alcohol and Choosing Health, 2006).

### 2.2.3 Health harm

According to data collated by the North West Public Health Observatory for 2005, Haringey has a significantly worse mortality rate for chronic liver disease than the English average. Haringey has the highest male mortality rate in London from alcohol-attributable causes (figure 3), and the 18<sup>th</sup> highest for females.



**Figure 3: alcohol-attributable mortality, males (2005) (source: NWPHO)**

Hospital admissions for alcohol-related conditions more than doubled from 2002/03 to 2006/07. The current rate of increase in admissions is projected to see Haringey match the higher London and English rate by 2010/11 if left unchecked.

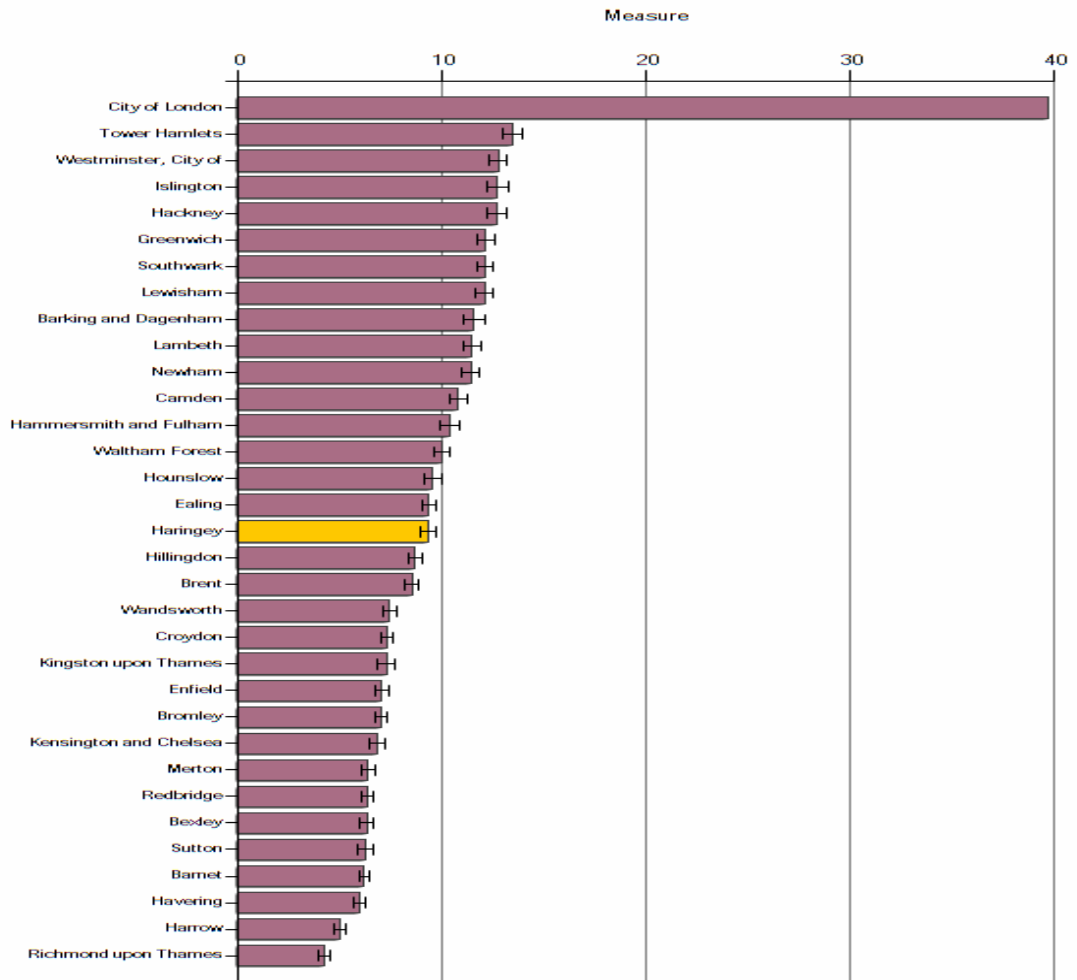
An audit of all patients attending North Middlesex A&E department during a 10 day period in March 2007 found that 52% of male patients and 21% of female were AUDIT C positive – ie drinking at hazardous levels. The AUDIT C scores for 13% of all patients indicated dependent drinking.

Alcohol is often used problematically by people with mental health problems, which can seriously affect the ability of services to assess, treat and care for patients safely and effectively. The use and alcohol can make symptoms worse and trigger acute illness relapse. Local data from the Dual Diagnosis Service shows that 26% of patients triaged during the 6 month period from September 07 were alcohol users.

**2.2.4 Alcohol-related crime and anti-social behaviour  
Crime**

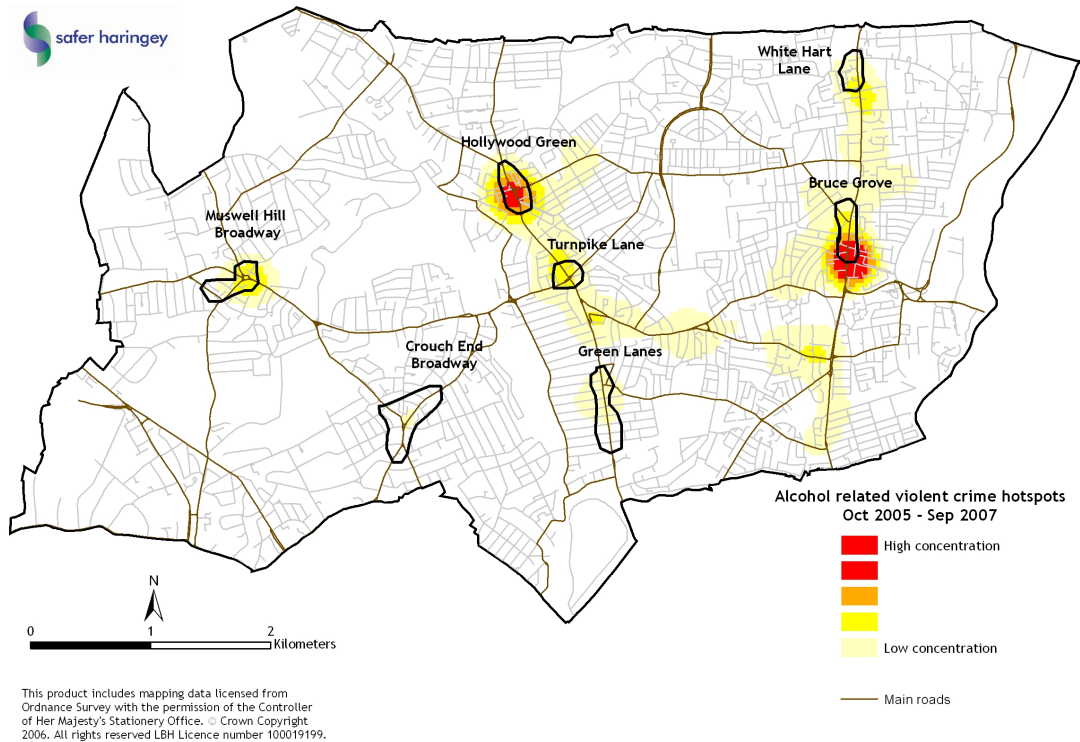
North West Public Health Observatory data suggests that Haringey is ranked seventeenth highest in London for alcohol-related violence (crude rate per 1,000 population) (see figure 4 below).

**Figure 4: alcohol-related violent crime 2006/07**



Analysis of crime statistics for 2005/06 and 2006/07 indicates that alcohol-related violence accounted for 10% of all violence in Haringey, and less than 2% of all offences. However, under-recording of the involvement of alcohol in crime is common in London and elsewhere, so 10% is probably lower than the true figure. Actual bodily harm (ABH) was the most common alcohol-related violence against the person offence (50%), followed by harassment (24%) and common assault (15%).

The map below shows hotspots of alcohol related crime in Haringey for the period of October 2005 to September 2007. The areas highlighted with a black border have the greatest concentration of licensed premises.



There are clear reads across to the ASB/environmental crime and waste management agenda (Public Realm Management) strategy in that alcohol related ASB/crime hotspots are in the same areas where waste management have issues. Through this alcohol strategy we will ensure that these issues are effectively targeted and tackled.

Of the 688 *crime-related* hospital admissions of Haringey residents during January to October 2006, 245 (36%) were also alcohol-related. Of these, 21 admissions (3%) were flagged as violence-related.

### Domestic and gender based violence

The links between substance misuse and domestic violence are well known; the *Crime in England and Wales 2001/2* survey found that domestic violence victims reported 45% of perpetrators were under the influence of alcohol at the time of the assault. Further, national research suggests between 35% and 70% of survivors of domestic violence misuse drugs and alcohol.

Domestic violence constitutes 30 per cent of all violent crime in Haringey. In 2006/7 the police recorded 3310 incidents of Domestic Violence in Haringey which amounts to a decrease of almost 10% compared to the previous year. 2006-07 saw no Domestic Violence murders in Haringey. Wards in the east of the borough were by far the worst affected by Domestic Violence. Some contributing factors are higher levels of deprivation and high density housing.

Of the 1,135 referrals to Haringey's domestic violence service, Heathstone, in 2006/07 192 cases involved alcohol use by the perpetrator (17%), and 42 cases where the victim was using alcohol problematically (4%).

There were 238 sexual offences in Haringey in 2006/07, and just under a quarter were rape with the remaining classified as 'other sexual', mostly sexual assaults. 20% (48) of all sexual offences were recorded as alcohol-related where the victim or suspect had been drinking at the time of the offence. 14% (26) of other sexual offences and 38% of rapes (22) were alcohol-related.

For rape where alcohol was involved, a third of the victims had been drinking prior to the offence, and 12% of the suspects (see table below)

	Been drinking...			Total
	Suspect	Victim	Both	
Other sexual	8.9%	7.2%	1.7%	<b>180</b>
Rape	12.1%	32.8%	6.9%	<b>58</b>
<b>Total</b>	<b>9.7%</b>	<b>13.4%</b>	<b>2.9%</b>	<b>238</b>

The wards disproportionately affected by alcohol-related violence including domestic and gender based violence are Tottenham Green, Noel Park, Northumberland Park and Tottenham Hale. Alcohol-related violence tends to occur most often during the weekend and generally in the early hours of the morning or evening; the times when people tend to be out, or at home, drinking.

### Anti-social behaviour

Anecdotal evidence from a June 2008 survey of Safer Neighbourhood Team sergeants and ward panel chairs found that the main areas of continuing concern are:

- **street drinking**: the problems associated with street drinking are not new, and include intimidation, litter, noise and public urination.
- **young people drinking in public places**
- **rowdiness associated with licensed premises**. It should be noted that enforcement officers consulted as part of the strategy development felt that the level of problems associated with licensed premises is low relative to other London boroughs.

Haringey ranked 8<sup>th</sup> lowest (ie 8<sup>th</sup> best) in London for percentage of residents saying that people being drunk and rowdy in public spaces is a problem (31%) in the Best Value Performance Indicators Survey 2006/07.

### Fire deaths

Research for London Fire Brigade into fire deaths during 1996-2000 found that nearly a third of accidental dwelling fire victims had some alcohol measured in their bloodstream. Haringey had the 8<sup>th</sup> highest fatality rate for accidental dwelling fires in London over this period, with 9.9 deaths per million population.

The numbers are small, but it should be noted that alcohol intoxication is associated with accidental fire in general, and not just with relatively rare fatal fires. People who have been drinking are more likely to cause a fire, whilst their ability to escape is impaired.

## 2.2.5 Impact of alcohol misuse on children and families

Problem drinking can affect all aspects of family functioning, with seven key areas of family life being adversely affected, including its social life, stable finances and good communication. Relationships between family members, employment and health issues can also be adversely affected by alcohol misuse. Heavy drinking is also strongly correlated with conflicts, disputes and domestic violence and this too has a damaging effect on children. Marriages with alcohol problems are twice as likely to end in divorce (see *Alcohol and the family: a position paper from Alcohol Concern* [www.alcoholandfamilies.org.uk](http://www.alcoholandfamilies.org.uk)).

There is anecdotal evidence in Haringey that a significant proportion of carers misuse alcohol, perhaps as a coping mechanism. The number of people caring for people with severe alcohol problems in the borough is not known.

Problem drinking by parents can be disruptive to children and families. The problem is widespread, with up to 1.3 million children estimated to be living in a family with a problem drinking parent in England. Research in this area shows that parental problem drinking can be a source of social and emotional turmoil in families, which can result in both short-term distress during childhood and long-term distress across a wide range of areas. Statistics suggest that alcohol plays a part in around a third to a quarter of known cases of child abuse (see *Understanding Alcohol Issues for Professionals working with Parents*, [www.alcoholandfamilies.org.uk](http://www.alcoholandfamilies.org.uk)).

The main risks to children associated with parental alcohol misuse are:

- Neglect of parental responsibilities, leading to physical, emotional or psychological harm
- Exposing children to unsuitable care givers or visitors
- Use of the family resources to finance the parents' drinking
- Effects of alcohol which may lead to uninhibited behaviours e.g. inappropriate display of sexual and/or aggressive behaviour and reduced parental vigilance
- Unsafe storage of alcohol thus giving children ease of access
- Adverse impact of growth and development of an unborn child

In Haringey, a number of stakeholders expressed concern about the local prevalence of parental alcohol misuse and its impact on children. Parental drinking is a factor in a number of cases focused on the protection of children. COSMIC, a service for children and families affected by substance misuse saw 324 children in 2006/07, of whom 31 were on the child protection register, 26 were classed as in need and 37 were in care or looked after by the council. The service took on 162 new adult clients (i.e. substance misusing parents) in 2006/07.

For young people's own use of alcohol, the government suggests in its 2008 *Youth Alcohol Action Plan* that:

- Alcohol can contribute to unacceptable behaviour by young people that can be a significant problem for the rest of the community, for example through anti-social behaviour or crime
- Drinking at an early age can cause serious health problems, both in the short and the long-term. There is also new evidence that drinking too much alcohol can impair adolescent brain development



- Drinking too much alcohol is strongly associated with a wide range of other problems which adversely affect the welfare of teenagers, for example, unprotected sex, teenage pregnancy, failing at school and the use of illicit drugs

There is anecdotal evidence for some of this in Haringey, but it has not been reported as a major concern. See section 2.2.2 above for prevalence of young people's drinking and section 2.2.4 for details of young people drinking in public places.

## 2.3 Current responses to alcohol-related harm Haringey

There is much going on already to tackle alcohol problems in the borough. This section sets out the main activities, and is not intended to be a comprehensive list.

### 2.3.1 Activity to reduce alcohol-related health harm

Alcohol is currently included where relevant in HPCT's health promotion work, for example in connection with nutrition and physical activity, although the level of activity is limited at present.

In line with Department of Health guidance<sup>2</sup>, a pilot screening and brief intervention project in North Middlesex A&E department and four primary care practices has been in place since late 2007.

### 2.3.2 Specialist treatment

**HAGA** (Haringey Advisory Group on Alcohol) is the principal specialist alcohol treatment service in Haringey. HAGA offer a range of services including:

- Individual Counselling – offering people the chance to discuss their problem in a confidential setting with an experienced Counsellor.
- Community Alcohol Team – offering assessment and detoxification from alcohol at home and in the community.
- Access to Residential Detox and Residential rehabilitation
- HAGA provides assessment for and referral to alcohol detox beds and 3 month residential rehabilitation programmes.
- HAGA Centre – offers a structured day programme lasting three months which includes training in how to reduce drinking and also offering an alcohol-free 'Drop-In', group work, individual key-working and housing support, acupuncture and aromatherapy.
- COSMIC - offers workshops and advice for children, parents, and other professionals around alcohol and substance misuse.
- Kinesis – offers employment advice and training, helping people recovering from alcohol and drug problems to get back to work.
- Project Newstart – supports 15 residents in 3 shared houses in their aim to remain alcohol and drug-free and be resettled into permanent accommodation.

<sup>2</sup> Alcohol Misuse Interventions – guidance on developing a local programme of improvement  
[http://www.dh.gov.uk/prod\\_consum\\_dh/idcplg?IdcService=GET\\_FILE&dID=18933&Rendition=Web](http://www.dh.gov.uk/prod_consum_dh/idcplg?IdcService=GET_FILE&dID=18933&Rendition=Web)



- Community Outreach Team – works with ‘street’ drinkers and other groups who experience difficulty in accessing mainstream health and related services.
- Domestic Violence – offers one-off confidential advice and information or gives long term support around legal, housing and benefits issues. Works closely with Hearthstone.
- Mental Health and Housing worker - offers support to clients suffering from alcohol and long term mental health problems with the primary objective of assisting clients in maintaining their housing and reducing the harm caused by their drinking.

