



Children and Young People's Strategic Partnership Board

MONDAY, 10TH DECEMBER, 2007 at 18:30 HRS - CIVIC CENTRE, HIGH ROAD, WOOD GREEN, N22 8LE.

MEMBERS: Councillor Liz Santry (Chair), Councillor George Meehan, Councillor Nilgun Canver, Dr Ita O'Donovan, Councillor Emma Jones, Sharon Shoemith, Sue Baker, Pam Constantinides, Tracey Baldwin, Helen Brown, Claire Panniker, Jane Lithgow, David Sloman, Maria Collins, Jim Shepley, Naeem Sheik, Lenny Kinnear, Yolande Burgess, Christine Cocker, Cathy Walsh, Beverley Johnson, Andy Kilpatrick, Margaret Sumner, Commander Simon O'Brien, Sean Walker, Jean Croot, Youth Councillor Shayan Mofitzadeh, Youth Councillor Adam Jogee

AGENDA

1. WELCOME, APOLOGIES AND INTRODUCTIONS

2. DECLARATIONS OF INTEREST

Members to declare any interests in respect to items on the agenda.

3. URGENT BUSINESS

The Chair will consider the admission of any urgent items of business. (Late items will be considered under the agenda item where they appear. New items will be dealt with under Item 12 below).

4. MINUTES (PAGES 1 - 10)

To approve the minutes of the Children and Young People's Strategic Partnership Board meeting held on 8 October 2007.

STRATEGIC FOCUS ITEM:

**6. PRIMARY CARE TRUST -CHILDREN AND YOUNG PEOPLE'S HEALTH
SERVICE COMMISSIONING: PRIORITIES FOR SERVICE DEVELOPMENT
(PAGES 11 - 56)**

MONITORING ITEMS:

8. **LOCAL AREA AGREEMENT (LAA) DEVELOPMENT (PAGES 57 - 92)**
9. **MONITORING OF CHANGING LIVES AND THE LAA (PAGES 93 - 140)**
10. **NEETS: UPDATE ON PROGRESS AND KEY ACTIONS (PAGES 141 - 146)**

BUSINESS ITEMS:

12. REPORT BACK FORM CHILDREN & YOUNG PEOPLE'S ADVISORY BOARD

A verbal update will be provided.

13. THREE MINUTE UPDATE

Each sector of the Partnership will be invited to give a three minute oral update on the most prevalent issues coming from the respective sectors. Longer items will need to be submitted as a short paper to be tabled for noting at the meeting.

14. ANY OTHER BUSINESS

15. ITEMS OF URGENT BUSINESS

To consider any new items of urgent business admitted under Item 2 above.

16. PROPOSED DATES OF FUTURE MEETINGS

The following dates are proposed:

- 5 February 2008, 6.30pm
- 1 April 2008, 6.30pm
- 6 May 2008, 6.30pm

17. FUTURE AGENDA ITEMS

Partners should submit proposed agenda items for the next meeting (5 February 2008) to Patricia Walker, Policy and Performance Manager, no later than 21 January 2008.

patricia.walker@haringey.gov.uk

18. ITEMS CURRENTLY SUGGESTED FOR THE NEXT MEETING

The following item has been suggested as a Strategic Focus Item for the next meeting:

- Mental Health

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MINUTES OF THE CHILDREN AND YOUNG PEOPLE'S STRATEGIC PARTNERSHIP BOARD (HSP)

MONDAY, 8 OCTOBER 2007

Present: Councillor Liz Santry (Chair), Councillor George Meehan, Dr Ita O'Donovan, Councillor Emma Jones, Sharon Shoosmith, Pam Constantinides, Lenny Kinnear, Yolande Burgess, Andy Kilpatrick, Margaret Sumner, Jean Croot, Wayne Mawson, Gerry Taylor, Vicky Hobart, Stanley Hui, Niels Gedge,

In Attendance: Michelle Alexander, Phil Di'leo, Jamie Robinson, Patricia Walker, Clarie Wright

| MINUTE NO. | SUBJECT/DECISION | ACTON BY |
|-------------------|---|-----------------|
| OBCB19. | WELCOME, APOLOGIES AND INTRODUCTIONS Apologies for absence were received from the following: Sue Baker Councillor Nilgun Canver Maria Collins Paul Head Simon O'Brien Jim Shepley -Wayne Mawson substituted -Niels Gedge substituted | |
| OBCB20. | URGENT BUSINESS No items of urgent business were received. | |
| OBCB21. | DECLARATIONS OF INTEREST No declarations of interest were made. | |
| OBCB22. | MINUTES RESOLVED: That the minutes of the meeting held on 9 July 2007, be confirmed as a correct record of the meeting, subject to the inclusion of Gerry Taylor being listed as a full member of the Board. | XB |
| OBCB23. | HARINGEY HEALTH REPORT 2006 The Board received presentations on the Children and Young People's aspects the Haringey Health Report 2006. <u>Haringey Health Report 2006</u> It was noted that changes in the age, ethnicity and size of the population affected the way in which services were delivered. Although progress | |

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was being made in responding to these changing needs there was a lot of work to do in terms of analysing the future needs of these groups.

There were certain areas such as Infant Mortality and Life Expectancy where there were significant variances in different areas of the Borough and it was recognised that this needed to be addressed. Measures to address this were being considered.

The new GP's contract included new methods of measuring performance and it was anticipated that these would enable a more sophisticated level of analysis. There were a number of recommendations that had been set out in the report:

- Planning to respond to population growth
- Action to address premature mortality in the Borough
- Prioritisation of medical and other health resources to reduce deaths in adults under sixty-five and those living in North East Tottenham
- Measures to change shopping, eating and cooking habits of Haringey families
- Further investigation of variances in the quality of care and improvement in care delivery where appropriate
- Ensuring the resource allocation to GP practices was based on need and invested to improve the quality and outcomes of care delivery

It was noted that the PCT and partners had worked with partners to form the new Well Being Strategic Framework, which aimed to promote a healthier Haringey by improving well-being and tackling inequalities.

Under the Well-Being Framework the Board was the lead group for tackling the following areas:

- Infant Mortality
- Teenage Pregnancy
- Smoking –in pregnancy and in homes
- Sexual Health –Chlamydia screening
- Physical Activity –in schools
- Food and Nutrition –school dinners
- Young Carers

It was noted that there had been discussion with the various Theme Boards and that a Seminar had taken place on 5 October to discuss the Framework, which was due to be adopted by the Health and Well-Being Strategic Partnership Board on 22 October.

In response to queries as to how the effectiveness of the Framework would be measured; the Board was advised that the Framework had been built upon existing strategies such as the Sustainable Community Strategy and LAA targets. By using these as a basis it was envisaged that the effectiveness of the Framework could be measured against

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| | <p>existing performance indicators.</p> <p>It was noted that the transitional period from childhood to adulthood was an area where there was often a gap in service provision and that this should be addressed within the Framework particularly the problems highlighted in the NEETS targets.</p> <p>RESOLVED:</p> <p>To note the presentation.</p> | |
| OBCB24. | <p>HARINGEY'S STRATEGIC FRAMEWORK FOR IMPROVING WELL-BEING: 2007-10</p> <p>This presentation was given as part of the previous item.</p> | |
| OBCB25. | <p>PRIMARY CARE STRATEGY: DOES THE STRATEGY ADEQUATELY ADDRESS THE NEEDS OF CHILDREN AND YOUNG PEOPLE?</p> <p>The Board received a presentation on the Primary Care Strategy.</p> <p>The new Primary Care Strategy had been formed in order to address variances and provide consistency across the services that were provided to patients and to improve the patient experience by better integrating services management resources of resources.</p> <p>Following consultation with the public three key priorities had been identified:</p> <ul style="list-style-type: none"> • Provision of quick and convenient access to primary care • Continuity of relationships • Care closer to home <p>It was noted that under the new Super Health Centre Model a range of services would be brought together in one site. This approach was intended to make it easier for people to access services without having to go to hospital or other specialist centres.</p> <p>The Board discussed the likely impact that the new Strategy and Health Centre Model would have upon children and young people. In response to a query as to whether consultation had been carried out with children and young people in order to gauge their views on these proposals, it was noted that the PCT intended to visit schools during the consultation process.</p> <p>The Chair suggested that the Youth Council would provide a useful forum for consulting young people as it met on a regular basis.</p> <p>The Board was advised that to date there had been no consultation with young people with regard to how the new Super Health Centres should be designed in order to meet their needs. However, it was acknowledged that specific areas of the Centre would need to be designed with children</p> | PCT |

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| | <p>and young people in mind and after consultation with them.</p> <p>It was noted that some young people may wish to access services independently of their parents and that services should be made accessible for young people wishing to do this.</p> <p>The Leader expressed concern that an opportunity for greater partnership working was not being fully utilised within the proposals; it was noted that no reference was made to the inclusion of social workers or other partners within the Centres.</p> <p>The Board was advised that partnership working was an important part of the Strategy and that this would be developed further later on the process.</p> <p>The Chair thanked Vicky Hobart and Gerry Taylor for the presentations that were given.</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> i. To note the presentations on the Children and Young People's aspects of the Haringey Health Report 2006 and Primary Care Strategy. ii. That a set of performance indicators should be drawn up to enable to Board to monitor the progress on a regular basis. | PCT |
| OBCB26. | <p>PERFORMANCE INDICATORS AND LOCAL AREA AGREEMENT</p> <p>The Board considered a report that set out the key performance indicators for Changing Lives during August 2007 and further information on the new LAA targets. A presentation was also given on the GCSE results and results at Key Stages 2 and 3 for 2007.</p> <p>It was noted that GCSE results achieved at A* to C grade in Haringey for 2007 had improved by 5.3% against the previous year and were now on target to meet the national average for 2008.</p> <p>The Board noted that progress had been made in the results achieved at Key Stages 2 and 3 by Looked After Children and that attendance figures for both Primary and Secondary Schools were now moving towards the national average.</p> <p>The Board placed on record its congratulations to schools in the Borough on the results achieved during the last academic year.</p> <p>RESOLVED:</p> <p>To note the presentation.</p> | |

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| OBCB27. | <p>CHANGING LIVES: MULTI AGENCY PLANS FOR CROSS CUTTING AREAS</p> <p>The Board considered a report that included details of each of the Action Plans for the ten cross cutting areas identified in the Changing Lives Programme for 2007/08. These areas had been framed within multi-agency plans as part of a planned transition to achieving a more cross-cutting form of planning, with aligned and shared budgets.</p> <p>The Board was advised that the report included details of the NEET targets and set out the responsibility of each partner for achieving these. Included within the report was also a block on the pooled resources that would be used to raise standards at Key Stage 2.</p> <p>It was noted that an Action Plan for tackling bullying and street crime was being compiled and that this would be examined at the next Youth Summit. The Board was advised that eventually budget streams would be pooled and that a monitoring and evaluation process would be established.</p> <p>The Leader expressed concern that the Performance Indicators had not been fully discussed and expressed concern that NEET targets were not being met.</p> <p>The Board was advised that the comparisons drawn with other Boroughs in North London were not helpful as the Borough was very different in its make up and this accounted for many of the difficulties the Borough faced in meeting its NEET targets.</p> <p>The Chair noted that this was an area of concern and suggested that a report outlining the key actions being taken to address areas where performance was poor in relation to the NEET targets over the next six to nine months, should be considered by the Board at its next meeting.</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> i. To note the Action Plans. ii. That a report be brought to the Board's next meeting outlining the progress the key actions that were being taken to address the NEET targets over the next six to nine months. | LK |
| OBCB28. | <p>DISABILITY: THE IMPACT OF COUNCIL SERVICES ON CHILDREN WITH DISABILITIES</p> <p>The Board received a presentation on the Cross Cutting Plans for Improving the Life Chances of Children with Disabilities.</p> <p>It was noted that a Panel had been convened, which was comprised of partners and parent representatives, to look at transitional arrangements for children with a Statement of Special Needs. This had been set up in</p> | |

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order to improve the tracking and monitoring of children moving from the responsibility of one organisation to another and to ensure that their transition plans were satisfactory.

As individuals often had several plans in place it was work was being carried out to identify how these could be streamlined. New performance indicators in relation to the time taken to produce plans were also in place and these specified that plans should be produced within twenty-six weeks.

A Family Support Panel had also been established to look at families requiring respite. The success of families applying for respite currently often depended on the case put forward by the family and the families articulacy in expressing this. There was a need to ensure that there was consistency and that families applying respite were considered on the merits of their case rather than the strength of argument put forward. Neighbouring Boroughs were also being consulted to address concerns expressed by parents over consistency of approach.

Work was being carried out with the Child Development Centre to improve the integration of services and carry out forward planning for children with a diagnosis that meant long term care was required. Within this the long term needs of the family were also considered.

A central database was also being created that would include details currently held on the Disability Register. Ways of engaging parents were being identified and one possibility included producing a card that would identify them as having a child on the Register. At present large documents setting out the child's needs often had to be presented by parents to demonstrate entitlement when travelling or when seeking other concessions.

It was noted that work was being done to provide better continuity for children throughout their lives and better support for parents.

As part of providing better integrated services eight parents had been appointed as 'critical friends' to work as a group to provide feedback to the Council on the services provided.

On behalf of the Board the Chair congratulated the Service on the progress that had been made in relation to the integration of services and the work that had been done with parents to improve outcomes for children.

RESOLVED:

To note the report.

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| OBCB29. | <p>THREE MINUTE UPDATE</p> <p>The Board was provided with a brief update from each of the partners.</p> <p><u>Police</u></p> <p>The Board was advised that work continued to be done with schools to reduce crime perpetrated against and by young people. Two areas where particular emphasis was being placed were in reducing instances of mobile phone theft and knife crime.</p> <p>Successful work had also been done in identifying youngsters involved in car crime and reducing levels of car crime.</p> <p>Intelligence has been gathered regarding a planned shooting and preventative action had been taken to avoid this. This issue was ongoing and continued to be monitored and the necessary actions taken.</p> <p><u>PCT</u></p> <p>Discussed previously.</p> <p><u>HAVCO</u></p> <p>The Community Engagement Plan was underway and representatives would be elected in February 2008.</p> <p>The Chair noted that this would be the last meeting that Stanley Hui attended as he was leaving HAVCO in November and thanked him for his work on behalf of the Board and wished him well in his future career.</p> <p><u>Community Safety</u></p> <p>It was noted that a post had been created in the Victim Support Service to deal specifically with youth crime. In addition to this there had been discussion with partners regarding plans to provide each school in the Borough with a grant of £1500 to fund 'Value Life' activities, which would be determined by young people.</p> <p>Following discussion it was noted that the Secretary of State had indicated that £60M would be allocated for Youth Work in London and that the Mayor for London's Office would be issuing guidance on the criteria for obtaining this.</p> <p>The Board discussed progress in relation to the Northumberland Park initiative and the importance of ensuring that partners worked together to make certain that this moved forward was reiterated. It was noted that a meeting had taken place between representatives of the partners leading on this and that difficulties over the exchange of personal information had been discussed.</p> | |

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| | <p>RESOLVED:</p> <p>To note that updates given.</p> | |
| OBCB30. | <p>DRAFT REVISED TERMS OF REFERENCE</p> <p>The Board considered a revised terms of reference that had been amended to take account of recent developments in the Sustainable Community Strategy, the Local Area Agreement and the CYPSP arrangements for Governance, consultation and participation.</p> <p>The Board was advised that the diagram included within the Terms of Reference had been amended to reflect the Children's Trust Board arrangements that came into force in 2008 and that requirements of this were now met. An Advisory Group, bringing together the Chairs of forums and local partnership boards with representatives of key agencies in the Children's Trust arrangements had also been set up to take a strategic overview of progress.</p> <p>It was suggested that the membership of the TPCT should be amended to replace Director Strategy, Performance and Children's Services and North Central London Partnership for Health with Executive Director.</p> <p>RESOLVED:</p> <p>That, subject to amendment to title of the PCT representative, the Terms of Reference be approved.</p> | PW/SS |
| OBCB31. | <p>ANY OTHER BUSINESS</p> <p>No items were raised.</p> | |
| OBCB32. | <p>ITEMS OF URGENT BUSINESS</p> <p>No items of urgent business were raised.</p> | |
| OBCB33. | <p>PROPOSED DATES OF FUTURE MEETINGS</p> <p>The dates listed below for future meetings were noted:</p> <p>10 December 2007, 6.30pm</p> | |

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| | <p>5 February 2008, 6.30pm 1 April 2008, 6.30pm 6 May 2008, 6.30pm</p> | |
| OBCB34. | <p>FUTURE AGENDA ITEMS</p> <p>Board members were asked to submit any proposed agenda items to Patricia Walker, Policy and Programme Manager, by 27 November 2007.</p> <p>patricia.walker@haringey.gov.uk</p> | |
| OBCB35. | <p>PROPOSED AGENDA ITEMS FOR THE NEXT MEETING</p> <p>The dates list below were noted:</p> <p>10 December, 6.30pm 5 February, 6.30pm 1 April, 6.30pm 6 May, 6.30pm</p> | |

Councillor Liz Santry

Chair

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haringey strategic partnership

for children & young people

AGENDA ITEM

MEETING

**Children and Young People's Strategic Partnership Board
10 December 2007**

TITLE

**Primary Care Trust - children and young people's health service's
commissioning: priorities for service development**

SUMMARY

The strategy sets out the framework within which children and young people's health services will be commissioned in Haringey. It focuses on the core components of a comprehensive children and young people's health service, but excludes very specialist Tier 4 services, Child and Adolescent Mental Health Services (CAMHS) and maternity services, which will be covered elsewhere.

It poses a number of questions for consultation around the health priorities and commissioning of future health services for children and young people.

RECOMMENDATIONS

That the CYPSP consider the possible priorities and consultation questions for future service development and commissioning in children's health services

LEAD OFFICER(S)

Gerry Taylor – Director of Strategic Commissioning (Acting), Haringey Teaching primary Care Trust

Every Child Matters: Improving Health Services for Children and Young People in Haringey

**CHILDREN AND YOUNG PEOPLE'S
HEALTH SERVICES
COMMISSIONING STRATEGY
2007 - 2010**

DRAFT

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1. INTRODUCTION

The purpose of this strategy is to set out the framework within which children and young people's health services will be commissioned in Haringey. It has been informed by the Haringey Teaching Primary Care Trust (HTPCT) Commissioning Intentions for 2007/2008, the HTPCT Primary Care Strategy, the Barnet, Enfield, and Haringey Clinical Strategy, and the various work streams developed through the Children and Young People's Strategic Partnership and the implementation of the Every Child Matters: Change for Children Programme, and the North Central London Children's and Young People's Partnership for Health.

The strategy will focus on the core components of a comprehensive children and young people's health service, but will exclude very specialist Tier 4 services, Child and Adolescent Mental Health Services (CAMHS) and maternity services, which will be covered elsewhere.

2. VISION

*'We want every child and young person in Haringey to be
happy, healthy and safe with a bright future'*
(Changing Lives – The Haringey children and young people's plan)

Year on year improvement in health outcomes is key to ensuring that children and young people in Haringey are able to enjoy a bright future. Healthy lifestyles, delivering effective health services, addressing inequality and disadvantage, and education and social care, all play a vital role in promoting and protecting children and young people's health.

There is much that is very good about health services for children and young people in Haringey, including a high quality and dedicated workforce, but delivering year on year improvement in outcomes will only happen if we all seize the opportunity to respond positively to the challenges and opportunities facing the NHS.

The key is to ensure that health services are developed and delivered in partnership with children, young people and their families, in a coherent way, with effective co-ordination, and good multi agency working across different tiers of provision, and transition points in a child and young person's life.

3. KEY DOCUMENTS

National

- The Every Child Matters Green Paper (DfES, 2003)
- The Children Act (HMSO, 2004)
- The National Service Framework for Children, Young People and Maternity Services (DoH & DfES, 2004)
- Tackling Health Inequalities: A Programme of Action (The Wanless Report DoH, 2003)
- Choosing Health - The Public Health White Paper (DoH, 2005)
- The Our Health, Our Care, Our Say: A New Direction for Community Services White Paper (2006)
- Direction of Travel for Urgent Care: a discussion document (DoH, 2006)
- The Youth Matters Green Paper (DfES, 2006)
- Commissioning a Patient Led NHS (DoH, 2005)

Local

- Healthy Start Healthy Futures – A discussion document (NCL SHA, 2003)
- HTPCT Draft Commissioning Intentions for 2007/2008
- Barnet Enfield and Haringey Clinical Strategy (2007)
- Developing world class primary care in Haringey: A consultation document (June 2007)
- Show me the way to stay home – A GOSH discussion document (2006)
- The Haringey Local Delivery Plan
- Changing Lives – The Haringey Children and Young People’s Plan (2006-9)
- Growing Up in Haringey – The Annual Public Health Report (HTPCT, 2005)
- Knowing our Children and Young People: Planning for their Futures – The joint needs assessment (2006)
- The Life Expectancy Action Plan (2006)
- The Infant Mortality Action Plan (2007)
- The Teenage Pregnancy Action Plan (2006-2007)
- Haringey Sexual Health Strategy and Action Plan (2005-2007)
- The Draft Obesity Strategy (2007-2010)
- The Asthma Care Pathway (2007)

4. WHY PRODUCE A STRATEGY?

- 4.1 Every Child Matters: Change for Children (ECM:CfC) is a national programme developed in response to the issues raised by the report into the death of Victoria Climbié (2003), which emphasized the need for effective and accessible multi agency services focused around the needs of children, young people and families. It is expected that the ECM:CfC programme will deliver improved outcomes for children and young people and that PCTs, NHS Trusts, and other agencies working with children and young people, will work in partnership with Local Authorities to ensure successful implementation.
- 4.2 In addition, to the changes being driven by the ECM:CfC programme, there are other considerations for health services. The provision of health care for children and young people has to keep up with the rapid rate of change in clinical practice that has occurred as a result of medical and technological advances, and the changing pattern of 'illness' in children and young people:
- There has been a substantial reduction in acute illnesses such as severe infections, which used to be a common reason for admission to hospital.
 - More care can be provided on an outpatient or ambulatory care basis, and where admission to hospital is necessary, the average length of stay has shortened.
 - New developments also mean that many conditions can now be treated more successfully than previously, and more children with chronic illness and with disability are surviving compared with 10-15 years ago. This places new demands on health services with the need for ongoing support to children and their families in the community and at home.
- 4.3 These changes need to be seen in the context of shortages in critical trained staff groups such as neonatal nurses, children's community nurses, and possibly in future, paediatricians. The European Working Time Directive and revised GP and Consultants contracts, also have implications for how services are organized.

4.4 In consultation events carried out locally, and nationally for policy documents such as the National Service Framework, the message from children, young people and families is:

"It is better for children to be at home than in hospital"

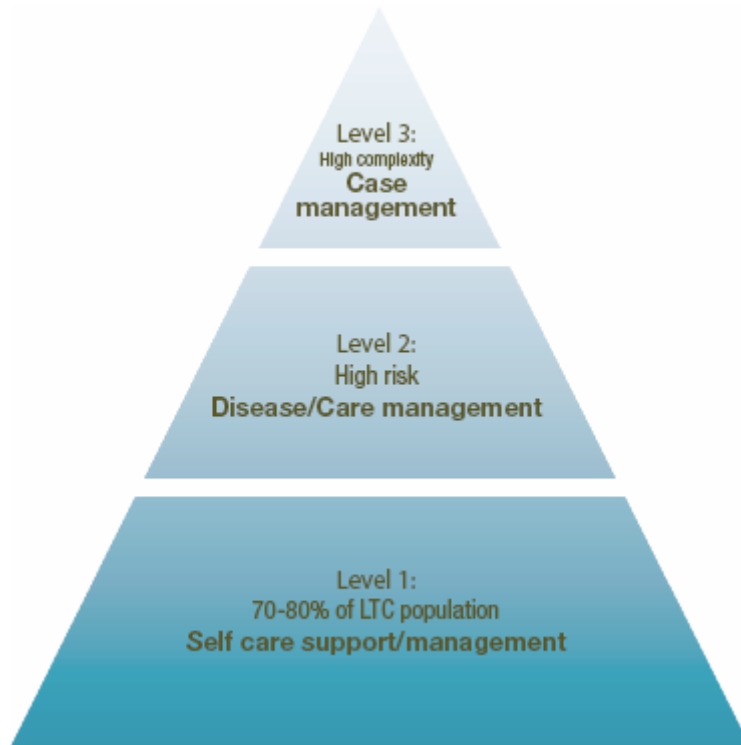
"families want rapid, local access to services when their child is ill"

"parents and children and young people accept the need to travel for very specialised care but want local access when they are concerned their child is ill"

Improving how we involve children, young people and families in the way services are developed and delivered is a priority for HTPCT. How do you think we can achieve this?

4.5 There are several key policy documents, which also need to be considered:

- i *Tackling health inequalities: a programme for action* (Department of Health 2003), sets out how tackling health inequalities in childhood is the most cost-effective way of reducing health inequalities in childhood and later life. Supporting parents and carers to give children and young people the best start in life, and breaking inter-generational cycles of poor health, is key to achieving national targets to reduce inequalities in life expectancy and mortality.
- ii The Public Health White Paper *Choosing Health (Department of Health, 2005)* focuses on choice and ensuring that services are available to all groups including those who have found it difficult to access services in the past. Specific priorities for action include:
 - Reducing the number of people who smoke
 - Reducing obesity and improving diet and nutrition
 - Increasing exercise
 - Encouraging and supporting sensible drinking
 - Improving sexual health
 - Improving mental health
- iii *The National Service Framework for Children, Young People and Maternity Services (Department of Health, 2004)*, is a ten year, multi agency programme intended to stimulate long term and sustained improvement in children's health. It in effect defines the child health component of the Every Child Matters: Change for Children (ECM:CfC) Programme, whilst at the same time establishing standards for children's health services across all tiers from universal to specialist services.
- iv *Supporting People with Long Term Conditions: An NHS and social model to support local innovation and integration; (Department of Health 2005)*, looks at the management of long term conditions, and identifies 3 levels of intervention: supported self care; disease specific management and finally case management.



v *The White Paper 'Our health, our care, our say: a new direction for community services (Department of Health, 2006)*, which looks at community health and social care services for all age groups, has a number of key themes:

- Enabling health, independence and well being
- Better access to General Practice and community services
- The provision of care closer to home – including the development of community hospitals
- The development of integrated services around the individual – including those who have difficulty accessing care
- Support for people with long term needs
- Ensuring that the needs and wishes of patients are reflected in the way services are developed.

- vi *Direction of Travel for Urgent Care: a discussion document (Department of Health, October 2006)*, is currently out for consultation, and examines how urgent and emergency services might be developed in future. The document considers the full range of responses - from telephone advice and reassurance to self care, through to face to face consultation with a clinician or deployment of a crisis team or admission to hospital in an emergency requiring specialised facilities – with the emphasis, where feasible, on care close to home.
- vii *The acutely or critically sick or injured child in the district general hospital: A team response (Department of Health, 2006)*. The report examines the competencies required in the identification and care of the critically sick child and focuses on team working, networks and pathways from presentation to paediatric intensive care. Emphasis is placed on the importance of training and maintaining the necessary skills across all tiers of provision.

5. CONTEXT

- 5.1 In Haringey there is a well established ECM:CfC programme led by the Children and Young People's Partnership Board (CYPSPB) and progress is described in more detail in Appendix A. The twenty priorities of Changing Lives – the Haringey children and young people's plan are listed in Appendix B. Developing joint commissioning arrangements will be a priority in 2007/2008.
- 5.2 The ECM:CfC programme is being implemented in the context of a NHS reform programme, which aims to give patients greater choice and more say in how services are delivered, through the development of more effective commissioning arrangements, with an emphasis on plurality of provision from a range of providers, and the need to consider decommissioning services where quality, outcomes and value for money cannot be evidenced. With the exception of very specialist services responsibility for the commissioning of health services has passed to primary care and in Haringey, the HTPCTs four Practice Based Commissioning (PBC) collaboratives are now well established and beginning to deliver changes to care pathways and reduced reliance on hospital based outpatient services.
- 5.3 Whilst the initial focus has been on provision for adult and older people, the rationale for change applies equally to services for children and young people. As PBC becomes more established it is expected that the scale and impact of changes to the way services are delivered will increase, and close ties will need to be developed between the PBC collaboratives and the Haringey ECM:CfC programme to ensure that the commissioning of health services for children and young people takes place in the context of the development of Children's Trust arrangements and the joint priorities agreed in the integrated Children and Young People's Plan (Appendix B).
- 5.4 The financial context of the TPCT is outlined in the Draft Commissioning Intentions. The TPCT's underlying financial position has improved over the past year such that we expect to be entering 2007/8 in a healthy financial position. However, there continue to be a number of pressures on the TPCT's finances and choices about investment and disinvestment will need to be made to ensure that the TPCT maintains financial balance on an ongoing basis. The TPCT will continue to focus on developing community and primary care led care pathways that aim to reduce reliance on

secondary care services and support the release of resources into interventions focused on prevention and early intervention.

- 5.5 In commissioning health services for children and young people the Haringey TPCT will be looking to:
- i *Reduce Inequalities* and ensure that the chances of good health and good outcomes are the same for all Haringey children irrespective of gender, ethnicity or socio-economic circumstances.
 - ii *Commission needs based services*, with priority given to improving health outcomes in areas which have a particular impact in Haringey, either in terms of numbers affected, severity of disease or disability and/or those diseases or disabilities that have higher prevalence in Haringey compared with national and London averages.
 - iii *Commission services based on evidence of effectiveness*, including cost effectiveness. This will include use of the National Service Framework for Children, Young People and Maternity Services (NSF), NICE guidance, and best available national evidence, and where appropriate services, which have been demonstrated not to work, will be decommissioned.
 - iv *Focus on prevention and early identification and intervention* and ensuring that children and young people in Haringey have the best start in life. The TPCT is working closely with the London Borough of Haringey and other partners to refocus provision on community based multi-agency services that are focused on prevention, and early identification and intervention.

v *Ensure national targets and local priorities are delivered*

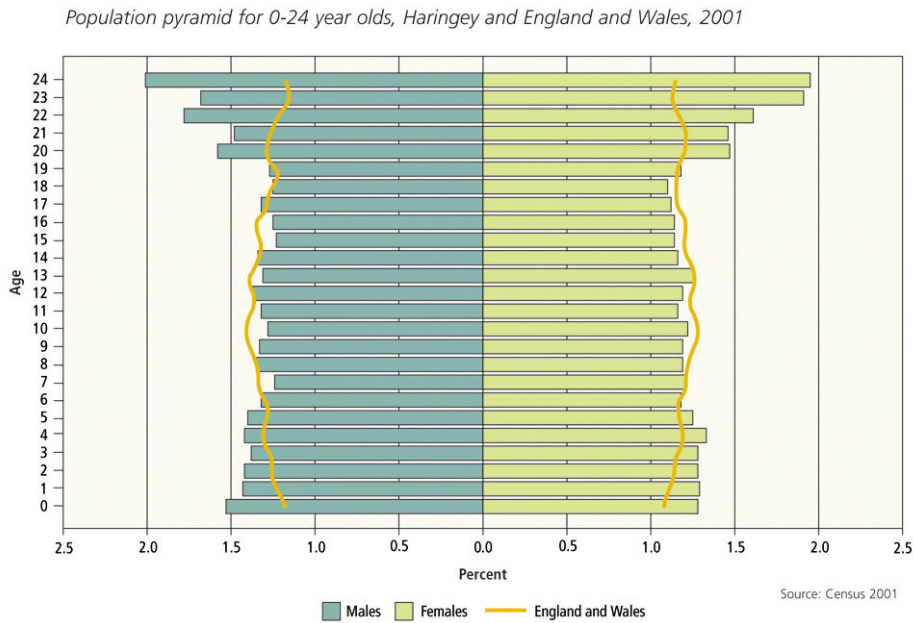
- vi *Commission expected outcomes from services* that are developed in response to patient feedback. Specifications for the commissioning of children's health services will increasingly detail expected outcomes and measures of quality of care. All providers will be expected to demonstrate that they actively seek patient feedback about the services they provide and how they respond to this feedback.

6. CHILDREN AND YOUNG PEOPLE IN HARINGEY

A growing population of children and young people

Haringey has over 224,000 people living in 11.5 square miles. Overall the Haringey population is younger than the national average and approximately a quarter of the population, or 53,258 children and young people, are aged under 20, 17,175 (7.7%) are aged under 5, and 3,752 (1.7%) are aged under 1. The relatively young nature of Haringey's population compared to England and Wales is demonstrated in Figure 1.

Figure 1 Population pyramid for Haringey under 25's (Census 2001)



The number of young children in Haringey is growing (See Figure 2), and over the next five years the GLA estimates that there will be an extra 2,300 under 10's living in Haringey. However it is expected that the number of children and young people in the 10-19 age groups will decrease.