**In-volve Haringey** works with young people under 21 in Haringey who are using drugs or alcohol themselves, or are affected by someone else's drug or alcohol use. Services offered include:

- Confidential information and advice
- One-to-one support / key-working
- Complementary therapies
- Assessment and access to medical interventions
- Advocacy (help resolving situations with others)
- Access to education and training

Haringey's drug services **DASH** and **Eban** work with clients who use alcohol alongside other drugs.

Haringey's dual diagnosis service works with patients who have alcohol problems and severe and enduring mental health problems.

Investment in **specialist alcohol services** for 08/09 totals £1,002,241, broken down as follows:

- Haringey TPCT: £240,133 plus 72,000 for the screening and brief intervention pilot
- Haringey Social Services: £389,771
- Haringey Supporting People: £48,866 for Newstart Project, £134,879 for the Resettlement Project,
- £116,592 for the Day Centre Floating Support Outreach Workers Project (all HAGA projects)

### 2.3.3 Activity to tackle alcohol-related crime

Core police activity includes policing alcohol-related disorder associated with licensed premises, work with the licensed trade and involvement in test purchasing operations. There is a targeted inspection and enforcement regime by police and council licensing and trading standards departments that concentrates on high-risk and badly-run premises.

Core Probation activity includes rehabilitation of offenders with alcohol problems. Haringey Community Justice Court began hearing cases in January 2008. The court covers the Tottenham Hale, Tottenham Green, Seven Sisters, Northumberland Park areas. It deals with a wide range of offences committed in these areas, including alcohol-related offences.

Hearthstone provides survivors of domestic violence in Haringey with access to all the support they need in one place. The centre brings together housing

officers, Victim Support volunteers, police Community Safety officers, and staff from the council's Equalities and Diversity unit. Hearthstone and HAGA work together in accordance with best practice set out by the Home Office-funded Stella Project to support survivors of domestic violence who have substance misuse problems.

#### **2.3.4 Activity to tackle alcohol-related anti-social behaviour**

The existing Designated Public Place Order (known locally as an alcohol control zone) was expanded from May 1<sup>st</sup> 2008 as a response to anti-social behaviour arising from street drinking. In addition, a multi-agency problem-solving group has been established to address concerns about street drinkers outside Wickes/Seven Sisters tube. A further three areas are now being considered (as at July 2008).

Safer Neighbourhood Teams have been in place across the 19 wards in the borough from April 2006. The aim of these teams is to tackle anti-social behaviour and local problems. Alcohol-related neighbour nuisance, neglect of properties and failed tenancies are common and addressed as part of for Homes for Haringey and registered social landlords core business. ASBAT, the council's anti-social behaviour action team, deals with housing-relating anti-social behaviour that requires input over and above what housing officers can provide.

#### **2.3.5 Activity to address the impact of alcohol misuse on children and families**

Alcohol education is provided in schools as part of PSHE (personal, social and health education) within the council/PCT Healthy Schools Programme.

In-Volve Haringey is commissioned by the DAAT to provide a specialist drug and alcohol service for young people aged 13 to 21 years. Services include: harm reduction, psychosocial interventions, group work, family work, pharmacological intervention and access to residential treatment .

The Youth Offending Service receives monies via the Youth Justice Board to employ two drug workers to work with young people in the criminal justice system. The DAAT commission two posts within the Children's Service – one to work with Looked After Children , who have drug or alcohol problems, and a Senior Practitioner to provide 'expert advice' to other Social Workers working with parents affected by substance misuse. Domestic violence is often linked with parental alcohol misuse and links are being developed between the Local Safeguarding Children Board and the Domestic Violence Strategic Partnership Board.

COSMIC is commissioned by the DAAT to provide support and advice to children and families experiencing drug or alcohol problems. COSMIC hold drop-in sessions that aim to build family relationships, and provide telephone advice and support in case conferences for parents/families as required. COSMIC involves young services users and has well-developed user participation processes which feed into service improvement for children and young people.

To tackle under-age sales of alcohol, the licensing department, with trading standards (and the police), undertakes a rolling programme of test purchasing.

### **3. Local priorities in tackling alcohol-related harm**

#### **3.1 Gaps**

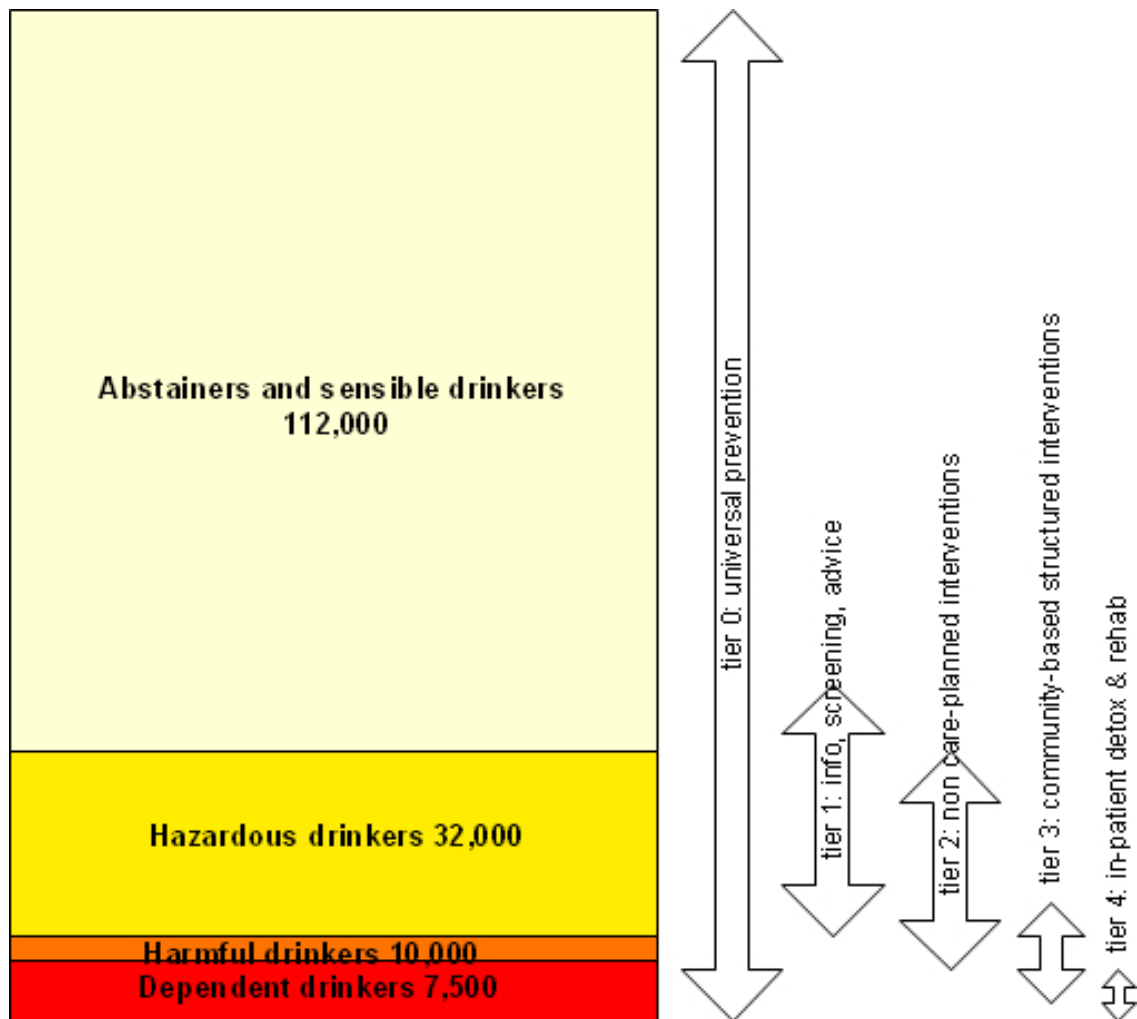
The gaps highlighted in this section have been identified by stakeholders during the development of the strategy, and by comparison of what is currently happening in Haringey against Government guidance.

##### **3.1.1 Health**

Current alcohol health promotion, screening and early intervention is very limited and needs to be expanded if it is to impact on reducing the rate of alcohol-related hospital admissions. There is an opportunity to include alcohol within the remit of the PCT's proposed Health Trainer's scheme, and also within strategies for obesity and cardiovascular disease. This should be possible within existing resources.

This leaves a gap in alcohol-specific health promotion, i.e. work to raise awareness of sensible drinking in the general population, and also alcohol awareness training for generic professionals. The figure below shows how this fits into the Department of Health's Models of Care for Alcohol Misuse (MOCAM) – and adds as “tier 0” for universal prevention.

**Figure 5: applying Models of Care for Alcohol Misusers (MOCAM) to Haringey's adult population (16-64)**



The evidence base suggests media campaigns can raise awareness but are less effective at changing behaviour. However, research also suggests people are largely ignorant about units of alcohol and sensible drinking limits. The Government is committed to raising awareness through national campaigns, and there is to be a London-wide campaign in 2008. There is no need to replicate these at local level, but there is an opportunity to ensure the information is available in the main community languages on the relevant partnership websites, and at key health and social-care settings.

During summer 2008 it will be known if proposed funding for three new posts within the PCT's public health team, including one with an alcohol remit, has been approved. Similarly, proposals for a social marketing project lead by public health may be approved – this should include alcohol.

The tier 1 pilot alcohol intervention scheme in North Middlesex A&E has a strong evidence base, and is part of a £3M Department of Health research project to test best practice. As the research continues the pilot should evolve to take account of its findings, and so remain at the forefront of best practice in England. Similar schemes elsewhere have been effective in reducing hospital

admissions; Haringey's scheme will make an important contribution to reducing the rate of alcohol-related admissions.

Aside from A&E, primary care is another key setting for screening and early intervention. Again, there is a strong evidence base to support this. The pilot scheme with four practices is a good start, but ideally all practices would have the opportunity to deliver it. In June 2008 NHS published *Primary Care Service Framework: Alcohol Services in Primary Care*<sup>3</sup>, designed to support commissioners, practitioners and providers in setting up alcohol interventions in primary care.

There is currently no routine screening and early intervention happening in workplace or criminal justice settings. The evidence base for this is less well-established but good practice guidance in the government's local alcohol strategy says work should be developed in these settings.

For specialist treatment, stakeholders reported the following gaps in the current system:

- Detox and residential rehabilitation for people with complex needs
- Care for people with Korsakoff's syndrome (although the numbers are low)
- Housing for people in treatment
- Aftercare (limited to HAGA drop-ins)
- Alcohol interventions in the criminal justice system (pre-court)
- Assertive outreach to support housing officers and carers
- Services for older people with alcohol problems

### **Estimating need for specialist treatment**

In terms of capacity of specialist treatment, estimates of need using the Rush Model<sup>4</sup> indicate that a reasonable level of provision would have capacity to treat 15% of the in-need population (defined as harmful and dependent drinkers) each year. This would mean, for example, capacity for:

- 909 assessments per year
- 545 community detoxes (there were 68 in 2006/07)
- counselling for 381 people (83 had counselling in 2006/07)
- day care for 207 people (296 in 06/07)
- in-patient detox for 54
- residential and move-on for 165

**Clearly, this indicates a significant lack of capacity across the system (with the exception of day care).**

To determine how important these gaps are, there should be a review of the treatment system as whole to ensure there is an appropriate balance of evidence-based interventions across the so-called four tiers of intervention, to ensure there is a clinical governance framework and to ensure it meets the

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<sup>3</sup>

[http://www.primarycarecontracting.nhs.uk/uploads/primary\\_care\\_service\\_frameworks/primary\\_care\\_service\\_framework\\_-\\_alcohol\\_v9\\_final.pdf](http://www.primarycarecontracting.nhs.uk/uploads/primary_care_service_frameworks/primary_care_service_framework_-_alcohol_v9_final.pdf)

<sup>4</sup> The Rush Model is the best established method of estimating capacity. Rush B (1990) A systems approach to estimating the required capacity of alcohol treatment services, *British Journal of Addiction* **85(1)** p49-59

needs of local communities. To date, investment has focused primarily on tier 3 treatment, for a relatively narrow band of the population. A commissioning framework is needed that will: align the various funding streams across health, social care, housing and the criminal justice system; establish a formal commissioning cycle that includes assessment of need; and set out commissioning roles for the DAAT, PCT, Social Services etc as appropriate.

### **3.1.2 Community safety**

There are no major gaps apparent in current responses to alcohol-related crime and anti-social behaviour (ASB) but the various partnerships and agencies involved would benefit from:

- better data
- better understanding of the drinking culture and needs of diverse communities
- training in the various tools and powers available
- protocols for license reviews
- more input from and joint working with specialist alcohol workers (resources permitting)

Lack of data on alcohol-related ASB is not confined to Haringey, but it does limit how effectively partners can deal with tackling problems. Recent changes to various legislation covering anti-social behaviour and licensing mean that police and council enforcement agencies now have a wide range of powers to tackle problem premises, street drinking and other alcohol-related ASB. Training is needed so that these powers are used as effectively as possible.

In conjunction with the training there should be agreed protocols on the use of key enforcement powers such as the license review, so that procedures are triggered automatically when certain criteria are met (e.g. two underage sales).

Safer Neighbourhood teams and housing officers routinely come across drinkers who are causing anti-social behaviour in one way or another but who are unlikely to accept help with their drinking. It may be that specialist outreach workers could work alongside ASB colleagues to help minimise the impact of this behaviour.

There were 19 test purchases for underage sales of alcohol in 2007/08 as part of rolling programme by police and Trading Standards. There were 4 sales (21%) and all led to prosecution.

### **3.1.3 Children and families**

In 2006 the Children's Service and Haringey Community Police Consultative Group (HCPCG) jointly organised a conference to hear about young people's views on tackling issues of safety. In a workshop on drugs and alcohol, young people said that drugs education lessons (which cover drugs and alcohol), were excellent for knowledge, exploring attitudes, harm minimization and role plays which synthesise drug situations.

However, a strong point to emerge was that drug education should be included in other areas of the curriculum, besides PSHE and not treated as an isolated subject. Unfortunately drug education is not currently part of the statutory

curriculum and it is difficult to change the situation in Haringey without policy change at national level.

A number of young people felt that their parents were out of touch with the problems that young people encounter in our society and it was suggested that it would be a good idea to set up parent groups to develop drug awareness.

Haringey's strategy will address education for children and parents, and take into account the Department for Children, Schools and Families' 2008 *Youth Alcohol Action Plan* with respect to parental responsibility. A scrutiny review of drug education for children commenced in June 2008, and its findings should inform the Young Persons Treatment Plan in 09/10.

Responsibility for commissioning /addressing alcohol misuse in children and families now falls within the remit of Children's Services. As the new Children's Network and Children's Centres develop in Haringey, it will be important to 'mainstream' alcohol within them, albeit with support initially from the DAAT. There needs to be routine awareness training (on how to spot parental drinking and where to refer parents) for all professionals whose focus is the child.

### **3.1.4 Community engagement**

A number of stakeholders highlighted the need for a better understanding of the needs of certain communities with respect to their alcohol use. This includes the visible minority of new communities of economic migrants who drink outside, communities where drinkers are stigmatised and may find it difficult to seek help, older people, and carers.

The borough has various mechanisms in place for consulting with and engaging the community, and these should be used as appropriate to inform the ongoing work of the strategy. However, there also needs to be pro-active community development work. Treatment agencies are not currently resourced to undertake all the work necessary to raise the profile of alcohol within diverse communities nor to understand the alcohol-related needs of community groups. A specialist function may need to be created to achieve this first step.

Specialist alcohol outreach work may then need to be developed and targeted where it is most needed. Joint working with community groups is likely to be more successful if the alcohol is already firmly on the agenda. Capacity building, involving training and the employment of people from within communities to undertake alcohol-related work, can run alongside this.

## **3.2 Priorities**

Based on the evidence of alcohol-related harm in Haringey, the views of stakeholders and analysis of gaps in the current response, the priorities for the strategy are as follows:

- Addressing the knowledge gaps about factors that contribute to Haringey's high rates of alcohol-related mortality
- Developing a commissioning framework for alcohol treatment, to include early interventions and clinical governance

- Developing datasets to inform action on alcohol-related harm
- Improving the enforcement and coordination of existing tools and powers to address alcohol-related ASB
- Addressing the impact of parental alcohol misuse on children and families

### 3.3 Strategic aims and objectives

The overarching strategic aim is:

To minimise the health harms, violence and anti-social behaviour associated with alcohol, while ensuring that people are able to enjoy alcohol safely and responsibly.