Figure 2: Population change amongst the under 20's 2007 - 2011

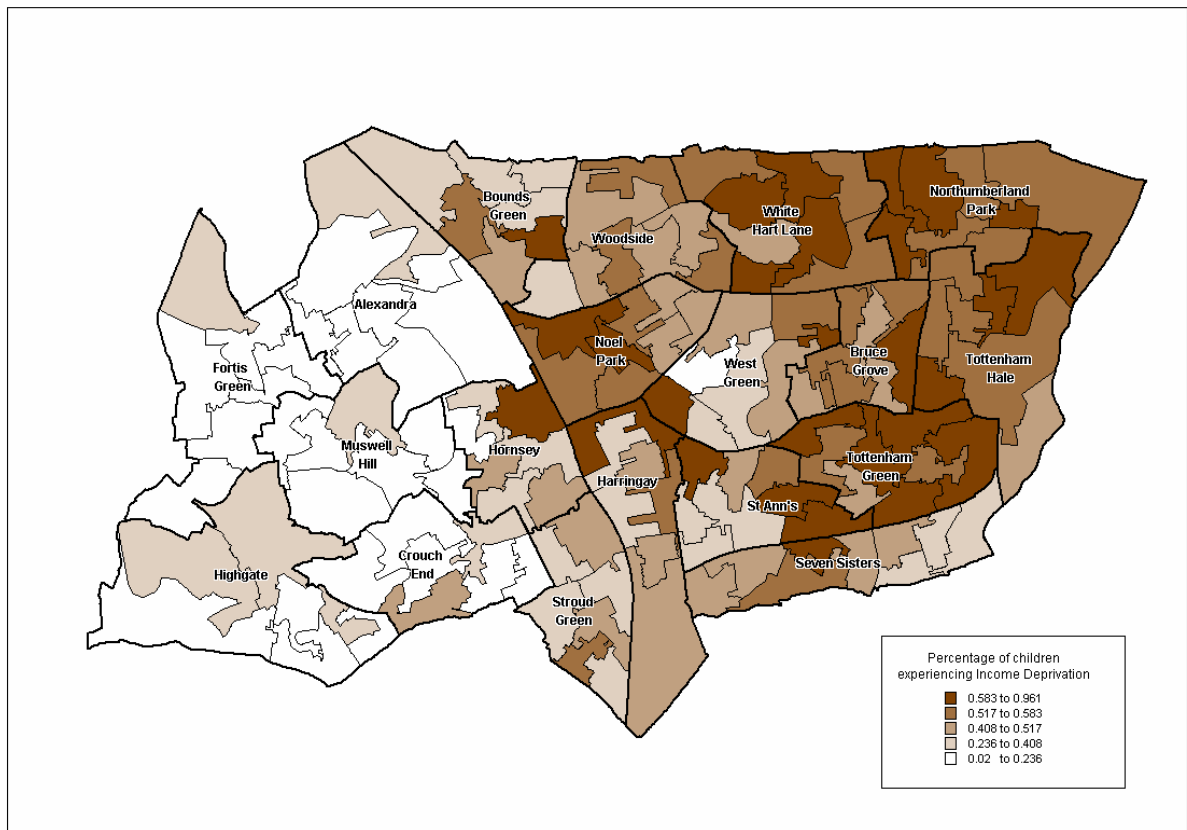
| | 2007 | 2011 | Extra Children | % increase |
|----------|--------|--------|----------------|------------|
| 00-01 | 3,752 | 3,893 | 141 | 3.80 |
| 01-04 | 13,423 | 13,973 | 550 | 4.10 |
| 05-09 | 12,399 | 14,090 | 1691 | 13.64 |
| 10-14 | 11,686 | 11,067 | -619 | -5.30 |
| 15-19 | 11,999 | 11,118 | -881 | -7.34 |
| Under 20 | 53,259 | 54,141 | 882 | 1.66 |

Almost three-quarters of Haringey's children and young people come from ethnic minority communities. They speak 190 languages between them. The age profile of different ethnic groups will change over the medium term, and the number of children with mixed ethnic heritage is expected to increase.

Children and young people vulnerable to poor health

Substantial numbers of children and young people in Haringey live in families or households that are vulnerable to poor health. As measured by the Income Deprivation Affecting Children Index (Indices of Multiple Deprivation, 2004), there are more children in the East of the borough experiencing poor socio-economic circumstances than in the West. The Index suggests that in some areas of the East, 90% of children are affected by income deprivation, while in the West the majority of areas have less than 5% of children living in poverty.

Figure 3 Percentage of Children Experiencing Income Deprivation by ward



Source: Indices of Multiple Deprivation, 2004

Whilst homeless families are no longer accommodated in Bed and Breakfast accommodation, substantial numbers of families with children remain in temporary accommodation. High numbers of refugees and asylum seekers have been recorded, including children with and without carers. In June 2005, Haringey Council were supporting 445 children aged under 18 seeking asylum as part of a family and a further 357 unaccompanied asylum-seeking children. Looked after children are another group with additional health needs and in July 2005 there were 506 being looked after by Haringey Council.

Children and young people with Special Educational Needs and Disabilities

There are 1,270 children and young people in Haringey with statements of Special Educational Needs. This represents 2.9% of the school population and is in line with the England and London average. As a result of Haringey's very clear inclusion policy, 61.3% attend mainstream schools which is above the London average and most of our statistical neighbours. However national figures indicate that as many as 20% of children and young people are registered as having Special Educational Needs, but without a statement.

There were 521 children and young people with disabilities on the voluntary register with Haringey Council as of August 2005. A disproportionately high number of children and young people on the register were of primary school age and from black ethnic groups.

Waiting times for access to speech and language therapy and occupational therapy for this group of children remain very long. The wait for speech and language therapy for school aged children in mainstream schools is projected to increase as caseloads are full and there is minimal capacity to take new children onto the caseload from the waiting list.

Waiting times in mainstream schools - January 2007

| | | |
|------------|--|----------|
| <i>SLT</i> | Number of children waiting | 200 |
| | Average wait from referral to treatment | 36 weeks |
| | (Projected to increase to 60 weeks by July 2007) | |
| <i>OT</i> | Number of children waiting | 210 |
| | Average wait from referral to treatment | 78 weeks |

This group of children are high users of health, education and social services and would benefit from the further development of 'one stop shop' multi-agency/integrated provision.

Young carers

Many young carers take on the kind of responsibility that an adult assumes in looking after an ill or disabled member of their family. This often limits their personal, social and educational opportunities. Census data suggest that 723 children and young people in Haringey are providing care to members of their family.

Infant mortality and life expectancy

Children in Haringey experience inequalities in infant mortality and life expectancy. For example a girl growing up in an affluent ward can expect to live 5 years longer than a girl growing up in a deprived Haringey ward. For boys the difference is 8 years. The rate of infant deaths remains high in Haringey at 7.7 deaths per 1000 live births, compared to 5.0 per 1000 for England as a whole. There were 4,047 live births in 2005, of which 323 children (8.4%) had a low birth weight and 36 (0.9%) had a very low birth rate. The proportion of children with a low birth weight has remained fairly constant for a number of years although there has been a significant

reduction in children born with a very low birth weight. Low birth weight is strongly associated with death in infancy and adverse health outcomes in later life.

Helping women to quit smoking before or during pregnancy, and early booking for maternity care are key ways to reduce poor infant health and mortality. Many screening tests and assessments should be carried out before the 16th week, and anecdotal evidence from the North Middlesex University Hospital NHS Trust suggests that the numbers of women booking late for maternity care, or who are unbooked on admission is a cause for concern. A study of women at the Whittington Hospital NHS Trust in 2003, found that only 51% of women had booked for antenatal care before 16 weeks. Breastfeeding also improves infant health outcomes, and has a range of longer-term health benefits to the mother and child.

Childhood immunisations

As with many other London boroughs that use the Child Health Surveillance System (CHIA), the TPCT has been unable to provide up to date immunisation rates to the Health Protection Agency due to problems with the CHIA system. This is an ongoing problem, which remains outside of the control of the TPCT due to the nature of the centralised commissioning of IT systems in the NHS. The latest immunisation figures are presented in the 2005 Annual Public Health Report and these will be updated as soon as the information is available. (See Figure 4)

Figure 4: Immunisation coverage

Percentage (%) of children immunised by their 2nd birthday, 2003/04

| Area | Diphtheria | Tetanus | Pertussis | Polio | Hib | MMR | Men C |
|-----------------|------------|-----------|-----------|-----------|-----------|-----------|-----------|
| National target | 95 | 95 | 95 | 95 | 95 | 95 | 95 |
| Haringey | 87 | 87 | 87 | 87 | 87 | 72 | 85 |
| London | 88 | 88 | 88 | 88 | 88 | 70 | 86 |
| England | 94 | 94 | 93 | 94 | 94 | 80 | 94 |

Source: NHS immunisation statistics England, 2003/04, Department of Health, 2004

There is reason to believe that the immunisation rates in Haringey have fallen even further (Haringey and London immunisation rates are lower than national rates and targets), as a similarly affected neighbouring PCT has conducted an audit to estimate uptake rates and these have fallen significantly.

Children and young people with long term conditions

Over 2,230 (4.5%) dependent children and young people in Haringey aged under 18 were reported to have a limiting long-term illness in the last Census (2001). Data is not currently available on the prevalence of particular conditions amongst children in Haringey, but should become available as GPs develop disease registers in their practices. Children with long term conditions and their carers may require tailored support to enable them to treat or manage their condition thereby avoiding

deterioration in their health and well-being and the need for admission to hospital. Support is also required to meet their emotional, developmental and educational needs. Primary care services play a very important role in helping children and families to manage conditions such as asthma, diabetes, epilepsy, sickle cell and thalasaemia, which with infections and accident and injuries, were the cause of a significant number of admissions/emergency admissions to hospital amongst under 18s in Haringey.

Attendance at Accident and Emergency departments and acute admissions

Between April 2003 and March 2006 there were 13,826 admissions to hospital amongst children under 20 years of age. Equal proportions were for Elective and emergency episodes of care. Much of this treatment was provided at the North Middlesex University Hospital (NMUH) and the Whittington Hospital NHS Trusts.

In 05/06 there were 16,140 attendances by children and young people aged under 19 at NMUH and 6,236 at the Whittington.

Further work needs to be done to improve the data available on children and young people aged 0-19 use of health services – numbers, trends, cause, outcome and so on. However we know that for all age groups there is concern about the relatively high rates of attendance at A&E Departments, and numbers of emergency admissions, compared with other boroughs. In addition there have been a number of breaches of the A&E waiting time target at NMUH, where children have either been kept waiting to see a non paediatric specialist in the main A&E department, or have been kept in the paediatric A&E department for assessment whilst a diagnosis is made, rather than make an unnecessary admission. Also there is concern about the greater than expected length of stay in hospital for some paediatric cases at the NMUH and the Whittington, and further work is necessary to understand cause and possible resolution.

Healthy lifestyles

The behaviours and lifestyles of children, young people and families will impact on their health throughout their lives.

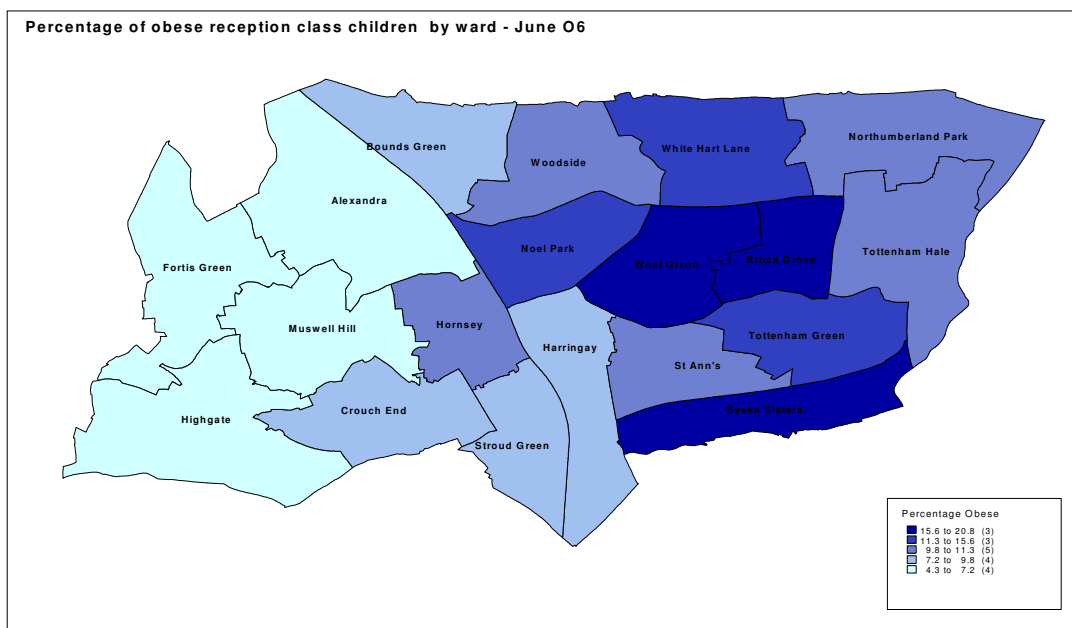
Smoking is a major contributor to poor health outcomes, and differences in smoking prevalence between different socio-economic and ethnic groups is a major determinant of health inequalities. Worryingly there has been an increase in the proportion of women who smoke in recent years, and it is estimated that over 5,000 young people smoke in Haringey. The smoking cessation service provides cost-effective support to help people quit smoking, and is available to young people although uptake is currently poor. It is hoped that the ban on smoking in public places will help young people not to start smoking, and increase their incentive to quit.

As part of a joint national campaign between the Department of Health and the Department of Education, every borough across the country is required to annually collect height and weight data of all children in maintained schools. School nurses across Haringey visited every primary school during the 2006 summer term to collect

information from all children in Year R (4-5 year olds) and Year 6 (10-11 year olds). In 2006 average figures across Haringey indicate 15 % of children were obese and a further 15% overweight. The rates of obesity and therefore risk to health were greater in the east of the borough, and were noticeably different between children from different ethnic groups.

Figure 5 Percentage of children in Reception and Year 6 who are overweight or obese in 2006

| | Year R | | Year 6 | | |
|------------|--------|------|--------|------|-------|
| | Girls | Boys | Girls | Boys | Total |
| Overweight | 13% | 12% | 13% | 14% | 15% |
| Obese | 9% | 13% | 11% | 20% | 22% |
| Total | 22% | 25% | 24% | 35% | 37% |



Nearly 14,000 5-15 year olds are not meeting the recommended guidelines for physical activity. Care pathways for children and young people whose weight puts them at risk are being developed, and interventions must be put in place to help all children and young people maintain a healthy weight through a balanced diet and physically active life.

Oral health

At September 2005, 63% of under-18s in Haringey were registered with a dentist which compares well with national figures (62%) and is much better than London as a whole (52.7%). One third of 5 year olds in Haringey had experienced dental decay as of 2003, fewer than the UK average of nearly 40%. However, inequalities in oral health are evident when comparing different schools, with the average level of tooth decay being nearly four times higher in some schools than the Haringey average.

Sexual health

Surveys suggest that young people are becoming sexually active at an earlier age. Young people who are becoming sexually active may be particularly vulnerable to sexual ill health, including unwanted pregnancy or abortion, and exposure to sexually transmitted infections (STIs) and HIV. Nearly one in ten young people tested through the local screening programme have chlamydia infection and there are targets to increase the number of young people accepting testing and treatment through this programme. In 2005 there were 1,134 attendances at the sexual health service at St Ann's ..Improving the sexual health of young people is a key national and local priority.

Teenage pregnancy

Pregnancy in adolescence increases the risk of poor health and poor social outcomes for both mother and baby. In Haringey the rate of teenage conceptions is above the national average and steadily increased during the 1990s. However recent data suggests that the teenage pregnancy rate in Haringey is starting to fall. In 2005 the rate was 62.5 per 1,000 compared to a rate of 68.6 in 2004. However the rates remain above those for both England (46.9) and London (59.7) The conception rate for under 16s has remained fairly static at 14.5 per 1000 in 2002 compared to 7.9 for England and Wales.

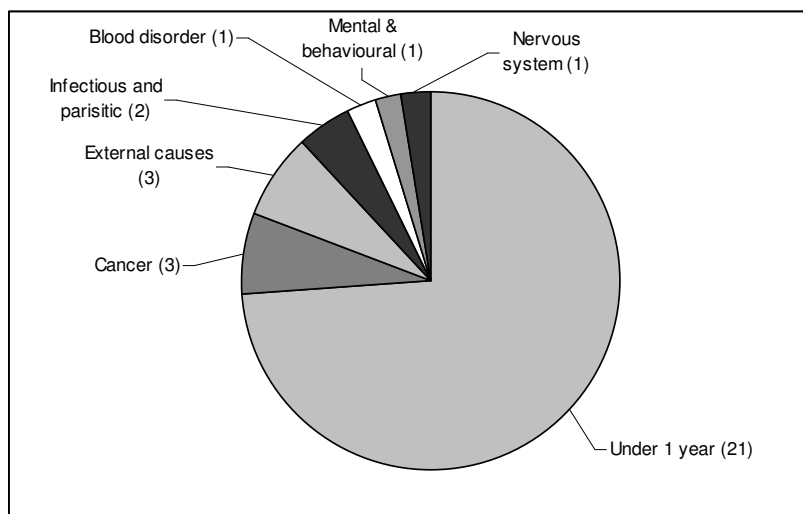
Mental health

Ten percent of children between the ages 5 -15 have diagnosable mental health problems (Office for National Statistics). In Haringey this would account for nearly 4,500 children and is borne out by the increasing demand for Child and Adolescent Mental Health Services.

Mortality

Death rates for children have been relatively high in recent years, 42 in 2005, 31 of whom were infants, with 11 deaths recorded between the ages 1-14, most of whom were boys. (See Figure 6)

Figure 6: Cause of death amongst Under 20's (2005)



Our health improvement priorities are to:

Reduce health inequalities, including the gap in life expectancy between Haringey and England, and between deprived and affluent parts of the borough. To be monitored through changes in the all cause mortality rate.

Reduce infant mortality:

- Increase the number of new mothers known to have initiated breastfeeding. LDP Target is 77.05%.
- Reduce the number of women known to have been smokers at time of delivery. LDP Target is 6.02%.
- Increase the number of women booking early for antenatal care, preferably at 8-10 weeks.
- Reduce the number of women booking late, or not booking at all for antenatal care.

Increase the uptake of childhood immunisations – National target: 95% uptake

Reduce childhood obesity. National target is to halt the increase in obesity amongst children under 11 years old by 2010.

Promote healthier lifestyles to children, young people and parents including:

- Increase the % of CYP eating at least five portions of fruit and vegetables per day
- Increase the % of CYP achieving the minimum level of physical activity of one hour per day
- Reduce the number of people that smoke, and protect children from the harmful effects of environmental tobacco smoke
- Reduce the incidence of alcohol and substance misuse

Reduce teenage conception rates and increase the number of young people aged 15 – 24 accepting chlamydia screening at least once per year, as part of a broader aim to improve sexual health

Improve mental health, through initiatives to promote mental health and better access to services

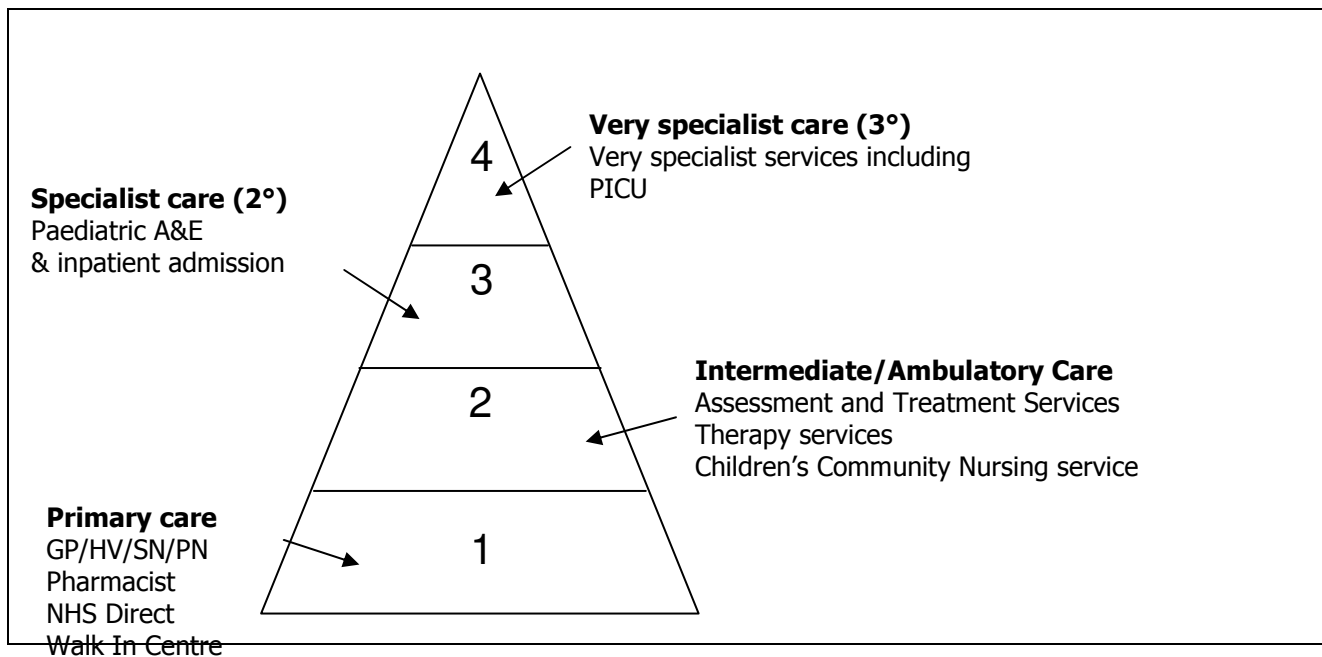
Improve services for vulnerable children and young people – including children and young people with disabilities

Improve support for young carers

Do you agree with our priorities?

7. CURRENT PROVISION

Children and young people are frequent users of all types of healthcare compared to adults, and in the NSF it is estimated that whilst '80% of all episodes of illness are managed by parents without reference to the professional health care system ... in a typical year, a pre school child will see a general practitioner about six times, while a child of school age will go two or three times; up to half of infants aged under twelve month and one quarter of older children will attend an accident and emergency department. In any year, one in eleven children will be referred to a hospital outpatients clinic, and one in ten to fifteen will be admitted to hospital.'



The four tiers of health care provision are typically represented by a triangle, such as that shown above, and in Haringey:

- There are 60 GP practices
- Community children's health services are provided by Haringey TPCT. There are four teams: *early years* (health visitors and therapists); *schools* (school nurses and therapists); *specialist child health services* (consultant paediatricians, therapists, and health visitor); and the *safeguarding* team which provides advice, supervision, training and support for all HTPCT staff and independent practitioners on child protection, looked after children, homelessness and domestic violence issues.
- Most midwifery services are provided by NMUH and the Whittington Hospital
- Paediatric provision at the North Middlesex University Hospital (NMUH) is provided by the Great Ormond Street Hospital for Children (GOSH) at NMUH as part of the partnership described in section 8.3
- Most acute/secondary care services for children are provided by NMUH, and the Whittington Hospital. Provision at both includes: Walk In Centre; A&E

- Department; in patient and out patient general paediatric provision; and non paediatric specialities, such as orthopaedics, that may be accessed by children.
- NMUH, has a separate paediatric A&E Department, which is open from 7.30am to 8.00pm, although assessments stop at 6.00pm. The Whittington Hospital has a separate area for children in the main A&E Department.
 - There is a Haringey Children's Community Nursing and Complex Care Team, based at NMUH, who provide community nursing services to children and young people across Haringey. This includes anything from wound care or removal of sutures to the case management of children and young people with long term conditions. Specialist Nurses in Asthma, Diabetes, and Sickle Cell disease are attached to the team. There is a well established Children's Community Nursing Network across North London.
 - Acute/secondary care services for Haringey children and young people is also provided by other providers, sometimes as part of managed network type agreements. For example out patient ENT cases are seen at NMUH and the Whittington, but day/inpatient care is provided by the Chase Farm Hospital and the Royal Free Hospital respectively.
 - Great Ormond Street Hospital for Children NHS Trust is the main provider of very specialist services
 - Palliative care services are provided by the Lifeforce Team, a multi-disciplinary team, which covers Camden, Islington and Haringey, and can draw on specialist advice from Great Ormond Street Hospital for Children.
 - The TPCT commissions support for young carers from the National Children's Home

As noted in section 6, we need to know more about how Haringey children and young people use our health services and improving our information base will be a priority for 2007/2008.

8. PARTNERSHIP CONTEXT

8.1 The TPCT is committed to working with partners to deliver services that are well integrated both *horizontally*, that is with the local authority children's services building on the vision set out in the ECM:CfC programme and *vertically* – i.e. across primary, community, secondary and tertiary children's health services through the North Central Sector Children's Partnership for Health.

8.2 The Every Child Matters: Change for Children Programme

The TPCT will continue to work with Haringey Council to develop integrated commissioning and provider models for the benefit of children, young people and families in Haringey, through the ECM:CfC programme described in Appendix A. The twenty priorities of Changing Lives – the Haringey children and young people's plan are listed in Appendix B.

8.3 The Children and Young People's Partnership for Health (CYPPH)

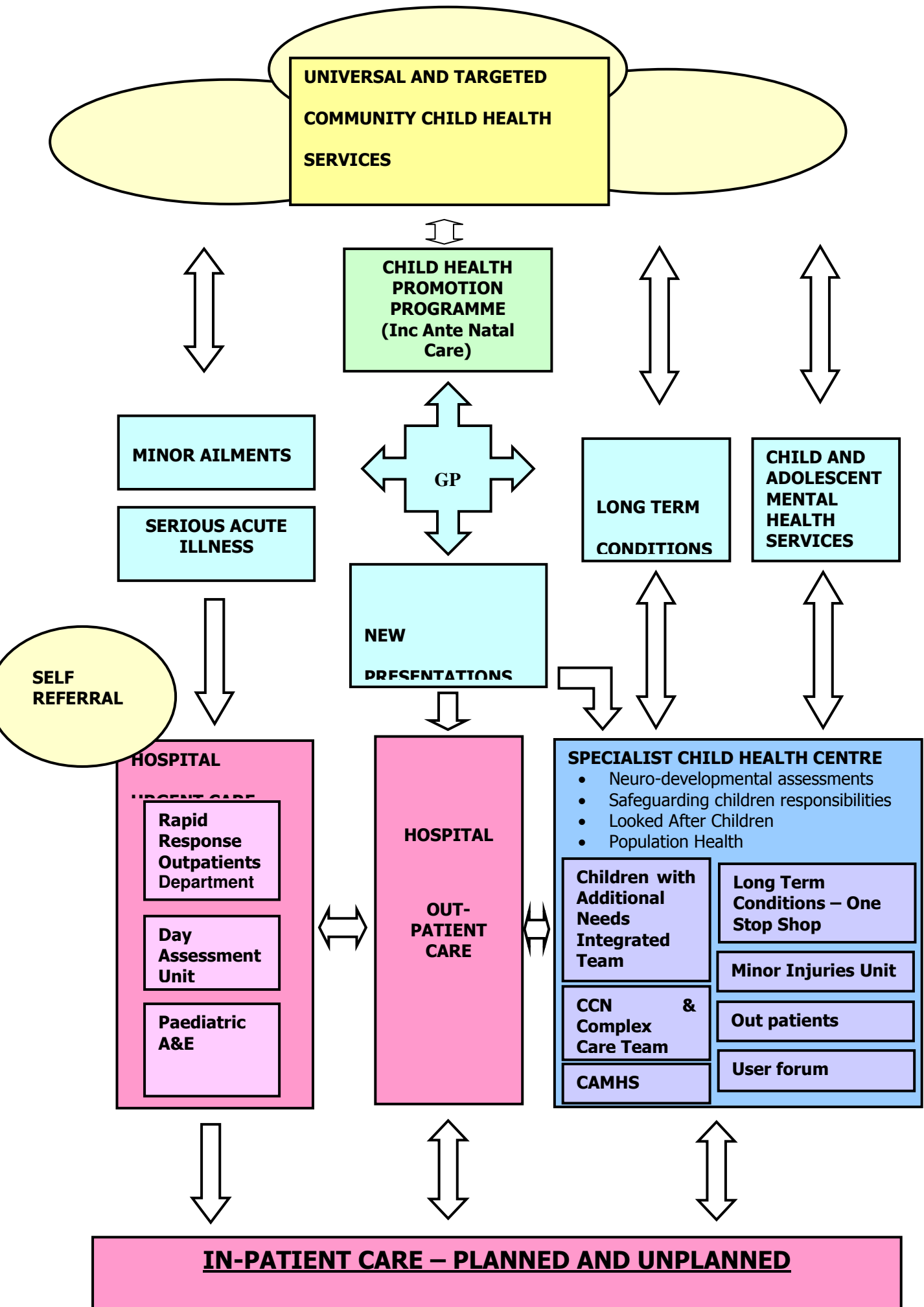
Managed Clinical Networks (MCN) are defined as "Linked groups of health professionals from primary, secondary and tertiary care, working in a co-ordinated manner, unconstrained by existing professional and Trust/Health Authority boundaries, to ensure equitable provision of high quality and clinically effective services." (NHS Neonatal Service Website). The National Service Framework cites Managed Clinical Networks as being key to driving up the quality of care in the NHS, and the CYPPH (GOSH Partnership) is a developing example of such network, which has been established between Great Ormond Street Hospital for Children, the North Middlesex University Hospital, Haringey Teaching Primary Care Trust, and the Whittington Hospital, to address the sustainability of children's health services in North Central London, and improve their quality through integration and standardisation.

Through the Partnership all specialist paediatric staff at the North Middlesex Hospital, and the TPCT's paediatric medical staff, are employed by Great Ormond Street. Following extensive consultation with staff and partners, the TPCT and Great Ormond Street Hospital for Children (GOSH) Board's have given in principle approval to the extension of the partnership with GOSH to include all children's services currently employed by Haringey TPCT. It is anticipated that the transfer of staff will take place from April 2008, with a shadow period commencing October 2007. It should be emphasised that the TPCT is committed to continued close joint working with Haringey Council services and the further development of aligned and integrated models of service based in the community, with the partnership with GOSH ensuring that developments are *underpinned* by strong NHS clinical, professional and organisational support structures.

For 2007/2008, the CYPPH (GOSH Partnership) have agreed to prioritise work on care pathways for children with long term conditions, including complex care needs, and Accident and Emergency (A&E) provision. This will support the need to refocus provision from inpatient and acute hospital based care, to care closer to home in the community.

9. SERVICE DELIVERY MODEL

- 9.1 The service delivery model for children and young people's health services is evolving in response to the drivers for change described earlier in this document, requiring innovation and flexibility, from both the providers and the commissioners of services. It is expected that all children and young people's health services will be developed and delivered, in accordance with the standards defined by the National Service Framework for Children, Young People and Maternity Services, as part of the ECM:CfC programme described above. Standards One to Five are applicable to all children (and cover health promotion, supporting parents, child-focussed services, growing-up and safeguarding children) and thereafter there are specific standards for the ill child, the child in hospital, disabled children, children with mental health problems and maternity services (See Appendix C). .
- 9.2 The diagram on p22, has been adapted from diagrams included in the GOSH discussion document *Show me the way to stay home*, and illustrates the proposed service delivery model. Successful implementation is dependant on the development of community and primary care led pathways that aim to reduce reliance on secondary care services and support the release of resources into interventions focused on prevention and early identification and intervention.
- Prevention and early identification and intervention is fundamental to the successful implementation of the ECM: CfC Programme, and the TPCT expects all providers to work with the Haringey Council to develop integrated services around the needs of the child, young person and family. To include implementation of the Common Assessment Framework and work on joint protocols and pathways into services(Appendix A).
 - A care pathway for asthma, has been developed through the CYPH (GOSH PARTNERSHIP), and the TPCT expects to see providers collaborate on the development and implementation of similar pathways for other conditions including diabetes, sickle cell, and epilepsy, to make the best use of the improved access to primary care planned in the TPCT's primary care strategy.
- 9.2 Other key aims of the model are to:
- Reduce inequalities in health, through the development of services focused on prevention and early identification and intervention, and delivery of the Child Health Promotion Programme, with particular emphasis given to improving outcomes for vulnerable groups of children.



- Where possible, to provide services in or close to home, or in other locations convenient to the child, young person and family. To include improved access to primary care, delivery of the health component of the core offer to children's centers and extended schools, and the extension of specialist community child health services to include 'one stop shop' provision for long term conditions, with possibly an adjacent minor injuries unit.
- Ensure that the need for urgent specialist care is identified promptly in the community by appropriately trained and skilled staff, with rapid transfer to an acute hospital with a range of services available to assess and diagnose the child or young person's condition. Provision to include a day assessment unit and consultant led rapid response outpatients clinics.
- Develop multi-agency/integrated provision for children with additional needs – to include children with disabilities

The different elements of the proposed model are described in subsequent sections.

9.2 For consideration by all providers

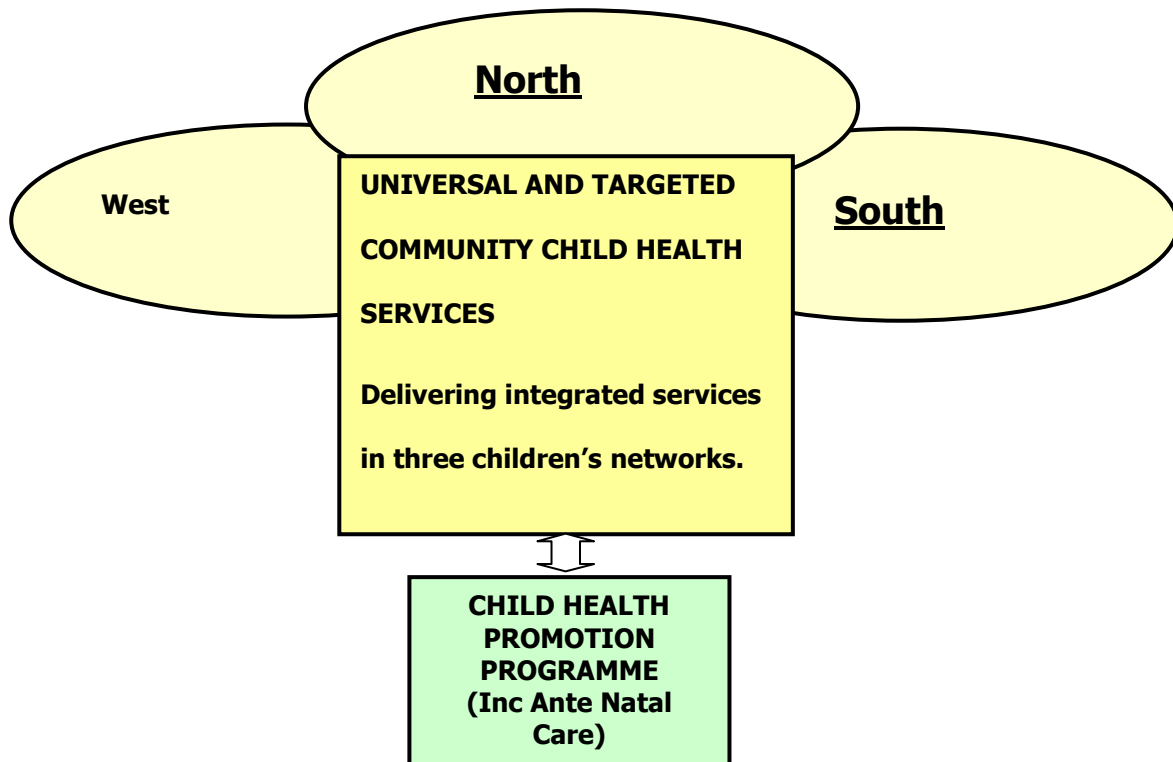
In addition to Standards for Better Health, there are a number of issues that the TPCT expects all providers to fully address:

- A focus on children, young peoples and families* – services to ensure that children, young people and families are actively involved in their treatment and care, there is more opportunity for them to be involved in the way services are designed and developed.
- Equitable provision* – services to have policies and procedures in place to ensure that service provision is equitable, regardless of gender, ethnicity or socio-economic circumstance. These should be audited regularly for effectiveness and updated accordingly.
- Timely access* – services to meet access targets, including the NHS Improvement Plan (June 2004) commitment that 'By 2008 no one will wait longer than 18 weeks from GP referral to hospital treatment'.
- Safeguarding children* - providers to ensure that services meet the requirements for effective child protection, and that all staff working with children and young people understand their roles and responsibilities regarding safeguarding and promoting the welfare of children and young people, receive regular training, and are updated, supported and supervised appropriately.
- Clinical Governance and a safe culture* – services should have clinical governance systems in place which focus on children and young people and include arrangements for: safeguarding (see above); the use of evidence based practice developed in accordance with the NSF, NICE guidelines and so on; clinical audit; effective prescribing and referrals, and continuing professional development.