Objectives of the strategy are:

- i. **To reduce alcohol-related crime, especially violent crime, and anti-social behaviour** by:
  - Improving data and intelligence
  - Training enforcement agencies in new powers
  - Establishing a programme of joint enforcement activity targeted at problem premises
  - Developing a multi-agency approach to street drinking
- ii. **To reduce the levels of chronic and acute ill-health caused by alcohol, resulting in fewer alcohol-related accidents and hospital admissions** by:
  - Developing a commissioning framework for alcohol treatment
  - Exploring alcohol issues for older people
  - Developing targeted interventions to reduce hospital admissions related to alcohol
  - Training council and other staff in alcohol-awareness
- iii. **To prevent alcohol-related harm to children and young people** by:
  - Implementing the findings of the scrutiny review into Young People's Specialist Substance Misuse Treatment Plan 09/10
  - Developing child protection protocols for parental drinking cases
  - Training workers in identifying parental drinking and signposting
- iv. **To raise awareness of sensible drinking** by:
  - Implementing an alcohol prevention programme
  - Mainstreaming alcohol in health promotion activity

## 4. Implementation of the strategy

### 4.1 Strategic framework for implementing the alcohol strategy

The Haringey Strategic Partnership (HSP) sets the main priorities for public services in Haringey. Five thematic partnership boards are tasked with co-ordinating the delivery of the Haringey Strategic Partnership's priorities. The thematic boards are:



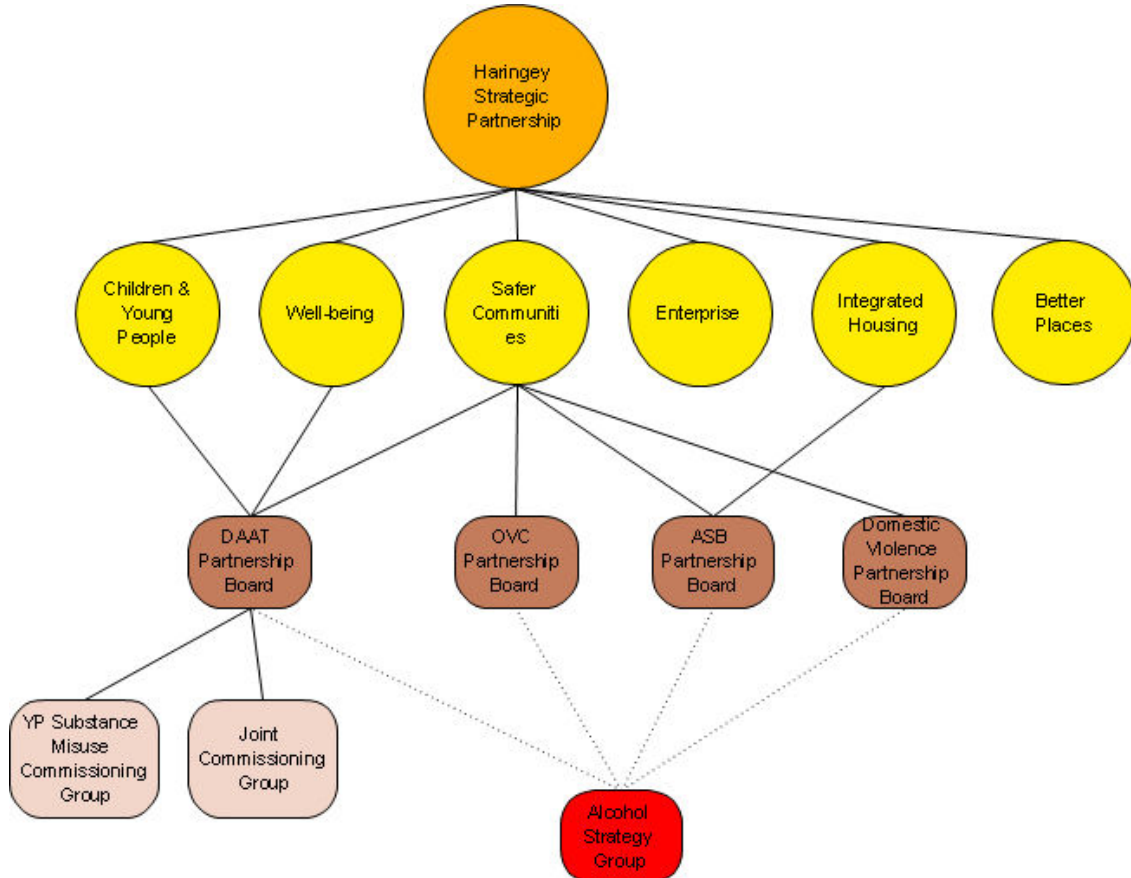
- Children and Young People Strategic Partnership
- Better Places
- Enterprise
- Well-Being
- Safer Communities Executive Board
- Integrated Housing Board

Alcohol misuse impacts to some extent on the work of all the boards, but the strongest links to the alcohol strategy are with the Children and Young People, Well-being and Safer Communities Partnerships.

Until the implementation of this strategy, the main areas of activity *specifically* aimed at reducing alcohol-related harm were enforcement, lead by the police and Haringey council, and specialist treatment, lead by the DAAT. Both fell within the remit of Haringey Safer Communities Partnership. Now, with the adoption of a target within the Local Area Agreement to reduce the rate of alcohol-related hospital admissions, responsibility for an important strand of the strategy falls to the Well-being Partnership Board.

Commissioning responsibility for children and young people's substance misuse services transferred from the DAAT to the Children and Young People Services in April 2008, therefore the Children and Young People Strategic Partnership will have responsibility for activity in the strategy aimed at reducing the impact of alcohol on children and families.

Activity to reduce alcohol-related crime and anti-social behaviour will be delivered by boards that sit under and report into the Safer Communities Partnership (via the Safer Communities Executive Board, SCEB). Figure 6 below shows the interrelationship between the different boards and partnerships involved.

**Figure 6: Haringey Strategic Partnership and related Boards**

An alcohol strategy group, reporting into the DAAT, will have oversight of all the various strands of activity, and will have responsibility for ensuring the activity is coordinated and for evaluating the overall effectiveness of the strategy.

The alcohol strategy ties into a number of key partnership strategies and plans, see Appendix 1.

## 4.2 Action plan

The action plan to support fulfil the objectives of this strategy is available as a separate document.

## 5. Monitoring, evaluation and review of the strategy

### 5.1 Monitoring and evaluation

Actions within the strategy are incorporated into the action plans of various boards that report into the HSP via its thematic partnerships (see 4.1 above). The existing performance management and monitoring structures within those partnerships will monitor and evaluate the individual activities and initiatives they are responsible for.

However, the strategy has many strands of activity that support and complement each other. The DAAT's alcohol strategy group will evaluate the strategy as a whole by considering its overall effectiveness.

At political level, the cabinet member for Enforcement and Safer Communities and the Chief Executive of Haringey Teaching PCT will ensure delivery of the strategy.

## **5.2 Review of the strategy**

The implementation plan will be reviewed annually by the DAAT's alcohol strategy group, and adjusted accordingly. The review will take account of:

- evaluation of effectiveness (see 5.1 above)
- new or changing local priorities
- Government policy and developments through the national alcohol strategy

This review process is included in the strategy action plan.

## Appendix 1: strategies and plans that link to the alcohol strategy

Plan	Relevant objective/target
Sustainable Community Strategy 2007-16	Safer for all; Healthier people with a better quality of life
Local Area Agreement	NI 21: Dealing with local concerns about anti-social behaviour and crime by the local council and police (improvement target) NI 39: Alcohol-related hospital admissions (improvement target) NI 195: Improved street and environmental cleanliness (levels of graffiti, litter, detritus and fly-posting) Local target: Repeat victimisation of domestic violence (2007-2010 stretch target) Local target: Number of accidental dwelling fires (2007 – 2010 stretch target)
Safer for All, Haringey's Community Safety Partnership Plan (2008 – 2011)	tba
Domestic and Gender Based Violence Strategy 2008-12	Improve the support and safety of those who experience or are threatened by Domestic or Gender Based Violence.
Licensing Policy 2008	Promotion of licensing objectives
Well-being Plan 2007-10	Promote healthy living and reduce health inequalities (Reduce the harm caused by drugs and alcohol)
Obesity Strategy 2007-10 (in development)	tba
Experience Counts 2005-10	Staying healthy
Day Opportunities Plan (in development)	tba
Joint Health And Social Care Mental Health Strategy 2005 –2008 (new strategy in development)	Ensure that all mental health service users who significantly abuse drugs or alcohol receive appropriate and skilled assessment and treatment services
Housing Strategy 2003-08	Improve community safety, sustainability and cohesion in our most deprived communities and create opportunities for people to achieve and succeed
Homelessness Strategy 2003-08	To ensure that there is an integrated response to homelessness in Haringey and that agencies work together to provide services to promote the well being of individuals in the community. To achieve a reliable and comprehensive knowledge and information system as a basis for delivering our homelessness strategy.
Changing Lives (The children and young people's plan) 2006-09	Reduce alcohol and drug misuse amongst young people together with the effects of parental alcohol and drug misuse on children and young people

**Appendix 2: Glossary**

ASB	Anti-social behaviour
ASBAT	anti-social behaviour action team
AUDIT	Alcohol use disorder test
BAC	blood alcohol concentration
BEH	Barnet, Enfield, Haringey (mental health trust)
CDP	Community drug project
DAAT	Drug and alcohol action team
GHS	General Household Survey
HAGA	Haringey Advisory Group on Alcohol
HAVCO	Haringey Association of Voluntary and Community Organisations
HES	Hospital Episode Statistics
HPCT	Haringey Primary Care Trust
HMCR	Her Majesty's Customs and Revenue
HTPCT	Haringey Teaching Primary Care Trust
LBH	London Borough of Haringey
MOCAM	Models of Care for Alcohol Misuse
NI	National Indicator
NWPHO	North West Public Health Observatory
ONS	Office of National Statistics
PSA	Public Service Agreement
PSHE	Personal, social and health education
SCEB	Safer Communities Executive Board
SOAs	Super Output Areas
SNT	Safer Neighbourhood Team

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## ALCOHOL STRATEGY ACTION PLAN 2008/9 Draft v8

Reducing alcohol-related health harm		Wellbeing Board						Progress (RAG)
Activities to be undertaken	Lead organisation and lead officer's name	When	Resources	Partnership or subgroup	Related target	Thematic board		
H1 Develop and implement an alcohol prevention strategy to include social marketing, health promotion, awareness training for generic health and social care professionals, and targeted work for key communities (using MOSAIC as one way to identify these).	Joint Director of Public Health/ new Health Promotion post?	April 09	£21k contribution from DAAT; additional £10k needed from PCT	DAAT partnership board	NI 39 and VSC26: Alcohol-related hospital admissions (improvement target)	Well-being		
H2 Ensure alcohol is included in all mainstream health promotion strategies (e.g. obesity) and activities (e.g. health trainers)	Joint Director of Public Health	Ongoing	Core business	DAAT partnership board	NI 39 and VSC26: Alcohol-related hospital admissions (improvement target)	Well-being		
H3 Agree a commissioning framework for alcohol treatment and prevention, to include service user involvement.	PCT/DAAT JCM	By Dec 08	Core business to develop commissioning framework.	DAAT (JCG)	NI 39 and VSC26: Alcohol-related hospital admissions (improvement target)	Well-being		
H4 Develop a clinical governance framework for specialist alcohol treatment	PCT/ Director HAG/Consultant Psychiatrist BEH MHT	By December 08	Core business	DAAT Treatment Task Subgroup	NI 39 and VSC26: Alcohol-related hospital admissions	Well-being		

H5	Agree and implement joint working arrangements between drug and alcohol services for community alcohol detox for poly drug users	Service manager DASH/ Director HAGA / DAAT Strategy Manager		Costs to be drawn from residential detox budget (savings expected overall) Core business	DAAT (JCG)	(improvement target)	Well-being	
H6	Agree and implement monitoring arrangements for alcohol-related hospital admissions	PCT Head of Performance	By October 08		DAAT (JCG)	NI 39 and VSC26: Alcohol-related hospital admissions (improvement target)	Well-being	
H7	Contribute to reduction in homelessness (temporary accommodation targets) by working with Housing and the Vulnerable Persons subgroup (for adults) as part of the Housing Strategy.	Supporting People	April 09	<ul style="list-style-type: none"> <li>floating support into homes of people with long term drinking problems – using motivational interview techniques</li> <li>2workers (2@ £40k)</li> </ul> Or reconfiguring SP services so that this can be provided	SP Commissioning Board	Homelessness Strategy objectives. <b>GET TA Target</b>	Well-being/ Integrated Housing Board	
H8	Prepare a proposal to research alcohol problems in older people in Haringey and secure funding to carry this out. Links into PCT falls collaborative	Director Age Concern	March 09			NI 39 and VSC26: Alcohol-related hospital admissions (improvement target)	Well-being	



H9	Analyse alcohol-related hospital admissions data (HES) for: profile of patients (age, gender, ethnicity, ward of residence); patterns of repeat admissions (i.e. which conditions associated with most repeats); profile of conditions contributing to the overall rate of admissions (i.e. which conditions are most important)	Public Health DAAT	Dec 08	Additional £10k needed from PCT	DAAT (JCG)	NI 39 and VSC26: Alcohol-related hospital admissions (improvement target)	Well-being	
H10	Develop an action plan to reduce hospital admissions based on results of data analysis. (To include consideration of ward-based alcohol interventions for patients with key conditions; development of liaison and referral pathways between hospitals and community based services; alcohol screening and brief interventions in out-patient clinics; primary care, data sharing between A&E and Community Safety re violence-related presentations)	PCT/DAAT	Feb 08	Costs dependent on action plan.  [indicative costs: <ul style="list-style-type: none"> <li>£72k continued funding for brief interventions</li> <li>Hospital liaison workers (see Liverpool Lifestyle team) 2 band 7 nurses @ £50k; 0.5 admin@ £15k = £115k</li> <li>Development of data sharing with the Whittington £2k for training (assumes Enfield will fund correspondin</li> </ul>	DAAT (JCG)	NI 39 and VSC26: Alcohol-related hospital admissions (improvement target)	Well-being	

H11	Evaluate existing alcohol screening and brief interventions pilot and make recommendations for future developments	DAAT/HAGA	Feb 08	<p>g work in North Mid)</p> <ul style="list-style-type: none"> <li>Local Enhanced Service for primary care £200k (10/11)]</li> </ul> <p>Core business</p>	DAAT (JCG)	NI 39 and VSC26: Alcohol-related hospital admissions (improvement target)	Well-being
H12	Train all council employees in alcohol awareness	Adult, Community & Culture Services		<p>Via Learning and Development Board</p> <p>£20k for 40 half day sessions (800 trainees)</p>	Learning and Development Board	NI 39 and VSC26: Alcohol-related hospital admissions (improvement target)	Well-being
H13	Address capacity issues for access to residential care for people with complex alcohol related problems	Adult, Community & Culture Services		100k (09/10)	DAAT Joint Commissioning Group	NI 39 and VSC26: Alcohol-related hospital admissions (improvement target)	

**Reducing alcohol-related crime and antisocial behaviour**

**Safer Communities Executive Board**

CS1	Develop a programme of research and relevant action about alcohol related violence to include relevant indicators from the <i>Safe</i> , <i>Sensible</i> , <i>Social</i> , <i>Toolkit</i> plus local survey data (possibly workplace-based surveys to target population most associated with alcohol-related violence).	Community Safety Team	Mar 09	Core business	Other Violent Crime Partnership Board	NI 21: Dealing with local concerns about anti-social behaviour and crime by the local council and police (improvement target)	SCEB	
CS2	Research local alcohol-related ASB and develop appropriate responses to include relevant indicators from the <i>Safe</i> , <i>Sensible</i> , <i>Social</i> , <i>Toolkit</i> plus data gathered through community engagement approaches on the wider needs of street drinkers* and young people who drink in public places. Also use data from housing data arising from H7	Community Safety Team	April 09	Core business	ASB Partnership Board	NI 21: Dealing with local concerns about anti-social behaviour and crime by the local council and police (improvement target)	SCEB	
CS3	Provide training for enforcement agencies on new powers to address alcohol-related ASB	Enforcement Service	Ongoing	Funding for a conference type event, £2.5k	ASB Partnership Board	NI 21: Dealing with local concerns about anti-social behaviour and crime by the local council and police (improvement target)	SCEB	
CS4	Establish programme of joint enforcement activity targeting (rolling) top ten problem licensed	Enforcement Service	Ongoing	Core business	ASB Partnership Board	NI 21: Dealing with local	SCEB	

	premises											
CS5	Agree a joint alcohol enforcement protocol for inclusion in the council Enforcement Policy	Enforcement Service	Mar 09	Core business	ASB Partnership Board	ASB Partnership Board/DAAT	NI 21: Dealing with local concerns about anti-social behaviour and crime by the local council and police (improvement target)	SCEB				
CS6	Agree and implement a multi-agency approach to the alcohol control zones. This will include: ensuring all enforcement officers are clear about their powers; ensuring support agencies are involved (HAGA, employment, housing etc); CCTV are aware of zones and any particular issues;  Information on the Alcohol Control Zones to be clear, sources of support available (egg leaflets/cards to be readily accessible, ensuring enforcement officers have alcohol awareness training (because alcohol withdrawal can be fatal)	Community Safety Team HAGA Housing etc	June 09	Core business	ASB Partnership Board/DAAT	ASB Partnership Board/DAAT	NI 21: Dealing with local concerns about anti-social behaviour and crime by the local council and police (improvement target)	SCEB				
CS7	Integrate fire safety messages as	Fire Service	Ongoing	Printed	ASB board	ASB board	Local target:	SCEB				

	appropriate into alcohol prevention and information, and improve links between fire service and substance misuse agencies where vulnerable adults are concerned – to help reduce accidental dwelling fire	Borough Commander DAAT Strategy Manager		materials £800			Number of accidental dwelling fires (2007 –2010 stretch target)		
CS8	Support survivors of Domestic Violence who have substance use issues by exploring potential for greater integration of Domestic Violence into drug and alcohol work, including alcohol arrest referral schemes	DAAT/HAGA/ Principal Equalities and Diversity Officer	Ongoing	Core business (Criminal justice-based scheme £50 (see Lewisham pilot))	Domestic Violence Partnership Board	Local target: Repeat victimisation of domestic violence (2007-2010 stretch target)	SCEB		
CS9	Support survivors of Domestic Violence who have substance use issues by providing surgeries at Hearthstone by an alcohol and Domestic Violence specialist worker	HAGA/Hearthstone Equalities Team	Ongoing	Core business	Domestic Violence Partnership Board	Local target: Repeat victimisation of domestic violence (2007-2010 stretch target)	SCEB		
CS10	Support survivors of Domestic Violence who have substance use issues by providing Stella project training to substance misuse workers and frontline Domestic Violence workers	Hearthstone	Ongoing	£1.5k (advanced training for 10 workers)	Domestic Violence Partnership Board	Local target: Repeat victimisation of domestic violence (2007-2010 stretch target)	SCEB		
CS11	Agree and implement a communications strategy to ensure all activity related to alcohol harm reduction is suitably communicated and coordinated across the relevant partnership boards and agencies	Alcohol Strategy Group		Core business			SCEB		
CS12	To adopt area based working /problem solving approach to alcohol related ASB /environ-	Community Safety Team	Ongoing	Core business		Public Realm Management strategy objectives	SCEB		

crime/crime issues.		Children and Young Peoples Partnership Board		Reducing alcohol-related harm to children and young people		Children and Young Peoples Partnership Board		Progress (RAG)	
Activities to be undertaken	Lead organisation and lead officer's name	When	Resources	Partnership or subgroup	Related target	Thematic board			
YP1 Implement relevant findings of the 2008 scrutiny review into young people's drug and alcohol into the Young People's Specialist Treatment Plan for 2009/10	DAAT Young People's Coordinator Children's Service	Mar 09	Costs to be determined when review findings known	YP substance misuse Commissioning Group	NI 111: First time entrants to the Youth Justice System aged 10-17 NI 112: Under 18 conception rate NI 113: Prevalence of Chlamydia in under 20 year olds	Children and Young People Partnership Board			
YP2 Agree protocols for child protection where alcohol is involved and ensure training is provided as required e.g. to PCT, YOS, social services, Police Public Protection Desk	DAAT/ Children's Service/ Deputy Director HAGA	Mar 09	Core business.	Local Safeguarding Children's Board		Children and Young People Partnership Board			
YP3 Ensure alcohol is included in cluster-based training for schools on PSHE	PSHE advisors	Ongoing	Core business	DAAT Partnership Board	NI 111: First time entrants to the Youth Justice System aged 10-17 NI 112: Under 18 conception rate NI 113: Prevalence of Chlamydia in under 20 year olds	Children and Young People Partnership Board			

YP4	Training for professionals, voluntary groups and faith groups (faith forum) in identifying parental drinking and signposting. ASBAT's parenting worker should be involved.	Children's Services/ COSMIC		See H12	DAAT Partnership Board	Children and Young People Partnership Board	
YP5	Training for all front line staff in C&YPS in alcohol awareness in identifying parental substance misuse and appropriate sign - posting	Children's Services (CYPSMC) COSMIC		Core Business	YP Commissioning Group		
YP6	Contribute to reduction in homelessness (temporary accommodation targets) by working with Housing and the Vulnerable Young Persons subgroup for young people as part of the Housing Strategy.	Children's Services (CYPSMC)	ongoing	Core Business	YP substance misuse Commissioning Group	Homeless Strategy Theme sub-groups and Children and Young People Partnership Board	
YP7	Monitor effectiveness of alcohol awareness programme in schools (delivered as part of PSHE)?	Children's Services (CYPSMC)	ongoing	Core Business	YP substance misuse Commissioning Group		
YP8	Develop rolling programme of alcohol awareness for parents and carers.	Children's Services	Ongoing	Core Business	YP substance misuse commissioning group	Children and young people partnership board.	

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**Meeting:** Safer Communities Executive Board

**Date:** 15 October 2008

**Report Title:** 2<sup>nd</sup> Haringey Domestic Violence and Gender Based Violence Strategy

**Report of:** Sharon Kemp, Assistant Chief Executive, Policy, Performance, Partnership and Communication (PPP&C)

### Summary

This report introduces our Domestic Violence and Gender Based Violence Strategy covering the period 2008 – 2012, following the successful implementation of the first Haringey Domestic Violence Strategy that ends this year. Domestic and Gender Based Violence is a crime, tackling Domestic and Gender Based Violence is key to building stronger and safer communities.

This second Strategy includes Gender Based Violence because as a public body Haringey Council is required by the Gender Equality Duty, April 2007 to proactively promote equality of opportunity between women and men and eliminate unlawful discrimination and harassment. From November 2007 all Local Authorities have been put on notice by the Equality and Human Rights Commission that they will be monitored under the Gender Equality Duty to ensure they are taking action on violence against women. Gender Based Violence includes: domestic violence; rape and sexual assault, sexual harassment and a stalking, trafficking and sexual exploitation and crimes in the name of honour.

### Recommendations

- i. To approve the strategic aims of the Domestic Violence and Gender based Violence Strategy
- ii. To approve the actions to be completed to implement this Strategy
- iii. To note the achievements of the 1<sup>st</sup> Haringey Domestic Violence Strategy

### Financial/Legal Comments

#### Chief Financial Officer Comments:

The Chief Financial Officer has been consulted on the contents of this report & the Strategy and concurs with the financial comments contained in Section

8 of the report that increased joined – up and partnership working should actually lead to a more efficient delivery.

**Head of Legal Services Comments:**

Section 17 Children Act 1989 places a duty on the Local Authority to promote and safeguard the welfare of children under the age of 18. In respect of young people the Local Authority's duties extends to those who are deemed to be subject to the leaving care provisions up to the age of 24 (if the young person pursues a programme of education or training). It does not appear that this Strategy will conflict with those duties.

**For more information contact:**

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Deirdre Cregan Domestic Violence Co-ordinator, Tel. Ext. 2581

[Deirdre.Cregan@haringey.gov.uk](mailto:Deirdre.Cregan@haringey.gov.uk)

**Background**

The aim of the strategy is to reduce Domestic Violence and Gender Violence, by providing high quality support services to those who experience Domestic Violence and Gender Based Violence in Haringey. This strategy is also well-placed to enable Haringey Council to meet the 'Safer For All' priority in the Haringey Community Strategy which states, "We will make homes safer and create places that people and children enjoy using and take pride in" (Haringey Community Strategy 2007 – 2016, 'Safer For All' priority).

Domestic Violence is a priority because Haringey Council is strongly committed to making Haringey a safe place for its residents. Domestic Violence represents 30% of violent crime in Haringey and as such requires a commitment from all key agencies to eradicate this crime. Our aim is to create a borough where there is zero tolerance of Domestic Violence; our approach to achieving this is by strong partnership working, creating a society in Haringey where Domestic Violence is unacceptable in any form.

The Haringey Domestic and Gender Based Violence Strategy follows directly on from the first Haringey Domestic Violence Strategy and continues the work started in that approach. In order to put the second strategy in context we have reviewed the achievements and challenges of the first strategy. They include: the expansion of services at Heathstone; setting up an expert DV service users group; setting up murder review panels; working with perpetrators; establishing a sanctuary scheme; agreeing an information sharing protocol; partnership work with health professionals, a raft of initiatives with children and young people.

The new areas covered in this strategy are Gender Based Violence. Gender Based Violence includes: domestic violence; rape and sexual assault, sexual

harassment and a stalking, trafficking and sexual exploitation and crimes in the name of honour. Gender Based Violence is a priority because as a public body Haringey Council is required by the Gender Equality Duty, April 2007 to proactively promote equality of opportunity between women and men and eliminate unlawful discrimination and harassment. From November 2007 all local authorities have been put on notice by the Equality and Human Rights Commission that they will be monitored under the Gender Equality Duty to ensure they are taking action on violence against women. Other Areas for development will be; Better use of pooled budgets, Improved Partnership arrangements, Organisations that constantly rotate staff roles on a regular basis need to ensure a continuously and constantly available level of service, improve support for survivors through the legal process. Witness protection, specialist advocates, tougher sentencing and above all a Specialist Domestic Violence Court should increase convictions and reduce victim retraction rates.

The Council has a duty to safeguard children and young people and protect them from harm. Priority 8 of Haringey's Children and Young People's Plan includes the specific aim to: "reduce risk to specific groups, for example, those at risk of sexual exploitation, those with disabilities and those subjected to domestic violence". The Domestic Violence and Gender Based Violence Strategy will contribute to meeting this objective by increasing the safety of children and young people who experience Domestic and Gender Based Violence.

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## **Equality Impact Assessment**

**Directorate:** Policy, Performance, Partnership and Communication  
**Date:** July 2008

**Business Unit:** Equalities and Diversity

**Title (of the policy/practice/strategy):**  
Haringey Domestic Violence and Gender Abuse Strategy

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The main aim of this EIA is to assess the likely impact of the strategy and to help establish if there is any significant disproportionality in terms of gender, ethnicity, disability, sexuality, religion or belief or age.

This EIA mainly relies on data provided by Hearthstone, Haringey's domestic violence advice and support centre. Efforts have been made to employ other data such as the use of Haringey's website domestic violence pages and statistics provided by the Poppy Project and the Metropolitan Police Service's Violent Crime Directorate. The data does not provide information on: Religion or Belief; Sexuality. This has been noted as an inadequacy in monitoring systems. ***In addition the information in tables below that has been extracted from the Police's data using CRIS (Crime Recording Information System) employs different categories than those used by other agencies.***

### **1. The aims of the policy/practice/strategy:**

Overall aim is to reduce Domestic Violence and Gender Abuse in Haringey  
The 4 key strategic priorities are:

- Improve the support and safety of those who experience or who are threatened by Domestic Violence and Gender Based violence
- Hold abusers accountable
- Reduce the tolerance of Domestic Violence and Gender Based violence in our communities
- Increase children and young people's safety

### **2. List any other policy/practice/strategies that are likely to have an impact or are relevant to this impact assessment.**

- Haringey Council Plan
- Haringey Community Strategy
- Haringey Safer Communities Strategy
- Changing Lives; The Haringey Children and Young

- People's Plan
- Haringey Teenage Pregnancy Strategy
- The Haringey Housing Strategy
- Haringey Homelessness Strategy
- The Supporting People Strategy
- Crime Disorder and Anti-Social Behaviour Information Sharing Protocol
- Haringey Alcohol Strategy, 2008 – 2011

**3. Evidence of consultation with staff, community groups or stakeholders.**

Consultation workshops at Domestic Violence Stakeholders Conference June 2007, November 2007,

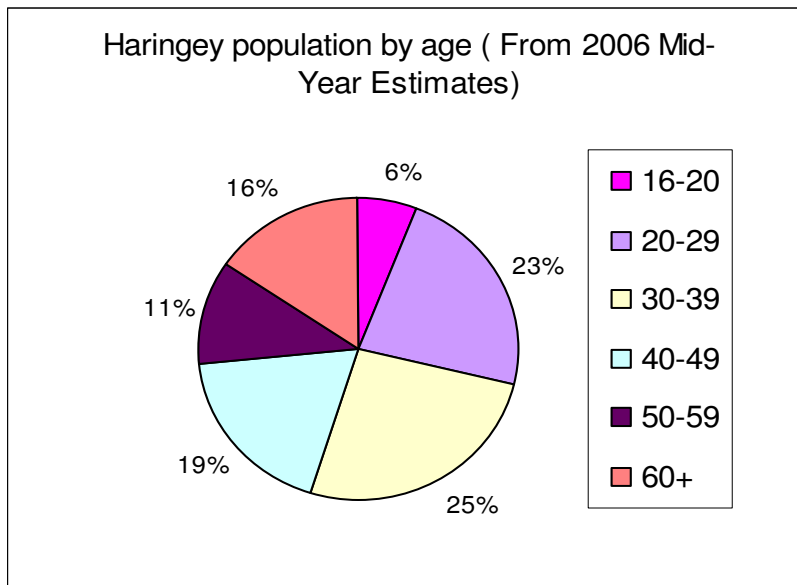
Expert Users Group minutes

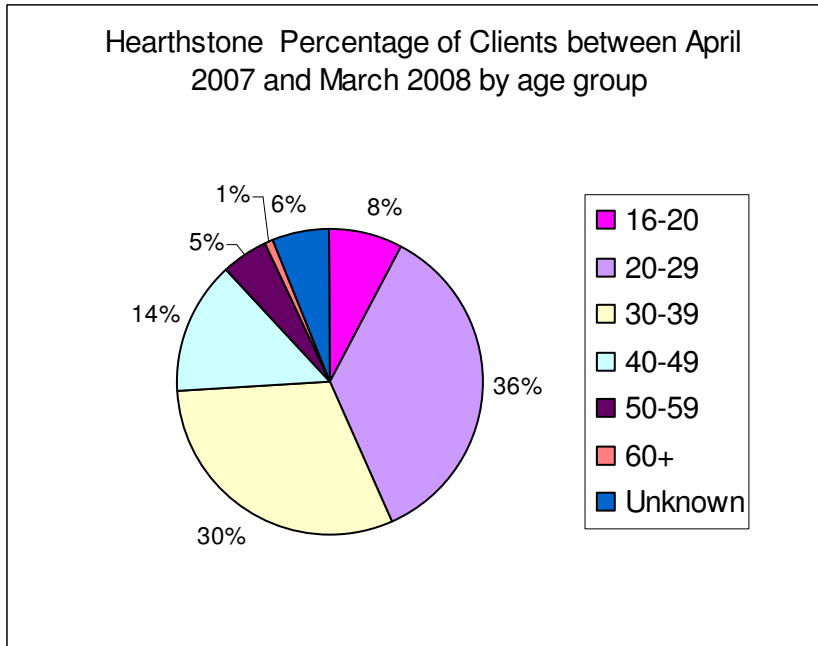
Domestic Violence Forum Meeting February 2008, May 2008

Domestic Violence Partnership Board Meeting, January 2008, April 2008 July 2008

**4. Assessment of likely positive or negative impact on:**

**AGE**





(N.B. Hearthstone is Haringey's Domestic Violence advice and support centre.)

The age group most affected by domestic violence in Haringey is 20 – 29 years, representing 41.5% of Hearthstone's clients between 2004 and 2007. Hearthstone statistics for women show that in 2007-2008 of the 1263 clients, 452 were aged 20 – 29, representing 35.8 % of the total.