- vi *Age appropriate provision* – services should be age appropriate, reflecting the fact that children and young people have different needs to adults, and that requirements change as children and young people grow. Wherever possible children and young people should be treated in child and/or adolescent friendly facilities away from adult provision. Appointment systems should be designed to minimise disruption and the amount of time children and young people will be away from school.
- vii *Transition between services* – services to have procedures and protocols in place to ensure that the transition between services, for example early years to schools or young people’s to adult services, is as seamless as possible. This requires an agreed procedure which ensures forward planning, close co-operation between staff of both services, shared information and the involvement of the child or young person, and their parent or carer if appropriate.
- viii *Partnership working* – where appropriate, services to engage in the ECM:CfC and CYPFH (GOSH) partnerships, and to have protocols and procedures in place to ensure that organisational boundaries do not become a barrier to ensuring that children, young people and families receive the best possible health care. These should be audited regularly for effectiveness and updated accordingly.
- ix *A skilled and dedicated workforce* – all staff treating or caring for children and young people should have appropriate training, which is updated regularly, with opportunity to refresh or learn new skills. Training should cover both the technical and clinical skills, and the personal and communication skills necessary to treat children and young people properly, as well as opportunity for leadership development. Recruitment and retention policies should be in place.
- x *Confidentiality and information sharing* – all staff to follow the multi agency protocols that have been developed, to ensure that children and young people’s confidentiality and rights are respected, but that where necessary information is appropriately disclosed to other professionals/agencies without consent.

Are there other priority issues for all services that should be highlighted?

10. COMMUNITY HEALTH SERVICES - CHILDREN'S NETWORKS



10.1 Health Improvement

Through the Haringey Strategic Partnership and the ECM:CfC programme, the TPCT is working with Haringey Council and other partners to reduce inequalities and improve the health of children and young people in Haringey.

The Child Health Promotion Programme (CHPP) described in Standard 1 of the National Service Framework (See Appendix C), provides a framework to ensure the promotion of health and well being of individual babies, children, young people and families. The CHPP is a multi agency programme for children age 0-19, to be delivered as part of the ECM:CfC programme, which replaces the medical model of screening for disorders in childhood, in favour of more emphasis on health promotion, primary prevention, and active early intervention targeted at those children who are most vulnerable and most at risk. Health Visitors in Haringey have led the work to implement the programme in Haringey, and the TPCT is now looking to providers to extend the programme to all children and young people under 19.

It is envisaged that the CHHP will be implemented in the context of a broader programme to improve the health of the community through awareness raising, health promotion and education, and improved access to service provision. There are strategies, work programmes and/or plans attached to each of the health improvement priorities identified in section 6, for example the infant mortality action plan, the teenage pregnancy action plan and the obesity strategy, which complement the priorities in *Changing Lives – The Haringey children and young people's plan*, and the TPCT expects all providers to make the appropriate and agreed contribution, to ensure that outcomes are improved for children, young people in Haringey.

Priorities include:

- To develop a multi-agency plan to encourage women to book early for pregnancy, preferably at 8-10 weeks of pregnancy to give them time to plan their pregnancy effectively and consider early screening options.
- Implementation of NICE guidance on postnatal care, to include the development of UNICEF baby-friendly standards in maternity and postnatal services.
- **Multi-agency action to increase the uptake of childhood immunisations**
- Development and implementation of infant feeding guidelines, led by the Infant Feeding Co-ordinator.
- Expand monitoring systems to include breastfeeding maintenance and smoking status throughout pregnancy and amongst households with children.
- Development of an obesity reduction strategy, and integrated care pathways for children and adults. To include family based interventions for children who are overweight/obese and their parents
- Reduce the number of people that smoke, and protect children from the harmful effects of environmental tobacco smoke
- Reduce teenage conception rates and increase the number of young people aged 15 – 24 accepting chlamydia screening at least once per year, as part of a broader aim to improve sexual health
- The continued implementation of the Healthy Schools Programme. This is a priority for the CYPSP (LBH Partnership), and is stretch target in the Local Area Agreement.
- Develop a strategy for suicide prevention in Haringey focusing on promotion of mental well-being, reducing the risks of suicide amongst key high-risk groups, and reducing the availability of suicide methods

10.2 Supporting parents or carers and self care

Supporting parents or carers to care for their children, whether through universal programmes to provide them with information and equip them with basic parenting skills, or through more specialist programmes to help when problems arise, or are likely to do so, is a key priority for both the NSF and the ECM:CfC programme. There is a wide range of provision in Haringey, and the TPCT will work with Haringey Council's Children and Young People's Service, who have the lead in this area, to develop a parenting support strategy to further improve provision.

More specifically for health services, it has been estimated that 80% of all episodes of illness are managed by parents and carers without reference to the professional health care system, and ensuring that parents, carers and indeed children and young people feel confident and assured in this role, is fundamental to plans to improve provision for children and young people with long term conditions and complex needs, and should be a priority for all health services.

10.3 Universal and targeted community child health services

The TPCTs early years and schools services provide community health services to Haringey's children and young people:

The Early Years Service – is a multi-disciplinary team with health visitors, RGNs, nursery nurses, speech and language therapists, physiotherapists and occupational therapists, providing universal and targeted services to children under 5 and their families in a range of locations (73 nursery classes, 10 children's centres, community clinics and health centres and 4 specialist resource bases for children with additional needs) within the Borough. The health visiting service is currently implementing the

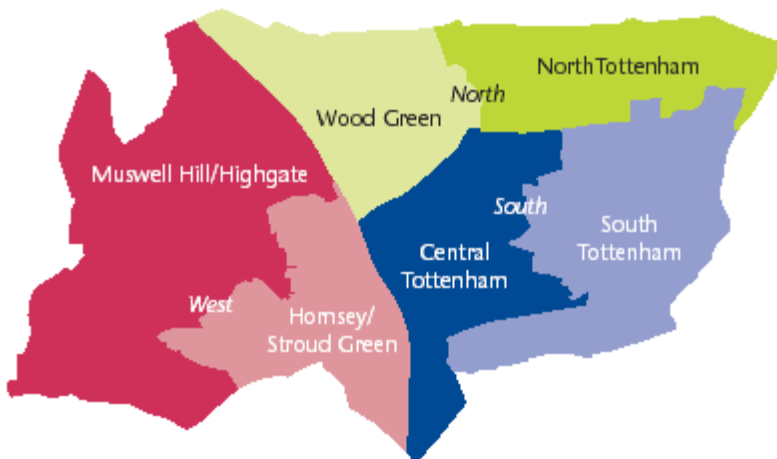
Child Health Promotion Programme described in section 9.3, and is, moving towards services that are targeted on the most vulnerable children, whilst ensuring that all children receive a core child health service.

The Schools Service – is a multi-disciplinary team of school nurses and speech and language therapists, physiotherapists and occupational therapists, who work with children and young people in mainstream, special schools, and specialist units/resource bases, (73 infant and junior schools, 11 secondary, 5 special schools and 4 specialist resource bases) within the Borough. The service has well established links with local schools and Haringey Council’s children and young people’s service.

There is a strong history of partnership working in Haringey, and both services are moving further towards an integrated model of multi-agency working as part of the developing ECM;CfC programme. Health visitors have worked in teams with corporate case loads based on Network Learning Community geographical areas since April 2006, and other services are in the process of aligning themselves to Children’s Network areas.

Safeguarding service – **The Safeguarding Team is led by a nurse consultant, provides advice, supervision, training and support for all TPCT staff and independent practitioners on child protection, looked after children, homelessness and domestic violence issues. Proposals for co-location with LBH colleagues are currently in development**

Children’s networks



Three Children’s Networks have been established across the borough. Each area consists of 2 Network Learning Communities:

The map above shows the three Children’s Network areas which have been developed as the delivery model for multi agency provision for children and young people to enable services to be delivered closer to children and families and facilitate the development of the ‘team around the child approach’ advocated by Every Child Matters. The networks will bring together different groups of professionals working with children and young people and families within the same geographical area, and enable

- A core range of services to be available to all children and young people and families in response to local need
- More co-ordinated and effective assessments
- A greater focus on prevention and early intervention, with a greater targeting and concentration of resources towards those children and families who are most vulnerable and most at risk.
- The development of multi-agency pathways that facilitate access to specialist provision
- A strong focus on safeguarding

- Better information sharing, both within and between agencies

It is envisaged that *where feasible* universal and targeted child health services, including midwifery services and early years and schools service described above, will be aligned to the networks. Services will be delivered from a range of settings, including the child or young person's home, children's centres, schools, special schools, extended schools, health centres, and there will need to be close collaboration with GP practices, to ensure that there is a multi-agency approach to driving up the quality of services and improving outcomes for children, young people and families.

Working with the local population, needs will be assessed, and services planned, delivered, and possibly joint commissioned on a multi-agency network basis. In addition key aspects of the Every Child Matters agenda will be implemented through Children's Network model, for example, the Common Assessment Framework, the lead professional, information-sharing, and work force development.

Children's Centres

Children's Centres are viewed as key to, improving outcomes for all children under 5, and closing the gap between those with the poorest outcomes and the rest, and so far 10 Children's Centres have been designated in Haringey with a further 8 planned as part of phase 2 which finishes in April 2008. The *Core Offer* defines the multi-agency services that are to be available from children's centres, or where space is at premium, at their *satellite centres*, which may include for example the local health centre. Core offer provision includes:

- Antenatal advice and support for parents/carers
- Delivery of the Child Health Promotion Programme – see Appendix D
- Information and guidance on breast feeding, hygiene, nutrition and safety.
- Promoting positive mental health and emotional well being, including identification, support and care for those suffering from maternal depression, ante-natally and post-natally.
- Speech and language therapy for children with communication difficulties & autistic spectrum disorders, and other specialist support.
- Support for healthy lifestyles.
- Help in stopping smoking
- Early identification of children with special needs and disabilities with inclusive services and support for their families
- Consultation and information sharing with parents/carers, including fathers, on what services are needed, and systems to get user feedback on services.

Health services are working closely with children's centres to ensure that the core offer is met, and that services reflect the needs of the local population. However the TPCT has identified peri-natal and infant mental health services as a priority for future investment.

Extended Schools

Schools are the universal service that has the most contact with school-age children as well as frequent and close contact with their families. Addressing health needs through extended schools delivers benefits by:

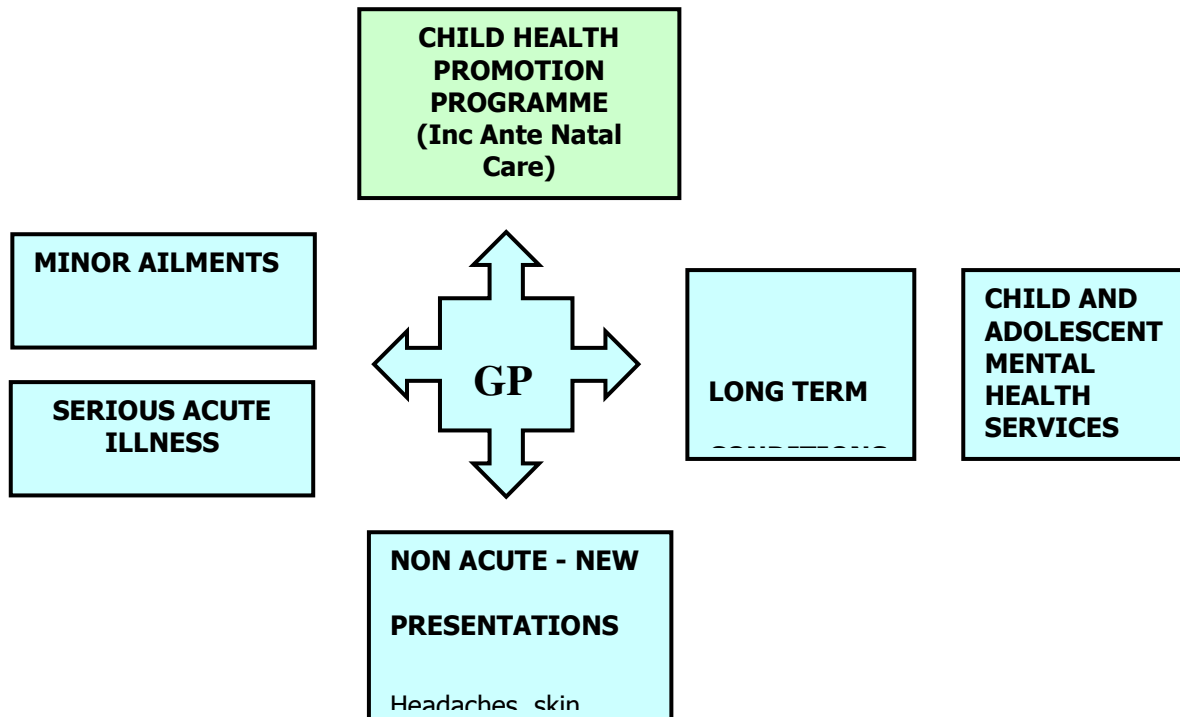
- Improving pupils' attendance
- Removing barriers to learning through earlier intervention
- Reaching hard-to-access communities
- Improving take up of preventative health services
- Tackling inequalities
- Targeting previously unmet health need

The core offer for extended services to be offered in and around schools includes parenting support, and swift and easy referral to a wide range of specialist support services (including services which may be delivered by health professionals on the school site). The Healthy Schools programme provides a sound basis for developing this work.

TPCT school services already work in Haringey schools, as established members of the school team, offering a range of provision including: a joint speech, language and communication service for children and young people with speech, language and communication disorders, participation in PHSE (Personal, Health and Social Education) programmes; immunisations; and targeted services for children with specific health issues e.g. enuresis, epilepsy and a range of other therapy services for children with complex needs.

Focussing on early identification and intervention, clear pathways and protocols will need to be developed to ensure good access to specialist provision from schools to for example the Specialist Child Health Service; CAMHS; the Sexual Health Service and so on. In consultation with children and young people, consideration will also be given to offering additional services from the school site.

11. GPS AND PRIMARY CARE



This section should be read in conjunction with the TPCT's primary care strategy 'Developing world class primary care in Haringey: A consultation document' (June 2007).

Most health service contacts for children are with GPs and the primary care team, who have a key role in improving the health and well being of children, young people and families in their area.

The TPCT has a responsibility to ensure that Haringey's children, young people and families have access to high quality primary care services, and the development of community and primary care led pathways that reduce reliance on secondary care services are a priority. Primary care is the ideal setting for the treatment of minor ailments, and the identification of more serious problems, which require treatment and care in collaboration with other providers, or in the case of serious acute illness, referral on.

Both the NSF and the report on '*the acutely or critically sick child in the district general hospital*', highlight the importance of ensuring that primary care practitioners are given the opportunity to maintain the skills and competencies required in the assessment and identification of the acutely or critically sick child. Working with GPs and other health professionals, the Managed Clinical Network being developed through the CYPH (GOSH PARTNERSHIP), will improve access to opportunities for continuing professional development, and support the development of community and primary care led pathways into other services.

Given the high level of transience in the population the TPCT, will work with primary care providers to ensure that all children, young, people and families have access to primary care services, and are registered with a GP practice. Improving access to primary care services is one of the cornerstones of the primary care strategy, which proposes to develop a number of super health centres/polyclinics that will deliver an enhanced range of services in a primary care setting in the community.

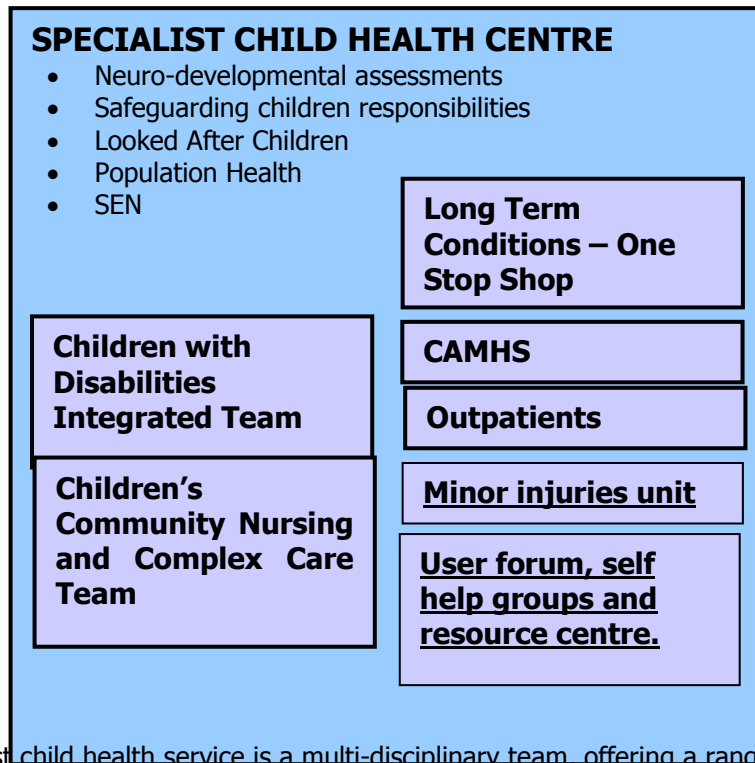
The National Service Framework also highlights other areas where primary care provider involvement is key:

- Encouraging pregnant women to book early for antenatal, preferably at 8-10 weeks of pregnancy to give them time to plan their pregnancy effectively and consider early screening options.
- Delivery of part of the Child Health Promotion Programme, which can be provided as an additional service under the GMS contract.
- Early identification and intervention, and appropriate referral on, where there are problems with a child's development
- Early identification and intervention, and appropriate referral on where there is concern about parenting capacity, non attendance for an appointment, or suspected non-accidental injury, abuse, or neglect.
- Optimizing the use of secondary care through good quality referrals and discharge planning, with emphasis placed on 'enhanced self care and improving the management of long term conditions' in primary care. To include care planning for children and young people with more complex needs.
- Enabling young people to avoid unwanted pregnancy and sexually transmitted infections
- Identifying children and young people with mental health problems, and considering whether those with less serious problems could be treated in primary care or other non specialist settings.

GPs and primary care providers in Haringey are organised into four practice based commissioning collaboratives, with named Health Visitors providing the key link across to the multi-disciplinary/multi-agency teams being developed in the three children's network areas for children aged 0-5. Urgent consideration needs to be given to developing links between the collaboratives and network teams for older children and young people, and to ensuring that there is good communication when planning and commissioning services.

Are there other issues relating to primary health care for children, young people and families, which should be considered as a priority here?

12. SPECIALIST COMMUNITY CHILD HEALTH SERVICES



12.1 The specialist child health service is a multi-disciplinary team, offering a range of specialist services for babies, children and young people aged 0 to 19 with additional and complex health needs.

Services provided:

- Multi-Disciplinary Assessments for children with developmental difficulties or disabilities for example: learning difficulties; cerebral palsy; Down syndrome; ADHD, and Autistic Spectrum Disorders.
- Specialist paediatric clinics including infectious diseases (at North Middlesex University Hospitals)
- Specialist immunization and advice
- Medicals for children who may have special educational needs and those who are looked after by the Local Authority
- Medicals for Child Protection
- Specialist services including, Speech and Language Therapy, Physiotherapy, Occupational Therapy, Dietetics, Clinical Psychology and Health Visiting.

In the context of the ECM:CfC programme, the specialist community health service will provide as much care as possible in children's homes, nurseries and schools but some specialist assessment & treatment facilities are also required.

12.2 The service is currently based in the Child Development Centre on the St Ann's site, but the premises are not 'fit for purpose' and a new site is being sought as a priority.

Ideally the new premises will be suitable for an extended team, and for example:

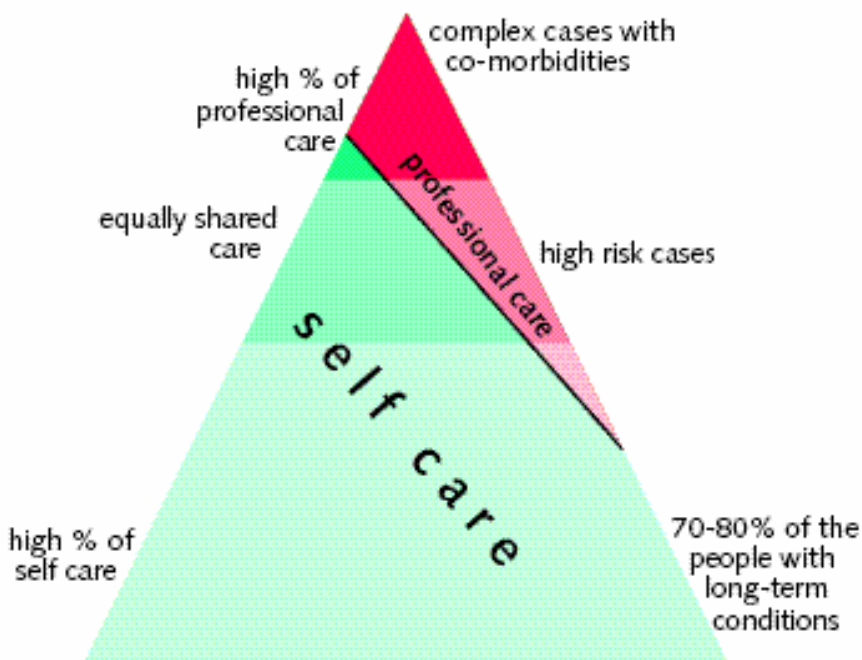
- The CYPSP (LBH PARTNERSHIP) is looking at models of integrated provision for children with additional needs, including children with disabilities, and this thinking will need to consider/be incorporated into the future service model for specialist child health services. To include mental health provision and the need to identify long term accommodation for CAMHS.

- The TPCT wishes to review the current provision of specialist child health services in community and hospital settings, with a view to offering more services from the specialist child health centre in a community setting. Particular priority will be given to the management of long term conditions, but there may be other relatively minor conditions, for example skin lesions, currently managed through paediatric outpatients, which could be managed in the community by GPs, or GPs with a special interest, working alongside specialists from secondary care.
- The Haringey Children’s Community Nursing and Complex Care Team, which is based at NMUH, will be strengthened and become more of a community resource working closely with parents and carers, primary care teams, the TPCT’s community health services, and Haringey Council’s Children and Young People’s Service.
- The recent discussion document looking at the provision of urgent care, considers a full range of responses from telephone advice and self care, to deployment of a crisis team, to admission to a specialist hospital. An element of this tiered response might include community based provision of a minor injuries, which could be based alongside the Specialist Child Health Centre.
- Children, young people and families will be actively involved in the development any new premises and the services it contains, which should also be a resource centre to supports self management and active involvement in treatment and care.

12.3 Long term conditions and complex health needs

The TPCT believes there is much we can do to improve and streamline the care that children and young people with long term conditions and complex health needs such as asthma, diabetes, complex developmental disorders/syndromes, cerebral palsy and muscular dystrophy.

The model for supporting children and young people with long term conditions and complex health needs described in section 4.4 iii will be implemented through the CYPH (GOSH PARTNERSHIP) Managed Clinical Network bringing together primary care, the children’s community nursing and complex care team, community specialist child health services, and specialists from the acute sector.



Care, treatment and support will be provided in a range of settings, home, children’s centre, school, GP surgery, the specialist child health centre, and secondary and tertiary care. The routine management of long term conditions will be delivered in the

community with case management arrangements put in place for more complex cases. The specialist child health centre will be the hub of provision, providing access to 'one-stop shop' multi disciplinary/agency services - paediatricians, therapists (speech and language therapists, physiotherapists, occupational therapists, and dieticians), community nurses, social workers and so on - and access to facilities to support both self management and professional development. Where acute admission to hospital is required it should be for as short a time as possible, with aftercare and support being provided by services in the community.

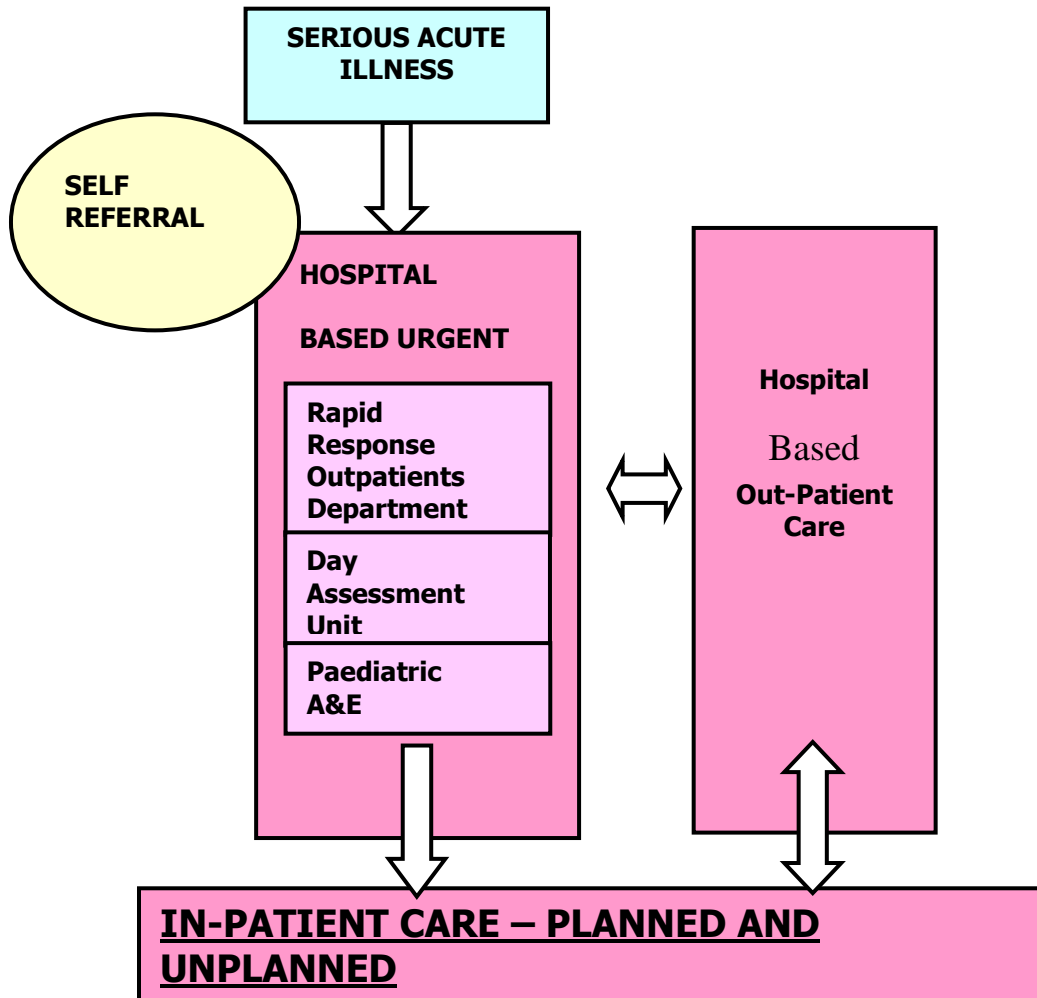
As part of the CYP PH (GOSH Partnership), the Asthma collaborative has developed a care pathway that will be used as a pilot to test out new ways of working across professional and organisational boundaries. Work on pathways for Diabetes, Epilepsy and Sickle Cell disease is underway.

Increasingly it is possible for children and young people with very complex health needs, including those requiring long term ventilatory support, to be cared for at home, enabling them to attend schools and participate in community activities. Care for this group of children and young people could be improved through better co-ordination of services, and in addition there other issues which need to be considered:

- Packages of nursing care are currently purchased from an agency, but there is a shortage of suitably qualified and experienced nursing and care staff, and the TPCT wishes to explore directly employing care staff, or commissioning provision from another NHS Trust.
- The Joint Area Review raised concerns about access to Occupational Therapy services and equipment, which are being addressed, but the growing number of children with very complex health needs will have implications for therapy services in future.

What services would you like to see offered from a specialist children health centre in the community?

13. HOSPITAL BASED URGENT CARE



Where possible children, young people and families want to receive treatment and care as close to home as possible, but accept the need to travel for specialist services when necessary. The TPCT wishes to develop a network of provision that ensures that children and young people receive assessment and treatment in the most appropriate place, and where this is away from home, that they returned home with the appropriate support as soon as possible. Emphasis to be given to ensuring that all health professionals who work with children and young people, are appropriately trained and are able to maintain their skills through a sufficient level of ongoing experience. This must include training in paediatric emergencies, although the aim will be to ensure effective triage and transfer to the appropriate care setting, with access to the expertise and equipment appropriate to the child or young person's condition.

As has been discussed previously primary care is the ideal setting for the treatment of minor ailments, and the identification of more serious problems, which require treatment and care in collaboration with other providers, or in the case of serious acute illness, referral on. In the model proposed urgent specialist care would be provided by the Acute Trusts, NMUH and the Whittington, with a range of provision available including paediatric A&E, a day assessment unit to allow longer for the child or young person to be observed and assessed, and rapid response outpatient clinics providing access to urgent advice from a Consultant in non emergency situations within 48 hours.

What do you think of the proposed model?

14. BARNET, ENFIELD AND HARINGEY CLINICAL STRATEGY

There has been significant strategic discussion across the whole of the North Central London sector (comprising Barnet Enfield Haringey Camden and Islington PCTs) about the possible reconfiguration of acute paediatric services across the sector, which has been driven by the change factors described in section 4.

More recently the focus has been on acute hospital services provided at Chase Farm Hospital, Barnet Hospital and the North Middlesex University Hospital (NNUH). Two main proposals for reorganising hospital care at these three hospitals are currently out for consultation. In summary:

1. Inpatient services for women and children and obstetrician-led maternity services based at Barnet and North Middlesex. Planned and emergency services separated with Barnet and North Middlesex providing major emergency services, urgent care centres for non life-threatening conditions and day surgery. Chase Farm would provide planned inpatient surgery and an urgent care centre, with consultant-led paediatric and older people's assessment units.
2. All inpatient and major emergency services centralised at Barnet and North Middlesex. Chase Farm becoming a Community Hospital providing day surgery, outpatient clinics, GP services, community-based nurse and therapy services, routine diagnostic services such as pathology and simple imaging and an urgent care centre as in option 1. A midwife-led birthing unit could also be located at Chase Farm Hospital.

Please visit the following website for more information: <http://www.behfuture.nhs.uk/>

It is anticipated that the proposed changes will have minimal impact on the Whittington.

15 CONSULTATION

The initial consultation period ran from 9th July to 14th September 2007, but has been extended to 31st December 2007, to allow for more views to be obtained on the proposed framework for commissioning health services for children and young people in Haringey.

Comments, or requests for further information or attendance at relevant meetings, should be sent to:

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Acting Director of Strategic Commissioning
Block B1, St Ann's Hospital
St Ann's Rd
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N15 3TH

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THE HARINGEY EVERY CHILD MATTERS: CHANGE FOR CHILDREN PROGRAMME

The key elements of the Every Child Matters programme are illustrated by the diagram below.



Child-centred, outcome led vision

The twenty priorities identified in 'Changing Lives' the Children and Young People's Plan (see Appendix B) were informed by a series of consultation events with children, young people and other stakeholders, and were the subject of a public consultation. Ongoing mechanisms to enable children, young people and their families to participate in the development of the ECM:CfC programme are in place.

Integrated front line delivery

Three children's networks have been established – North, South and West Haringey, and the networks will be the delivery model for integrated services, which will enable community based services, which are more geared to prevention, to be delivered closer to the child. Children's Centres are key to, improving outcomes for all children under 5, and closing the gap between those with the poorest outcomes and the rest. and so far 10 Children's Centres have been designated in Haringey with a further 8 planned as part of phase 2. Work on extended schools is progressing. Developing integrated services for Children with Additional Needs has been identified as a priority for the partnership.

Integrated processes

A draft protocol has been developed to underpin information sharing between services and work is underway to look at a common database. From 1st January 2007, the Common Assessment Framework, will be rolled out

across Haringey starting with Health Visiting and Schools referrals into Speech and Language Therapy and education support services such as the Educational Psychology Service and the Behaviour Improvement Programme. Panels will be established in each network area, to look at cases where multi agency input is required, and extension to other services will be accompanied by appropriate preparation and training. Work on developing the role of the lead professional is being carried out alongside Common Assessment Framework implementation.

Integrated strategy

A joint needs assessment 'Knowing Our Children and Young People – planning for their futures' has been developed and will be updated annually. The outcomes of the needs assessment informed the priorities identified in 'Changing Lives', which are underpinned by the need to refocus services on early identification and intervention, with priority given to improving outcomes for vulnerable children and young people. A joint commissioning group has been established and developing joint performance management and commissioning arrangements will be a priority for 2007/2008.

Inter-agency governance

Inter-agency governance structures have been agreed by the partnership.

CHANGING LIVES – THE HARINGEY CHILDREN AND YOUNG PEOPLE’S PLAN

Summary of priorities

Priority one – We will improve outcomes for vulnerable children and young people through implementing strategies that will ensure earlier intervention.

Priority two – We will continue to improve life changes for looked after children and care leavers.

Priority three – We will improve outcomes for children and young people with disabilities.

Priority four – We will reduce the number of stillbirths and babies who die before their first birthday.

Priority five – We will promote healthier lifestyles to children, young people and parents.

Priority six – We will prevent young people from developing mental health problems by strengthening their emotional well-being and self-esteem and improve services to those who have mental health needs.