Domestic violence does affect women of all ages with 2% of clients being 60+ years. In 2007 – 8, 13 women over 60 years visited Hearthstone; 452 were between 20 and 29 years

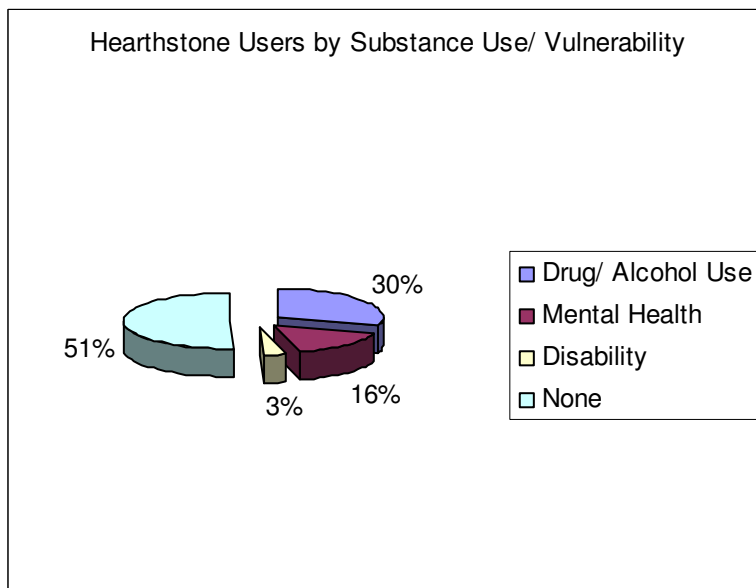
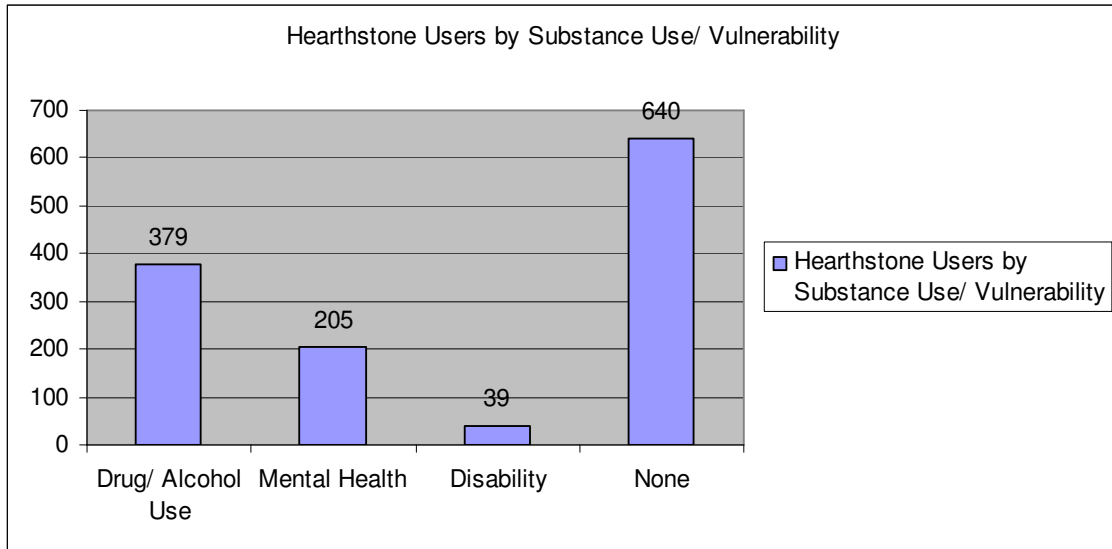
The 2006 Mid Year Estimates for Haringey's population of women aged 20 – 29 are 20,492 which represents 18.19% of the total female population of Haringey. (Produced by the Office of National Statistics)

### Hearthstone Service User Age Group

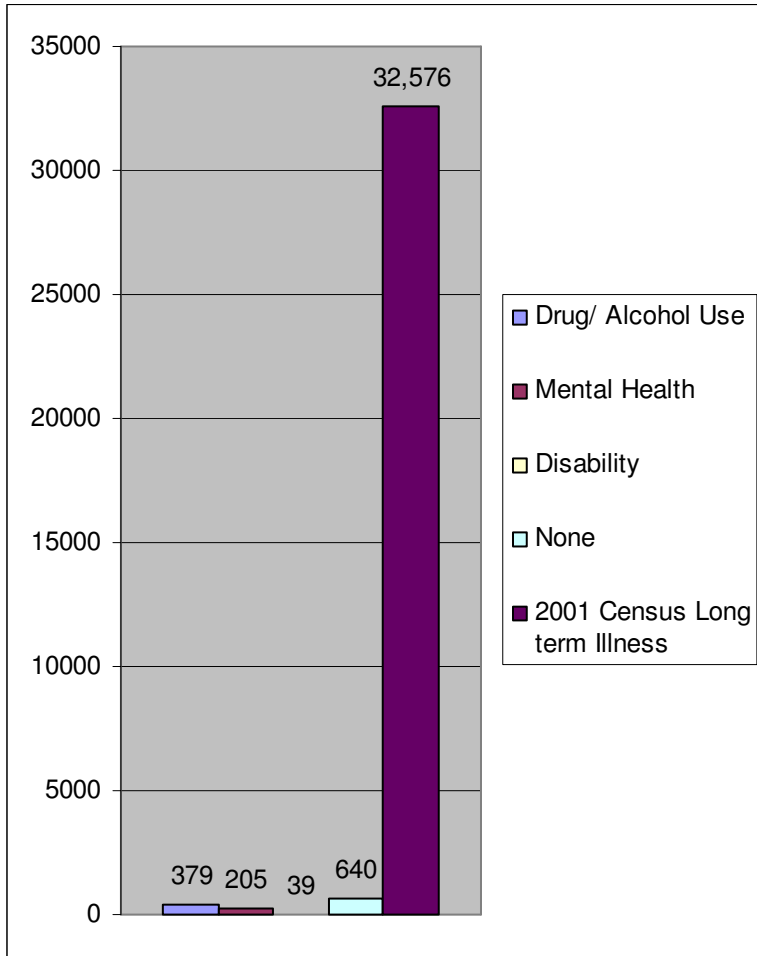
YTD April 2007-Mar 2008	0-20	20-29	30-39	40-49	50-59	60+	Unknown
No 1263	97	452	383	181	61	13	76
%	7.7	35.8	30.3	14.3	4.8	1	6

**DISABILITY**

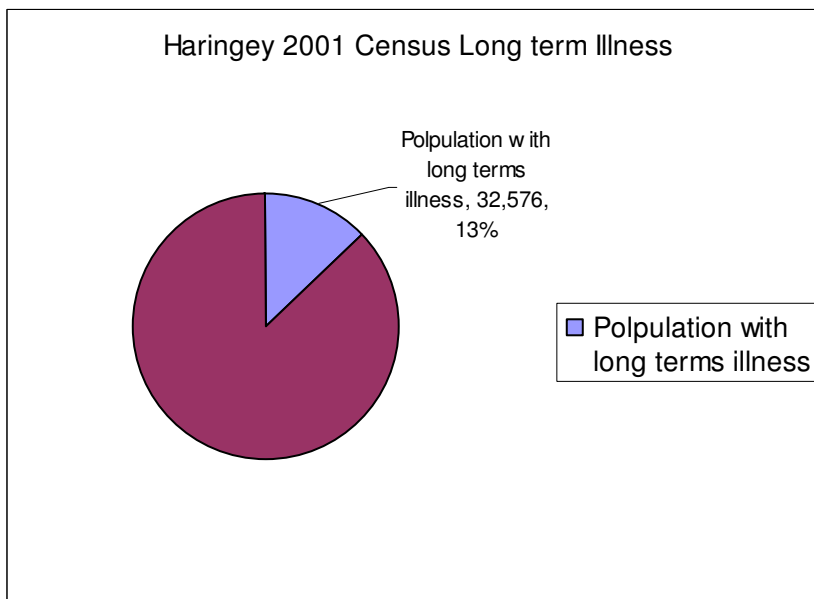
The following tables demonstrate that disabled people are currently under-represented at Hearthstone.

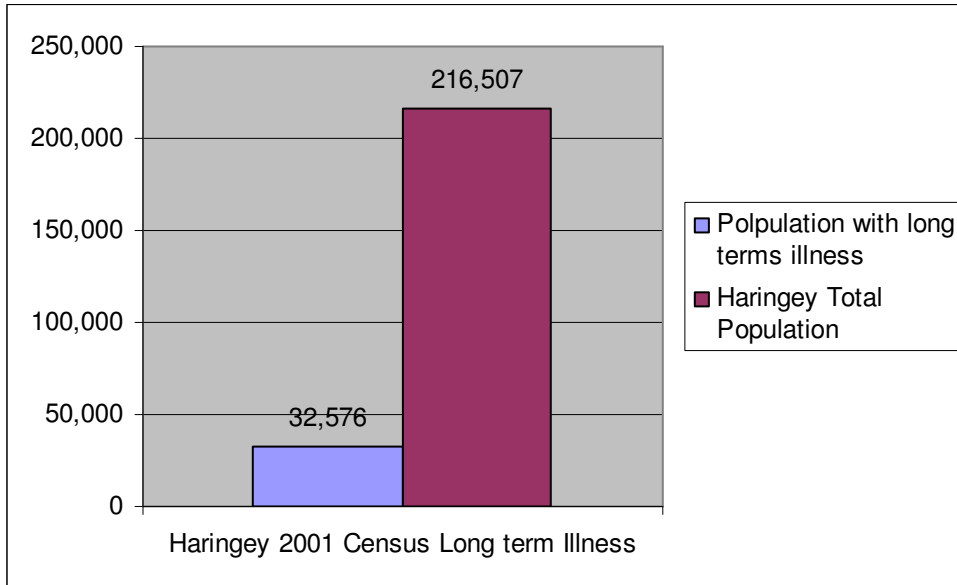






**2001 Haringey Census data for people who have a long-term illness**





The available data for the Haringey population only allow limited comparisons to be made with those for Heathstone because the nearest comparable Census category to 'Disability' is 'a limiting long-term illness'.

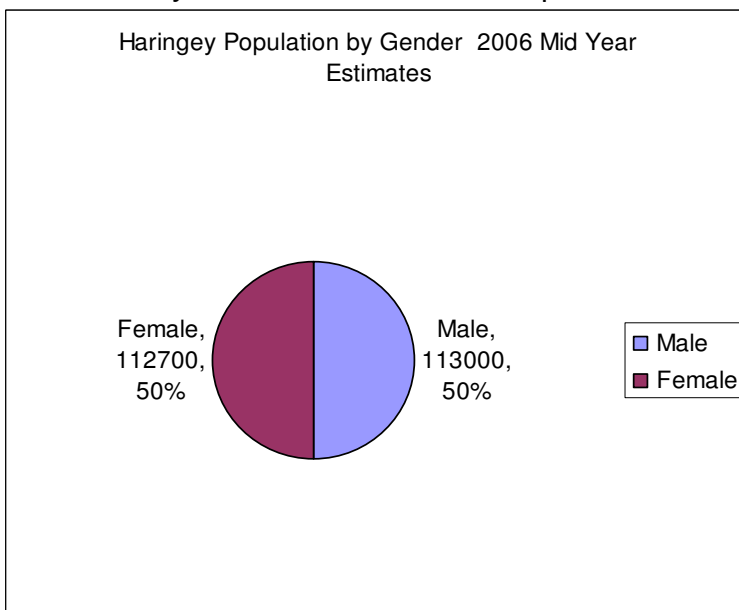
However, Haringey residents who have a long term illness represent a considerable portion of the population and this is clearly not reflected in the Heathstone service-user group.

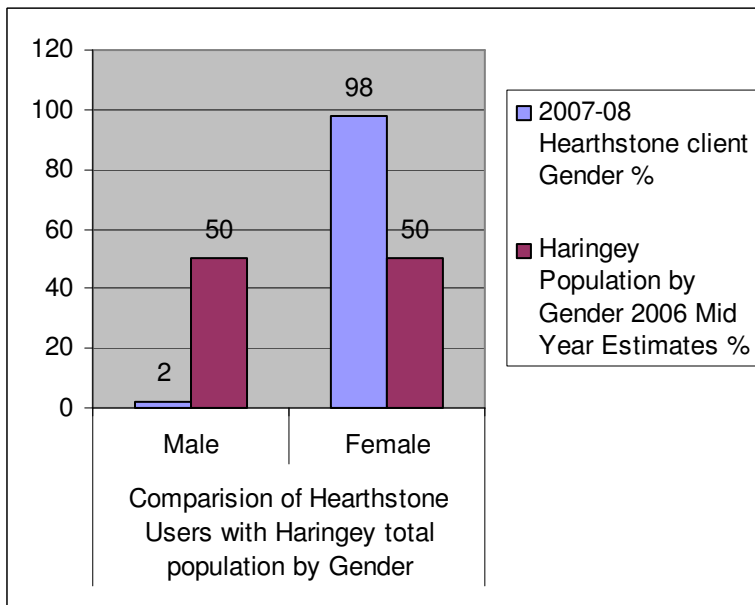
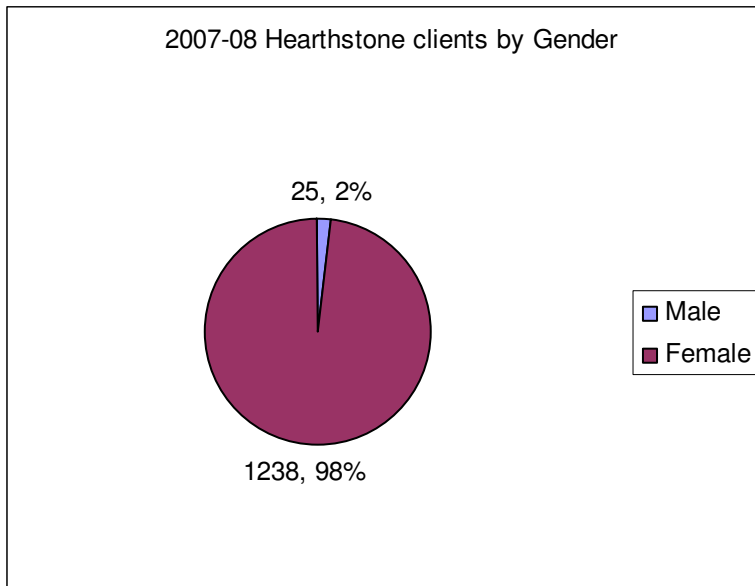
However, Mental Health problems are considered and defined as a Disability, therefore they may well come under the 'long-term illness' counted within the census.

**GENDER**

This strategy should have a positive impact on women in the borough because they are most likely to experience Domestic Violence and Gender Based Violence.

There may be a negative impact on women who have no recourse to public funds because they have no access to most public services.



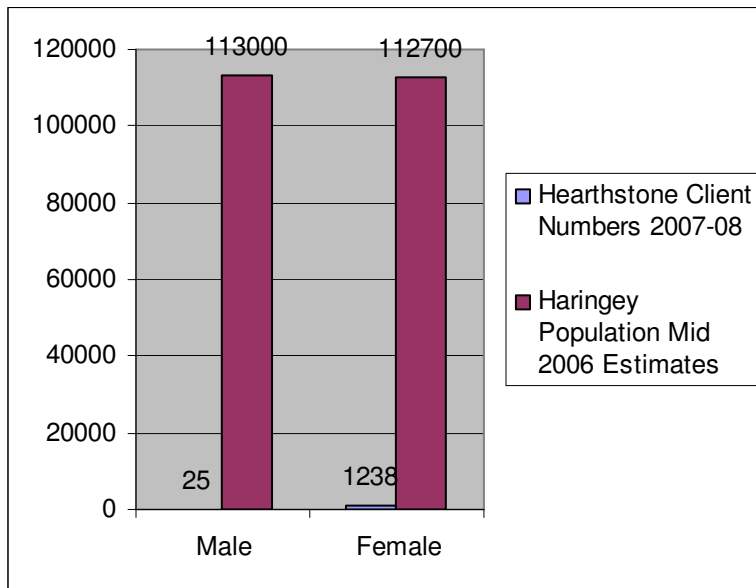


Hearthstone statistics show that 98% per cent of Domestic Violence survivors are women. Haringey Metropolitan Police Service Community Safety Unit statistics show that 99% of the 3028 reported incidents survivors reporting Domestic Violence to the police are women. Of these, the age group 20- 29 is the most heavily represented.

This figure reveals a clear disproportionality in the representation of women aged 20 -29 as survivors of Domestic Violence.

It may show that:

- women of this age are more inclined to report Domestic Violence
- women of this age are more likely to be at risk of Domestic Violence because a high percentage of Domestic Violence begins in pregnancy
- there is a greater acceptability and tolerance of violence among young people



The Census 2001 show that the female population of Haringey is 112,841, representing 52.12% percent of the total population (216,507)  
 The 2006 Mid Year Estimates for Haringey's total population is 225,700, with a population of 91,003 females over 15 years.

For example, the most recent British Crime Survey (BCS) found that in the year prior to interview, there were an estimated 12.9 million incidents of domestic violence acts (nonsexual threats or force) against women and 2.5 million against men in England and Wales. Moreover, while the commonly cited figures of domestic violence affecting one in four women and one in six men might suggest a degree of parity, this conceals that 47 per cent of male survivors experienced a single incident with a mean average of seven incidents per victim compared with only 28 per cent of female survivors experiencing a single incident with a mean average of 20 incidents per victim.

Domestic Violence was the only category of violence for which the risks for women (0.6%) were higher than for men (0.3%) ('Crime in England and Wales 2006/7', Ed. Chris Kershaw and Alison Walker).

Gender *does* play a role in domestic violence. This does not mean all survivors are female and all abusers male. What it does mean is that the gender of both victim and offender influences the behaviours of both.

For example, women survivors are more likely to be injured, more likely to be frightened, more likely to be repeatedly abused and more likely to be murdered. Male survivors may be less likely to access existing services, often fearing ridicule should they disclose abuse at the hands of a woman.

Gender also influences the type of abuse. Male perpetrators are far more likely than female abusers to abuse post-separation. Indeed this is the most common high-risk situation for female survivors.

'Every year, since 1991, on average of 97 women have been killed by a current or former partner (a total of 42 per cent of all women killed). On average 28 men have been killed annually by a current or former partner which amounts to 7 per cent of all men murdered. In an analysis of homicide data from 1985 to 1994 in Scotland, England and Wales it was concluded that one in five of male partner homicides were by gay partners but it was 'quite rare; for homicides of partners in lesbian relationships'<sup>40</sup>.

It is sometimes claimed that male domestic violence survivors have no services. This is untrue. Although refuge projects generally provide services only to women and their children, almost all other services are available to both genders. Additionally, it should be noted that capacity limitations mean that only approximately 15 per cent of those homeless due to domestic violence are accommodated in refuges. All other housing options are available irrespective of gender. Since, with this one exception, very few domestic violence services are gender or sexuality specific, the proposals to improve service provision will, in the main, result in service improvements for genders, all sexualities and all familial relationships.

The Dyn Report states the low numbers of men reporting domestic violence "is likely to reflect the difficulty of engaging men in any social care activity (largely due to the impact of socialization on help-seeking activities); the limited avenues through which to access men; and the differences in the type and severity of abuse that heterosexual men appear to experience from their female perpetrators".

(The Dyn Project: Supporting Men Experiencing Domestic Abuse .Final Evaluation Report. Amanda L Robinson and James Rowlands, Cardiff, 2006)

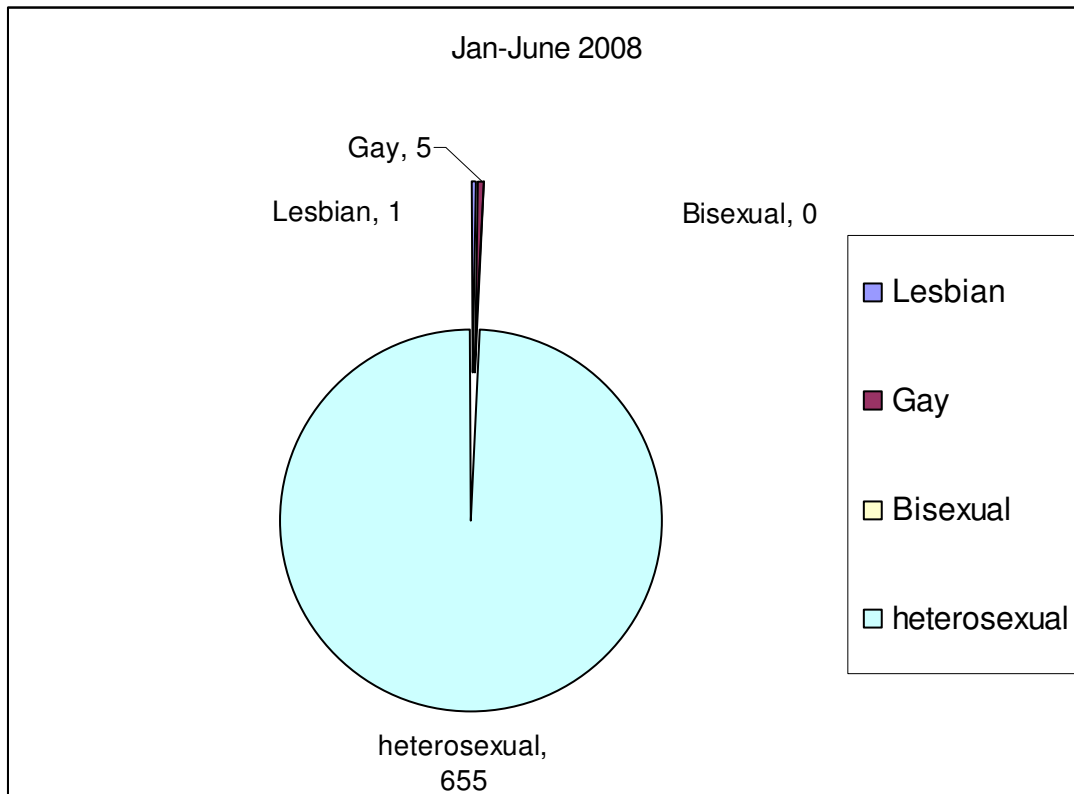
## SEXUALITY

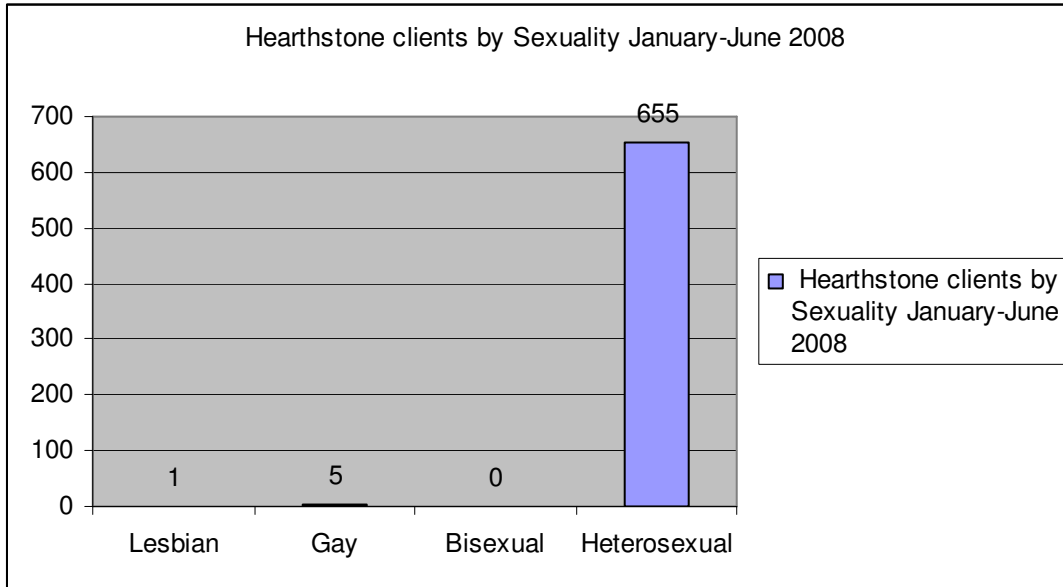
The following tables clearly demonstrate disproportionality between Haringey population statistics for lesbian, gay and bisexual people and those using Hearthstone.

However, it must be emphasised that:

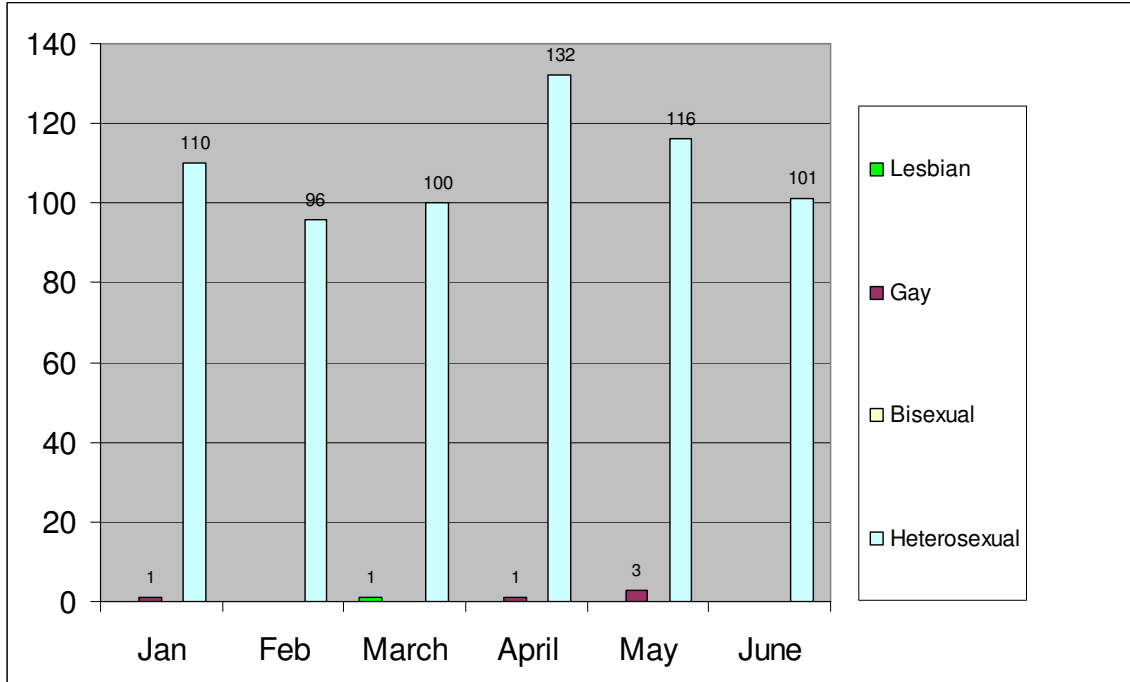
- Domestic Violence also occurs in the lesbian, gay, bisexual and bi-sexual communities
- Heterosexual men can also be abused by heterosexual females
- Public bodies must give proper consideration to all individuals' human rights and investigate any complaint accordingly .

Actions to address the needs of lesbian, gay, bisexual and transgender survivors of Domestic Violence are outlined in Section 7



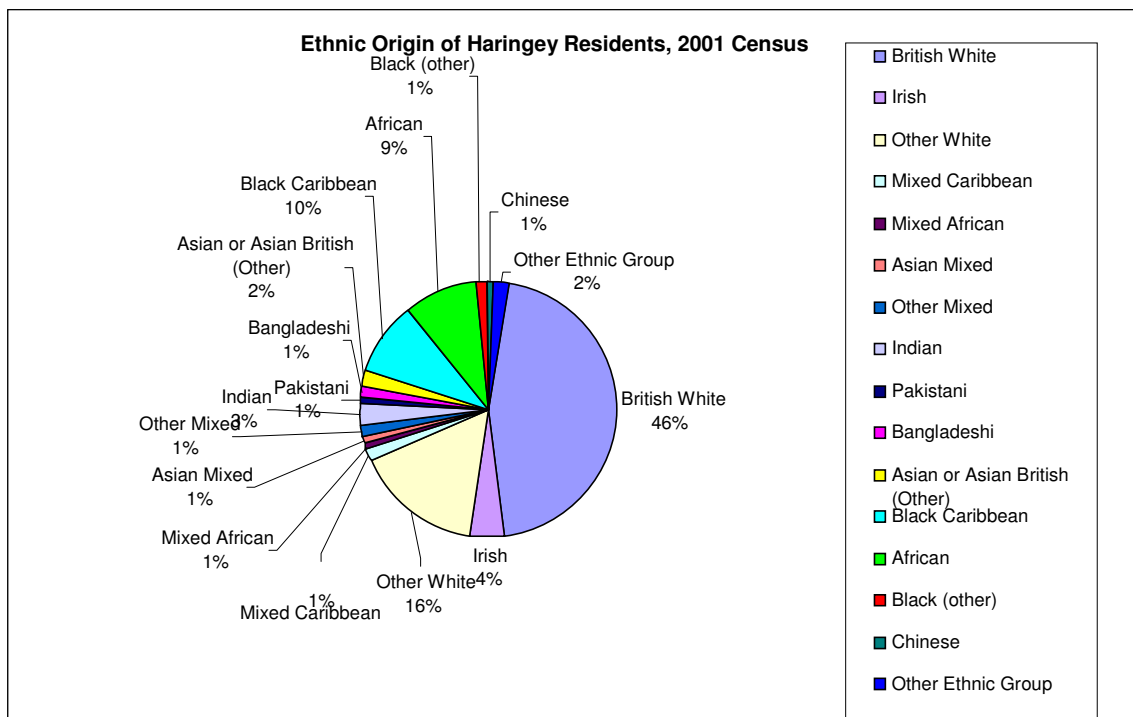


Year 2008	Lesbian	Gay	Bisexual	Heterosexual
Jan	0	1	0	110
Feb	0	0	0	96
March	1	0	0	100
April	0	1	0	132
May	0	3	0	116
June	0	0	0	101

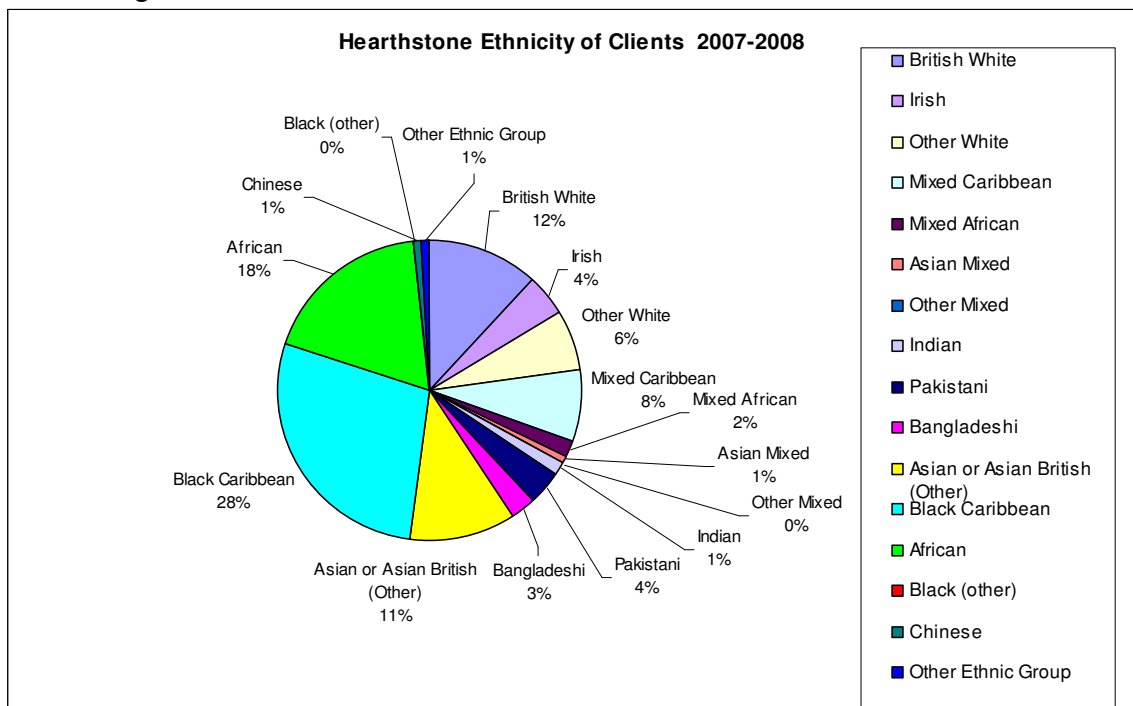


**RACE**

**Ethnic origin of Haringey residents, 2001 Census**



**Ethnic origin of Heathstone Clients, 2007-2008**



In 2005/06 the police recorded 3662 Domestic Violence incidents in Haringey which resulted in 2139 Domestic Violence offences. Domestic Violence (DV) constitutes 30 per cent of all violent crime in Haringey, compared to the national Domestic Violence statistic of 15 per cent of violent crime. The levels indicate that it is a serious issue that Haringey must



play its part in addressing. On average there are 81 cases of rape reported in Haringey each year, in nearly all rape cases the victim knows the perpetrator.

Communities such as the Turkish community and the Somali community provide anecdotal evidence for concerning levels of domestic violence but this is not reflected in official crime data. However, as mentioned above analysis of Haringey Council's domestic violence web pages demonstrates that domestic violence information is being accessed by people from these communities. For example the Turkish translation of I Shall Survive, our domestic violence handbook was downloaded 4,338 in 2007.