Priority seven – We will work with young people to reduce teenage conception rates in Haringey as part of a broader aim to improve sexual health.

Priority eight – We will reduce the incidence of specific dangers affecting some of all children and young people in the community in partnership with parents and the wider community and through the implementation of the Pan-London child protection procedures.

Priority nine – We will renew our efforts to reduce bullying, discriminatory incidents and the gang culture in line with what young people have told us is most important to them.

Priority ten – We will create more safe places for children to play and for young people to go to through working with partners from Haringey Council, the police and the voluntary sector.

Priority eleven – We will reduce the number of children and young people who are involved in crime or become victims of crime.

Priority twelve – We will further improve the quality of early years education.

Priority thirteen – We will enable children and young people to enjoy wider opportunities through a broad curriculum and out-of-school learning activities.

Priority fourteen – We will improve attendance and raise standards of achievement for all children and young people reflected across all sections of our community.

Priority fifteen – We will empower children and young people to have a more effective voice in decision-making.

Priority sixteen – We will ensure that children and young people living in Haringey are given wider opportunities to broaden their experiences to be creative, and equip them to live in a global society.

Priority seventeen – We will work together to give a more positive profile to children and young people drawing attention to their positive contributions, reinforcing rights and responsibilities for children and future adults, and celebrating their achievements.

Priority eighteen – We will improve access to services for young people and parents that support them to be more economically active.

Priority nineteen – We will reduce the number of young people between the ages of 16 and 19 who are not in education, employment or training, especially those looked after by the local authority.

Priority twenty – We will improve the percentage of young people at age 19 qualified to Level 2 and Level 3.

NATIONAL SERVICE FRAMEWORK FOR CHILDREN, YOUNG PEOPLE AND MATERNITY SERVICES

PART I

Standard 1: Promoting Health and Well-being, Identifying Needs and Intervening Early

The health and well-being of all children and young people is promoted and delivered

through a co-ordinated programme of action, including prevention and early intervention

wherever possible, to ensure long term gain, led by the NHS in partnership with local

authorities.

Standard 2: Supporting parents or carers

Parents or carers are enabled to receive the information, services and support which will help them to care for their children and equip them with the skills they need to ensure that their children have optimum life chances and are healthy and safe.

Standard 3: Child, Young Person and Family-Centred Services

Children and young people and families receive high quality services which are coordinated

around their individual and family needs and take account of their views.

Standard 4: Growing Up into Adulthood

All young people have access to age-appropriate services which are responsive to their

specific needs as they grow into adulthood.

Standard 5:

Safeguarding and Promoting the Welfare of Children and Young People

All agencies work to prevent children suffering harm and to promote their welfare, provide them with the services they require to address their identified needs and safeguard children who are being or who are likely to be harmed.

PART II

Standard 6: Children and Young People who are Ill

All children and young people who are ill, or thought to be ill, or injured will have timely access to appropriate advice and to effective services which address their health, social, educational and emotional needs throughout the period of their illness.

Standard 7: Children in Hospital

Children and young people receive high quality, evidence-based hospital care, developed through clinical governance and delivered in appropriate settings.

Standard 8: Disabled Children and Young People and Those with Complex Health Needs

Children and young people who are disabled or who have complex health needs receive co-ordinated, high quality child and family-centred services which are based on assessed needs, which promote social inclusion and, where possible, which enable them and their families to live ordinary lives.

Standard 9: The Mental Health and Psychological Well-being of Children and Young People

All children and young people, from birth to their eighteenth birthday, who have mental health problems and disorders have access to timely, integrated, high quality multidisciplinary mental health services to ensure effective assessment, treatment and support, for them, and their families.

Standard 10: Medicines Management for Children

Children, young people, their parents or carers, and health care professionals in all settings make decisions about medicines based on sound information about risk and benefit. They have access to safe and effective medicines that are prescribed on the basis of the best available evidence.

PART III

Standard 11: Maternity Services

Women have easy access to supportive, high quality maternity services, designed around their individual needs and those of their babies.

Appendix D

OVERVIEW OF THE CHILD HEALTH PROMOTION PROGRAMME

This table sets out health promotion services that will be offered to all pregnant women and children and for which there is evidence of effectiveness. Services may change a new evidence emerges, particularly in the area of adolescent health, and in response to new health concerns (including priorities that may be identified in the White Paper on public health).

| Age | Intervention |
|--|--|
| Ante-natal | Ante-natal screening and a preliminary assessment of child and family needs. Provide advice on breast-feeding and general health and well-being, including health eating and smoking cessation where appropriate. Arrangements are put in place, including sharing of information, to ensure a smooth transition from the midwifery to health visiting service. |
| Soon after birth | General physical examination with particular emphasis on eyes, heart and hips. Administration of vitamin K (if parents choose vitamin K drops, these are administered during the first week after birth). BCG is offered to babies who are more likely to come into contact with someone who has TB. The first dose of Hepatitis B vaccine is given to babies whose mothers or close family have been infected with Hepatitis B. |
| 5-6 days old | Blood spot test for hypothyroidism and phenylketonuria. Screening for sickle cell disease and cystic fibrosis is also being implemented. See www.newbornscreening-bloodspot.org.uk |
| Within 1 st month of life | Newborn hearing screen now being rolled out to all areas. If Hepatitis B vaccine has been given soon after birth, the second dose is given. |
| New birth visit (usually around 12 days) | Home visit by the midwife or health visitor to assess the child and family health needs, including identification of mental health needs. Distribution of 'Birth to Five' guide and the Personal Child Health Record if not already given out ante-natally. Information/support to parents on key health issues to be available (e.g. support for breastfeeding, advice on establishing a routine etc). |
| 6 – 8 weeks | General physical examination with particular emphasis on eyes, heart and hips. First set of immunisations against polio. Review of general progress and delivery of key messages about parenting and health promotion. Identification of post-natal depression or other mental health needs. If Hepatitis B vaccine has been given after birth, the third dose is given at 8 weeks. |
| 3 months | Second set of immunisations against polio, diphtheria, tetanus, whooping cough, Hib, and Meningitis C. Review of general progress and deliver of key messages about parenting and health promotion, including weaning. |

| | |
|---------------------------------|---|
| 4 months | Third set of immunisations against polio, diphtheria, tetanus, whooping cough, Hib and Meningitis C. Opportunity to give health promotion and advice to parents and to ask about parents' concerns. |
| By the 1 st birthday | Systematic assessment of the child's physical, emotional and social development and family needs by the health visiting team. This will include actions to address the needs identified and agree future contact with service. |
| Around 13 months | Immunisation against measles, mumps and rubella (MMR). Review of general progress and health promotion and other advice to parents. If Hepatitis B vaccine has been given soon after birth a booster dose and blood test are given. |
| 2 – 3 years | The health visiting team is responsible for reviewing a child's progress and |

| | |
|-------------|--|
| | ensuring that health and developmental needs are being addressed. The health visitor will exercise professional judgement and agree with the parent how this review is carried out. It could be done through early years providers or the general practice or by offering a contact in the clinic, home, by post, telephone or email etc. Use is made of other contacts with the primary care team (e.g. immunisations, visits to the general practitioner etc.) |
| 3 – 5 years | Immunisation against measles, mumps, rubella (MMR) and polio and diphtheria, tetanus and whooping cough. Review of general progress and delivery of key messages about parenting and health promotion. |
| 4 – 5 years | <p>A review at school entry provides an opportunity to check that: immunisations are up-to-date, children have access to primary and dental care, appropriate interventions are available for any physical, developmental or emotional problems that had previously been missed or not addressed, to provide children, parents and school staff with information about specific health issues, to check the child's height and weight (from which the Body Mass Index can be derived for use as a public health indicator), and to administer the sweep test of hearing.</p> <p>National orthoptist-led programme for pre-school vision screening to be introduced.</p> <p>Foundation Stage Profile – Assessment by the teacher to include a child's:</p> <ul style="list-style-type: none"> >Personal, Social and emotional development >Communication, language and literacy >Physical development and >Creative development |

| | |
|--|---|
| Ongoing support at primary and secondary schools | Access to school nurse at open sessions/drop-in and clinics by parents, teachers or through self-referral. Provision for referral to specialists for children causing concern. Children and young people with medical needs and disabilities may receive nursing care within the school environment according to their needs. |
| Secondary School | The Heaf test is carried out between 10 to 14 years, and BCG vaccine given to those requiring it. Tetanus, diphtheria and polio vaccines are given between 13 to 18 years. Check over immunisations are up to date |

Key to relevant records

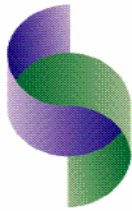


NHS Care Record Service



Personal Child Health Record

This schedule is underpinned by a health promotion programme, based on best available evidence, that focuses on priority issues such as healthy eating, physical activity, safety, smoking, sexual health and mental health and is delivered by all practitioners who come into contact with children and young people, and in all settings used by this age group.



haringey strategic partnership

for children & young people

AGENDA ITEM

MEETING

**Children and Young People's Strategic Partnership Board
10 December 2007**

TITLE

Local Area Agreement (LAA) Development

SUMMARY

This paper sets describes some of the new guidance issued by Government in relation to new local area agreements (LAA), national indicators and funding following the 2007 comprehensive spending review.

RECOMMENDATIONS

That the CYPSP note the implications for the future development of LAA.

That the CYPS consider and comment on the proposals on LAA priorities in relation to children and young people in the light of the new guidance and national indicator set.

That the CYPSP consider whether any local targets are required for monitoring the delivery of Changing Lives and services for children and young people.

LEAD OFFICER(S)

Sharon Shoesmith,
Director
The Children and Young People's Service, Haringey Council

1. Current situation 2007/08

1.1 The Local Area Agreement (LAA) was agreed with GOL (Government Office for London) last March. The overall strategic lead for the LAA is provided by the Haringey Strategic Partnership. As part of the arrangement theme boards have been designated to lead on one of the LAA blocks. The CYPSP has the lead for the children and young people's block.

1.2 As part of this the CYPSP undertakes the monitoring of the performance indicators for the children and young people's block. These are included in the key performance indicators presented to each meeting of the CYPSP and the thrice yearly monitoring of Changing Lives.

1.3 The Government also compulsorily pooled some grants under the LAA heading. For children and young people's services these are shown in the following table.

| Funding stream | Amount 2007/08 |
|---|-----------------------|
| Children's Services Grant | £1,910,362 |
| KS3 Behaviour and Attendance | £68,300 |
| KS3 Central Coordination | £158,048 |
| Primary Strategy central Coordination | £161,880 |
| Neighbourhood Renewal Fund (NRF) | £1,100,000 |
| Positive Activities for Young People | £457,581 |
| School Travel Advisers | £25,000 |
| School Development Grant (LA retained element only) | £1,985,414 |
| Publicising Positive Activities | £457,581 |
| School Improvement Partners | £80,397 |
| Neighbourhood Support Fund | £46,712 |

There was also an option for the CYPSP to align funds to support the delivery of some of targets in the LAA. The Board agreed to align the following funds.

| Locally Aligned | Amount 2007/08 |
|--|-------------------------------|
| Teenage Pregnancy Grant | £183,000 |
| Pump Priming (for stretch targets) | £240,000 (total over 3 years) |
| PCT Healthy Schools | £100,000 |
| Sexual Health | £40,000 |
| Reducing NEET (LSC Funding) | £3,300,000 |
| Increasing Level 2 at 19 (LSC Funding) | £2,000,000 |
| TOTAL | £5,863,000 |

These funds include the pump priming money awarded by Government for the stretch targets.

2. Developments for 2008/09 and beyond

2.1 In recent months the Government has announced

- that it will be re-negotiating new LAAs with each local authority and strategic partnership to come into force during 2008/09.
- new funding arrangements under the Comprehensive Spending Review (CSR07)
- a new national set of 198 national indicators

3 New LAAs

3.1 The Local Government and Public Involvement in Health Act 2007 has placed a duty on local authorities to prepare the LAA and a duty on named partners to co-operate in setting targets. Once targets are set the local authority and those named partners with responsibility for delivering targets will have a duty to take them into account.

3.2 The Government is asking for a maximum of 35 targets to be included in the LAA, these will be agreed with GOL and finally signed off by the Secretary of State. These will be known as **designated targets**. Only indicators from the national indicator set (NIS) can be used to set these targets.

3.3 Targets must reflect the priorities for the local area. These priorities must be supported by a narrative that is being termed 'the story of the place'. In most cases it is expected that this will be drawn from the Sustainable Community Strategy and supporting evidence. It is suggested that the CYPSP can contribute towards the story of the place in respect of children and young people through Changing Lives and Knowing Our Children (the needs assessment which supports Changing Lives).

3.4 In addition the Children and Young People's Service and partners in the CYPSP will need to agree targets for 16 **statutory targets**. Because of their separate legal status¹ they cannot be LAA targets but are part of the overall local performance framework.

3.5 If there are any local priorities which are not covered by the 35 designated targets then local authorities and partners need to decide whether additional targets should be included. If they are central Government will be interested in them to help contextualise the LAA as a whole but will have no part in their negotiation or monitoring. Any such targets will be known as **local targets**.

¹ Section 102 Education Act 2005 and section 1 Childcare Act 2006

4 Funding

4.1 As part of the CSR07 the Government announced funding arrangements for 2008/09 onwards which it hopes will support the delivery of LAAs and the local and national priorities. At least £5 billion nationally of former specific grant and LAA ring-fenced grant will be delivered in the form of general grants which are not ring-fenced, to be known as Revenue Support Grant and Area-Based Grant. From 2008 these general grants will be allocated on a three year basis. The Government intention in providing funding through non ring fenced grants is to enable increased flexibility over the use of resources, giving councils greater flexibility to manage financial pressures and focus funding on the priorities of their communities - taking local spending decisions in line with the new performance framework.

4.2 Operational guidance just issued states that partnerships will want to consider how they will resource delivery of the priorities and that individual partners may wish to pool their mainstream resources where this is possible. Draft statutory guidance for the Local Government and Public Involvement in Health Act 2007 (due for publication end November) will emphasise the need for co-operation including the possibility of shared commissioning.

4.3 The list of funds currently proposed for inclusion in the Revenue Support Grant and the Area Based Grant is given below. All funds currently used to deliver services for children and young people are highlighted in red. Items highlighted in green are funds delivering services some of which may be used by children and young people.

CSR07: Grants to be delivered via Revenue Support Grant

Access and Systems Capacity
 Delayed Discharges
 Children's Services
 Waste Performance and Efficiency

CSR07: Grants to be delivered via Area Based Grant

A comprehensive list will be published at the time of the provisional local government finance settlement. However, Area Based Grant will include, as a minimum, the following grants. In addition, the Department of Communities and Local Government (CLG) aim's to include the Supporting People programme grant from 2009/10, dependent on pilots in 2008/09 not raising serious concerns, and DCSF aim to include Contact Point (formerly Sharing IS Index) from 2010/11.

| | |
|---|-------|
| 14-19 Flexible Funding Pot | DSCF |
| Adult Social Care Workforce (formerly HRDS and NTS) | DH |
| Aggregates Levy Sustainability Fund | Defra |
| Care Matters White Paper | DCSF |
| Carers | DH |
| Child and Adolescent Mental Health Services | DH |

| | |
|--|-------|
| Children's Social Care Workforce (formerly HRDS and NTS) | DCSF |
| Children's Fund | DCSF |
| Choice Advisers | DCSF |
| Cohesion | CLG |
| Connexions | DCSF |
| Crime Reduction, Drugs Strategy and Anti Social Behaviour | HO |
| Detrunking | DfT |
| Education Health Partnerships | DCSF |
| Extended Rights to Free Transport | DCSF |
| Extended Schools Start Up Costs | DCSF |
| Local Enterprise Growth Initiative | CLG |
| Local Involvement Networks | DH |
| Mental Capacity Act and Independent Mental Capacity Advocate Service | DH |
| Mental Health | DH |
| Positive Activities for Young People | DCSF |
| Preserved Rights | DH |
| Secondary National Strategy – Behaviour and Attendance | DCSF |
| Secondary National Strategy – Central Coordination | DCSF |
| Preventing Extremism | CLG |
| Primary National Strategy – Central Coordination | DCSF |
| Respect | HO |
| Road Safety Grant | DfT |
| Rural Bus Subsidy | DfT |
| School Development Grant (Local Authority element) | DCSF |
| School Improvement Partners | DCSF |
| School Intervention Grant | DCSF |
| School Travel Advisers | DCSF |
| Sea Fisheries Committee | Defra |
| Stronger Safer Communities Fund | CLG |
| Supporting People Administration | CLG |
| Sustainable Travel General Duty | DCSF |
| Teenage Pregnancy | DCSF |
| Working Neighbourhoods Fund (replaces Neighbourhood Renewal Fund) | |
| CLG | |

4.4 The CYPSP will note that funding for services for children and young people make up a large proportion of the list of Area Based Grant.

5 National Indicator Set

5.1 The new national indicator set was published by the Department for Communities and Local Government in October. It contains 198 indicators, a reduction from approximately 1,200 that existed previously. These indicators are all related to either (or both) national public service agreements (PSA) or departmental strategic objectives (DSO) The PSAs and DSOs sum up the Governments national priorities and the strategic objectives of Government Ministries.

5.2 As noted in 3.2 above only indicators from this list can be used to set targets for the 35 priorities in the new LAA. However central Government will monitor progress towards meeting the national priorities using data collected on all 198.

5.3 Central Government acknowledges that this set is not the only one, but that other public sector partners have their own performance frameworks. The Government will be working towards aligning these frameworks and ensuring that common indicators are included where possible.

5.4 **Appendix 1** lists all the national indicators that are the responsibility of the DCSF or are the responsibility of other Government Ministries but appear to concern children and young people (i.e. knife and gun crime, domestic violence, drugs and alcohol)

5.5 The Government has committed to continuing the stretch targets and related pump priming and performance reward grant.

6 Next Steps

6.1 The Haringey Strategic Partnership had already considered a possible list of 35 targets for Haringey's new LAA and a copy of this list is attached at **appendix 2**. This will be reviewed in the light of the new guidance and national indicator set.

6.2 HSP Theme Boards, including the CYPSP, are being asked to review the priorities and indicators in their area as their contribution to refining and developing the Haringey Partnership's final list of a maximum of 35 priorities.

6.3 The other immediate task is the preparation of Haringey's 'story of the place' to support the selection of the 35 targets. This will be drawn up by an editorial group with members from the main partners. It must be completed before Christmas.

6.4 A first draft LAA must be with GOL in late January, and a further draft in the Spring.

7. Recommendations

7.1 That the CYPSP note the implications for the future development of LAA.

7.2 That the CYPS consider and comment on the proposed list of LAA priorities in relation to children and young people in the light of the new guidance and national indicator set.

7.3 That the CYPSP consider whether any local targets are required for monitoring the delivery of Changing Lives and services for children and young people.

APPENDICES

Appendix 1 National Indicator Set published October 2007

Appendix 2 Haringey Strategic Partnership – Proposed LAA Target Areas for 2008/09

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APPENDIX 1

The New Performance Framework for Local Authorities & Local Authority Partnerships: The Single Set of National Indicators

Published by Department for Communities and Local Government October 2007

- Council and partners (through) HSP must agree up to 35 **priorities** for their local area with GOL.
- These priorities will then be measured using **indicators** from the national indicator set for which **targets** will be set and agreed with GOL.
- For the children and young people's service there are an additional 16 **statutory** indicators in the national set for which targets will be set. They all relate to education outcomes.
- For all the other indicators there will be no set targets, though information on them will still be collected and reported to Government.

Green – the 16 statutory targets

Safer communities

| | <i>Indicator</i> | <i>PSA / DSO</i> | <i>Reported to CYPSP</i> |
|-------|---|------------------|--|
| NI 19 | Rate of proven re-offending by young offenders | PSA 23 | |
| NI 22 | Perceptions of parents taking responsibility for the behaviour of their children in the area | HO DSO | |
| NI 23 | Perceptions that people in the area treat one another with respect and dignity | HO DSO | |
| NI 28 | Serious knife crime rate | HO DSO | |
| NI 29 | Gun crime rate | PSA 23 | |
| NI 32 | Repeat incidents of domestic violence | PSA 23 | |
| NI 34 | Domestic violence – murder | PSA 23 | |
| NI 38 | Drug-related (Class A) offending rate | PSA 25 | |
| NI 39 | Alcohol-harm related hospital admission rates | PSA 25 | |
| NI 40 | Drug users in effective treatment | PSA 25 | |
| NI 41 | Perceptions of drunk or rowdy behaviour as a problem | PSA 25 | |
| NI 42 | Perceptions of drug use or drug dealing as a problem | PSA 25 | |
| NI 43 | Young people within the Youth Justice System receiving a conviction in court who are sentenced to custody | MoJ DSO | |
| NI 44 | Ethnic composition of offenders on Youth Justice System disposals | MoJ DSO | |
| NI 45 | Young offenders engagement in suitable education, employment or training | MoJ DSO | Reported to CYPSP every meeting |
| NI 46 | Young offenders access to suitable accommodation | MoJ DSO | |
| NI 48 | Children killed or seriously injured in road traffic accidents | DfT DSO | (CL)P8.2 local PI reported 3 x per year. School travel plans mandatory |

| | <i>Indicator</i> | <i>PSA / DSO</i> | <i>Reported to CYPSP</i> |
|--|------------------|------------------|---|
| | | | target 07/08 LAA, reported to each meeting. |

Children & Young People: Be healthy

| | <i>Indicator</i> | <i>PSA / DSO</i> | <i>Reported to CYPSP</i> |
|-------|--|------------------|---|
| NI 50 | Emotional health of children | PSA 12 | |
| NI 51 | Effectiveness of child and adolescent mental health (CAMHs) services | DCSF DSO | 3 x year progress towards CAMHS [1043SC/PAF A70] |
| NI 52 | Take up of school lunches | PSA 12 | |
| NI 53 | Prevalence of breastfeeding at 6 – 8 weeks from birth | PSA 12 | Every meeting [(CL)P4.1c plus update on progress 3 x year] Optional target in 07/08 LAA |
| NI 54 | Services for disabled children | | |
| NI 55 | Obesity among primary school age children in Reception Year | DCSF DSO | |
| NI 56 | Obesity among primary school age children in Year 6 | DCSF DSO | |
| NI 57 | Children and young people's participation in high-quality PE and sport | DCSF DSO | |
| NI 58 | Emotional and behavioural health of children in care | DCSF DSO | |

Children & Young People: Stay Safe

| | <i>Indicator</i> | <i>PSA / DSO</i> | <i>Reported to CYPSP</i> |
|-------|--|------------------|---|
| NI 59 | Initial assessments for children's social care carried out within 7 working days of referral | DCSF DSO | Every meeting [2020SC/1704] Optional target in 07/08 LAA |
| NI 60 | Core assessments for children's social care that were carried out within 35 working days of their commencement | DCSF DSO | Every meeting [2022SC/PAFC64] |
| NI 61 | Stability of looked after children adopted following an agency decision that the child should be placed for adoption | DCSF DSO | No. adopted / subject to SGO every meeting [2059SC/PAFC23] Optional target in 07/08 LAA |
| NI 62 | Stability of placements of looked after children: | DCSF DSO | 3+ moves |

| | <i>Indicator</i> | <i>PSA / DSO</i> | <i>Reported to CYPSP</i> |
|-------|--|------------------|--|
| | number of moves | | reported each meeting [2043SC/PAF A1] |
| NI 63 | Stability of placements of looked after children: length of placement | DCSF DSO | 3 x year [2065SC/PAF D78] |
| NI 64 | Child protection plans lasting 2 years or more | DCSF DSO | 3 x year [2036SC/PAF C21] |
| NI 65 | Children becoming the subject of a Child Protection Plan for a second or subsequent time | DCSF DSO | 3 x year [2028SC/PAF A3] |
| NI 66 | Looked after children cases which were reviewed within required timescales | DCSF DSO | 3 x year [2064SC/PAF68] |
| NI 67 | Child protection cases which were reviewed within required timescales | DCSF DSO | Every meeting [2034SC] |
| NI 68 | Referrals to children's social care going on to initial assessment | DCSF DSO | 3 x year [2017SC/CH143] |
| NI 69 | Children who have experienced bullying | DCSF DSO | |
| NI 70 | Hospital admissions caused by unintentional and deliberate injuries to children and young people | DCSF DSO | |
| NI 71 | Children who have run away from home/care overnight | DCSF DSO | |

Children & Young People: Enjoy and Achieve

| | <i>Indicator</i> | <i>PSA / DSO</i> | <i>Reported to CYPSP</i> |
|-------|---|------------------|--|
| NI 72 | Achievement of at least 78 points across the Early Years Foundation Stage with at least 6 in each of the scales in Personal Social and Emotional Development and Communication, Language and Literacy | PSA 10 | Every meeting. Score of 6 or more on PSED & CLL [FSP] |
| NI 73 | Achievement at level 4 or above in both English and Maths at Key Stage 2 (Threshold) | PSA 10 | Every meeting, but English & maths reported as separate subjects [3005OF/BV41 & 3006OF/BV40] |
| NI 74 | Achievement at level 5 or above in both English and Maths at Key Stage 3 (Threshold) | PSA 10 | Every meeting, but English & maths reported as separate subjects [3009OF/BV181A & 3010OF/BV181B] |
| NI 75 | Achievement of 5 or more A*-C grades at GCSE or equivalent including English and Maths (Threshold) | PSA 10 | Yes |
| NI 76 | Achievement at level 4 or above in both English and Maths at KS2 (Floor) | DCSF DSO | English and maths reported separately Optional target in 07/08 LAA |

| | <i>Indicator</i> | <i>PSA / DSO</i> | <i>Reported to CYPSP</i> |
|--------|---|------------------|--|
| NI 77 | Achievement at level 5 or above in both English and Maths at KS3 (Floor) | DCSF DSO | English and maths reported separately |
| NI 78 | Achievement of 5 or more A*-C grades at GCSE and equivalent including GCSEs in English and Maths (Floor) | PSA 10 | Yes |
| NI 79 | Achievement of a Level 2 qualification by the age of 19 | PSA 10 | Every meeting [AEW(CL)P20.1] Stretch target in 07/08 LAA |
| NI 80 | Achievement of a Level 3 qualification by the age of 19 | PSA 10 | Every meeting [AEW(CL)P20.1] |
| NI 81 | Inequality gap in the achievement of a Level 3 qualification by the age of 19 | DCSF DSO | |
| NI 82 | Inequality gap in the achievement of a Level 2 qualification by the age of 19 | DCSF DSO | |
| NI 83 | Achievement at level 5 or above in Science at Key Stage 3 | DCSF DSO | At each meeting [3011OF/BV181C] |
| NI 84 | Achievement of 2 or more A*-C grades in Science GCSEs or equivalent | DCSF DSO | |
| NI 85 | Post-16 participation in physical sciences (A Level Physics, Chemistry and Maths) | DCSF DSO | |
| NI 86 | Secondary schools judged as having good or outstanding standards of behaviour | DCSF DSO | |
| NI 87 | Secondary school persistent absence rate | DCSF DSO | % half days missed reported each meeting [LPSA2] & % fixed term exclusions 3 x year [3092DE] |
| NI 88 | Number of Extended Schools | DCSF DSO | |
| NI 89 | Number of schools in special measures | DCSF DSO | 3 x year % in special measures [3087OF] |
| NI 90 | Take up of 14-19 learning diplomas | DCSF DSO | |
| NI 91 | Participation of 17 year-olds in education or training | DCSF DSO | |
| NI 92 | Narrowing the gap between the lowest achieving 20% in the Early Years Foundation Stage Profile and the rest | PSA 11 | |
| NI 93 | Progression by 2 levels in English between Key Stage 1 and Key Stage 2 | PSA 11 | |
| NI 94 | Progression by 2 levels in Maths between Key Stage 1 and Key Stage 2 | PSA 11 | |
| NI 95 | Progression by 2 levels in English between Key Stage 2 and Key Stage 3 | PSA 11 | |
| NI 96 | Progression by 2 levels in Maths between Key Stage 2 and Key Stage 3 | PSA 11 | |
| NI 97 | Progression by 2 levels in English between Key Stage 3 and Key Stage 4 | PSA 11 | |
| NI 98 | Progression by 2 levels in Maths between Key Stage 3 and Key Stage 4 | PSA 11 | |
| NI 99 | Children in care reaching level 4 in English at Key Stage 2 | PSA 11 | |
| NI 100 | Children in care reaching level 4 in Maths at Key Stage 2 | PSA 11 | |

| | <i>Indicator</i> | <i>PSA / DSO</i> | <i>Reported to CYPSP</i> |
|--------|--|------------------|---|
| NI 101 | Children in care achieving 5 A*-C GCSEs (or equivalent) at Key Stage 4 (including English and Maths) | PSA 11 | |
| NI 102 | Achievement gap between pupils eligible for free school meals and their peers achieving the expected level at Key Stages 2 and 4 | PSA 11 | |
| NI 103 | Special Educational Needs – statements issued within 26 weeks | DCSF DSO | % completed in 18 weeks reported at each meeting [3070AC/43a&b] |
| NI 104 | The Special Educational Needs (SEN)/non-SEN gap – achieving Key Stage 2 English and Maths threshold | DCSF DSO | |
| NI 105 | The Special Educational Needs (SEN)/non-SEN gap – achieving 5 A*-C GCSE inc. English and Maths | DCSF DSO | |
| NI 106 | Young people from low income backgrounds progressing to higher education | PSA 11 | |
| NI 107 | Key Stage 2 attainment for Black and minority ethnic groups | DCSF DSO | |
| NI 108 | Key Stage 4 attainment for Black and minority ethnic groups | DCSF DSO | |
| NI 109 | Number of Sure Start Children's Centres | DCSF DSO | |

Children & Young People: Make a Positive Contribution

| | <i>Indicator</i> | <i>PSA / DSO</i> | <i>Reported to CYPSP</i> |
|--------|--|------------------|---|
| NI 110 | Young people's participation in positive activities | PSA 14 | Participation in youth service at each meeting from Oct 07 |
| NI 111 | First time entrants to the Youth Justice System aged 10 – 17 | PSA 14 | Reported at each meeting as from October 07 |
| NI 112 | Under 18 conception rate | PSA 14 | Reported at each meeting [1047SC] Mandatory target in 07/08 LAA |
| NI 113 | Prevalence of Chlamydia in under 20 year olds | DCSF DSO | Optional target in 07/08 LAA |
| NI 114 | Rate of permanent exclusions from school | DCSF DSO | % half days missed reported each meeting |

| | <i>Indicator</i> | <i>PSA / DSO</i> | <i>Reported to CYPSP</i> |
|--------|----------------------------------|------------------|--------------------------|
| NI 115 | Substance misuse by young people | PSA 14 | |

Children & Young People: Economic Well being

| | <i>Indicator</i> | <i>PSA / DSO</i> | <i>Reported to CYPSP</i> |
|--------|--|------------------|--|
| NI 116 | Proportion of children in poverty | PSA 9 | |
| NI 117 | 16 to 18 year olds who are not in education, training or employment (NEET) | PSA 14 | Stretch target Reported at each meeting |
| NI 118 | Take up of formal childcare by low-income working families | DWP DSO | |

Adult Health and Well Being

| | <i>Indicator</i> | <i>PSA / DSO</i> | <i>Reported to CYPSP</i> |
|--------|--|------------------|--------------------------|
| NI 126 | Early access for women to maternity services | PSA 19 | |

Tackling Exclusion and Promoting Equality

| | <i>Indicator</i> | <i>PSA / DSO</i> | <i>Reported to CYPSP</i> |
|--------|---|------------------|---------------------------|
| NI 147 | Care leavers in suitable accommodation | PSA 16 | 3 x year [5037SC] |
| NI 148 | Care leavers in employment, education or training | PSA 16 | 3 x year [5922SC/PA FA4]] |

Environmental Sustainability

| | <i>Indicator</i> | <i>PSA / DSO</i> | <i>Reported to CYPSP</i> |
|--------|---|------------------|---|
| NI 198 | Children travelling to school – mode of travel usually used | DfT DSO | School travel plans reported at each meeting. Mandatory indicator in 07/08 LAA |

Public Service Agreements and Departmental Strategic Objectives to which the indicators relate

Red = national indicators that are (or appear to be) related to children and young people's services

Green – the 16 statutory targets

| PSA or DSO (DSO = departmental strategic objective) | National indicator number |
|---|---|
| PSA 9 Halve the number of children in poverty by 2010-11, on the way to eradicating child poverty by 2020 | NI 116 |
| PSA 10 Raise the educational achievement of all children and young people | NI 72, NI 73, NI 74, NI 75, NI 78, NI 79, NI 80 |
| PSA 11 Narrow the gap in educational achievement between children from low income and disadvantaged backgrounds and their peers | NI 92, NI 93, NI 94, NI 95, NI 96, NI 97, NI 98, NI 99, NI 100, NI 101, NI 102, NI 106 |
| PSA 12 Improve the health and well-being of children and young people | NI 50, NI 52, NI 53, NI 54 |
| PSA 14 Increase the number of children and young people on the path to success | NI 110, NI 111, NI 112, NI 115, NI 117 |
| PSA 16 Increase the proportion of socially excluded adults in settled accommodation and employment, education or training | NI 143, NI 144, NI 145, NI 146, NI 147, NI 148, NI 149, NI 150 |
| PSA 23 Make communities safer | NI 15, NI 16, NI 17, NI 18, NI 19, NI 21, NI 26, NI 29, NI 31, NI 32, NI 34 |
| PSA 25 Reduce the harm caused by alcohol and drugs | NI 20, NI 38, NI 39, NI 40, NI 41, NI 42 |
| DCSF DSO Secure the well-being and health of children and young people | NI 51, NI 55, NI 56, NI 57, NI 58 |
| DCSF DSO Close the gap in educational achievement for children from disadvantaged backgrounds | NI 76, NI 77, NI 83, NI 84, NI 86, NI 87, NI 88, NI 89 |
| DCSF DSO Safeguard the young and vulnerable | NI 59, NI 60, NI 61, NI 62, NI 63, NI 64, NI 65, NI 66, NI 67, NI 68, NI 69, NI 70, NI 71 |
| DCSF DSO Achieve world class standards in education | NI 81, NI 82, NI 103, NI 104, NI 105, NI 107, NI 108, NI 109 |
| DCSF DSO Ensure young people are participating and achieving their potential to 18 and beyond | NI 85, NI 90, NI 91 |
| DCSF DSO Keep children and young people on the path to success | NI 113, NI 114 |
| DfT DSO To strengthen the safety and security of transport | NI 47, NI 48 |
| HO DSO Help people feel secure in their homes and local communities | NI 22, NI 23, NI 24, NI 27 |

| PSA or DSO (DSO = departmental strategic objective) | National indicator number |
|--|----------------------------------|
| HO DSO Cut crime, especially violent, drug and alcohol related crime | NI 28, NI 30, NI 33 |
| MoJ DSO Support the efficient and effective delivery of justice | NI 43, NI 44, NI 45, NI 46 |

Current key performance indicators reported to each CYPSP meeting but not in new national indicator set.

| Indicator | Comment |
|--|---|
| Infant mortality - smoking during pregnancy [(CL)P4.1b] | Optional target in 2007/08 LAA |
| Schools receiving Healthy Schools status [(CL) 5.3] | Stretch target in LAA |
| No. of children on the CPR [2023sc] | |
| No. of children looked after [2042sc] | |
| School travel plans completed | Mandatory target in 2007/08 LAA |
| % Children looked after for 12 months or more achieving 5+GCSE's A*-C | Optional target in 2007/08 LAA |
| % Children looked after for 12 months or more achieving 5+GCSE's A*-G | Optional target in 2007/08 LAA |
| % of LAC aged 16+ who left care in the year with 1+ GCSE at grades A*-G | |
| KS1 Reading Level 2+ | |
| KS1 Writing Level 2+ | |
| KS1 Maths Level 2+ | |
| KS2 Science Level 4+ | |
| KS2 English Level 5+ | Mandatory target in 2007/08 LAA for schools in NRF area |
| KS2 Maths Level 5+ | Mandatory target in 2007/08 LAA for schools in NRF area |
| % achieving 5+ A* - C | |
| % achieving 1+ A* - G | |
| % half days missed - absence in secondary schools | |
| % half days missed - absence in primary schools | |
| Schools with 6th forms: Avg point score of students entered for GCE/VCE A/AS | |

APPENDIX 2

Haringey Strategic Partnership – Proposed LAA Target Areas for 2008/09

| No. | Thematic Board | Haringey Target/ Priority | Indicator | Performance | Rationale | Sustainable Community Strategy Priority | GOL priorities for London |
|-----|----------------|--|--|--|---|---|---------------------------|
| 1 | All | Community Cohesion | %of people who feel that their local area is a place where people from different backgrounds get on well together | 77% felt that their local area is a place where people from different backgrounds get on well together of which a fifth (19%) say they definitely agree. This is just about average for London 78% inner & 74% outer London. | Haringey is a multi-cultural borough with many diverse communities, Community cohesion is a priority in our Community Strategy. | People at the heart of change | Community Cohesion |
| 2 | All | Empower local people to have a greater choice and influence over local decision making & a greater role in public service delivery | %of residents expressing satisfaction with the local area as a place to live | 61% are satisfied with their local area as a place to live including 1 in 10 who say they are very satisfied (10%) but 1 in 5 say they are dissatisfied & a similar proportion are neutral. Lower than that recorded in outer London boroughs (66%) & across London as a whole (68%) | We want people to receive high quality, customer focused & accessible services that give value for money, respond to people's need & meet their aspirations. Involving customers improves services & strengthens the bias for active citizenship & civic pride. | People & customer focused | Social Inclusion |
| 3 | All | Increased participation | Increased resident participation & involvement. The number of volunteers provided as part of day opportunities. | Our tracker survey identified that 33% of residents are satisfied with the opportunities for participation in local decision making compared with 32% outer London & 27% | Creating opportunities for civic engagement & volunteering is a priority in our Community Strategy, It is key in our aim of tackling social isolation & exclusion. Partners | People & customer focused | Social Inclusion |

| No. | Thematic Board | Haringey Target/ Priority | Indicator | Performance | Rationale | Sustainable Community Strategy Priority | GOL priorities for London |
|-----|----------------|---------------------------------------|--|--|--|---|---|
| | | | | inner London. 41% agreed that they could influence decisions affecting their local area, slightly below the outer London average of 42%. | identified this as a key area. | | |
| 4 | Better Places | A cleaner environment | BV199- reducing litter & detritus on relevant land BV89 Satisfaction with street cleanliness (survey) | Levels of satisfaction at 49% are below national levels. BV199 cleanliness has improved significantly in 2007/08 to around 17%, now above average but still well below national top quartile of 7% & London top quartile 15% | One of our residents top concerns & LAA Stretch target in 3 super output areas. This is a key priority in our community strategy. | People at the heart of change | Sustainability- CO2 emissions, refuse & recycling |
| 5 | Better Places | A greener environment | Increase in the number of green flag award parks & green space & public satisfaction (LAA stretch target) | We want our performance to remain at high levels & to ensure that access to good quality green space is available to all. | Protecting & enhancing our open space creating parks & open space which people respect & enjoy is a key commitment in Haringey's Community Strategy | People at the heart of change | Sustainability- CO2 emissions, refuse & recycling |
| 6 | Better Places | Increase environmental sustainability | Proportion of waste going to landfill. BV82 %of household waste recycled or composted Energy efficiency of buildings across partner agencies | Performance on recycling has improved with 19% (above London average) of household waste recycled (& 4% composted) in 2006/07 exceeding our statutory target. | Reducing the borough's environmental footprint & tackling climate change is a key priority within our Community Strategy as well as a national priority. | An environmentally sustainable future | Sustainability- CO2 emissions, refuse & recycling |

| No. | Thematic Board | Haringey Target/ Priority | Indicator | Performance | Rationale | Sustainable Community Strategy Priority | GOL priorities for London |
|-----|---|--|--|--|---|--|--|
| | | | Renewable sourcing | | | | |
| 7 | Children & Young People's Strategic Partnership | Ensure that young people known to the YOS, their parents/carers receive a parenting intervention Links to Changing Lives priority 11 | 20% Assessment & a minimum of two structured sessions. | 61% of residents think that parents not taking responsibility for the behaviour of their children is a fairly or very big problem (worse than London average) | Same as the new YJB target which the YOS will be measured on & highlights the need to enable parents to take a greater role in being responsible for the children's behaviour. Because it covers all young people known to the YOS, it covers those children & young people at the beginning of offending & therefore plays an important role in stopping this behaviour before it becomes entrenched. Fits in with Respect Task Force's focus on parents as key to reduce children & young people's anti-social behaviour. | Safer for all | Improving life chances for young people Social inclusion Children & young people |
| 8 | Children & Young People's Strategic Partnership | Improve child health Links to Changing Lives priority 4 | Reducing the rate of infant mortality with particular emphasis on reducing the proportion of expectant & new mothers who report smoking, increasing breastfeeding initiation & booking early for ante natal care | 8.1 deaths of infants < one per 1,000 in the period 2003-2005. The highest rate in London. Good progress on smoking cessation, breastfeeding initiation but smoking in pregnancy has worsened & is below target. | Priority for CAPPs. Haringey Infant Mortality Action Plan agreed by Board. Targets on smoking during pregnancy & breast feeding reported to each CYPSP meeting. | Healthier people with a better quality of life | Health Children & young people Improving life chances for young people |

| No. | Thematic Board | Haringey Target/ Priority | Indicator | Performance | Rationale | Sustainable Community Strategy Priority | GOL priorities for London |
|-----|---|---|--|--|--|--|--|
| 9 | Children & Young People's Strategic Partnership | Reduce Teenage Pregnancy Links to Changing Lives priority 7 | Reduce the under –18 conception rate by 50% as part of a broader strategy to improve sexual health (SPA) | Conception rate of 67.5 per 1,000 under 18's compared with an average of 47.9 for London & 41.6 for England Latest figure 61.8 The teenage conception rate decreased throughout 2004 to 2006 following implementation of the teenage pregnancy strategy & 4YP programme. Achievement of future targets remains challenging as the teenage conception rate was on a steep upward trajectory when the targets were set. | Conception rates are comparably high in Haringey, reduction in teenage pregnancy is both a priority for HSP & GOL, Priority for CYPSP. Targets on numbers of conceptions reported to each CYPSP meeting. Teenage pregnancy has a major impact on the health, well-being & life chances of young people & families, contributing to health & other inequalities. Reducing teenage pregnancy is a priority in the Children's Plan, | Healthier people with a better quality of life | Health Children & young people Improving life chances for young people |
| 10 | Children & Young People's Strategic Partnership | Improve access to services for young people & parents that support them to be more economically active. Links to Changing Lives priority 18 | | | Government priorities include encouraging people into work. Initiatives such as extended schools, increase in provision of childcare & benefits such as WAFT are encouraged to support parents in working/ returning to work. | Economic vitality & prosperity shared by all | Child poverty Improving chances for young people |
| 11 | Children & Young People's Strategic Partnership | Reduce childhood obesity | Halting the rise in childhood obesity | Stretch target on Healthy Schools. Good | Obesity increases risk of an individual | Healthier people & a better quality | Improving life chances for young |

| No. | Thematic Board | Haringey Target/ Priority | Indicator | Performance | Rationale | Sustainable Community Strategy Priority | GOL priorities for London |
|-----|---|--|--|--|--|---|---|
| | | <p>Links to Changing Lives priority 5</p> | | <p>progress made over 2006/07. Currently have 21 schools that have achieved healthy schools status.</p> | <p>experiencing poor health & well-being. Preventing obesity by increasing physical activity & balanced diets requires action across the partnership. Initial data suggests that childhood obesity is a priority in Haringey (11% of reception children & 22% of year 6 children being obese in 2006), obesity being more prevalent amongst children living in deprived areas & from particular BMS communities.</p> | <p>of life</p> | <p>people Health Children & Young People</p> |
| 12 | <p>Enterprise partnership Board/ Children & Young People Strategic Partnership</p> | <p>Reduce the number of young people between the ages of 16 & 19 who are not in education, employment or training, especially those looked after by the local authority.</p> <p>Links to Changing Lives priority 19</p> | <p>Reducing 16-18 year olds not in education, employment & training (NEETs)</p> <p>Targets on % Children looked after (LAC) for 12 months or more achieving 5+GCSE's A*-C; % LAC for 12 months or more achieving 5+GCSE's A*-G & % of LAC aged 16+ who left care in the year with 1+ GCSE at grades A*-G reported regularly to CYPSP. Annual statistical return to DCSF includes information on number of LAC for a year or more not in education,</p> | <p>Haringey's NEETs at July 2007 are 13.2%. Haringey's NEETs are considerably higher than those in comparator boroughs. Extracts from NEET data reported by neighbouring boroughs in June '07 are Barnet 4.2%, Enfield 6.9% & Waltham Forest 6.3%.</p> | <p>NEETS is major priority for Haringey, where rates remain above national averages. Future life chances for young people not employed or in education / training are poor, as are those of any of their children when they become parents. Government wants to see improved educational attainment rates for all young people & especially those who are LAC,</p> | <p>Economic vitality & prosperity shared by all</p> | <p>Child poverty Improving chances for young people</p> |

| No. | Thematic Board | Haringey Target/ Priority | Indicator | Performance | Rationale | Sustainable Community Strategy Priority | GOL priorities for London |
|-----|------------------------------|---------------------------|---|---|--|--|---|
| | | | employment or training. | | supported by Every Child Matters programme & legislation such as the Children Act 1989 & Children Leaving Care Act 2001 Council has responsibility as corporate parent to LAC. | | |
| 13 | Enterprise partnership Board | Reduce Worklessness | Increasing the overall employment rate of the working age population.Reducing the benefit claim rate amongst people claiming Job Seekers Allowance, Incapacity Benefit & Income Support who also live in the wards identified as having the worst labour market position. | Haringey's employment rate at 66.2% (05/06) is slightly below the London average of 68.6% (middle quartile) & the England average of 74.4% but has increased by 4.2 %points over the past year. Although recent Labour Force survey results have shown a real leap forward in this area from 63.1% in Quarter 3 2005 to 72.9% in Quarter 1 2007, we need to understand if this improvement is real & what the contributory factors are. | These are the three main benefits in relation to worklessness & will provide a sharper focus than concentrating on working age benefits as a whole, which include Carers Allowance, where increasing the take up could be seen as a positive outcome. Together, Job Seekers Allowance, Incapacity Benefits & Income Support make up 92 per cent of the working age benefit caseload in Haringey. | Economic vitality & prosperity shared by all | Worklessness is a GOL priority for London with employment & enterprise as a target area for Haringey. Also identified as a priority in the Haringey Community Strategy. |
| 14 | Enterpris | Maximising Income | Increasing the number of in-work families claiming Working Families Tax Credit & Child Tax Credit. | The take up of Working Families Tax Credit & Child Tax Credit in London is the lowest in | The take up of Working Families Tax Credit & Child Tax Credit in London is the lowest in | Economic vitality & prosperity shared by all | Worklessness is a GOL priority for London with employment & |

| No. | Thematic Board | Haringey Target/ Priority | Indicator | Performance | Rationale | Sustainable Community Strategy Priority | GOL priorities for London |
|-----|------------------------------|---|---|--|---|--|---|
| | | | | the country. The take up in Haringey is even lower. Promoting the take-up of this benefit will incentivise work & help those on low earnings to lift themselves further away from poverty. | the country. The take up in Haringey is even lower. Promoting the take-up of this benefit will incentivise work & help those on low earnings to lift themselves further away from poverty. | | enterprise as a target area for Haringey. |
| 15 | Enterprise Partnership Board | Increasing economic vitality | Increasing the number of newly registered VAT enterprises. Increasing the self employment rate. | This is not generally seen as an area of poor comparative performance. Self Employment at 20.5% was top quartile & business start ups per 10,000 at 46.9 was middle quartile. | HSP priority | Economic vitality & prosperity shared by all | Worklessness is a GOL priority for London with employment & enterprise as a target area for Haringey. |
| 16 | Enterprise partnership Board | Increase the number of unemployed people assisted in their skills development | Number of adults gaining basic skills; adults achieving a Skills for Life qualification & entered employment, adults achieving a Skills for Life qualification at entry Levels 1-3 or above & entered employment, adults achieving a level one qualification (not Skills for Life) & entered employment, adults achieving a Skills for Life qualification at entry levels 1-3 or above in the workplace. Number of adults who are supported in a achieving at least a full first level two | | 40% of Haringey residents have Level 1 or below skills & low skills are recognised as a significant barrier to sustainable employment. With the growing knowledge economy people with low or no skills need to up skill to gain employment. | Economic vitality & prosperity shared by all | Worklessness is a GOL priority for London with employment & enterprise as a target area for Haringey. |

| No. | Thematic Board | Haringey Target/ Priority | Indicator | Performance | Rationale | Sustainable Community Strategy Priority | GOL priorities for London |
|-----|--------------------------|---------------------------|---|---|--|---|---------------------------|
| | | | qualification or equivalent; adults achieving a full level two qualification & entered employment, adults achieving a full first level two qualification & entered employment, adults achieving a full first level two or level three qualification in the workplace. | | | | |
| 17 | Integrated Housing Board | Increase Housing Supply | 50% of all additional housing to be affordable, this includes all additional housing not just that secured through planning obligations Average time taken to re-let an available local authority permanent dwelling Progress against statutory housing targets (New builds, conversions & voids) | Average re-let times 2006/07 37 days, at June 2008 36.2 days. This is below average & bottom quartile performance for London. | Haringey has high levels of housing need & homelessness & tackling housing need is a key priority in our sustainable community strategy. The needs of our communities should be at the heart of decision making. We want to see clear benefits resulting from development & regeneration. We will continue to increase the availability of affordable housing & decent housing & foster the development of sustainable mixed communities. Haringey has high levels of overcrowding & we will need larger size properties to address this need, | People at the heart of change | Social Inclusion |

| No. | Thematic Board | Haringey Target/ Priority | Indicator | Performance | Rationale | Sustainable Community Strategy Priority | GOL priorities for London |
|-----|--------------------------|---|--|--|--|---|--|
| 18 | Integrated Housing Board | Increase Decent Homes | BV184 %of Local Authority homes classified as non decent. Achieve decent homes standard for all social housing | 42.58% of LA homes non-decent at 1 April 2007 (bottom quartile) | Haringey's most disadvantaged groups are not benefiting as they should from health improvements. Wider factors such as sub standard or inadequate housing have negative impacts upon health. It is a key priority in our community strategy to both meet the decent homes standard & to improve the borough's housing stock in general, especially for our most vulnerable households. | Healthier People with a better quality of life | Community Cohesion & Immigration Social Inclusion |
| 19 | Integrated Housing Board | Reducing Households in Temporary accommodation | Reduction in the number of households in temporary accommodation & prevent homelessness in a sustainable way for households approaching the local authority with a housing issue | Current number of households in temporary accommodation is 5,500 | The reduction of temporary accommodation is a government target & it is a key priority in our community strategy to increase the levels of safe, settled & affordable housing. | Healthier People with a better quality of life | People in temporary accommodation |
| 20 | Integrated Housing Board | Ensure that vulnerable people have decent, energy efficient homes | Improve living conditions for vulnerable people ensuring that housing is made decent, energy efficient & safe (LAA Target) | The proportion of local authority homes which were non decent at 1st April is 42.58% | It is a key priority for the Haringey Strategic Partnership to improve wellbeing & assist people to remain safe, warm & independent in their own home. Ensuring that our homes are energy | Healthier people & a better quality of life Environmentally sustainable future | Social inclusion |

| No. | Thematic Board | Haringey Target/ Priority | Indicator | Performance | Rationale | Sustainable Community Strategy Priority | GOL priorities for London |
|-----|-------------------|--|--|-------------|---|---|--|
| | | | | | efficient & that people have access to affordable warmth are also key priorities. | | |
| 21 | Safer Communities | Increase victim support Links to Changing Lives priority 11. | An increase in the uptake of victim support services by children & young people. | TBA | If children & young people who are victims of youth crime are not supported & assisted to recover from this, some young people are at high risk of becoming young offenders themselves. To stop this cycle we need to put protective measures in place – hence the important of this target. This links very well to the Met-wide Operation Curb, to the prevention of serious youth crime, & to reduce the number of young people joining gangs. Priorities for the Police. YOS will work closely with Victim Support to ensure all children & young people who are a victim of youth crime are offered a service that is safe & confidential. | Be Safer for all | Respect/ Cohesion Improving life chances for young people Social inclusion (including resettlement of offenders) |

| No. | Thematic Board | Haringey Target/ Priority | Indicator | Performance | Rationale | Sustainable Community Strategy Priority | GOL priorities for London |
|-----|-------------------|------------------------------|---|--|--|--|---|
| 22 | Safer Communities | Reduce drug related crime | X (Number) of Problem Drug Users (PDUs) to be housed in Supported Housing schemes X (Number) of PDUs to be placed in HfH tenancies X (Number) of PDUs to be housed via DAAT Rent Deposit scheme X (Number) of PDUs entering ETE (Kinesis, CONEL, Progress 2 Work, etc) | People using or dealing drugs is a significant concern for over a quarter of residents as are teenagers hanging around on the streets. | Covers drugs & alcohol; 'support' part also covers assistance to gain employment. Housing & employment appear to be the two most important strengthening factors that enable rehabilitation to be successful. Economic Regeneration & regional partners developing a project re families into work; this will improve cross-cutting work to implement a multi-systemic approach including housing, treatment, skills, employment etc. Supporting People agree stable housing is crucial to this group of people, to enable the support/wrap around services including treatment, health, skills/employment etc. Issue for Haringey in providing effective wrap around support service to ex offenders & substance misusers & unless this is done the | Safer for all Healthier people with a better quality of life. | Improving life chances for young people Community cohesion Social inclusion |

| No. | Thematic Board | Haringey Target/ Priority | Indicator | Performance | Rationale | Sustainable Community Strategy Priority | GOL priorities for London |
|-----|-------------------|------------------------------|-----------------------------------|--|---|--|----------------------------------|
| | | | | | social inclusion, community cohesion, crime agenda cannot be addressed. London Resettlement Strategy work will help support this target, & Government's new Draft Drugs Strategy. This is cross-partnership target that covers more than one strand in LAA. | | |
| 23 | Safe | Reduce Domestic Violence: | Reduce repeat victimisationReduce | Repeat domestic violence victimisation - | Haringey has had several homicides | Safer for allHealthier | Improving life chances for young |

| No. | Thematic Board | Haringey Target/ Priority | Indicator | Performance | Rationale | Sustainable Community Strategy Priority | GOL priorities for London |
|-----|-------------------|---|---|--|---|---|---|
| | | | homicides caused by DV Increase reporting of DV | as at 06/07 was 201 incidents. There were 2139 incidents of DV which resulted in sanctioned detections | through DV over past year or so & these cause considerable trauma for children & the extended family – effects on health | people with a better quality of life. | people Community cohesion Social inclusion Violence against the person |
| 24 | Safer Communities | Reduce harm caused by illegal drugs | Increase the participation of problem drug users in drug treatment programme by 100% by 2008 (from a 1998 baseline) & increase year on year the proportion of users successfully sustaining or completing treatment programmes | 49% of residents considered people using or dealing drugs a very or fairly big problem. The 06/07 target of 1,343 problem drug users in treatment was achieved & 68% were retained in treatment for 12 wks + close to 70% target. Target of 75% set for 2007/08. | People using or dealing drugs is a significant concern for over a quarter of residents. | Safer for all | Health Social inclusion Improving life chances for young people |
| 25 | Safer Communities | Reduce premature deaths from accidents & injuries (focus on children & young people under 25) Links to Changing Lives priority 8. | Reduce number of people killed or seriously injured in Great Britain in road accidents by 40% & number of children killed or seriously injured by 50%, by 2010 (compared with average for 1994-98), tackling the significantly higher incidence in disadvantaged communities (PSA 5) Decrease the number of accidental dwelling fires (sub-target of Decent Homes Outcome) (LAA Target) Increase domestic fire safety | 117 people killed or seriously injured in 2006 up from 94 in 2005 but a reduction on the 131 in 2004. 3 year average of 114 for 2004-06 shows positive trajectory. 19 children killed or seriously injured in 2004, 15 in 2005 & 16 in 2006 average nationally 22. Satisfactory progress being made in this area & on track to meet Mayor of London's tougher targets. | Road safety is an on-going priority with a special focus from the Mayor's Road Safety Plan aimed at reducing casualties by 50% by 2010. | Safer for all | Improving life chances for young people Health Children & Young People |

| No. | Thematic Board | Haringey Target/ Priority | Indicator | Performance | Rationale | Sustainable Community Strategy Priority | GOL priorities for London |
|-----|-------------------|--|--|--|---|---|---|
| | | | & reduce arson (LAA Target) School Travel Plans | | | | |
| 26 | Safer Communities | Reduce overall crime Links to Changing Lives priority 11 | Overall Crime rate Reducing the proportion of young offenders & prolific & other priority young offenders who re-offend. Reduce knife, gun & gang crime committed by young people | Reduction of 10.6% in British Crime Survey comparator crimes in 06/07. 5% reduction in burglary, 6% in personal robbery, 15% in Assaults & 10.7% in Vehicle Crime. However Haringey remains a high crime area & stats per 1,000 households are much higher than Eng& NRF LA averages Burglaries 28.2 Eng Avg 13.8 NRF LAs Avg 19.3 Robberies 9 Eng Avg 1.9 & NRF LAs Avg 3.4 Vehicle Crimes 22.3 Eng Avg 13.5 & NRF LAs Avg 17.9 59.2% young offenders re-offending in 2006/07 | Crime has been steadily decreasing in Haringey but it still remains a key concern for our residents & the reduction of crime is a priority in the Community Strategy. | Safer for all | Violence against the person |
| 27 | Safer Communities | Reduce the number of first time entrants to the youth justice system Links to Changing Lives priority 11 | (YJB will provide % or numbers) Identifying children & young people at risk of offending or involvement in anti-social behaviour, completing assessments & effective interventions to reduce the risks & strengthen the | | Plays important role in youth crime prevention – pulling children & young people away from offending behaviour at an early stage when this is more likely to be successful – with the support of the partners. Very | Safer for all | Improving life chances for young people Community cohesion Social inclusion (including resettlement of offenders) |

| No. | Thematic Board | Haringey Target/ Priority | Indicator | Performance | Rationale | Sustainable Community Strategy Priority | GOL priorities for London |
|-----|----------------|---|--|-------------|--|--|--|
| | | | protective factors. | | important for Government, our SCEB partnership, local residents & businesses. It also lessens the need for the higher cost (to agencies + to victims), resource-intensive services for the more serious young offenders. We would look to refer young people receiving reprimands for interventions, & encourage Safer Neighbourhood Police teams & Safer Schools Police Officers to refer more children & young people for interventions – would need a criteria for both of these. | | |
| 28 | Well-Being | Reduce alcohol related harms across health & crime. | Actual targets to be developed – according to both local & national alcohol strategies | | Alcohol misuse is a strong factor in health inequalities & a driver for certain key priority crimes (ASB, Violent crime, Domestic Violence etc). It is also a factor in harm to children – both through parents abusing alcohol (CP issues) & young people binge drinking – affecting mental & | Safer for all Healthier people with a better quality of life. | Health Violence against the person Improving life chances for young people |

| No. | Thematic Board | Haringey Target/ Priority | Indicator | Performance | Rationale | Sustainable Community Strategy Priority | GOL priorities for London |
|-----|-----------------------|---|---|---|--|--|------------------------------|
| | | | | | physical health plus educational attainment. Alcohol abuse also results in unemployment, loss of family & general economic problems – leads to social exclusion & damages the wider area economic development. Street drinkers & young people abusing alcohol rapidly bring an area into disrepute & the resultant anti-social behaviour encourages low level of crime to take hold. | | |
| 29 | Wellbeing Partnership | Increase opportunities for people to live independently | <p>Older people helped to live at home per 1,000 population aged 65 or over (PAF C32)</p> <p>Adults & older people receiving direct payments at 31 March per 100,000 population aged 18 or over (age standardised) (PAF C51)</p> <p>%of items & equipment & adaptations delivered within 7 working days (social services) (PAF D54)</p> <p>Number of older people</p> | <p>Paf C32 93.1 Band 4 good but trend currently moving in wrong direction</p> <p>Paf C51 138 Band 4 good, target of 150 for March 2008</p> <p>Paf D54 88.4% Band 5, target of 90% for 2007/08</p> | The White Papers <i>Modernising Social Services, Valuing People & Our Health, Our Care, Our Say</i> set out the Government's aims to promote the independence & social participation of users of social care services. Supporting people in their own homes is a key part of this agenda. | Healthier people with a better quality of life | Health Social inclusion |

| No. | Thematic Board | Haringey Target/ Priority | Indicator | Performance | Rationale | Sustainable Community Strategy Priority | GOL priorities for London |
|-----|-----------------------|--|--|---|---|--|---------------------------|
| | | | attending day opportunities programmes | | | | |
| 30 | Wellbeing Partnership | Reduce physical inactivity | Increase the proportion of adults taking part in sport & recreational physical activity for 30 minutes on at least 3 days a week by 4%, from 22.9% to 26.9% (LAA Target) Reduce premature mortality with specific emphasis on circulatory disease & cancer (FL) increasing male life expectancy | | The <i>Choosing Health</i> White Paper & other research identify the relationship between reducing physical inactivity & ill health & premature mortality. Haringey's Life Expectancy Action Plan has highlighted that within Haringey, an estimated 78% of adults are insufficiently active. | Healthier people & a better quality of life | Health |
| 31 | Wellbeing Partnership | Reduce the number of people who smoke, and the number of people exposed to second-hand smoke | Increase the number of smokers who set a quit date & successfully quit & four weeks follow up with NHS stop-smoking services (LDP) Achieve 150 additional quitters from N17 (Tottenham) between 2007/8 & 2009/10 (LAA Target) Reduce premature mortality with specific emphasis on circulatory disease & cancer (FL) increasing male life expectancy | Mortality rates for cancer (122.1) & circulatory diseases (114.1) are above the average for London (116.9 & 96.8) & England (119 & 90.5). | The <i>Choosing Health</i> White Paper & other research identify the relationship between smoking & ill health & premature mortality. Furthermore, Haringey's Life Expectancy Action Plan states that lower life expectancy for men & women in Haringey compared to England & Wales is statistically significant. | Healthier people & a better quality of life | Health |
| 32 | Wellbeing Partnership | Reduce premature mortality | TBC- possibly combining all age all cause mortality, CVD & cancer mortality. | Life expectancy is lower in Haringey compared to both | Analysis for Haringey's Life Expectancy Action Plan suggests that | Healthier people with a better quality of life | Health |

| No. | Thematic Board | Haringey Target/ Priority | Indicator | Performance | Rationale | Sustainable Community Strategy Priority | GOL priorities for London |
|-----|-----------------------|---|--|---|---|--|---------------------------|
| | | | | England & Wales particularly for males where at least 3 years below the average for London & up to 10 years lower in particular wards. | lower life expectancy for men in Haringey compared to England & Wales is statistically significant, & that the gap in male life expectancy for men in deprived compared to affluent wards is nearly 8 years. The action plan sets out interventions across the partnership that will contribute to reducing this gap. Key priority in the Well-Being Strategic Framework. | | |
| 33 | Wellbeing Partnership | Provide support for unpaid carers, including preparing for when they are no longer able to care | Increase breaks for Carers Increase the number of carers receiving a specific carer's service as a %of clients receiving community based services (PAF C62) | PAF C62 6.8% 2006/07 below IPF neighbours average of 13% & England average of 11%. July 07 year projection to 9.4%, below target but in band 4 (good). This is an improvement on 06/07. | Under the Carers' (Recognition & Services) Act 1995, Carers' & Disabled Children Act 2000 & Work & Families Act 2006, carers have a right to support with their education, leisure, training & employment needs as well as support to enable their caring role. | Healthier people with a better quality of life | Health |
| 34 | Wellbeing Partnership | Develop housing related support services for vulnerable people | Increase the proportion of vulnerable single people supported to live independently who as a result do not need to be accepted as homeless . | | This is one of the specific objectives of the Supporting People Programme. | Healthier people with a better quality of life | Social Inclusion |

| No. | Thematic Board | Haringey Target/ Priority | Indicator | Performance | Rationale | Sustainable Community Strategy Priority | GOL priorities for London |
|-----|---|---|---|--|---|---|--|
| | | | Reduce housing related delayed discharges from hospital as part of joint Mental Health Strategy & for older people & all vulnerable groups | | | | |
| 35 | Wellbeing Partnership/Children and Young People's Strategic Partnership | Improve sexual health Links to Changing Lives priority 7 | <p>Increase access to GUM services so that 100% of patients are offered an appointment within 48 hours of contacting the service by March 2008 (LDP)</p> <p>Increase the number of NHS funded terminations of pregnancy undertaken at up to & including nine completed weeks gestation (LDP)</p> <p>Increase the uptake of Chlamydia screening amongst young people aged 15-24 years to ensure that over 4760 young people of this age group accept the offer of a test in 2007/8 (LDP)</p> | Increase the uptake of Chlamydia screening amongst sexually active 15-24 year olds - 06/07 out-turn 600. | Adoption of safer sexual practices & access to effective sexual health services can prevent unwanted pregnancy & sexually transmitted infections, & improve health & well-being. Much of this work takes place outside traditional health care settings e.g. in schools & community settings. | Healthier people & a better quality of life | Improving life chances for young people Health Children & Young People |
| 36 | Wellbeing Partnership/Children | Protect children & adults by increasing immunisation rates Links to Changing Lives priority 5 | Increase uptake of the childhood immunisation schedule. Increase the uptake of flu immunisation amongst individuals aged over 65 years to 70%. | | Immunisation is cost-effective way of protecting individuals from infectious diseases. IT problems with the child health surveillance system, & parental concerns over the publicised link | Healthier people & a better quality of life | Health |

| No. | Thematic Board | Haringey Target/ Priority | Indicator | Performance | Rationale | Sustainable Community Strategy Priority | GOL priorities for London |
|-----|-------------------|------------------------------|-----------|-------------|---|--|------------------------------|
| | | | | | between MMR & autism, may have resulted in a fall in immunisation uptake leaving a large number of children at risk of avoidable but potentially serious diseases. Increasing uptake will require action across the partnership e.g. in collaboration with children's & adult's services. | | |

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haringey strategic partnership

for children & young people

AGENDA ITEM

MEETING

**Children and Young People's Strategic Partnership Board
10 December 2007**

TITLE

Monitoring of *Changing Lives and the LAA*

SUMMARY

Attached are the key performance indicators for Changing Lives for October 2007.

RECOMMENDATIONS

That the CYPS review and comment on the key performance indicators

LEAD OFFICER(S)

Sharon Shoesmith,
Director
The Children & Young People's Service

Monitoring of Changing Lives

1 Key Performance Indicators

1.1 Attached at appendix 1 is the summary of key performance indicators (PI) for Changing Lives. Only two indicators are at red.

1.2 The number of children on the child protection register is red, and was also red at the time of the last report to the CYPSP, but it is reducing. In August there were 213

children on the register (43.5 per 10,000 children) and in October there are 193 (39.4 per 10,000 children). However this is still above the target of 149 (30 per 10,000 children).

1.3 The percentage of young people with closed disposal episodes who are in education, training or education (ETE) is also red as it is below the target of 73.6%. This is the first time it has been included in the table of key performance indicators. At the last meeting it was put forward as a suggested addition to the key indicator set. At that time the percentage of young people with closed disposal episodes who were ETE was also 69.1%. So there is no change this time.

1.4 All other RAG ratings in the key indicators remain the same, though there have been some changes in the figures since August. Children looked after have shown an increase in the percentages achieving 5+GCSE's at A*-G (from 21% to 27.5%) and is still well above the London average. There has also been an increase in those leaving care with 1+ GCSE at A*-G (from 40% to 43%), though this is still below the London average.

1.5 The percentage NEET is showing a decrease since the last report to CYPSP (from 13.2% to 10.8%). A separate report on NEETS will be made to the December meeting of the CYPSP.

2 Changing Lives Performance Monitoring Document

2.1 This document contains a wider range of performance indicators and updates on progress with the priorities in Changing Lives.

2.2 The current edition represents the mid year update. Five of these performance indicators are showing red. One of these six is the child protection indicator mentioned in 1.2 above. Others include the percentage of children looked after who missed 25 days schooling and the % with final warnings and convictions. In both cases the current figures are showing an increase on the 2005/06 outcome and are above the average for Haringey's statistical neighbour group. The stability of placements, as measured by being in the same placement over 2 years or more, is also showing red. The figure was above that of our statistical neighbours, but has dropped back recently and is still below the target. Finally although the percentage of children looked after 5 or more GCSEs at A*-C or a GNVQ is above the national average and last year's outturn it still below the target.