Some of the measures to address this in the strategy are outreach initiatives and looking at how more information, advice and support can be provided electronically.

The use of translations and the provision of interpreters should continue to be promoted as an incentive for people to come forward and report domestic violence and gender abuse.

Under-reporting or conversely, a disproportionately high number of incidents in a particular group could be linked to a tolerance of domestic violence and gender abuse.

The proposed attitudinal survey should assist in gauging community's sense of responsibility for addressing domestic violence.

In addition to traditional sources for statistical information on Domestic Violence crimes we have looked at other ways of identifying trends and equality-related issues of under/over representation by certain groups.

For example, the Domestic Violence Partnership Board commissioned the translation of Domestic Violence in the top community languages. The Council determines these languages on the basis of the number of requests for translations and interpreters for each language to the Council's Translation and Interpreting Services unit. This unit provided the following information on the language versions of Domestic Violence pages on Haringey's website.

Haringey website domestic violence pages

Number of visits 2007/8

[http://www.haringey.gov.uk/domestic\\_violence.htm](http://www.haringey.gov.uk/domestic_violence.htm)

1,820 visits - 2,060 views

[http://www.haringey.gov.uk/domestic\\_violence/hearthstone.htm](http://www.haringey.gov.uk/domestic_violence/hearthstone.htm)

1,756 visits - 1,947 views

[http://www.haringey.gov.uk/domestic\\_violence/domesticviolencestrategy.htm](http://www.haringey.gov.uk/domestic_violence/domesticviolencestrategy.htm)

1,356 visits - 1,538 views

What's Love got to do with it?'

1381 hits.

[www.haringey.gov.uk/i\\_shall\\_survive\\_-\\_turkish\\_version.pdf](http://www.haringey.gov.uk/i_shall_survive_-_turkish_version.pdf)

4,338

[www.haringey.gov.uk/i\\_shall\\_survive\\_-\\_english\\_version.pdf](http://www.haringey.gov.uk/i_shall_survive_-_english_version.pdf)

2,220

[www.haringey.gov.uk/i\\_shall\\_survive\\_-\\_albanian\\_version.pdf](http://www.haringey.gov.uk/i_shall_survive_-_albanian_version.pdf)

1,926

www.haringey.gov.uk/i\_shall\_survive\_-\_somaliversion.pdf  
918

www.haringey.gov.uk/i\_shall\_survive\_-\_kurdishversion.pdf  
648

www.haringey.gov.uk/i\_shall\_survive\_-\_frenchversion.pdf  
618

www.haringey.gov.uk/i\_shall\_survive\_-\_bengaliversion.pdf  
420

If we take one group as an example, the **Somali** community, it is useful to compare the reported incidents of crime (57 reported incidents of Domestic Violence) with the population figures for that group (2194 - according to the 2001 Census there are 2194 residents of Haringey born in Somalia) and with the statistics above for the number of downloads of the Somali version of I Shall Survive (918), there is evidence of disproportionality.

Actions need to be taken to improve the reporting of Domestic Violence by Somali people, to increase their confidence in the Criminal Justice System and to ensure equality of access to services. Community awareness days will be held to increase awareness of services, rights and to highlight particular issues/obstacles effecting Somali people who experience Domestic and Gender Based Violence.

## **Turkish, Somali, and Somali Domestic Violence survivors in Haringey**

### **Crime analysis report**

The following crime analysis report was commissioned by the Domestic Violence Partnership Board to provide information about 3 particular communities as part of an initiative to target hard to reach groups experiencing Domestic Violence in Haringey. This report was compiled by a Haringey Council crime analyst.

***Please note, the information below is taken from Police CRIS (Police Crime Recording Information System) data and employs different categories than those used by other agencies.***

There were 1,144 Domestic Violence survivors, recorded by the Police, the vast majority (882 or 77%) of which had no nationality recorded (blank entry). *This major gap seriously compromises analysis as it is unknown how many Somalian/Turkish/Cypriot survivors might be in this unknown group as well as considerably reducing the number of Domestic Violence survivors available for analysis.*

Of the remaining 262 Domestic Violence survivors where a nationality was recorded, there were 16 survivors or 6.1% of the total, three from Cyprus 3 (1.1%) and one Somalian (0.4%). Looking at the ratio for each nationality i.e. the percentage of all survivors who suffer domestic violence, Turkish victim's rank highest at 5.6%. Cypriot

and Somalian Domestic Violence survivors showed smaller ratios of 3.4% and 1.8% respectively despite having significantly less survivors than Turkish nationals (see table below). Overall no disproportionality within the Somalian/Turkish/Cypriot survivors was apparent; that is Domestic Violence survivors as a percentage of all Violence against the Person<sup>1</sup> was 28% compared to 26% for all survivors

Nationality	Domestic Violence Survivors		All survivors	Ratio
	Total	% Total		
TURKEY	16	6.11%	286	5.6%
CYPRUS	3	1.15%	87	3.4%
SOMALIA	1	0.38%	57	1.8%

Half of the 20 Domestic Violence offences suffered by Somalian/Turkish/Cypriot survivors were for ABH (8 of which were Turkish survivors) similar to the percentage for all women. *It should be noted that comparisons of this type are hindered considerably by the small actual numbers of Somalian/Turkish/Cypriot Domestic Violence survivors and the incomplete data quality which affects the validity of any findings based on victim's data.* All but one of the 20 Somalian/Turkish/Cypriot Domestic Violence survivors were female and 11 were aged between 18-33 years of age

##### **5. Can the negative impact be justified, if yes please detail.**

The negative impact on survivors of Domestic Violence who have no recourse to public funds is caused by national policy beyond the remit of this strategy.

In 2002 the government introduced the 'domestic violence rule' in immigration law, which states that if a person married or living with a settled partner can provide specific evidence to demonstrate that she/he is a victim of domestic violence and meet other conditions, she/he can remain in the UK indefinitely. But for a significant number of women, the existence of the 'no recourse to public funds' requirement in immigration and welfare law, prevents them from making use of the domestic violence rule because they cannot access safe housing or benefits to escape domestic violence. The result is that they are faced with a stark choice, leave and face destitution or stay and risk their lives.

The 'no recourse' requirement bars anyone entering the UK on the basis of marriage from relying on public housing or benefits until their immigration position is regularised.

##### **6. Consideration of alternative measures to reduce any adverse impact.**

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Targeting central government on the inequitable treatment of women who have no recourse to public funds and are therefore excluded from most domestic violence support services.

The Domestic Violence Partnership Board will produce a leaflet and web based information for professionals on supporting survivors of Domestic and Gender Based Violence who have no recourse to public funds. This will include information on where to sign-post people to for support and advice.

## **7. Identify any further action that needs to be taken.**

**Ensure that the key elements are incorporated into your Business Plans and any training needs in your People Plan.**

### **Actions we are going to undertake to address imbalances and inequalities in access to services:**

- More awareness raising among potential survivors who are aged 60 years and over.
- Domestic Violence and Gender Based Violence initiatives targeting disabled people such as more training to agencies who support disabled people and awareness raising events at locations such as day centres.
- Equalities monitoring training to all Domestic Violence service providers
- Specialist training on Domestic Violence in same sex relationships
- More outreach to hard to reach communities. For example, Irish Travellers; Somali people; Turkish people; male victims of Domestic Violence.
- Increase access to Domestic Violence services and encourage reporting by Lesbians, Gay men, Bi-sexual and Transgender people
- Increase reporting of Domestic and Gender Based Violence by disabled people
- Continue to provide web-based Domestic and Gender based Violence information in community languages. In addition to the languages already available (i.e. Albanian, Bengali, Chinese Cantonese, Chinese Mandarin, French, Greek, Gujarati, Kurdish-Kurmanci, Kurdish-Sorani, Polish, Portuguese, Romanian, Somali, Turkish and Urdu) we will work with the Council's Translations & Interpretation provide translations based on the requests received for a particular language.
- Work with young perpetrators of Domestic Violence and Gender Based Violence.
- Information on supporting survivors who have no recourse to public funds to be published and circulated to all agencies
- Lobby Central Government on the difficulties faced by Domestic Violence survivors who have no recourse to public funds
- Implement improved monitoring systems to enable effective Equalities monitoring of the needs and requirements of these underrepresented groups: disabled people; people who profess a specific Religion or Belief; Transgender people

## **8. Set out the monitoring and reviewing arrangements.**

The strategy will be monitored by the Domestic Violence Partnership Board through quarterly reports and feedback from appropriate agencies and groups who have responsibility for implementing aspects of the Action Plan.

The strategy will be reviewed annually by the Domestic Violence Partnership Board

**9. Where is this Impact assessment to be published?**

It will be included in the text of the strategy which will be published in hard copies and on Haringey's website.

**This Equality Impact Assessment was carried out by:**

**Name:** Deirdre Cregan

**Designation:** Domestic Violence Co-ordinator

**Contact Details: Email address = [deirdre.cregan@haringey.gov.uk](mailto:deirdre.cregan@haringey.gov.uk)**

**Approved by:**

**Designation:**

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**Meeting:** Safer Communities Executive Board

**Date:** 15 October 2008

**Report Title:** Reductions to the Pooled Drug Treatment Budget

**Report of:** Marion Morris - Drug & Alcohol Strategy Manager  
Policy, Partnerships, Performance & Communications

## 1. Summary

1.1 Two specific factors have influenced the reduction to the Pooled Drug Treatment Budget (PTB):

1.2 Firstly, as part of the Government's most recent Comprehensive Spending Review the Department of Health had to make local efficiency savings of £50m per annum against national expenditure on the PTB by 2010/11. The PDTB is the main 'health' budget for commissioning drugs provision in the borough. It sits outside of the Area Based Grant (ABG) and is ring fenced until 2011 when it in all likelihood it will go into the ABG. Whilst the official line from the National Treatment Agency on this, is that this is not effectively a cut, more a redistribution of the overall pot of money available to those partnerships that had previously not done so well out of the PTB allocation. However, this is not the reality on the ground.

1.3 Secondly, changes in the funding formula for the PTB allocations (from the Yorke formula) to the formula as outlined below means that Haringey DAAT is effectively looking at cuts of 26% over three years against our 2007/08 PTB allocation - see below. This 'indicative allocation' was also based on performance outturn in 2007/08 using the new definition of effective treatment as 'those who are crack/heroin users only'. So in other words our year end position for 'numbers in effective treatment' excluded non heroin/opiate crack users, bringing the overall 'number in effective treatment' down - which means less money. This performance outturn was then turned into a 'projected trajectory' of performance over the three years and used as the basis for our allocation along with the formula as outlined below.

## 2. Haringey Projected Budget 2008/09 – 2010/11

PTB Allocation 2008/09 actual	Percentage change 2008/09 from 2007/08	PTB Allocation 2009/10 projected on 1% standard increase	Percentage change 2009/10 from 2007/08	PTB Allocation 2010/11 projected on 1% standard increase	Percentage change 2010/11 from 2007/08
£3,466,001	95%	£3,180,945	87%	£2,705,844	74%

Source: National Treatment Agency

2.1 The majority of these monies are tied up in existing drug treatment service contracts – when inflationary uplifts for staff costs on commissioned services are included the reductions increase further.

### The funding formula itself states:

- **Activity** i.e.: the number of individuals in effective treatment in the year. This will account for 75% of the allocation. (**which translates as crack and heroin users as per N140**)
- **Case Mix:** The differential cost of providing treatment to Problem Drug Users (PDUs, i.e. users of crack and / or opiates) and non PDUs will be reflected in a 2:1 differential when calculating each area activity. (**This essentially means that you get more money per each crack/heroin user as they are more expensive to treat**)
- **Caseload Complexity:** 25% of the allocation will determined by factors reflecting the complexity of the local treatment population. (**again this seems to be about % of PDU's**)
- **Area Cost Differential:** This reflects the true cost differential to provide the same level of service across the country. (**This is about the unit costing event currently taking place**)

It is interesting to note that London boroughs with the highest levels of deprivation on the whole seem to have fared the worse under this new regime.

### 3. Impact of reductions on the drug treatment system:

3.1 From next year the 'cuts' that Haringey have to make will start to impact directly

on 'Tier 3' drug services – (that is services that are working with primary crack and heroin users), services that work with children affected by parental substance misuse and some of our 'wrap-around-support' services.

3.2 In order to give providers the necessary notice of any change to their allocation the Joint Commissioning Group has begun planning early for



these 'cuts'. Three different options for meeting these cuts were put to the DAAT Board on the 4<sup>th</sup> September, one of which was agreed. Providers will now be formally notified.

3.3 The DAAT Partnership Board recognise that against this background it is unrealistic to look to the PTB as the sole source of monies for commissioning drugs services/projects. We need to begin to have the discussion about what is absolute priority - and from this identify the means to commission this work.

3.4 Also of note is the equality impact of this formula - which is too heavily weighted to crack and heroin users and compromises our ability to commission services to meet the diverse needs of a borough such as Haringey - e.g. work with the Somali community on khat, problems caused by heavy cannabis use and in particular skunk, which is having a devastating effect on many of our African Caribbean community.

**4. Recommendations:**

4.1 **Board to note:** Cllr Canver has written to Vernon Coaker – Parliamentary Undersecretary of State for Policing, Security and Community Safety outlining the concerns re these reductions.

4.2A paper is going to Haringey Council's Chief Executive management Board on 14<sup>th</sup> October on drugs/alcohol commissioning to consider any opportunities for mainstreaming some of this work.

4.3The 2008/09 annual drug treatment needs assessment will include a specific section on the impact of these reductions and identify 'unmet need'.

4.4This will be reflected in the development of the drug treatment plan for 2009/10.

5.4The SCEB Performance Management Group to investigate and consider the scope for meeting some of this unmet need.

**Financial/ Legal Comments:**

If there is a reduction in drug treatment services as a result of the reduced budget provision, there may be an increased demand for community care services from drug and alcohol users. The local authority has a statutory duty to assess people who appear to be in need of community care services under section 47 of the *National Health Service and Community Care Act 1990* and a duty to provide services for people who meet the eligibility criteria in accordance with the *Fair Access to Care Services Guidance*. The impact on local authority community care resources and mental health services will therefore need to be considered.

**For more information contact:**

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## Safer Communities Executive Board

### 15 October 2008

Report Title: **Overarching Policing Priorities for Haringey**

Report of: **Haringey Community & Police Consultative Group Ward Panel Chairs' Public Consultation**

### 1. INTRODUCTION

The Haringey Ward Panel Chairs' & Partnership Forum (the Forum) has representatives from each of Haringey's nineteen Wards and from nine non-geographic communities. It receives an overview of crime and disorder in the Borough from analyses provided by the Police and its partners. It assembles twice yearly, to discuss and identify the three key policing issues in Haringey considered to be of highest priority from the community's perspective.

The Forum is a key conduit for community consultation, providing a response on specific community safety issues that the Police and its partners wish to discuss with the communities of Haringey.

### 2. OVERARCHING POLICING PRIORITIES

The three current overarching policing priorities outlined below stem from consultation with local residents and ward panel chairs and are endorsed by the Haringey Community & Police Consultative Group.

Overarching Policing Priorities derived from Public Consultation	Recommended Initiatives required to address these concerns
1. Youth Disorder	Deployment of detached youth workers
2. Violent Crime (partially driven by territorial gang culture on estates/by postcode)	Zero tolerance
3. Robbery (theft & muggings)	Zero tolerance

From this and further discussions at the Forum's Management Board Meeting on 28<sup>th</sup> July, 2008, it was concluded that problems relating to young people were the matter of greatest concern to the wider community.

At a subsequent meeting with Jean Croot (Head of Safer Communities, Haringey) and Belinda Evans, (Head of Youth Service, Haringey), the Forum Chair, Ralph Crisp, together with Enid Ledgister, Director, HCPCG & Fred Ellis, Chair, HCPCG, were pleased to learn that measures were in the

process of being implemented, including the formation of a twenty strong Rapid Response Team, which appear to largely address many of the Forum's concerns. This news was welcomed and will be fed back to the Forum.

### **3. FORMULATION OF THE OVERARCHING POLICING PRIORITIES 2009**

The above set priorities cease in March 2009 following its 6 monthly review. The Forum will monitor progress to determine re-occurring trends and/or patterns emanating from each Ward.

The Forum works in-conjunction with local residents to identify the perceived perception of crime and safety, and to agree the next set of policing priorities for the borough. Once the initial consultation work has been carried out and the results have been analysed, the information will be presented to the Safer Communities Executive Board for consideration.

It is the Forum's view that local engagement may be frustrated if locally expressed priorities are not capable of influencing community safety and community policing. In this regard, the Forum would welcome the Safer Communities Executive Board support of the recommendations in this report.