3 Funding

3.1 The LAA funding streams which were pooled by Government include some grants which will end in March 2008. The Neighbourhood Regeneration Fund (NRF) and the Neighbourhood Support Fund (NSF) are both in their final year so the future of programmes currently supported by these funds will need consideration. Government funding proposals for next year include a new grant called 'working neighbourhoods fund'. However the criteria for this grant have not been announced so it is unclear whether any of the existing programmes will be eligible for funding through this grant.

3.2 For services for children and young people the projects affected are as follows:

| Project Title | HSP approved expenditure 2007/08 | Project Management Lead Agency | Funding stream |
|--|---|---|-----------------------|
| Improving Literacy | £119,900 | Haringey Council, Children & Young People's Service | NRF |
| Parental Involvement | £141,950 | Haringey Council, Children & Young People's Service | NRF |
| Youth Inclusion and Support Panel (YISP) | £72,750 | Metropolitan Police & Haringey Council, Community Safety Team | NRF |
| Young Persons and Ethnic Minority Dev Project | £38,759 | Haringey Victim Support (external agency) | NRF |
| Reparation Project | £42,750 | Haringey Council, Youth Offending Service | NRF |
| Creating Opportunities for Better Living/Breakfast Clubs | £114,650 | Haringey Council, Voluntary & Community Sector Team | NRF |
| Teenage Pregnancy, Sexual Health & Parental Support | £102,750 | Haringey Council, Children & Young People's Service | NRF |
| 4YP and Family Planning Nurse | £64,250 | Haringey Teaching Primary Care Trust | NRF |
| Youth Offending Service | £292,000 | Haringey Council, Youth Offending Service | NRF |
| Positive Futures | £87,750 | Haringey Council, Children & Young People's Service | NRF |
| YOS Parenting Worker | £42,750 | Haringey Council, Youth Offending Service | NRF |
| Support to Supplementary and Community Schools | £12,750 | Haringey Council, Children & Young People's Service | NRF |
| Exposure | £28,225 | Haringey Council, Children & Young People's Service | NSF |

3.3 The Council's Policy, Performance, Partnerships and Communications Service are currently collecting together information on all the programmes affected to get an overview of the situation. Further developments are unclear at this stage

s:\cs\dir\all\delivery and performance\cypsp\supporting material\2007\summaryofkeyperformanceindicators-coverdec07v21.doc

APPENDIX 1 - MANAGEMENT INDICATORS FOR THE CHILDREN'S SERVICE**A Summary of Key Indicators for Children's Social Care October 07**

| | Ref | Description | SN 2006/07 | YTD Outturn (end Oct) | 07/08 Target | RAG |
|-----------------|-----|-----------------------------|---------------------------|-------------------------|-----------------------|--------|
| BE HEALTHY | 1 | Be Healthy 1047SC/LAA* | SN 05 59 National 05.41.1 | 2005 data | 2002-04 Baseline 72.9 | A ↑ |
| | 2 | Be Healthy (CL)P4.1b&c/LAA* | | Quarter 2 6.7% 87.9% | 07/08 5% 81% | A G |
| | 3 | Be Healthy (CL)5.3 | | 21 | 47 60% Dec07 | A |
| STAY SAFE | 4 | Stay Safe 2020sc | 68% | 91% | 78% | G ↑ |
| | 5 | Stay Safe 2022sc | 79% | 83% | 74% | G ↑ |
| | 6 | Stay Safe 2023sc | | 193 (39.4) | 149 (30) | R ↓ |
| | 7 | Stay Safe 2034sc | 99.8% | 100% | 100% | G → |
| | 8 | Stay Safe 2042sc | (95.9) | 421 (86) | 422 (85) | G ↑ |
| | 9 | Stay Safe 2043sc | 12% | 16% | 2% | A → |
| | 10 | Stay Safe 2059sc | | 20 (7.8%) | 24 (7%) | G ↑ |
| | 11 | Stay Safe/LAA* | | 82 STP (86%) | 86 STP (90%) | A |
| | 12 | | | 139 (Apr-Sep 07) | 428 | G |
| | 13 | | | | 69.1% (Apr-Sep 07) | 73.6% |
| ENJOY & ACHIEVE | 14 | Enjoy & Achieve 3070AC/43a | 100% (2005/6) | 100% End Sep | 99% | G → |
| | 15 | Enjoy & Achieve 3070AC/43b | 89% (2005/6) | 93% End Sep | 85% | G ↑ |
| | 16 | Enjoy and Achieve / LAA | 13% London | 27.5% | 21% 2006 | G ↑ |
| | 17 | Enjoy and Achieve/ LAA | 42% London | 50% | 50% 2006 | G ↑ |
| | 18 | Enjoy & Achieve 3072sc | 53% | 43% | 55% | A → |
| MPC | 19 | | | 1,790 (Oct) | 15% (2,865) | |
| | 20 | | | 681 (Oct) | 30% (860) | |
| A | 20 | AEW (CL)P19.2 | National 10.3% | 10.8% Oct | 12.3% | A |

*The Local Area Agreement (LAA) is part of a Government 10 year strategy to build a new relationship between central and local government. This includes mandatory outcomes, optional outcomes and stretch targets.

→ = in line with 06/07 outturn; ↑ = improvement on 06/07 outturn; ↓ = decline from 06/07 outturn

R = target not likely to be achieved; A = to keep under close review; G = target achieved/exceeded

| PAF/ BV/ Local Ref | Description Years are expressed as academic years | National | Haringey | Haringey | Haringey | Haringey | Haringey | R A G |
|---------------------------------|--|----------|---------------------------------|---------------------------|----------------|----------------|-------------------------|-------------|
| | | 2006 | 2006 | 2007 Prov. | Target 2006 | Target 2007 | Prov. Target 2008 | |
| FSP | % of children scoring 6 or more in all PSED scales | 71 | 63 | 66 | Not set | 68 | 70 | A |
| FSP | % of children scoring 6 or more in all CLL scales | 48 | 41 | 45 | Not set | 44 | 48 | G |
| 3002OF | KS1 Reading Level 2+ | 84% | 78% | 81% | 79% | 80% | 82% | G |
| 3003OF | KS1 Writing Level 2+ | 81% | 74% | 76% | 76% | 77% | 78% | A |
| 3004OF | KS1 Maths Level 2+ | 90% | 87% | 88% | 88% | 88% | 89% | G |
| 3005OF/B V41/ LAA | KS2 English Level 4+ | 79% | 75% | 76% | 75% | 76% | 78% | G |
| 3006OF/B V40/ LAA | KS2 Maths Level 4+ | 76% | 70% | 73% | 75% | 75% | 76% | A |
| 3007OF/ LAA | KS2 Science Level 4+ | 87% | 79% | 83% | 80% | 82% | 83% | G |
| BV194a | KS2 English Level 5+ | 32% | 30% | 29% | 29% | 31% | 32% | G |
| BV194b | KS2 Maths Level 5+ | 33% | 28% | 29% | 29% | 31% | 32% | A |
| 3008OF | Value Added Measure KS1 to KS2 | 99.8 | 100.0 | 100.04 | | | | G |
| 3009OF/B V181A | KS3 English Level 5+ | 73% | 61% | 66% | 65% | 67% | 72% | A |
| 3010OF/B V181B | KS3 Maths Level 5+ | 77% | 64% | 66% | 65% | 68% | 70% | A |
| 3011OF/B V181C | KS3 Science Level 5+ | 72% | 56% | 61% | 60% | 63% | 65% | A |
| 3012OF | Value Added Measure KS2 to KS3 | 99.8 | 99.5 | | | | | A |
| 3013OF/B V38 /LAA | % achieving 5+ A* - C | 59% | 52% | 57% | 53% | 57% | 59% | G |
| | % achieving 5+ A* - C (inc Eng and maths) | 46% | 34% | 38% | Not set | 41% | 44% | A |
| 3014OF/L AA | % achieving 1+ A* - G | 98% | 95.0% | 96.0% | 96.0% | 96.0% | 96.5% | A |
| 3017OF | Value Added Measure KS2 to GCSE/Equivalent | 1000.6 | 1011.2 | | | | | G |
| 3018OF | Value Added Measure KS3 to GCSE/Equivalent | 1000.8 | 1001.4 | | | | | G |
| Local indicators LPSA 2 | % half days missed - absence in secondary schools | 7.92% | 8.24% | 7.8% | 8.60% | 8.40% | 7.7% | G |
| Local indicators LPSA 2 | % half days missed - absence in primary schools | 5.76% | 6.63% | 5.7% | 5.80% | 5.60% | 5.4% | A |
| 5OF | Schools with 6th form: Avg point score of students entered for GCE/VCE A/AS | 721.5 | 566.2 (new points system) | 588 | 580 | 590 | 600 | A |
| AEW (CL)P20.1 | % 19 year olds qualified to Level 2- LAA indicator | 71 | 62 | Not avail until Mar 08 | 60 | 65 | 68 | A |
| | % 19 year olds qualified to Level 3 | 47 | 43 | Not avail until Mar 08 | 42 | 45 | 47 | A |

CHANGING LIVES

Haringey's Children and Young People's Plan 2006-09

Performance Monitoring Document 2007/08 UPDATED 21 November 2007

| SN - Haringey's Statistical Neighbours |
|--|
| Lewisham |
| Lambeth |
| Hackney |
| Waltham Forest |
| Southwark |
| Islington |
| Hammersmith and Fulham |
| Wandsworth |
| Greenwich |
| Croydon |



RED
AMBER
GREEN

Target Not Met/Action Not Achieved
To Be Kept Under Close Review
Target Met/Action Achieved

Document updated 3 x per year: first review in summer; mid year review December, end of year review April.

**The Children and Young People's Service: Performance Monitoring
VULNERABLE CHILDREN & YOUNG PEOPLE - Priorities 1-3
OUTCOME LEAD: CECILIA HITCHEN**

| REF | TARGET | LEAD | FIRST QUARTER EVALUATION - DUE END AUGUST | PROGRESS | MID YEAR REVIEW OF OUTCOMES - DUE 9 NOV 07 | PROGRESS |
|---|---|-----------|---|----------|--|----------|
| PRIORITY ONE – We will improve outcomes for vulnerable children and young people through implementing strategies that will ensue earlier intervention. Specifically we will: | | | | | | |
| (CL)P1.1 | Further develop the three Children's Networks to consolidate the work of the multi-agency teams, establish the Local Partnership Boards and join up services across the CNs to impact on improving outcomes for children. | Jan Doust | The Partnership Boards have met once in the South and North areas and a meeting is scheduled for the West in September. Further work has taken place on the membership of these boards in order to ensure that they properly reflect the strengths and needs of the locality. The multi-disciplinary teams for each CN are established and have been meeting regularly. These will develop further in September and will take a more prominent role in planning and delivering the team around the 'team around the child approach'. | | Planning is in place to take the model for multi-disciplinary working to a further level. This will place the multi-disciplinary teams much closer to the referral ,process and decision-making for individual children and will further develop the 'team around the child approach'. Detailed planning is place to deliver an accommodation strategy that supports locality-based working and to provide multi-disciplinary team bases that will facilitate much closer partnerships between teams. | |
| (CL)P1.2 | Evaluate the effectiveness of the CN's through action research, adjusting provision as necessary and developing local indicators and information to inform commissioning priorities | Jan Doust | Middlesex University are undertaking an independent evaluation of the Children's Network approach. Focus groups have been held in each of the three localities involving a broad range of staff and service users. Further work is planned on this in the new term. Haringey is also part of a national research programme, led by NFER, focusing on the overall impact of integrated Children's Services. Three priority groups of children and young people have been identified as the focus - looked after children, children with ASD and non-attendees at KS3. This research is at the stage of collecting baseline information from each LA on each of these groups. | | Feedback from the focus groups has been disseminated back to the participants, to the core team and to the extended leadership team. Actions have been identified to address issues of concern and to further consolidate the new policies, processes and procedures that underpin multi-agency working. The LARC research is progressing and interviews are currently taking place with a groups of the children, young people and families from the key research groups. The outcomes will be disseminated via a report on all of the LAs involved and will include recommendations for the further development of integrated working. | |
| (CL)P1.3 | Consolidate the delivery of services from the 10 Children's Centres and establish Phase Two Centres all with robust business planning and sustainable funding. | Ros Cooke | Our 10 Phase One Children's Centres are delivering the 'Core Offer' of services to families. Data is collected locally and fed into the self evaluation process which informs their self-evaluation forms (SEFs). LA information is provided to the Centres as part of the process. SEFs are then used to inform business planning for the next year and will be completed during October/November. Phase Two Centres are progressing towards designation. Some are anticipated to achieve early designation and are beginning to provide services to families. Work is taking place to build a robust and open funding formula for all Children's Centres. The Family Support Worker initiative, funded through the DSG is now operational and a team of 11 FSWs have been recruited centrally and allocated to the 3 localities. In addition, a number of NLCs are self-managing projects that deliver family support, also drawing on DSG funding. 3 managers have been appointed to coordinate all of this work and also to bring this initiative together with the team of FSWs working from Children's Centres. All workers have been inducted and received initial training and a professional development programme is in place. Some referrals have been made and a small number of families have received FSW support over the summer holiday - this will proceed at a pace in the new term. | | We are holding a Jobs and Career Fair at Broadwater Farm Primary School - offering support to parents and residents of the estate to enable them to start looking for work. In conjunction with Open University, we hold events in Childrens Centres attracting members of the public to find out more about the benefits of working from home. Working with JC+ to arrange for "Work Focused Interviews" to be conducted within Childrens Centres. This way a Lone Parent can have their formal quarterly meeting in a more comfortable environment rather than them having to travel to a Job Centre building. The interview help to ensure they are accessing the correct benefits coupled with advice on how they could look for work if they feel they are ready. | |
| (CL)P1.4 | Further build upon early intervention services including family support that includes greater levels or resource to support families, particularly the most vulnerable. | Jan Doust | | | Models for the delivery of school-based family support have now been agreed and are operational in each NLC. FSWs based in Children's Centres are providing targeted support to families identified by the centres and health visitors. Referrals to all categories of FSWs are increasing and are recorded on an NLC basis. Monthly monitoring data is being collected via each NLC and a progress report will be available during December. Discussions are taken place via the lead headteachers in each NLC on the future funding of this work post August 2008. | |

| REF | TARGET | LEAD | PROGRESS | |
|--|--|-------------------------------|--|---|
| | | | FIRST QUARTER EVALUATION - DUE END AUGUST | MID YEAR REVIEW OF OUTCOMES - DUE 9 NOV 07 |
| (CL)P1.5 | Develop a longer-term model for early intervention and prevention, including a detailed financial strategy that tackles the high levels of child poverty in the borough and reduces the need for more specialist services | Jan Doust | This area of work is linked to the needs assessment in each children's network and will be closely aligned to the multi-agency commissioning strategy. Models are currently being considered and will then be circulated for consultation amongst all stakeholders and partners during period November 07-January 2008. | This work is progressing through the three heads of children's networks and workforce development manager. A draft model for a preventative strategy, closely aligned with the CN model has been produced and further work is now taking place to develop this in partnership with children's centres, schools and statutory, voluntary and community partners. A consultation event involving wide representation from all of these partners was held on 15th November and a vision statement will be circulated for consultation during the next 4 weeks. This will focus on developing the preventative work and clearly defining the role of universal, targeted and specialist services within this model. |
| (CL)P1.6 | Improve multi-agency strategic commissioning for children and young people that improves services and increases efficiency. | Claire Wright | There is good commitment to meeting this target, and a joint project manager is in post, a joint commissioning framework has been developed, and work is underway to define budgets and work plans for priority areas: CAMHS; Substance Misuse, Children with Additional Needs, Teenage Pregnancy and Sexual Health and Early Years and Children's Centres. Assessment Services have been restructured and now have one point of access for assessment work. Currently on track to exceed targets for assessments. The Service manager for the Assessment and the CIN service has a direct link to the Children's Network through the network panel with other managers having a liaison role. Work has progressed well in improving the CAF and specialist assessments. | Work in this area continues as described previously, and partners are about to review of progress and proposed arrangements. |
| (CL)P1.7 | Further improve the CAF and specialist assessments, the lead professional role, systems to share information and the workforce development required to maintain and improve the good progress made in delivering integrated services. | Alison Botham/CIN e Preece | In relation to the CAF the numbers of good quality CAF referrals is steadily increasing. This is monitored by the Children's Network Heads and by the Children's Network Panel. The CAF means that we are able to respond speedily to requests for services, and we are now in a position to allocate Family Support resources for early years through the CAF. This means that early identification of need and intervention is being facilitated and monitored. Assessors and referrers using the CAF have been well supported by the Children's Network Heads and the panels. Panel arrangements are under review and new arrangements will be agreed by the end of October. | Panel arrangements have been reviewed remain in large part the same, changes will be circulated. These changes to arrangements will continue to drive up the arrangements put in place to meet the needs of vulnerable children. A consultation event was held early in November that will inform Lead Professional Guidance and training so that this can be planned January – March 2008. |
| PRIORITY TWO – We will continue to improve life chances for looked after children and care leavers. Specifically we will: | | | | |
| (CL)P2.1 | Maintain this strong focus on the outcomes for children in care - to include a detailed multi-agency action plan with a particular focus on consulting the children, young people and carers themselves to drive greater improvements. | Marion Wheeler | First round of meetings to develop a cross cutting multi agency plan for Children in care have been happening over the Spring and Summer. Bid for Mentoring pilot funding was successful and Mentoring scheme will be in place during September 07. Programme of themed audits of Children in care case work is underway with good evidence of improved incorporation of children and young people's views in the work by social work staff and managers. Work to review child health surveillance underway. Placement stability Research and action Plan has commenced and foster carers are attending support and development training groups | Mentoring scheme for children in care in place -mentors and mentees matched and meeting, work on Placement stability is underway. Children in Care Task Group will start work in November 2007 and start bringing together cross agency/ cross discipline work themes and issues for children in care. |

| REF | TARGET | LEAD | PROGRESS | |
|------------|--|----------------|---|---|
| | | | FIRST QUARTER EVALUATION - DUE END AUGUST | MID YEAR REVIEW OF OUTCOMES - DUE 9 NOV 07 |
| (CL)P2.2 | Continue to achieve adoption and special guardianship for all those children for whom it is in their best interests - in the region of 20 children each year. | Rachel Oakley | To date we have secured permanency for 16 children through adoption (4) or special guardianship (12). It is projected that there will be a further 19 children permanently placed during 2007/08. This figure could rise as special guardianship is a less lengthy process than adoption. | Mid way through the year we have achieved 15 Special Guardianships Orders and 4 Adoption Orders to secure children's legal permanency. It is anticipated that there will be a further 10 child in receipt of orders before the end of the year. This is a slight decrease on the earlier figure, which is entirely due to long term foster carers deciding that Special Guardianship is not right for them at this time. An invest to save-bid to finance this activity is currently being considered as part of the Pre-Business Plan Review process. |
| Document u | Improve annual health checks and health planning for this group from 92% in 2007 to 93% in 2008 and 95% in 2009 including sexual health advice. | Maaron Wheeler | Health staff and sexual health staff are visiting our 2 care homes routinely and undertaking direct work with children and staff. Health and mental health staff are undertaking monthly consultation clinics on site to social work staff. Consultation with health staff to improve the quality of LAC health screening work and improve tracking of health recommendations is underway. PCPT Smoking cessation team to visit and do direct work with children in our care homes. New Health Protection Agency guidance on immunizations programmes for children from overseas to be implemented. Health and dental screening now fully recorded on F-I with reminder system to ensure that no child gets overlooked. | During September /October 2007 we undertook an audit of work being done with children in care to assess the quality of activity focussing on 'be healthy' outcomes, the overall quality of the work was good and we found strong evidence of good collaboration and multi disciplinary working to both resolve children's individual health issues and to ensure that children overall were being encouraged to develop healthy lifestyles. This will be reported to elected members later in the Autumn. We achieved excellent results in our work this year to offer screening and assessment for children in care around substance misuse with a higher than ever number of children being offered and accepting services. |
| (CL)P2.4 | Reduce the proportion of children newly in care, placed 20 miles or more from Haringey from 8% in 2007/07 to 7% in 2007/08 through continuing to improve the supply and quality of local placements | Rachel Oakley | Whilst location of placement is a key determinant, decisions on individual children/young peoples placement are based on assessed "need" and availability. As of July '07 18% (4 children) of new placements are 20 miles away from the child's home address, this is because of the relatively small number entering the system. Analysis indicates that the percentage will fall as the year progresses. | As of 31st October 2007 4% of new placements have been made outside the 20 mile limit. Distance is a consideration in the matching of all placements, but may be overridden by other needs. |
| (CL)P2.5 | Reduce the number of conceptions of under 18 looked after young people, care leavers and unaccompanied minors through targeted work with both the young people and their foster carers - see priority 7 in Be Healthy. | Roger Smith | All staff working with young people are trained in the issues around sexual health and this is addressed in all young people's pathway plans. Links are also in place for support and guidance through the LAC nursing service and through 4YP. We also ensure that all service providers can give young people appropriate support. Teenage Pregnancy grant funding has been agreed to continue the accredited NVQ2 Speakeasy training for carers and additional funding has been agreed to provide NVQ3 accredited training to enable carers to become trainers. | Speakeasy training has been made available for carers and is also being delivered to all staff within the Leaving care and asylum service |

| REF | TARGET | LEAD | PROGRESS | |
|---|---|----------------|--|--|
| | | | FIRST QUARTER EVALUATION - DUE END AUGUST | MID YEAR REVIEW OF OUTCOMES - DUE 9 NOV 07 |
| (CL)P2.6 | Continue to raise educational achievement. See priority 14 in Enjoy and Achieve. | Mairon Wheeler | <p>people and their carers and to develop their aspirations for the future through a range of leisure, cultural and sporting activities. This has included:</p> <ul style="list-style-type: none"> • Sporting activities with Tottenham Hotspur foundation across most key stages. • Annual Award events hosted at Tottenham Hotspur. • Theatre and Cinema events. • Visits to the London Eye including afternoon tea in a five star hotel. <p>Forthcoming events and work includes:</p> <ul style="list-style-type: none"> • September 2007 Educational Achievement Awards 2007 for secondary aged Children in Care who have been nominated by carers, social workers and schools in Summer term 2007 and those who have gained GCSEs. • Support for those in Year 9 who are taking SATS - including in the Spring term - 5 week study support program. • Revision guides sent to those in Year 9 who are taking SATS. • Activity events for those in Years 7-9 working in partnership with Tottenham Hotspur Foundation. • Training for carers concerning exclusions, attendance and significance of Year 9 and key stage 3 SATS. | <p>Our children in care achieved excellent GCSE results over the summer, we have now commenced a second Homework club for children in care for years 8 & 9 in addition to the existing years 10 and 11. Our focus for the autumn has been to raise the levels of attendance at school for all children in care.</p> |
| PRIORITY THREE – We will improve outcomes for children and young people with disabilities. Specifically we will: | | | | |
| (CL)P3.1 | Develop a multi-agency action plan to drive improvements for children and young people with disabilities. | Phil DiLeo | <p>A multi- agency steering group has been developed. The Steering Group has agreed the outline proposals for the integration of services for children with disabilities aged 0 -5 and the next meeting will consider models for the delivery of services. The group has welcomed the work to date which has included consultation with parents/carers and the establishment of a critical friend parent/carer group. An analysis of the 20 questionnaires returned and consultation sessions shows that families welcome the planned work to integrate services and the identification of a lead professional to work with families from post diagnosis stage through the assessment processes, through transition to Children Centres and school. In September a multi professional group will meet weekly to discuss cases, outline pathway plan and the identify lead professional. The action plan also includes the reorganisation of the Transition Team between the DCT and Adults Services (LDD). This enables all transition work post 17 years to take place within the adults service enabling assessments and planning to be held within the adults multi agency team.</p> | <p>A weekly multi-disciplinary meeting has been established between professionals from the Child Specialist Health Services and the Additional Needs and Disabilities Service. This has enabled the Consultant Paediatrician, Specialist Community Nursing services, Therapists, Specialist Health visitors, Social Workers, Educational Psychologists, HINTs to meet to discuss single referral processes from a wide range of services including hospitals and GP, obtaining parental permission for multi agency discussions and involvement and developing the role within existing teams. There has been a positive response from all teams and work is underway to identify and address training needs. This work is taking place in conjunction with the current work in the Children's networks on the lead professional role. The parents/carers critical friends group has had its second meeting and the group has begun to develop key information for parents post diagnosis. A training day for staff within the integrated service is planned for Monday 14th January. This will also be an opportunity for professionals to hear from a pathfinder LA.</p> |

| REF | TARGET | LEAD | PROGRESS | |
|----------|---|------------|--|--|
| | | | FIRST QUARTER EVALUATION - DUE END AUGUST | MID YEAR REVIEW OF OUTCOMES - DUE 9 NOV 07 |
| (CL)P3.2 | Develop a long-term strategy for respite care to improve use and build capacity. | Phil Dileo | <p>The Family Support Panel has now completed a full year and has further developed the process, including revised criteria and referral form, information for parents/carers, increased transparency and review procedures. The panel will meet fortnightly from September 2007. The process is now well established and sufficiently robust to implement the proposals from the Aiming High for disabled children guidance and the forthcoming allocation of additional funding for short stay packages. Emphasis is already placed on using direct payments in lieu of social care packages as this provides greater flexibility for families and puts them in control of their care packages. A balance needs to be maintained however so there are also high quality social care packages available for those families who choose this option.</p> <p>New provision for six young children with autism has been established in the borough between Campbourne and Moselle Special School. This has resulted in all children with special and additional needs remaining in borough for September 2007. New places for secondary aged young people will be available from 2011 with the completion of the BSF programme. In the meantime work is continuing with secondary schools and Moselle to reduce the reliance on out borough places and in September 2007 only one young person is transferring to a special school out of borough. This compares to five young people who transferred to out borough special schools in September 2005. This September young people with autism transferring to secondary schools will be supported by the newly appointed Teaching Assistant on the central Autism Advisory Team. The TA will model a range of approaches for school based TAs with particular emphasis on supporting transition, setting up IEPs and strategies to develop social interactions.</p> | <p>The Family Support Panel now meets every two weeks to ensure that requests for respite are considered quickly and responses are made within set timescales. The C&YPS has submitted an application to become a Pathfinder for Short Breaks as set out by the DCFS. The outcome will be known by mid November.</p> |
| (CL)P3.3 | Achieve a year on year reduction in the number of children and young people with Autistic Spectrum Disorder (ASD), Asperger's Syndrome and sensory impairment placed out of borough at Reception and Secondary transfer stages. | Phil Dileo | <p>There is good provision within all Haringey secondary schools for young people with autism and all are making satisfactory or better progress. They are well supported by the Advisory Team for Autism and this has been enhanced this year with the appointment of a dedicated secondary school Teaching Assistant. This plan will formally recognise the range of strategies in place and provide an opportunity to share practice and involve parents/carers in the process.</p> | <p>Detailed planning is now underway through the BSF Transformation Board on the design of the new provision for young people with autism at the new secondary school, Alexandra Park School and the Inclusive Learning Campus. A very successful workshop was held with staff from Moselle, the manager of the central Autism Advisory Team, Architects and BSF Transformation Managers on the requirements of the new provision.</p> |
| (CL)P3.4 | Ensure all secondary schools with ASD pupils to meet the autism friendly schools standard by 2009 | Phil Dileo | <p>Draft autism strategy under discussion to inform the BSF programme. The strategy takes account of the National Autism Plan and the Autism exemplar, National Service Framework for Children, Young People and Maternity Standards. (DCFS/DH 2004).</p> | |

| REF | TARGET | LEAD | PROGRESS | |
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| | | | FIRST QUARTER EVALUATION - DUE END AUGUST | MID YEAR REVIEW OF OUTCOMES - DUE 9 NOV 07 |
| (CL)P3.5 | <p>Improve further the range of out of school activities for children and young people with disabilities in each Children's Network, including specialist residential summer play scheme.</p> | Phil DiLeo | <p>A 'Turning the Curve' exercise involving statutory and voluntary services has resulted in the drafting of a detailed action plan. This plan will build on the current work of the Family Support Panel which has introduced a multi-agency approach to the allocation and review of respite services. New information for parents/carers has been agreed to ensure that families understand the process. There has been positive feedback on the new procedures and families using the appeal process. Service packages for children include 33 who attend Haslemere Family Support Centre for day activities and overnight stays, 71 receiving Family Link services and 31 receiving services from Breathing Space. There has been an increase in the number of families receiving direct payments, with 45 families currently purchasing services, compared to 36 in 2006 and 11 in 2005. This summer The Play Service, The Youth Service, Haslemere, Markfield, Tottenham Hotspurs Foundation in conjunction with special schools and Family Link provided a range of playschemes/respite services for children and young people with disabilities.</p> | <p>Working group has now been established to take forward the 'Turning the Curve' outcomes. Work is underway to define range of needs for play and extended school activities within each Children's Network; establish an agreed allocation criteria across play and extended day services and the setting up of a critical friends parent /carers group to monitor progress of work.</p> |
| (CL)P3.6 | <p>Maintain and extend the good levels of participation for children and young people with disabilities and their parents in service planning and evaluation, and in all opportunities across the borough open to children and young people without disabilities.</p> | Phil DiLeo | <p>Almost all young people with statements now choose to contribute their views via the annual review process. They identify areas in which they have been successful as well areas for further development. Many also identify those members of staff whom they considered can support them best. Two young people this year have requested that their statements were ceased as they considered they no longer received the support. These views were also agreed by parents and school staff. The introduction of the symbols proforma has been particularly successful in gaining the views of young children and those with complex needs. Special schools continue to use a variety of approaches to consult their young people and the Person Centred approach to transition planning has been very successful.</p> | <p>This continues to be a priority in all aspects of working with and on behalf of children and young people with additional needs and disabilities. The Vale special school has successfully involved their young people in the appointment of staff. Special schools have used a variety of media to enable young people leaving school to show their progress over the years, to thank and make personal comments to their peers and staff. This progress will be further supported with the implementation of the electronic questionnaire, which will enable children and young people with complex communication needs to express their views more fully regarding their own needs and to contribute to wider consultations.</p> |
| (CL)P3.7 | <p>Ensure that all children and young people with disabilities have a transition plan to enable them to access appropriate adult services.</p> | Phil DiLeo | <p>All young people, with disabilities, who left school in July 2007, have been the subject of detailed planning and tracking over the past academic year. Transition Plans are in place for all students and comprehensive assessments were completed for young people in transition from the Children with Disabilities Team to the Combined Adults Team for Learning Disabilities.</p> | <p>We have been successful in strengthening the processes to support transition planning for young people with LDD. This has been achieved by monitoring that Annual Reviews are held within timescales and that they are of good quality to inform future planning. The reorganisation of transition staff between the Children with Disabilities Team and Adults Service is well underway and this will enable continuity for young people and their families through the transition process from school to adult services.</p> |

| REF | TARGET | LEAD | PROGRESS | |
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| | | | FIRST QUARTER EVALUATION - DUE END AUGUST | MID YEAR REVIEW OF OUTCOMES - DUE 9 NOV 07 |
| (CL)P3.8 | Raise educational achievement. See priority 14 in Enjoy and Achieve | Phil Dilleo | <p>The impact of the joint work between the Educational Psychology Service and the Literacy Team has seen a year on year reduction in the number of children leaving KS2 with literacy attainments below level 3; 12.6% in 2003/4, 10% in 2004/05 and 8.6% in 2005/06. We are closing the gap with national performance which has reduced from 7% to 6.15 for the same period.</p> <p>There is now significant evidence that schools are meeting the needs of children and young people with LDD, with low support needs, without reliance on statements. The number of new statements produced in 2006 - 07 has reduced by 20% and over 30 statements have been ceased as the objectives in the statement have been met. This work has been carried out in full consultation with parents and there has not been an increase in the number of appeals to SENDIST</p> | <p>Consultation is underway on the recommendations of the Schools' Forum to revise the AEN/ SEN formula and to raise the funding threshold for statements to 15 hrs Teaching Assistant Support or the equivalent. A number of central and school based briefing sessions have been held to inform the consultation process. The proposed changes will be further discussed at the School's Forum Conference on 16th November.</p> |

The Children and Young People's Service: Performance Monitoring
 BE HEALTHY - Priorities 4-7
OUTCOME LEAD: JAN DOUST

| REF | TARGET | LEAD | PROGRESS | |
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| | | | FIRST QUARTER EVALUATION - DUE END AUGUST | MID YEAR REVIEW OF OUTCOMES - DUE 9 NOV 07 |
| PRIORITY FOUR – We will reduce the number of still births and babies who die before their first birthday. Specifically we will: | | | | |
| (CL) P4.1 | Increase the number of women who book early for antenatal care, increase the numbers who start breast feeding from 64% in 2003/04 to 81% in 2007/08 and reduce the number smoking in pregnancy from 11% in 2003/04 to 5% in 2007/08. | Claire Wright | <p>Antenatal attendance - amber, Breastfeeding -green, Smoking -red.</p> <p>Action - To implement the Infant Mortality Action Plan approved by the CYPSP. An Infant Feeding Co-ordinator has been appointed and comprehensive plans are in place to meet the breast feeding target. As reported at the last CYPSP, the smoking target is challenging, but work is underway to implement the recommendations arising out of a Health Equity Audit which looked at access to the smoking cessation target by pregnant women. See below for actions to increase the number of women who book early for ante natal care.</p> | <p>Antenatal attendance - amber, Breastfeeding -green, Smoking - Amber.</p> <p>Action - To implement the Infant Mortality Action Plan approved by the CYPSP. An Infant Feeding Co-ordinator has been appointed and comprehensive plans are in place to meet the breast feeding target. Latest data shows we are starting to make progress in meeting a challenging smoking target Q1 6.7% (target 5%), and work continues to implement the recommendations arising out of a Health Equity Audit which looked at access to the smoking cessation target by pregnant women. See below for actions to increase the number of women who book early for ante natal care.</p> |
| (CL) P4.2 | Ensure that all midwives, health visitors and children's centre staff are trained to encourage actions that improve health equality, from encouraging smoking cessation to access to services by pregnant women. | Claire Wright | <p>There has been good multi-agency collaboration to ensure delivery of the core offer into children's centres. Action - Ongoing review and audit to ensure equity of access to provision and improved outcomes, with action taken - including staff training - if problems are identified.</p> | <p>As reported in August</p> |
| (CL) P4.3 | Implementation of NICE guidance on post natal care, to include the development of UNICEF baby-friendly standards in maternity services. | Claire Wright | <p>Good progress is being made as part of the implementation of the Child Health Promotion Programme and the work plan of the Infant Feeding Co-ordinator. Action - To agree action plans with local Trusts to meet the baby-friendly standard (currently under development), and establish processes for review at regular at intervals.</p> | <p>Good progress continues to be made with implementation of the Child Health Promotion Programme. Action HTPCT, and NMUH and the Whittington, continue to work through the seven step process required to receive Baby Friendly accreditation, and staff training is well advanced.</p> |
| (CL) P4.4 | Develop a multi-agency plan to encourage women to book early for antenatal care, preferably at 8-10 weeks of pregnancy to give them time to plan their pregnancy effectively and consider early screening options. | Claire Wright | <p>Progress - Recent audits of activity at NMUH and the Whittington have reinforced the need for action in this area. Action Proposals for a Midwives as first point of contact pilot at Northumberland Park Children's Centre have been approved, and will implemented alongside measures to increase the engagement of primary care in getting women to book early. It is also proposed to carry out a Health Equity Audit on women who book pre 12 weeks and post 22 weeks, and the results will be used alongside outcomes of the pilot to agree future action.</p> | <p>Progress - Plans are in place to start the midwives as first point of contact pilot at Northumberland Park Children's Centre from 3rd December 2007, and work on the Health Equity Audit has commenced. Action Depending on outcomes, to develop longer term plans, to include a communications strategy to publicise the benefits of booking early for antenatal care.</p> |
| (CL) P4.5 | Implement a Family Support Strategy that includes greater levels of resource to support all families and particularly the most vulnerable ones delivered by multi-agency teams working in Children's Centres and other settings by 2008. See also Priority One. | Jan Doust | <p>Family Support strategy is in final drafting stage. FSWs have been appointed using funding from DSG in each CN and these have been organised into teams including CC FSWs so that families experience coherent and consistent support. Coordinators in each CN are in place and these are providing management, supervision and oversight and are linking with family support programmes managed and delivered by NLCs.</p> | <p>Models for the delivery of school-based family support have now been agreed and are operational in each NLC. FSWs based in Children's Centres are providing targeted support to families identified by the centres and health visitors. Referrals to all categories of FSWs are increasing and are recorded on an NLC basis. Monthly monitoring data is being collected via each NLC and a progress report will be available during December. Discussions are taken place via the lead headteachers in each NLC on the future funding of this work post August 2008.</p> |
| PRIORITY FIVE – We will promote healthier lifestyles to children, young people and parents. Specifically we will: | | | | |

| REF | TARGET | LEAD | PROGRESS | |
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| | | | FIRST QUARTER EVALUATION - DUE END AUGUST | MID YEAR REVIEW OF OUTCOMES - DUE 9 NOV 07 |
| (CL)P5.1 | Enable children, young people and parents, especially teenage parents, to make better choices about healthier lifestyles through improved information linked to opportunities for family learning. | Su Shaw | Good progress is being made through continued implementation of the Child Health Promotion Programme, and extension of the programme to older children and young people. Action - Need to ensure multi-agency engagement Figures for 07/08 are due shortly, but recent reports suggest that are national concerns about ability to meet this target. Locally an Obesity Strategy has been agreed and elements of implementation are in place through the health eating and physical activity 'modules' of the Healthy Schools Programme, and 'Watch it', an NRF funded family based intervention programme, which is due to start work with obese (above 98th centile) children and young people from October 2007. Action - Continued implementation of the obesity strategy with progress to be reviewed regularly. | Teen parents group located at sports centre with access to swimming & creche. (see also links with 21). Regular support sessions by YYPW for teen parents. Approx 20 teen mums supported through these strategies. Links between CCs health and nutrition sessions with support for teen parents. The figures for 07/08 show an increase in childhood obesity in Haringey, which reflects national concerns about ability to meet this target, but is clearly a matter for some concern. An Obesity Strategy is in place and implementation has commenced through the health eating and physical activity 'modules' of the Healthy Schools Programme, and 'Watch it', an NRF funded family based intervention programme, which has just started to work with obese (above 98th centile) children and young people. Action - In view of the latest data, to convene a multi-agency meeting to review action. |
| (CL)P5.2 | Reduce the number of children and young people with obesity by implementing the obesity strategy and by developing sport, leisure and recreational opportunities. See priority 13 in Enjoy and Achieve also. . | Claire Wright | This forms part of the Healthy Schools Programme and work is underway to look at ways of measuring progress. Action - Are reviewing feasibility of establishing a smoking cessation pilot in a secondary school | This forms part of the Healthy Schools Programme and work is underway to look at ways of measuring progress. Action A smoking cessation pilot is due to start at Hornsey Girls School. |
| (CL)P5.3 | Reduce the number of children and young people who take up smoking. | Claire Wright | 36% of schools have achieved HSS at July 2007 (13% Dec 06). NB national database being corrected to show Haringey data at time of writing. Currently rating Amber as some Level 3 schools previously accredited removed from national database. GREEN anticipated | |
| (CL)P5.4 | Ensure that 60% of schools achieve Healthy Schools Status in 2007/08; 75% in 2008/09; and 85% by 2009/10 led by a multi-agency action plan (LAA Stretch Target). | Jude Clement | Percentage of approved STP's to date: 2006/2007 – 87.2% | Percentage of approved STP's to date: 2006/2007 – 87.2% |
| Document u | Achieve 90% of schools with an approved travel plan (STP) by 2007/2008; 95% by 2008/09; and 100% by 2009/2010. | Ian Bailey | We are on track to meeting 2007/2008 targets of 90% 100% by 2008/2009 in line with the Mayor's target. | We are on track to meeting 2007/2008 targets of 90% 100% by 2008/2009 in line with the Mayor's target. |
| (CL)P5.6 | Reduce by 50% the number of children and young people who live in temporary and unsuitable accommodation by 2010 (See also priority 18). | Denise Gandy | Significant improvements have been made in the delivery of social housing through our choice based lettings system, Home Connections. Greater choice enables people to remain near a local school or support networks. This financial year Strategic and Community Housing Services has let 228 properties, prevented 247 households from becoming homeless, and returned 48 empty properties to occupation. These actions are all part of our comprehensive plan to reduce the use of temporary accommodation by 50% by 2010. | |
| PRIORITY SIX – We will prevent young people from developing mental health problems by strengthening their emotional wellbeing and self esteem and improve services to those who have mental health needs. Specifically we will: | | | | |
| (CL)P6.1 | Develop a multi-agency action plan to drive improvements.. | Claire Wright | Progress - Multi Agency Action Plan for 2006 -2009 in place and priorities agreed for 2007-2008. Action - Continued implementation | As reported in August |
| (CL)P6.2 | Review CAMHS services, particularly in schools and primary care, and look at ways of optimising provision, to encourage prevention and reduce the pressure on Tier 3 services. | Claire Wright | This is an agreed multi-agency priority and the Joint Commissioning Groups have identified a number of options to ensure implementation. | Funding has been identified to carry out a review of Tier 1 and 2 provision, and a Tier 2 Infant Mental Health Team is being developed. |

| REF | TARGET | LEAD | PROGRESS FIRST QUARTER EVALUATION - DUE END AUGUST | MID YEAR REVIEW OF OUTCOMES - DUE 9 NOV 07 | PROGRESS |
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| (CL)P6.3 | Support schools to develop more effective school-based preventative programmes that support emotional literacy and by strengthening the work of the integrated services to children and families. | Christa Rippon | 45 Primary Schools have now received training in SEAL – Social and Emotional Aspects of Learning – a programme that develops emotional literacy skills including recognising and managing feelings, self-motivation, empathy and conflict resolution. This can be used as a whole-school programme or just to supplement other programmes a school may have in place. Educational Psychologists have provided training, staff coaching and facilitate termly 'sharing good practice' days. Training for another 12 senior managers from Primary Schools to become 'Lead Behaviour Professionals' – i.e. to provide strategic leadership in the area of behaviour and attendance - was very well received. Emotional literacy and restorative justice were key elements in this training and has resulted in four more schools taking on Restorative Justice (RtJ) approaches and Peer Mediation schemes in September 2007. National and local evaluation has shown these approaches to be very effective in reducing bullying and negative behaviour in schools. Feedback from parents attending SEAL workshops and parenting groups has led to build on all these initiatives we are currently planning to pilot a programme. To build on all these initiatives we are currently planning to pilot a programme. Good progress is being made. The Mental Health Trust are currently implementing a pilot to ensure all referrals to the St Ann's Service are assessed within 13 weeks, an Early Intervention in Psychosis Service is being developed, and proposals to enhance provision at Tier 1 and Tier 2 will further improve the quality and timeliness of provision. Action - Continued implementation of the Action Plan and Priorities for 2007/2008, with review through the Joint Commissioning Group. | | |
| (CL)P6.4 | Improve the quality and timeliness of services for children and young people with mental health needs by delivering better focused treatment and by reducing year on year the number who require in-patient treatment. | Claire Wright | Enhanced arrangements are in place for children with learning difficulties and work on a single point of access is ongoing Action - Continues implementation | As reported in August - good progress is being made with the pilot | |
| (CL)P6.5 | Improve access to the Child and Adolescent Mental Health Services (CAMHS) through a single point of contact, and especially for children with learning difficulties. | Claire Wright | A multi agency Action Plan for 2006 -2009 is in place and priorities for 2007-2008 have been agreed. Action - Continued implementation | As reported in August - a working group is meeting fortnightly to develop a single point of access into specialist CAMHS | |
| (CL)P6.6 | Achieve the Child and Adolescent Mental Health Services Standard of the National Service Framework for Children, Young People and Maternity Services by 2010. | Claire Wright | | As reported in August | |
| (CL)P7.1 | Reduce the under 18 conception rates to 48.3 per 1000 in 2007; 41.4 per thousand in 2008; 34.8 per thousand in 2009 and 28.0 per thousand by 2010 and achieve a downward trend in under-16 rates in line with the multi-agency action plan. See also Priority 2 in Vulnerable Children & Young People. | Su Shaw | PRIORITY SEVEN - We will work with young people to reduce teenage conception rates in Haringey as part of a broader aim to improve sexual health. Specifically we will: Latest data - Quarter 1, 2006 rates – 53.3 per thousand – is the lowest quarter ever since Quarter 1 1999. The number of conceptions for Quarter 1 '06 (50) is the lowest number of conceptions for ANY quarter, including Quarter 1 1999. The rolling quarterly average of 61.4 per thousand is the lowest ever since Quarter 2 of 1999. However, the latest full-year data shows that although the Haringey teenage pregnancy rates continue the fall started in 2000, they are still 0.3 per thousand above the 1998 base rate, making Haringey one of the national target authorities. Teenage pregnancy has been identified as one of the cross-cutting themes for Haringey. | No later data available as there is a problem with national data systems. Support from GOL re data collection agreed to start Dec 07. Robust multi-agency action plan monitored through reconstituted TP SPB. Meeting 2010 targets will remain a challenge and therefore rating at still red. | |

| REF | TARGET | LEAD | PROGRESS | |
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| | | | FIRST QUARTER EVALUATION - DUE END AUGUST | MID YEAR REVIEW OF OUTCOMES - DUE 9 NOV 07 |
| (C.) P7.2 | Continue to improve the advice to children and young people on sex and relationships available in schools, community and youth settings through multi-agency programmes, supported by the new YP's website. | Su Shaw | Newly devised SRE teaching pack in 4 secondary schools to support staff training. Full day SRE training delivered to Northumberland Park and Woodside teachers and support staff and half day training provide to Gladesmore. Further training required in Gladesmore - 15 teachers have registered for phase 5. First session 18.9.07 | SexFM video purchased for all secondary schools. Teens and Toddlers programme self sustaining programme in place targeting 5 schools - high success rate from pilot. Teen contraceptive nurse in place and sessions run in CCs, 4YP and teen mums' group. |
| (C.) P7.3 | Continue to provide targeted work through the Teenage Pregnancy Strategy and the Sexual Health Strategy, including one-to-one sessions for younger people at risk and target the 4YP service through the Youth Service. | Su Shaw | Dedicated post of Teenage Pregnancy Co-ordinator appointed wef 1.9.07 | Review of 4YP services agreed. Sub-groups agreed for LAC/leaving care and media & communications in addition to previous sub groups strengthened. Committed TP SPB. (see links also with 34,35) |
| (C.) P7.4 | Increase the take up of Chlamydia screening amongst sexually active 15-24 year olds to 2,400 by 2007/08 as part of a broader strategy to improve sexual and reproductive health. | Claire Wright | Numbers screened - Females: 184 (Positives 21) Males 20 (Positives 7) Continuing to work with Family Planning Consultant to improve access. Still working with Barnet PCT to widen programme. Ongoing work with antenatal services to increase uptake | Numbers screened: Quarter 1 (Apr- June): 217; Quarter 2 (July- Sept): 174; October 45. A sessional Chlamydia worker has been employed to target African communities; Exposure is running a publicity campaign until March 2008, and tests are available at the new 6th Form Centre. |

The Children and Young People's Service: Performance Monitoring
 STAY SAFE - Priorities 8-11

OUTCOME LEAD: CECILIA HITCHEN

| REF | TARGET | LEAD | PROGRESS | |
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| | | | FIRST QUARTER EVALUATION - DUE END AUGUST | MID YEAR REVIEW OF OUTCOMES - DUE 9 NOV 07 |
| <p>PRIORITY EIGHT – We will reduce the incidence of specific dangers affecting some or all children and young people in the community, in partnership with parents and the wider community and through the implementation of the Pan-London child protection procedures. Specifically we will:</p> | | | | |
| (CL)P8.1 | Increase numbers of young people receiving DUST screening and number receiving treatment. | Marion Wheeler | Plan in Place. Pre Screening prompt sheet designed, staff trained and screening work well underway. Step ahead service will also be invited to do more outreach based work to make the services more accessible for young people | An increased number of children in care were offered drug screening last year and a higher than ever number were offered and took up treatment/support services. Road Safety Scrutiny Review was completed in July 07 and contains recommendations designed to target road safety awareness more specifically at teenagers while continuing the primary education currently in place - greater use will be made of safer schools police officers in the design and delivery. The LSCB was involved in the review and has responded to recommendations through its Chair. Figures for 2007/08 have not yet been made available from TfL due to problems bedding down a new database. |
| (CL)P8.2 | Continue to reduce road traffic fatalities and casualties in children and young people under 16, and especially for boys aged 11-15 – the age group at greatest risk. | Teresa Walsh Jones | Figures only available from TfL on an annual basis. In response to the fact that the majority of victims of road traffic collisions (can't say accidents any more apparently) are teenagers between 12 and 15 years, additional road safety awareness training is to be delivered in secondary schools with the help of the Safer Schools police officers. A scrutiny review on road safety has been undertaken and recommendations will be published shortly. | |
| (CL)P8.3 | Raise awareness of belief-centred abuse of children and young people among front-line staff including schools. | Teresa Walsh Jones | A post has been set up to develop work in this area and will be advertised shortly. Belief centred abuse has also been incorporated into schools training programme. | Appointment has now been made awaiting HR procedures to be complete. Training is being delivered to schools/education settings currently but with the new appointment a larger volume of training will be put in place. |
| (CL)P8.4 | We plan to develop a junior MAPPA (multi agency planning group) to review and advise on services for young people convicted or assessed as at risk of committing sexual abuse against children or young people. | Teresa Walsh Jones | The C&YPS and YOS are in the process of developing a risk management panel to oversee this area of work. | Terms of Reference has been developed, and awaiting approval. Working group has developed an action plan in relation to child sexual abuse. This action plan incorporates the issues of children who sexual abuse others. It is a multi-agency plan and its progress will be monitored through the LSCB Quality Assurance sub-group |
| (CL)P8.5 | Reduce offences against children and young people, through targeted work in specific neighbourhoods. | Jan Doust/Teresa Walsh Jones | Following targeted work in the Noel Park Ward, an action plan has been developed and police statistical report will be available shortly to review of effectiveness of work being undertaken. | More recent police intelligence shows that the incidence of intrafamilial crime in Noel Park has reduced but Haringey is still showing high levels of crime reporting, particularly to the east of the borough. We will maintain a two pronged approach that on one level tries to refine the accuracy of the data available while developing public information that highlights parenting issues. This information will be available as literature but will also be relayed directly through parenting groups in children's centres. Improving the accuracy of the data will enable better targeting of information. |
| (CL)P8.6 | Establish systems that enables the analysis of the impact of domestic violence in cases of child protection. | Teresa Walsh Jones | Both systems are now in place and reports can be run from August 07 for children on CPR where DV is identified. | System now collecting data. In March 07 for end of year data collection analysis will be undertaken of presenting factors/ and risk factors for each child with a child protection plan. A multi-agency Action Plan on Domestic Violence is being developed. As work on this progresses it will also impact upon the crime reporting in the above priority. The plan will be monitored through a task group that combines LSCB and Domestic Violence Forum representatives. |

| REF | TARGET | LEAD | PROGRESS FIRST QUARTER EVALUATION - DUE END AUGUST | PROGRESS MID YEAR REVIEW OF OUTCOMES - DUE 9 NOV 07 |
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| (CL)P8.7 | Reduce risk to those children and young people at risk of sexual exploitation, those with disabilities and those subjected to domestic violence. | Teresa Walsh Jones | MAPS held on all identified of all young people at risk are undertaken. Allocated CPA to the children with disabilities team who provides consultation / Quality Assurance role and training. NIA Project has undertaken project work with mothers and children who have been subject to DV. Haringey children and young peoples service are working with a multi agency group MARCE to risk assess high risk domestic violent households The LSCB audit review of inter-agency compliance with S.11 Children Act (Jul 07) shows that progress has been made in all statutory agencies in terms of awareness of the key issues in the protection of children. We are building on this to ensure that single agency training on child protection is effectively delivered and that practice around sharing of information is compliant with guidance. Two of the sets of ACPC practice guidance have been reviewed and disseminated (Jul 07) - a joint protocol covering the assessment of parents with mental health problems and practice guidance around the process for pre-birth assessments. | The lead child protection advisor is developing a working group of Haringey professionals to establish a core group of members who will lead on strategic planning for this group of young people. As well as developing a core group of staff who will attend the MAPS meeting and establish and provide services for children within Haringey. Training is in place to support the new joint protocols on the assessment of mentally ill parents and parents with learning disabilities. Practice guidance on pre-birth assessments has been updated and is available on the council website for downloading. Practice guidance on core groups is currently being reviewed and updated. The new pan-London Child Protection Procedures were published in September 07 - copies have been distributed to all statutory partners. A workshop on the new procedures was run at the Children & Young People's Service Conference in September and multi-agency briefings are being held in November to highlight the key changes from the last edition. The 2006 LSCB protocol between the police (including all specialist units) and children's social care is about to be reviewed. |
| (CL)P8.8 | Ensure that the quality of multi-agency procedures and practice to safeguard children and young people continues to be both monitored and improved. | Sarah Peel | | |
| PRIORITY NINE – We will renew our efforts to reduce bullying, discriminatory incidents and the gang culture in line with what young people have told us is most important to them. Specifically we will: | | | | |
| (CL)P9.1 | Create a multi-agency action plan, especially with the Safer Schools Police, to prevent serious incidents between young people. | Jan Doust | A multi-agency action plan is nearing completion, including contributions from the Police and Community Safety partners. This provides details of a range of initiatives, both within schools and the wider community, aimed at reducing the levels of violence between children and young people and providing alternative activities and strategies to divert young people away from violence. The anti-bullying policy has been agreed by the LSCB and will be distributed widely at the beginning of the new term. This includes supporting guidance and versions for children and young people, as well as information leaflets on what to do if you are worried about bullying. A conference is taking place in September involving a range of multi-agency partners raising awareness and providing training on issues within the Stay Safe theme. Anti-bullying is a key element of this. High level planning is also taking place in partnership with THFC for anti-bullying week 2007. | This action plan has now been completed and is monitored regularly through the LSCB. It has also formed the basis of detailed planning within multi-agency groups, including the Youth Summit to identify and deliver targeted actions that will improve young people's safety and their preceptions of their safety. All guidance has now been finalised and distributed and was launched at Stay Safe conference in September. Overall feedback on the conference was positive from the range of participants. Match organised by the Youth Council to take place on 22nd November followed by event at THFC to demonstrate young people's desire to eradicate bullying and to raise the profile of strategies to address and combat bullying. 11 out of our twelve secondary schools are supporting this event. We have been working on a number of initiatives with young people on issues of anti violence - preparing the Youth Council to lead on an anti bullying march (November 2007), using funding through Extended Services, working with colleagues in Park View Academy to provide support for young people on issue of gun and knife crime, hosting an Elected Member surgery where young people can talk to the Ward Councillor about their concerns about anti social behaviour. |
| (CL)P9.3 | Support young people's own initiatives to raise awareness of anti-violence – through schools and the Youth Service. | Belinda Evans | We are supporting young people's initiatives predominantly through creativity (e.g. production of DVD in Campsbourne/production of CDs through work in school). We are supporting the Youth Council in planning a youth summit which will be addressing issues of gun and knife crime | |

| REF | TARGET | LEAD | PROGRESS | |
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| | | | FIRST QUARTER EVALUATION - DUE END AUGUST | MID YEAR REVIEW OF OUTCOMES - DUE 9 NOV 07 |
| (CL)P9.4 | Work with children and young people to raise and address their fears of crime through the coordinated work of the Safer Communities Partnership. | Jan Doust | This is addressed as apart of the multi-agency action plan referred to in Pg.1. A wide range of initiatives are in place that directly involve children and young people, including restorative justice, peer mediation and the charter for non-violent schools. | This area of work continues as set out in previous monitoring report. In addition, we have just secured an additional 150k of extended schools funding to focus on reducing violent crime between young people in a targeted area. This will be used by one secondary and five primary schools to provide intensive support to an identified cohort who may be at increased risk and to strengthen preventative approaches including peer support, restorative justice and other positive activities. |
| PRIORITY TEN – We will create more safe places for children to play and for young people to go by working with partners from the Council, the police and the voluntary sector. Specifically we will: | | | | |
| (CL)P10.1 | Improve further the quality and range of youth provision in the borough, especially through unattached youth workers engaging at community level and meeting targets. | Belinda Evans | Crime reduction in the Wood green Shopping Area has been in part attributed to the work of the detached team. There has been a successful summer programme working in 10 areas which have been identified as being "hotspots". The impact of the summer programme has yet to be measured. | Initial analysis suggests that there has been a reduction in crime over the summer period. The detached team has a defined programme of work in communities. The Youth Service health check (September 2007) identified that the quality and range of youth provision had improved. |
| (CL)P10.2 | Improve the quality and range of play provision in the borough supported by a new Play Strategy and the successful Big Lottery Fund bid. | Jan Doust | A review of the play service is underway and will report this term. The intention is to ensure that the play strategy contributes to improving outcomes for children and is closely aligned to our strategy for extended schools and services. | This review is still taking place and the report will be published during December. Actions will then be taken to address recommendations. The work of the play service and extended schools strategy are being brought together through the Children's Networks. |
| (CL)P10.3 | Work with the Council's Urban Environment department to ensure that parks and open spaces are as safe as possible. | Paul Ely | | |
| (CL)P10.4 | Increase the amount of targeted diversionary activities in the borough's parks and open spaces through co-ordinated work between the Council, the voluntary and community sector and other agencies, including contributing to the Better Haringey initiative. | Paul Ely | | |
| PRIORITY ELEVEN – We will reduce the numbers of children and young people who are involved in crime or become victims of crime. Specifically we will: | | | | |
| (CL)P11.1 | Reduce year on year the number of first time entrants to the youth justice system (Preventing offending). | Linda James | Figures are as follows - 2005/06 - 450 first time entrants as baseline; 2006/7 - 373 - so target achieved last year; Projection for 07/08 is 325 and first quarter is 67. We expect to achieve this target. | Figures are as follows - 2005/06 - 450 first time entrants as baseline; Target is to reduce this by 5% over 2 years; 2006/7 - 373 - so target achieved last year; Projection for 07/08 is 325 and first two quarters is 139. We expect to achieve this target. |
| (CL)P11.2 | Achieve a 5% reduction in the re-offending rate for 2007/08, when compared to the 2002/03 cohort, with respect to: pre-court, first tier penalties, custodial penalties and reduce the seriousness and frequency of re-offending. | Linda James | This figure is not available until the end of the year. Last year's re-offending rate was 31.5% which was exactly the same as the previous year. It is unlikely we will achieve a 5% reduction | This figure is not available until the end of the year. Last year's overall re-offending rate was 31.5% which was exactly the same as the previous year. It is unlikely we will achieve a 5% reduction |
| (CL)P11.3 | Ensure victims participate in restorative processes in 25% of cases that come to the attention of the Youth Offending Service. | Linda James | Figure for first quarter (confirmed by Youth Justice Board) is 18.1%. We expect staff changes to result in a higher return next quarter. | This is a new target for 2007/8. The figure for first quarter (confirmed by Youth Justice Board) is 18.1% and 7.8% for the second quarter. The data is captured on cases closed in the quarter and some could be up to 2 years old when the current system for dealing with victims was not in place. Encouragingly, there has been an increase in the number of victims participating in direct restorative processes this year. |

**The Children and Young People's Service: Performance Monitoring
ENJOY AND ACHIEVE - Priorities 12-14
OUTCOME LEAD: JANETTE KARLINS**

| REF | TARGET | LEAD | PROGRESS | |
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| | | | FIRST QUARTER EVALUATION - DUE END AUGUST | MID YEAR REVIEW OF OUTCOMES - DUE 9 NOV 07 |
| PRIORITY TWELVE – We will further improve the quality of early years education. Specifically we will: | | | | |
| (CL)P12.1 | Ensure further improvements in the quality of provision in the Foundation Stage so that by 2009 Ofsted judges 100% satisfactory and 90% good or better. | Ros Cooke | The self evaluation of the Early Years programme supports continuing improvement across all settings which is further built upon by the Quality Assurance pilot (QUILT) and The Early Years Foundation Stage training programme. We are also introducing a new Haringey assessment process linked to the EY FS which we will have training on for all practitioners. This will provide consistency of assessment practice across all Early Years settings linked to the Foundation Stage profile. | Between October 2006 and November 2007 25 schools have been inspected by Ofsted. Of these schools the Foundation Stage has been judged to be outstanding in 7, good in 15, satisfactory in 2 and inadequate in 1. 96% satisfactory and 88% good or outstanding. The Quality Improvement in Learning and Teaching (QUILT) pilot continues to improve practice and a further school and Children's Centre have joined this pilot. All modules undertaken so far have been successfully completed. The Early Years Foundation Stage (EYFS) training is going well. |
| (CL)P12.2 | Improve the quality of the PVI sector through very focused and structured support and challenge. | Ros Cooke | We are developing the capacity of the EY Quality and Inclusion team to provide intensive support programmes for those PVI sector settings with consistently poor outcomes. This will be running in close liaison with the Children's Centres and supported through National programmes such as Communication, Language and Literacy Development programme and other training programmes such as Communicating Matters. | Network area meetings continue to identify and provide support to PVI settings with consistently poor outcomes. Support is provided through the EYQ&I team, the Children's Centres and the Children's Centre Curriculum Coordinators (CCCC). Recruitment is under way to appoint an Early Years Development Officer. |
| (CL)P12.3 | At Foundation Stage extend the Targeted Pupil Initiative to better identify the most vulnerable learners at the earliest stages of their education and involve their families in wider family learning initiatives. | Ros Cooke | The analysis of data from the Foundation Stage Profile supports planning for targeted support. Specific programmes are being run within Haringey such as Parents as Partners in Early Learning (PPEL), the Pathfinders pilot programme and the extension of the Two Year Old pilot. Alongside these the Children's Centre programme provides outreach and family support as key features to involve families in their children's learning. | The targeted programme are in place. The Parents as Partners in Early Learning (PPEL), the Pathfinders pilot programme and the extension of the Two Year Old pilot continue to work with the most vulnerable learners. The PPEL project is focussing on improving the Communication, Language and Literacy of particular ethnic groups namely Turkish, Kurdish, Somali, Congolese and Gypsy Roma. The vulnerable children identified to be part of the Two Year Old pilot continue to do well. |
| PRIORITY THIRTEEN – We will enable children and young people to enjoy wider opportunities through a broad curriculum and out-of-school learning activities. Specifically we will: | | | | |
| (CL)P13.1 | Children's Centres, play, youth and extended services to be mapped as part of a single strategy within each Children's Network to enable the best possible services to children and their families, and to enable the achievement of the 2008 targets of 50% of all special and primary schools and 30% of secondary schools delivering extended services core offer. | Carol Mackinnon/ Belinda Evans | Plans are underway to map all provision in the Children's Networks. A project group from Children's Centres, Play, Youth and Extended Services has been identified and are building on the detailed Needs Assessment to ensure best possible services and outcomes for children and young people. This will inform an agreed strategy which will support the 2008 targets for all schools. | Good progress is being made to detail all provision in Networks. |
| (CL)P13.2 | Focus on the quality and range of the curriculum in schools given the relatively low grades from Ofsted with a focus on greater creativity that expands recreational, cultural and leisure experiences for children and young people. See also Priority Sixteen. | Rachel Singer | School Improvement Manager (SIM) for Teaching and Learning is drawing together a working party from schools and the service to develop the Haringey Curriculum Journey, building on the work already completed with the curriculum map project. Scheduled to begin in the autumn term 2007. | Working party in place and meetings have taken place to develop curriculum planning linked with the opportunities from the new Curriculum Framework. |

| REF | TARGET | LEAD | PROGRESS | |
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| | | | FIRST QUARTER EVALUATION - DUE END AUGUST | MID YEAR REVIEW OF OUTCOMES - DUE 9 NOV 07 |
| (CL)P13.3 | Promote the partnership between mainstream, supplementary and community language schools to ensure that children and young people from Black and Minority Ethnic communities can be better supported to reach their full potential. | Rachel Singer | Partnerships continue with supplementary schools who will also be invited to join the curriculum working party. CPD opportunities also to be made available to supplementary schools through the Head of CPD. | The new round of grant applications for funding for supplementary and community schools has started and evaluation of the applications will include curriculum plans and links with raising attainment levels. |
| (CL)P13.4 | Target youth work through special projects for young people who are vulnerable and/or are at risk of becoming NEET. | Belinda Evans | A range of youth inclusion projects are in place to help to prevent NEET. | A specific programme ran through the summer targeting young people who were NEET. 85% of participants entered training or employment after the project ended. We have a contract with the Adult Learning Service to provide a structured Entry to Employment programme. |
| (CL)P13.5 | Develop better linkages between schools and the 2012 Olympics. | Rachel Singer/John Edwards | Opportunities to make links with schools and the Olympics in 2012 are being explored but limited progress made to date. | The Council has established an Olympics working group with membership drawn from across Directorates. A draft strategy paper has been prepared for discussion. |
| (CL)P13.6 | Ensure that more children and young people take up participation in recreational and leisure activities through increasing the number using the Youth Active Card from 800 in 2006/07 to 1200 in 2007/08. | | Promotion of the Youth Active Card has been carried out as part of the Summer Uni with each young person on the programme being given access to a card. Levels of take up will be evaluated by December 2007. | Take up levels of the active Card were high as every young person were given cards as part of the Summer Uni programme. |
| Document up | Build on the improvements in the BVPI in 2007 and achieve the BVPI relating to contact, participation, recorded outcomes and accredited outcomes in 2008. | Belinda Evans | Rapid improvements have been made in the performance indicators. In 2006-7 the service had contact with 2767 young people aged 13-19 compared with 1,384 in 2005-6 a 100% increase. In 2006-7 the service had 2,185 young people participating regularly in activities compared with 1,146 in 2005-6, again almost a 100% increase. In 2006-7 1,053 young people 13-19 had recorded outcomes compared with 241 in 2005-6 a 30% increase. 732 young people achieved an accredited outcome compared with 241 in 2005-6 a 200% increase. These figures represent the implementation of systems and procedures to plan, record, collect and analyse data in a systematic way and to use the information to inform future planning. Whilst it is accepted that the performance indicators have not been fully achieved the progress towards meeting them has been fast and there is every expectation that they will be achieved in 2008. | We continue to be on target to achieve our performance indicators in 2007/08. |
| (CL)P13.8 | Ensure that 85% of 5-16 year olds in Haringey engage in a minimum of two hours of high quality PE and school sport every week by 2008 as part of a campaign to increase participation in sports and fitness activities through improving sports and leisure facilities in the borough and by developing a package of education, campaigns and projects sponsored through the Better Places Partnership. | Rachel Singer/John Edwards | In 2006-7 80% of students in Haringey schools engaged in a minimum of two hours of PE and school sport. Our strategy for Sport and Physical Activity (Feb 2006) and an Open Space strategy (March 2006) have been linked with our Play strategy produced in 2007 to further develop and integrate provision together with our strategy for extended schools. These initiatives link directly with the successful Haringey School Sports Partnership work and other national initiatives such as the link with Tottenham Hotspur and the Study Support Centre to encourage young people to be active and to achieve. | The work to encourage more young people to engage in PE and school sport has been successful and resulted in 89% of Haringey young people engaging in at least 2 hours. The PE and sports activities are co-ordinated through the St Thomas More partnership (94%) and the Woodside partnership (85%). This average score is above the national average and exceeds the PSA target for 2008 of 86%. |
| (CL)P13.9 | All secondary schools will have a named youth worker who is the link person between the youth service and the school responsible for promoting/developing work with young people, building on the success of this work through promoting accredited programmes like those for volunteers and the Duke of Edinburgh Awards. | Belinda Evans | All Secondary schools have been allocated a named youth worker from September 2007. Area Co-ordinators are also in place for each of the Children's Networks. | Work with the schools has been particularly successful in recruiting young people to our provision. The volunteering programme which was piloted in Gladesmore has been a good model and has been offered to other schools. |
| PRIORITY FOURTEEN – We will improve attendance and raise standards of achievement for all children and young people reflected across all sections of our community. Specifically we will: | | | | |