### **4. RECOMMENDATIONS**

- a) SCEB notes the Forum's directions for community engagement indicated in setting overarching policing priorities for the Borough.
- b) SCEB endorses the 3 overarching policing priorities identified by the Forum.

Ralph Crisp  
Chair, Forum Management Board



**Meeting:** Safer Communities Executive Board

**Date:** 15 October 2008

**Report Title:** Key Issues from Acquisitive Crime Partnership Board

**Report of:** Eliza Meechan

**Summary:**

The Acquisitive Crime Partnership Board is responsible for taking forward partnership activity to contribute to the achievement of NI16 (serious acquisitive crime rate). Good progress is being made on the completion of the board's action plan. The board has also developed and is taking forward a burglary action plan.

**Recommendations:**

This report is for information only

**Financial/Legal Comments:**

N/A

**For more information contact:**

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**1. Background**

- 1.1. The Acquisitive Crime Partnership Board meets on a quarterly basis and is responsible for taking forward multi agency activity to contribute to the achievement of NI16 (serious acquisitive crime rate).
- 1.2. Performance is currently set to meet the target of reducing serious acquisitive crime by 5% this financial year. However, theft from a vehicle continues to increase and although residential burglary is

currently showing small decrease, this crime type is subject to seasonal increases between November and January.

## 2. Key Issues

- 2.1. The acquisitive crime partnership board action plan is progressing well. The action plan includes activity relating to intelligence-led crime prevention advice, sharing information between different partners and implementing the problem solving model to address specific crime issues.
- 2.2. The board has prioritised both motor vehicle crime and burglary as these crime types contribute most significantly to the overall serious acquisitive crime rate.
- 2.3. During the first quarter of 2008/9 burglary continued to show an increase. In response to this information the September Acquisitive Crime Partnership Board (ACPB) focused on burglary. A partnership burglary action plan has been developed and is being delivered by members of the board.
- 2.4. The partnership burglary action plan is divided into four key objectives: prevention, intelligence and data analysis, enforcement and reassurance.
- 2.5. There are two major projects which have been approved as part of this action plan:
  - 2.5.1. The delivery of a proactive target hardening project for properties in three burglary hotspot areas. This approach is based on good practice from other boroughs and on a model used in Haringey for victims of burglary aged 55 and over.

The Police Borough Intelligence Unit has identified three priority wards for burglary. Within each of these wards, up to four streets have been identified. The Crime Prevention Design Advisors (CPDAs) are surveying these streets to develop a suitable menu of target hardening options.

The information collected by the CPDAs will be provided to Met Care and Repair who will visit every property in the micro hotspots and offer crime prevention advice and appropriate target hardening. The impact of the project will be reviewed with a view to rolling this out across the borough.

The design and delivery of a schools burglary awareness campaign. This will involve the delivery of a burglary focused assembly in all of the borough's primary schools, providing every year 4, 5 and 6 school child in the borough with a burglary prevention pack, encouraging children to deliver crime

prevention information to their families and friends. The use of such a campaign as a technique for preventing crime is based on Home Office research<sup>1</sup> about the key role that publicity has to play in the reduction of burglary.

This campaign model was devised last year and used to raise awareness about motor vehicle crime. Feedback from schools was very positive and staff requested further assemblies of this kind.

- 2.6. The next ACPB meeting will include a presentation about the Haringey re-offending action plan and focused discussions about motor vehicle crime.

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<sup>1</sup> Home Office Research Study 272: The role of publicity in crime prevention: findings from the reducing burglary initiative.

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**Meeting:** Safer Communities Executive Board

**Date:** 15 October 2008

**Report Title:** Key Issues from Anti Social Behaviour (ASB) Partnership Board

**Report of:** Otis Williams

**Summary:**

The ASB Partnership Board is responsible for taking forward partnership activity to contribute to the achievement of NI21 (dealing with local concerns about anti-social behaviour and crime by the local council and police - PSA 23). Good progress is being made on the completion of the board's action plan.

Other linked and relevant NIs include, 1, 3, 17, 24, 25, 27, 35, 38, 41, 42, 110, 111, 114 and 115.

**Recommendations:**

This report is for information only

**Financial/Legal Comments:**

N/A

**For more information contact:**

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 Email: otis.williams@haringey.gov.uk

**1. Background**

1.1. The ASB Partnership Board meets every two months and is responsible for taking forward multi-agency activity to contribute to the

achievement of NI21 (dealing with local concerns about anti-social behaviour and crime by the local council and police - PSA 23).

- 1.2. The Place Survey (currently in progress) is to provide results in the next couple of months which, once analysed, will be used to establish a base line and future performance target (the performance target is then to be agreed with GOL). National Indicators (NI) 22 and 23 have been removed by Government due to their duplicating other NIs.

## 2. Key Issues

- 2.1. The ASB partnership board action plan is on-track with improved communication a pervasive element throughout.
- 2.2. The ASB Strategy 2009/11 is currently out for consultation and is on the forward plan. It is due to go to Cabinet on 26<sup>th</sup> January 2009. Feedback to date has been positive with the public endorsing the proposed approach of prevention and balanced enforcement. Both the summary and full version strategy is available from Otis Williams, CST, upon request.
- 2.3. The partnership has developed a coordinated plan during the second quarter of 2008/9 for joint activity during the Halloween / Fireworks time period. This will be monitored and evaluated in the third quarter. This also ties in with the Home Office initiative – 'Not in My Neighbourhood Week' – 13-17<sup>th</sup> Oct.
- 2.4. A problem solving approach has been adopted to tackle intractable issues. Such as those in around the Wickes Dispersal Order currently in place. Further, all seven area based working groups will be trained in problem solving by the end of the year.
- 2.5. The use of Introductory Tenancies is currently being considered locally and is on the current forward plan. This comprises of a probationary period for new housing tenants prior to full rights of tenure being acquired. The provision is endorsed by Government and an example of best practice in using all tools and powers to tackle ASB. It is also part of the Audit Commission's Key Lines of Enquiry (KLOE 6 – Tenancy and Estate Management).
- 2.6. Improving the co-ordination of referrals between the ASBAT and mental health teams (MHT) is an ongoing piece of work which has commenced with the MHT due to sign up to the Information Sharing Protocol. Further work is to be progressed concerning a clear protocol with an appropriate process of support for complainants and perpetrators (between ASBAT and MHT).
- 2.7. Local delivery of the Youth Taskforce Action Plan is on track. With a number of projects in progress. These include Challenge and Support, Youth Capital Fund Plus and the Youth Crime Action Plan.

- 2.8. Addressing the correlation between alcohol and ASB (links to Alcohol Strategy Action Plan) is a priority with a particular focus on monitoring trends and responses to street drinking (e.g. through use of Controlled Drinking Zones).
- 2.9. The Hate Crime Steering Group reports to the ASB Partnership Board. Amongst its current projects is a publicity campaign to encourage people to report hate crimes they have witnessed or suffered. Statutory partner agencies as well as voluntary organisations are linked into this work.

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**Meeting:** Safer Communities Executive Board

**Date:** 15 October 2008

**Report Title:** Drug & Alcohol Action Team Update

**Report of:** Marion Morris - Drug & Alcohol Strategy Manager  
Policy, Partnerships, Performance & Communications

### Summary

We are now into the second quarter of delivery against our Adult Drug Treatment Plan. Key things to note:

### Performance

The provisional results of the Health Care Commission audit on diversity and Tier 4 commissioning gives Haringey DAAT a provisional score of 4 – excellent. This will be a second year of scoring excellent – in the HCC audit should this result be ratified. Last years audit was based on harm minimisation and commissioning systems.

Haringey increased its effective treatment rate to 89%, the best in London.

At the end of the first quarter Haringey's successful drug treatment exit rate was 64% - the second best in London.

Haringey increased its number of Problematic Drug Users in effective treatment over 2007/08 by 24%. One of the best performances in London.

NI40 - (Numbers in effective treatment target) - this has been surpassed (966 against 954 year end target). However we understand from GoL that the LAA target will be refreshed in December in the light of actual year end (07/08) out turn figures. In effect this means that the 2008/09 target for Haringey remains at 8% increase on 2007/08 baseline. This equates to a target figure of 1008 and should not therefore present any problems.

Therefore for the three period of the LAA agreement the targets and numbers as:

- 2008/09 – 8% on 2007/08 baseline = 1008 PDU's in effective treatment
- 2009/10 – 14% on 2007/08 baseline = 1064 PDU's in effective treatment
- 2010/11 - 20% on 2007/08 baseline = 1120 PDU's in effective treatment

Whilst the aim is to have the LAA and NHS (Vital Signs) targets as the same, the two targets are calculated differently which will mean that the target

numbers will diverge slightly each year. This means that for the three years the LAA expects a 20% increase in the 2007/08 baseline, the NHS is seeking a 21.3% increase on the 2007/08 baseline.

**Progress Against Drug Treatment Plan Objectives**

Excellent progress is being made against the key treatment priorities; no target has been identified as having unsatisfactory progress.

The new crack/poly drug user service (EBAN) is seeing a rapid increase in new clients. Its co location with the Drugs Interventions Project (CRI) is impacting on the attrition rate between drug users being assessed in police custody to their entering drug treatment.

**Reduction of blood borne viruses**

Actions to reduce the spread of blood borne viruses are underway including the piloting of the contingency management approach to increasing uptake of Hepatitis B immunisation. The employment of a second nurse based in EBAN will mean access to screening and vaccination will be greatly improved.

**Counselling service for Carers**

A counselling service and support group is now available for carers.

**National Treatment Agency Reviews**

The annual mid year review against the implementation of the adult drug treatment plan is scheduled to take place on 21<sup>st</sup> November. The NTA London Lead along with our local DRM attends the review to give feedback on our progress/performance to date. This year for the first time the NTA will also be conducting a review of the implementation of the Young People's Treatment Plan. - On 9<sup>th</sup> October.

**Recommendations:**

To note progress being made on implementing the Drug Treatment Plan.

To seek clarity from GoL as to whether NI40 will be refreshed as stated in the report.

**Financial/Legal implications**

None

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**Meeting:** Safer Communities Executive Board

**Date:** 15 October 2008

**Report Title:** Key Issues from the Other Violent Crime Partnership Board

**Report of:** Eliza Meechan

**Summary:**

The Other Violent Crime Partnership Board is responsible for taking forward partnership activity to contribute to the achievement of NI15 (serious violent crime rate). Good progress is being made on the completion of the board's action plan.

**Recommendations:**

This report is for information only

**Financial/Legal Comments:**

N/A

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**1. Background**

- 1.1. The Other Violent Crime Partnership Board (OVCPB) meets on a quarterly basis and is responsible for taking forward multi agency activity to contribute to the achievement of NI15 (serious violent crime rate).
- 1.2. 2008/9 is the baseline year for NI15. however current data (April to June 2008) shows that Haringey ranks 5<sup>th</sup> lowest among its most

similar boroughs, with 0.15 offences per 1000 population - significantly lower than the group average of 0.25.

## 2. Key Issues

- 2.1. Good progress has been made on the other violent crime partnership board action plan.
- 2.2. The action plan can be divided into three key areas of work: research, improving information sharing and responding to central government guidance. Some of the key achievements to date are detailed below.

### 2.2.1. Research:

The OVCB committed to developing a programme of research and relevant action about alcohol related violence. This action forms part of the recent alcohol strategy review and related action plan.

In July a consultation event about the alcohol strategy was held. The following research project was proposed; to commission the MPS victim desk to call the victim and investigating officer of every violent incident over a 3 month period to ask whether alcohol had been involved. This will help to build a better picture of the nature and extent of the problem in the borough from which relevant action can be taken.

### 2.2.2. Improving information sharing and quality:

The practice of sharing information about 'at risk' young people between the Borough Intelligence Unit (BIU) and the Youth Offending Service has been formalised as part of the OVCB action plan. This practice started in 2007/8 and proved to be useful in ensuring the provision of early intervention programmes for these young people. However, following changes in BIU personnel, this information exchange stopped. Formalising this process by writing the responsibility into the Robbery Analyst's job description has helped to re-invigorate the process.

Work is also in progress to improve the relationship with local health services by examining the data sharing possibilities. The A&E at North Middlesex Hospital has carried out a survey of admissions for stabbings; the findings of which are expected by the end of October.

The Government Office for London is now supporting work led by the Department of Health to develop and implement a comprehensive data sharing agreement and operating procedure for all NHS hospitals. This agreement will cover the sharing of information relating to treatment of non-accidental injuries arising from the use of knives or similar bladed articles. The OVCB will be monitoring the progress of this London-wide initiative.

### 2.2.3. Responding to central government guidance:



The Tackling Gangs Action Programme (TGAP) was established in 2007 and was driven by a multi-disciplinary team from Birmingham, Liverpool, London and Manchester. The Home Office published the guide at the end of May 2008 to capture and disseminate some of the good practice developed as part of the TGAP. The guide provides the following information illustrated by examples from the four TGAP areas: understanding the problem, planning a partnership response, preventing gang membership, devising exit strategies, targeting gang members and community reassurance.

Gangs advisors from the Violent Crime Directorate attended the OVCB in July. They were impressed with the partnership work taking place in Haringey and have agreed to keep the board updated about the gang assessment tool they are piloting.

- 2.3. The next OVCB meeting will include feedback from the Northumberland Park / White Hart Lane Area Assembly workshop about '*Gangs, guns and knives*' and a presentation about research examining disproportionality in Haringey.

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**Meeting:** Safer Communities Executive Board

**Date:** 15 October 2008

**Report Title:** Youth Offending Service (YOS) Partnership Board

**Report of:** Linda James, Youth Offending Service Strategic Manager.

**Summary:** The Youth Offending Partnership Board is responsible, among other key targets, for one of 6 improvement targets underneath Safer Communities. This is NI 111: First time entrants to the Youth Justice System aged 10 – 17. Performance is measured by the direction of travel and this was positive at the end of quarter 1 with an 18.5% reduction over the same period last year.

**Recommendations:** For information only

**Financial/Legal Comments:** N/A

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**Background**

The YOS Partnership Board is a multi disciplinary Board which meets on a quarterly basis. The Borough Commander chairs the meetings and the Deputy Director of Children and Young People's Service (CYPS) is the vice-chair.

**Youth Justice Planning Tool 2008/9:**

The London Regional Manager and Senior Performance Advisor from the Youth Justice Board (YJB) undertook a validation visit to Haringey YOS on 29<sup>th</sup> August, having previously identified particular areas they wished to discuss. The summary report should be available at the end of September

and the national report by 17<sup>th</sup> November. The YOS management team were reassured that, had the YJB not been tasked with visiting every YOS, Haringey's validation would have been a desk top exercise. There were some issues in relation to the inspection of cases which were noted and will be raised with practitioners.

**The Scaled Approach:**

The YJB has issued the Post-consultation Scaled Approach which will be introduced in September 2009 with the Youth Rehabilitation Order and new National Standards. The revised scaled approach will still include 12 Asset (assessment tool) scores, but also 4 new static risk factor scores – offence type, age at first reprimand/caution/warning, age at first conviction, number of previous convictions. On the basis of the scores, appropriate levels of intervention will be required. I have been advised by the YJB London Regional Manager that there are likely to be resource implications for London YOS's due to the anticipated number of high intervention levels identified. The YOS performance analyst is looking into methods of estimating, in advance, possible numbers in this category.

**First time entrants (LAA target):**

Haringey has the third highest number of first time entrants to the Youth Justice system in London (after Newham and Croydon). The LAA target is to reduce this number and the baseline and targets are yet to be set. The baseline is expected to be the 2007/8 figure of 426 per annum. From 7<sup>th</sup> July a pre-reprimand scheme has been operating in the Borough. So far the YOS has received 10 referrals, one of whom did not respond at all and one did not complete the activities offered.

**Funding applications:**

- The YOS and partners have been working with Rainer/Crime Concern and have been successful in progressing to the second round of an application for an Intensive Intervention Project, funded by the DSCF. 141 expressions of interest were received and 50 have been invited to the next stage, where 20 will be successful.
- The YOS and Youth Service have been successful in obtaining funding for the Challenge and Support Project (also DSCF funded) and will be interviewing for 2 staff at the end of September.
- Haringey YOS is one of 12 YOS's which has been asked to submit a bid to the YJB for a Knife Referral Scheme. This will be a pilot from October 2008 to end March 2009 and builds on our established 2 session Weapons Awareness course. Several other modules have been added – 1 session induction with parents/carers, 3 sessions victim awareness, 1 session managing conflict and 5 sessions offending behaviour. Information on the final content of the programme will be sent to relevant agencies in due course.