| REF | TARGET | LEAD | PROGRESS | |
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| | | | FIRST QUARTER EVALUATION - DUE END AUGUST | MID YEAR REVIEW OF OUTCOMES - DUE 9 NOV 07 |
| (CL)P14.1 | Reduce absence in primary schools from 6.63% in 2005/6 to 5.4% in 2007/8 and in secondary schools from 8.24% in 2005/6 to 7.70% in 2007/8. | Su Shaw | School Census data for the Autumn and Spring term indicates that Primary attendance was 94.3%. Based on current data the LA is on track to meet the Secondary 06/07 target (91.8%) and the 07/08 target (92.3%) at 92.58%. Confirmed data for the whole academic year will be available in October 2007. | Final validated data is not yet available for 2006-7 |
| (CL)P14.2 | Reduce exclusions (fixed term and permanent) through maintaining the Managed Move protocol for secondary schools and develop it in primary schools within each Children's Network. | Su Shaw | Managed Move protocol agreed by secondary schools for implementation September 2007. Primary procedures in development (protocol not needed as Primary schools do their own admissions). Need to improve exclusions data reporting across schools as returns to LA and DCFS do not tally and reliable data is essential to track progress. | Managed moves protocol is in place and operating successfully. The primary version is at a draft stage. |
| (CL)P14.3 | At Key Stage 2 continue to focus support on schools to achieve above the floor target of 65% and ensure that no schools are below 50% in any subject through a multi-agency action plan. | Rachel Singer | Agreed schedules of support in place for all schools whose KS2 results are below 65% in English and Maths at the end of KS2 - no schools with results below 50% at present. In 2007, 2 schools did not reach the floor target of 50% of students achieving at least Level 5 in English. One school did not reach this target for maths, and three for science. Over the last two years there has been a focus on raising attainment in science at KS3, and the overall percentage of students attaining at least Level 5 has risen by 9%. Science remains a focus of support, and in several schools there is an increased focus on maths following the 2007 results. Although most schools have reached the floor target, looking ahead it is the relative weakness of maths at GCSE that needs to be addressed in order to ensure future success with the indicator of 5+ good GCSEs including English and maths. Results are analysed along with the GCSE results. An initial meeting is held in July that sets provisional areas of support for the following year. This is followed by another meeting in September that finalises the support offered by the LA. | No schools below 50% in 2007, 12 schools below 65% in English and 16 schools below in mathematics. Schedules of support are in place and their impact will be reviewed by December. Where necessary plans will be amended to better meet the particular needs of the schools. |
| (CL)P14.4 | At Key Stage 3 continue to focus support on schools to achieve 50% or above at Key Stage 3 in each of the core subjects. | John Edwards | In 2007, 57.1% of students in Haringey schools attained at least 5 good GCSE grades, representing an improvement of 5% on 2006 and 9% over two years. Including English and maths the figure has risen from 34% to 38%. Support is negotiated with schools individually through an initial meeting in July with the Head of Secondary Standards and the Secondary Strategy manager, followed by a meeting in September after which a support plan is drawn up for each school. This is revised in January and April if appropriate. Using this system it is possible to provide targeted support for teaching and learning and leadership and management in all schools. There is additional targeted support for schools causing concern - specifically those where fewer than 25% of students attain at least 5 good grades including English and maths. | The autumn term meeting to finalise support has taken place, to follow the meeting in each school at the end of the summer term. Each school has a support plan which includes results, key areas for focus, and the areas of support to be provided. This is linked closely to the priorities for improvement in the core subjects, and is then the focus for the deployment of Haringey and external consultants. This is followed by a review meeting in each school in January. |
| (CL)P14.5 | At Key Stage 4 continue to support schools to improve results at 5+ A*-C grades at GCSE with and without English and mathematics and at one GCSE. | John Edwards | The pilot centres are in place for the delivery of functional skills in September 07. The training of centres has begun. The construction delivery group is in place and on track to produce the delivery plan for November 2007. Diploma development groups are in place and on track to produce submission for Gateway 2 in November 2007. Schools continue to expand the number of vocational courses on offer. | The visit to each school as outlined above covers KS4 as well as KS3, as does the programme of support. We are also in the process of bidding to London Challenge for capacity to focus specifically on the attainment of five good GCSEs including English and maths. |
| (CL)P14.6 | For 14-19 continue the strong development of specialist diplomas with schools and other partners so that the number of 19 year olds with level 2 and 3 qualifications increases (see priority 20). | Sean May | Wider links have been established with the boroughs of Waltham Forest and Enfield to ensure a north London strategy for Diploma delivery. Submissions for Gateway 2 have been drafted for submission on December 3rd. Training for functional skills delivery is progressing well and the cohort has been identified in pilot centres. | |

| REF | TARGET | LEAD | PROGRESS | |
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| | | | FIRST QUARTER EVALUATION - DUE END AUGUST | MID YEAR REVIEW OF OUTCOMES - DUE 9 NOV 07 |
| (CL)P14.7 | Develop programmes that focus on raising the aspirations of young people and improve their self-esteem, thereby impacting on teenage pregnancy and staying on rates post-16. | Sean May | Functional Skills pilot in place for Sept 07. Engagement Pilot in place for Sept 07. The Student Pathways programme has a range of provision from Entry level. Schools, CoNEL and WBL providers continue to develop a broad and effective curriculum. The Haringey Sixth Form Centre will open in September. 2007 with a broad and inclusive curriculum offer. | The engagement programme has recruited 50 potential NEEETs including learners from the PSC. Built into the programme is the development of progression routes. The 14-19 Task Group has commissioned a range of activities designed to re-engage young people including - mentoring, specialist provision and a careers day for all yr 11. |
| (CL)P14.8 | For post-16 students increase the average A level point score per student to 232 in August 2007 from 227 in August 2006, reaching 238 in August 2008 and 248 in August 2009 and increase the average point score per exam entry to 79 in August 2007 from 76.4 in August 2006 reaching 81 in August 2008 and 84 in August 2009. | Sean May | Schools across Haringey celebrated the borough's best-ever A level results. The overall A level borough pass rate went up from 96.7 per cent in 2006 to 97.1 per cent, above the provisional national pass rate of 96.9 per cent. The percentage of A grades went up more than five per cent, to 22.9 per cent. Further analysis of the results is taking place and will be available in October 2007 once the Average Points Scores are calculated. | Provisional results for Haringey show a rise in % A- E passes to 98.1%. Average point score to 566.2 (226.8 old measure form 188.8). Average point score up to 200.7 (old measure 76.4) |
| (CL)P14.9 | For children and young people from minority ethnic communities reduce year on year the current attainment gap between students from African, Caribbean, Turkish and Kurdish communities with White UK students by at least another 2.4% for each group. | | We are in the process of analysing the 2007 results. Primary - 2007 provisional data. English gap for African Caribbean pupils has remained at 19%. Turkish gap has reduced by 4%, Kurdish gap has reduced by 7%. Maths gap African Caribbean pupils has reduced by 7%, Kurdish gap has reduced by 11%. SIM to work in schools and the service to ensure continuing commitment and deployment of resources to enable us to meet our targets. | The attainment gap between White UK pupils and those from ethnic minorities have reduced in all subjects at L4+ and to a lesser extent at L5+. Turkish and Kurdish pupils are the least well achieving at L5+. |
| (CL)P14.9 | Primary - For children and young people from minority ethnic communities reduce year on year the current attainment gap between students from African, Caribbean, Turkish and Kurdish communities with White UK students by at least another 2.4% for each group. | Rachel Singer/John Edwards | In Haringey secondary schools children from minority ethnic communities represent the majority of the population. In recognition of this, the Authority employs a team of specialists, led by the co-ordinator for targeted pupil initiatives. This person is supported by a gifted and talented co-ordinator, a Turkish language specialist, and a co-ordinator for asylum seekers and refugees. The TPI co-ordinator works closely with the Secondary Strategy manager to ensure that initiatives within the two areas are linked. Results for EMA pupils are analysed each summer, and support is tailored to the specific needs of schools - linked to the single support plans drawn up with schools. | Rates of progress for the major ethnic groups have been at least in line with average rates at secondary, except for the attainment of Turkish boys at KS3. |
| (CL)P14.10 | Secondary - For children in care achieve 100% Personal Education Plans and 14% in care for 12+ months to achieve 5+A*-C GCSEs and 11% to achieve 5+A*-C (inc English and maths) and 57% to achieve at least one GCSE or equivalent qualification in 2007. | Attracia Craig | Figures to follow at the end of September. Return on children in care submitted in November. Provisional figures show positive performance in this area. | Children in care all have Personal Education Plans in place. GCSE results at 1 + A*-G fell by 1% to 64% but exceeded the target of 57%, there was a 3% improvement to 53% on the 5+ A*-G and 5+ A*-C improved by 10% to 31%, 13% achieved 5+ A*-C with English and which were all substantially above the targets. |
| (CL)P14.11 | For high attainers increase the percentage of 11 year olds in 2007 attaining Level 5 in English to 33% and to 34% in 2009 (2006 result 30%) and in Maths to 30% and to 31% in 2009 (2006 result 28%). | Rachel Singer | We are in the process of fully analysing the KS2. 2007 provisional results English looks to have dropped to 29%. Maths has increased to 29%. Teaching and Learning Consultants under direction from the SIMs to assist schools in meeting the needs of high attaining pupils. | The provisional results reported in September will not be validated until the new year. In order to reach the targets an additional focus is being given to support schools in their work with higher attainers. |
| (CL)P14.12 | Increase the percentage of pupils attaining 3 or more A* /A grades at GCSE to 18% in 2007 and to 19% in 2009 (2006 result 16%). | John Edwards | A gifted and talented co-ordinated is employed to work with schools in order to raise the attainment of Gifted and Talented pupils. This person reports to the co-ordinator for targeted pupil initiatives. Gifted and Talented pupils are identified by schools. Results are analysed each summer by group, and fed into the overall support plan negotiated with each school. | The work of the G+T co-ordinator is monitored through the systems established in the secondary team, and an evaluation report will be produced termly. The first of these, together with the analysis of the 2007 results, will then feed into the 2008-09 secondary service Validated data not yet available. |

| REF | TARGET | LEAD | PROGRESS FIRST QUARTER EVALUATION - DUE END AUGUST | PROGRESS MID YEAR REVIEW OF OUTCOMES - DUE 9 NOV 07 |
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| (CL)P14.13 | For low attainers reduce the percentage of 11 year olds in 2007 attaining Level 2 or below in English to 7.8% (2006 result 8.6%), and the percentage attaining Level 2 or below in Maths to 7.8% (2006 result 8.8%). | Rachel Singer | We are in the process of fully analysing the KS2 2007 provisional results. Low attainers in English has reduced to 8.3%. Maths has reduced low attainers to 7.6%. Teaching and Learning Consultants under direction from the SIMs assist schools in meeting the needs of low attaining pupils. Students at risk of not attaining any formal qualifications at the end of Year 11 are identified by school sat the latest by the end of KS3. The results of students is analysed year on year and support for these students is identified through the processes of school improvement meetings with schools that lead to the school single support plan. AEN team continue to provide ongoing training for schools re use of P scales. | In 2007 there was a small decrease in the percentage of low attaining pupils in English, mathematics and science. In English the low attaining attaining L2 and below has decreased from 10.1% to 8.6% (nationally the figure is 8.2%). In mathematics the figure decreased from 10.1% to 8.2% (nationally 6%). In science the figure has decreased from 6.8% to 6% (nationally 5.7%). |
| (CL)P14.14 | Ensure that by 2007 96% of young people leave school with at least one formal qualification, and at least 99% by 2009 (2006 result 94.5%). | John Edwards | Working group set up involving mainstream and special schools to moderate P scale assessment and collection of work samples. Audit of needs and provision management maps in place in almost all primary schools. SENCo forums focussing on sharing good practice re assessment and target setting for pupils working at lower levels. | Support is part of the LA plan, as identified in 31 and 32 Provisional results for 2007 are 96% achieving 1 A* - C at GCSE |
| (CL)P14.15 | For children and young people with Special Educational Needs (SEN) ensure that they achieve the highest standards and that their progress is positively measured and reported through appropriate tools such as P Scales. | Kirstie Watkins John Edwards | SEN Handbook update in progress. SEN news letter planned for circulation to all SENCos in Autumn term. SENCos continue to share good practice re effective interventions through termly SENCo Network forums and SENCo conference. AEN teams continue to provide ongoing training for schools re. high and low incidence needs focussing on differentiation and implementation of Wave 2 and Wave 3 interventions. Termly "Interventions group" meeting held with colleagues from AEN, Primary Strategies and EPs to review effectiveness of wave 2 and 3 interventions and advise schools on resources and assessments. Specialist resourced provision continues to be monitored termly with HTs and outcomes and future placements for individual pupils are monitored. Year 6 pupils with Speech, Language and Communication Needs (including Autism) attended groups to prepare them for secondary transfer. Pen portraits of each pupil transferring was circulated to staff in Y7 giving brief outline of needs and strategies. | Almost all schools now record progress for children working below NC levels using P levels and tracking is in place for these pupils. Progress is reported at Annual Reviews using P levels in approximately 95% of schools. Increasing number of schools are using system such as PIVATs and B Squared to break targets down into small steps. SENCos and school staff continue to access training on differentiation, expected progress for pupils with SEN and use of intervention strategies |
| (CL)P14.16 | Ensure that the provision specified in statements remains under review to ensure that the needs of children and young people are met. | Kirstie Watkins John Edwards | | We are building on initiatives such as SENCo network forums, newsletter and SEN conferences to ensure that schools build capacity to meet the needs of pupils with SEN in special schools, resources provision and mainstream classes. A high number of pupils attending specialist resources provision make better than expected progress and many returned to mainstream without need for a statement. The Key Stage 1 Language resource at Coleraine Park was judged to be Outstanding by OFSTED. The West Green Language Provision hosted the launch of the parliamentary review of SLCN and was chosen as a centre of excellent practice by the DCSF. |
| (CL)P14.17 | For pregnant schoolgirls and school-age parents ensure that 100% of all schoolgirls and school-age mothers continue to have an offer through Connexions by September 2007. | Su Shaw | 100% have Connexions PA or referral. Need to evaluate outcome at start of September 07. | 100% PA support through Connexions and further support planned through an increase in Connexions funding. |

| REF | TARGET | LEAD | PROGRESS FIRST QUARTER EVALUATION - DUE END AUGUST | PROGRESS MID YEAR REVIEW OF OUTCOMES - DUE 9 NOV 07 |
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| (CL)P14.18 | For children and young people who move home or schools frequently work with schools to promote good induction programmes and monitor mobility levels in all schools and use data to inform Standards Fund formula where relevant. | Rachel Singer, John Edwards | <p>SENcos continue to share good practice re effective interventions through termly SENCo Network forums and SENco conference</p> <p>AEN teams continue to provide ongoing training for schools re high and low incidence needs focussing on differentiation and implementation of Wave 2 and Wave 3 interventions. Termly "Interventions group" meeting held with colleagues from AEN, Primary Strategies and EPs to review effectiveness of wave 2 and 3 interventions and advise schools on resources and assessments.</p> <p>Specialist support teams continue to work in all Haringey Primary schools providing direct support, advice and training for pupils at School Action plus and with statements.</p> <p>Annual Reviews are monitored by SEN panel and school issues are followed up by SIM –Inclusion.</p> <p>Specialist resourced provision continues to be monitored termly with HTs and outcomes and future placements for individual pupils are monitored</p> <p>Year 6 pupils with Speech, Language and Communication Needs (including Autism) attended groups to prepare them for secondary transfer.</p> <p>Pen portraits of each pupil transferring was circulated to staff in Y7 giving by</p> | Progress reported in the first quarter has been maintained. |

**The Children and Young People’s Service: Performance Monitoring
MAKE A POSITIVE CONTRIBUTION - Priorities 15-17
OUTCOME LEAD: JENNIFER JAMES**

| REF | TARGET | LEAD | PROGRESS | |
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| | | | FIRST QUARTER EVALUATION - DUE END AUGUST | MID YEAR REVIEW OF OUTCOMES - DUE 9 NOV 07 |
| <p>PRIORITY FIFTEEN – We will empower children and young people to have a more effective voice in decision making. Specifically we will:</p> | | | | |
| (CL)P15.1 | Build upon the engagement of young people in local democracy through the work of the Haringey Youth Council (HYC). | Mike Davis, Ana Beaumont | <p>Consolidated structure of HYC through monthly Executive meetings, bi-monthly HYC meetings and action groups. HYC planning two newsletters and involved in youth democracy film. Planning Anti-bullying event for Anti Bullying Week. HYC members represented at various borough events e.g Holocaust memorial; Neighbourhood Assemblies. HYC members also trained for managing Youth Opportunity and Capital Fund.</p> | <p>The organisation and administration around the Youth Council has improved considerably, which has also led to better communication and ability to recruit a wider range of representative young people however, there is still much work to be done towards clarifying and strengthening their position within the wider Council decision-making structures. Regular training for all Youth Councillors is now underway, to increase their confidence and effectiveness and ensure more young people are enabled to participate. Together with Exposure, the Youth Council has successfully produced it's first newsletter, which is available across the borough. HYC staged a successful Question Time event in October with over 60 young people. The HYC has also completed it's film on youth democracy, which it is planning to roll out to schools and is on track to hold it's Anti-Bullying March in November. Deputation for HYC Executive to full Council planned. Regular meeting held between lead councillor for Childreand Young People and HYC Executive.</p> |
| (CL)P15.2 | Develop a good practice protocol for the involvement of children and young people. | Ana Beaumont | <p>Alongside the development of the Participation Strategy and incorporating the Hear by Rights framework, young people involved in the Youth Council and other youth forum, will be producing a 'do's and don'ts' of effective youth participation to be shared with other young people, staff and schools in the autumn term. This will be supported by the roll out of the Participation Toolkit, which includes safeguarding guidance and training for Council officers.</p> | <p>Good progress has been made in developing the Participation Strategy, which is going out to stakeholder groups in November for consultation. Alongside this work, a version for young people is being produced and disseminated to school councils, the Youth Council and youth groups for their input; the core principles framed within the Participation Strategy will form the basis of the 'do and don'ts' document. A comprehensive Haringey Youth Council Safeguarding document has been produced and ratified by the Local Safeguarding Children's Board. A Young carers charter has been finalised the plan is to have a multi agency work shop to raise awareness and obtain professional commitment to taking the principles of the Charter forward.</p> |
| (CL)P15.3 | Develop strategies to more consistently consult with young people attending special schools. | Ana Beaumont | <p>Together with the Additional Educational Needs Team, Children's Fund, Special Schools and Viewpoint, the Participation Team have developed an online questionnaire. This will enable schools to consult with pupils on a range of topics, including lessons and support and learning needs. The questionnaire will be piloted in a number of schools this September and then rolled out across all schools. Findings will be communicated to the wider Council and service deliverers. Haringey are currently planning a Powerful Voices Conference for June 2008, where KS2 special needs and mainstream pupils will be involved in workshops and activities aimed at encouraging their active input into decision-making. Outcomes of the Conference will shared across schools and with those responsible for service delivery.</p> | <p>The initial pilots went ahead as scheduled in September and as a result of the feedback from schools and students, we are extending the pilot to a wider range of schools over the Autumn Term. This will enable Viewpoint to incorporate the views of many more schools and ensure the questionnaires are optimally suited to their needs. Alongside the pilot, we are developing clear guidance on how schools can use the questionnaires in lessons, as an Ofsted tool and in order to better assess the support needs of individual pupils.</p> |

| REF | TARGET | LEAD | PROGRESS | |
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| | | | FIRST QUARTER EVALUATION - DUE END AUGUST | MID YEAR REVIEW OF OUTCOMES - DUE 9 NOV 07 |
| (CL) P15.4 | Continue to equip children and young people with the tools and skills they need to participate at all levels. | Belinda Evans, Mike Davis, Jude Clements. | <p>The grants panel of the Youth Opportunities Fund have received weekly training over the summer period to increase their skills knowledge and awareness of grant giving and commissioning. An ongoing programme of members, following the Youth Council elections in December 07. A Participation Training Toolkit produced for use by and for professionals working with children and young people. Training provided for young people involved in HYC, including commissioning Youth Bank UK and other agencies. Student Voice Charter developed this will be launched in October (Local Democracy Week); Peer Support Guidance 'good practice' report produced for schools and other agencies working with young people. Ongoing staff support for HYC.</p> <p>Training offered to all Primary schools about developing school councils. Junior Citizens' debate held in July 07 with six schools participating with the theme that Primary age pupils are too young to receive sex education.</p> | <p>Youth Funds Management Panel have met regularly to assess applications for grants. We are in the process of undertaking monitoring visits to funded projects to evaluate success. Panel members will receive support and guidance for this. New panel members have been recruited. The Participation Toolkit has been published. A training for professionals (working with children and young people) programme has been formulated and is being rolled out. Haringey Student Voice Charter was successfully launched in October with almost 100 students from 13 secondary and special schools participating. Copies distributed to all 11-19 schools.</p> <p>Specific support being provided around teaching and learning assessment and student research. Junior Citizens Award Scheme pack distributed to 20+ participating primary schools.</p> |
| (CL) P15.5 | Increase the number of young people involved with the Corporate Parenting Panel, including both younger people still within the 'care system' and young people with disabilities. | Perminder Chahal | <p>A meeting has been held with young people in care to engage a wider group in corporate parenting and other participation initiatives. A Senior Manager has been given responsibility for coordinating all CIC participation and working with YP to draw up an overall strategy. This work is ongoing.</p> <p>We have identified a group of young people who are interesting in developing participation initiatives with us</p> <p>And will be meeting with them at the end of August when they will decide what areas they want to work on, we are planning to train further total respect trainers and run further courses for staff in the coming year, including a "mini2 session for councillors.</p> <p>The membership of the Participation Task Group has increased to include staff from the voluntary sector, neighbourhoods, children in care and the police. This broad involvement means that key staff are able to represent the specific needs of those young people they work with and our Participation Strategy becomes an embedded aspect of their own team plans.</p> | <p>We have successfully secured the Viewpoint package to be implemented in December 2007 offering our LAC children and young people other means for participation. A number of meetings have taken place with heads of service to identify their needs and a future work plan. The LAC team is planning an event involving all children in foster care some children and young people will form part of the working party and agree the format for the day. The thinking behind this is to identify children and young people who will be able to formulate part of the corporate parenting panel and also give an ongoing mechanism for participation. There are still a number of heads of services that need to be visited and in order to formulate the strategy for longer term. This work has commenced and is ongoing.</p> |
| (CL) P15.6 | Recruit more young people in care to be involved with Total Respect Training and establish a programme to engage staff in the training. | Roger Smith, Marjorie Lee | | <p>A series of meetings both formal and informal is ongoing to engage more young people and get them involved in the corporate parenting panel and the development of an "in care" council</p> |
| (CL) P15.7 | Ensure that the participation strategy impacts upon all children and young people in the borough including the most vulnerable groups. | Ana Beaumont | | <p>We have been successful in raising awareness of participation issues across this broad stakeholder group. We have also run Hear by Rights training, which we are planning to adopt at a Council level. This forum provides an opportunity for stakeholders to share knowledge and experience and towards achieving a more joined-up approach.</p> |

| REF | TARGET | LEAD | PROGRESS | |
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| | | | FIRST QUARTER EVALUATION - DUE END AUGUST | MID YEAR REVIEW OF OUTCOMES - DUE 9 NOV 07 |
| (CL)P15.8 | Ensure all groups are involved by establishing a "leaving care conference" for young people, a training programme for care leaver mentors, a "Powerful Voices" conference for children and young people with disabilities, and greater support to the Autism Youth Club. | Roger Smith, Luciana Frederick, Phil Dileo | A successful open day was held in July attended by almost 100 young people this was an opportunity to seek their views and identify those young people who were interested in becoming involved in other initiatives. There will be further events in the coming year We have a mentoring project for young people in care and a number of young people who have now left care are planning to become mentors. A full training course in being organised for them and we are seeking external accreditation for their work Youth Forums continue to be supported by the Youth Service. We are currently supporting young people who have been successful in applying for YOF and encouraging their participation through existing youth fora networks. The Children's Network Forms will be established once the newly appointed Area Co-ordinators are in post. | This summer, Haringey successfully bid for Rainer-DCSF funding to develop and sustain effective mentoring relationships for 10-15 year olds in its care. Our unique model involves volunteer mentors from across the Children & Young People's Service and older care leavers (peer mentors). All young volunteers are receiving training and accreditation, including ASDAN Certificate of Personal Effectiveness COPE, British Youth Council - Young Trustee training and the UK Youth Peer Mentoring BTEC. The mentoring programme has now commenced and a number of young people have been recruited as mentors we will be building on this in the coming year |
| (CL)P15.9 | Strengthen the HYC by establishing youth forums in each Children's Network and strengthening the role of the HYC in the work of the Council and other key stakeholders. | Belinda Evans, Ana Beaumont | | Work on the Network Forums will start in January 2008 to coincide with the Youth MP elections. |
| PRIORITY SIXTEEN – We will ensure that children and young people living in Haringey are given wider opportunities to broaden their experiences and equip them to live in a global society. Specifically we will: | | | | |
| Document.1 | Ensure greater opportunities for children and young people to benefit from an international dimension to their education, including visits to other countries and experience new cultures with an increase in the number of schools achieving the International Schools Award. | Bhavani Sharma | We have been successful in enabling Haringey to develop school and area partnerships with China, South Africa, India, Africa, Spain, France and Holland. We have increased the number of schools registering for ISA. Further developments include an ISA Conference in Nov 2007, more joint curricular work with partner schools across the globe. We are building on links by hosting visits by groups of head teachers and inspectors from Groningen-Holland, Paris and Guangdong-China to share good practice across service delivery, inspection and planning. 4 secondary, 6 primaries and 1 special school are involved in international programmes. School Improvement Advisor providing ongoing training to school | We now have 25 schools registered for ISA. The Director and 4 secondary schools went to SA to develop area links and school to school links during Oct half term. We are now planning a 13 primary heads IPH visit for spring . The head of CPD will be visiting Tobago in Jan 08 to develop partnerships across 10-12 primary schools for a cluster visit of 11 primary heads in June 2008.Linda Sarr and Mark Lancaster, St Ann's primary school had successful school linking visit to Uganda in Oct half term and are now developing a reciprocal programme. Earlsmead, Chestnuts, St Aidans and Fortismere have a 3 year programme UKIERI with 6 schools from Delhi, India. |
| (CL)P16.2 | Citizenship curriculum developed to take account of the revised national expectations for schools to more fully address issues related to social cohesion. | Mike Davis | School Improvement/PSHE Co-ordinators to enable effective integration of social cohesion strand into curriculum. Opportunities for teachers to gain ideas and skills continue to be identified and shared with schools so that they can better tackle issues of social cohesion e.g. anti-bullying initiatives; slave trade abolition anniversary activities. | Ongoing training programme for school Citizenship coordinators highlighting identity and diversity issues. Anti-bullying conference for schools organised for 1st November. Model UN debate being organised with secondary school coordinators in early new year with focus on social cohesion issues. |
| (CL)P16.3 | Building children and young people's awareness and understanding of different cultures and faith communities. | Barbara Breed | Sacre has worked with members of all relevant faith communities to agree a new syllabus for Religious Education which will be launched 25 th September. Training for teachers involved in delivering religious Education will be taking place in the autumn and spring terms. | All schools have now received the new agreed syllabus . Trailing has taken place for primary schools and will take place for secondary schools in the spring term. A resources fair was held in Novemebr to enable schools access the wide range of materials available for teaching RE |

| PROGRESS | | PROGRESS | | PROGRESS | |
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| REF | TARGET | LEAD | FIRST QUARTER EVALUATION - DUE END AUGUST | MID YEAR REVIEW OF OUTCOMES - DUE 9 NOV 07 | |
| (CL)P16.4 | Offering more opportunities for children and young people to visit the countryside and enjoy our outdoor pursuits centre in Wales. | Martin Skinner | <p>Pendarren House Outdoor Education Centre has operated at full capacity for many years, always with a few (normally 1-4) schools on the waiting list each year after applications have been received and dates allocated. More opportunities have been provided by the opening of a new accommodation area. Specifically, this is accommodation suitable for children with disabilities and it has enabled The Vale School to bring pupils to Pendarren for the first time. The Vale have already made two further bookings for the 2007/8 school year. William C Harvey School have also benefitted by using this accommodation. Further work needs to be done to extend the use of this additional accommodation. In particular, attracting self-catering groups to use it when the catered accommodation is full. The target has been met but this can be built on and further benefits can be achieved by extending the use of the Centre into school holiday periods. In order to achieve this a review of staffing will be necessary.</p> <p>In addition to our very popular and oversubscribed programme of individual & paired tuition on musical instruments in schools, we have continued to experience significant growth in demand for our Whole Class Instrumental Teaching programme in which schools buy in instrumental tuition for a whole class once a week. The programme has been generously supported by grants from both DfES and Tottenham Grammar School Foundation. Last year we worked with 615 children across 22 classes in 15 schools and also managed to bring them all together for a MASSIVE (Musical/Achievement, Sharing Success, Inspiring Vibrant Excellence) concert in Alexandra Palace in which they performed with more experienced and professional musicians. From September 2007 we will be working with 1150 children in 41 classes across 22 schools. Feedback from schools, parents and pupils has been extremely positive and the benefits are far-reaching. This programme complements other strands of our work which include individual tuition, Haringey Young Musicians (a thriving programme of 18 varied out-of-school activities including a Saturday The Summer University programme has shown an increased uptake in activities by young people (2,000 attendances in the first 2 weeks). We are planning to build on this by ensuring contact with the groups of young people during term time. We are building on initiatives such as the Young People's Website to ensure that schools are aware of out of school activities available.</p> <p>Plans are underway to involve all schools, through MLCs in the Children's Networks, which will inform the advertising of the diversity of services available to children and young people ""</p> | | |
| (CL)P16.5 | Increase opportunities for children and young people to take part in creative pursuits, including playing a musical instrument, experiencing the Arts, including the performing arts. | Peter Desmond | | <p>We have successfully commenced Whole Class Instrumental Teaching programmes in 42 classes at KS2 across the borough as planned, enabling another 1200 children to learn an instrument for this academic year. We continue to expand the individual and paired tuition on musical instruments as well as providing after school ensemble opportunities and a project in conjunction with The Roundhouse in Camden to create the "Haringey Urban Orchestra" featuring composition/performance workshops for 50 young people from Greig City Academy, Alexandra Park School and William C Harvey School. Other projects planned for this year include a large scale vocal programme in Tottenham and a music festival in April 2008.</p> | |
| (CL)P16.6 | Increase the take up of out of school activities, including the facilities and opportunities offered by the Youth Service and the access given through the new website and annual directory of activities. | Carol Machimon, Belinda Evans | | <p>Good progress is being made by all schools in the Childrens Network to offer a variety of out of school hours activities, before and after school, and in holiday times. 75% of schools have breakfast clubs but the continued funding of these is not secure. Plans are underway to ensure that children and young people with disabilities also have sufficient access to this provision.</p> | |
| <p>PRIORITY SEVENTEEN – We will work together to give a more positive profile to children and young people drawing attention to their positive contributions and celebrating their achievements. Specifically we will:</p> | | | | | |

| REF | TARGET | LEAD | PROGRESS | |
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| | | | FIRST QUARTER EVALUATION - DUE END AUGUST | MID YEAR REVIEW OF OUTCOMES - DUE 9 NOV 07 |
| (CL)P17.1 | Support, encourage and initiate activities and events that develop positive self esteem in children and young people, for example, family learning, academic mentoring, peer mentoring and emotional literacy. | Diana Edmunds, Mike Davis, Jude Clements | 15 primary schools (450 children) attended Better Haringey Green Fair on 29th June. 25 schools signed up for Eco-schools programme, 5 of which have gained Bronze Award status. Junior Citizens debate had theme of 'Are Primary age children too young to have SRE?' Peer support programmes promoted through dissemination of 'good practice' report. Pyramid Clubs sustained in primary schools to promote self esteem and further parenting support training planned. Breakfast Clubs sustained in the majority of primary schools. The Fowler Newsom Hall counselling initiative promoted in primary schools. | Peer support guidance disseminated to secondary schools. Hornsey schools peer mentors provided training workshops at Safer Together, Safer Wherever Anti-bullying conference and planned training for Youth Council anti-bullying event. Youth Council organising Anti-bullying march and conference for November 22 (during Anti-bullying Week). Aim to involve every secondary and special school in Haringey. Pyramid self-esteem clubs running in four schools Autumn term. Breakfast Clubs sustained in majority of primary schools. Continued support to Peer Mediation programme in 15+ primary schools. 31 schools now signed up to Eco-Schools with two further schools gaining bronze award. London Schools Environment Award distinction awarded to Mulberry primary with 11 schools signing up for this year's environment award. Achievement Awards event being organised for HYC, Youth Funds Panel and Youth Service in February. |
| (CL)P17.2 | Work systematically to create positive images of children and young people from all ethnic groups encouraging external agencies, including the press, to celebrate achievement. | Monica Kouchar | The Marketing and Communications Team have commissioned photography in various settings to promote positive images of children and young people from all ethnic groups. In 2007 we have covered: secondary schools (including secondary special school bases), play service, children's centres, youth service and the summer university. These images present children and young people across a variety of settings and activities, and cover: 0-20 years, different ethnicities, children and young people with SEN, as well as a cross-section of educational and extra curricular settings. We have actively worked with the press office to keep them informed of events / activities that celebrate achievement from all ethnic groups, and encourage the Parent, Community and Young People's Participation Team to alert us of any press opportunities to promote this within the borough. We are currently working with the Community Participation officer to develop a new application form for Community Language and Supplementary Schools to apply for grant funding. | A bank of positive images of children and young people from all ethnic groups are now in established use across all publicity material in the children and young People's service. Proactive, positive news stories emphasising the achievements of children and young people from all parts of the community are released to the local newspapers as part of a continuing programme of public relations. |
| (CL)P17.3 | Support the development of youth groups within each Children's Network that enable minority groups to have greater engagement and a more positive profile. | Belinda Evans | The Youth Service is working with a diverse range of groups of young people to ensure that they have access to the Youth Opportunities Fund. We are preparing a voluntary sector strategy which will make recommendations as to how we commission activities where there are gaps in the current provision | The Youth Service Health Check (September 2007) identified that very few white young people were engaged in activities and therefore, one of the recommendations is "Strengthen the quality of needs analysis to identify those geographical locations in the Borough where the Youth Service is needed to make a significant difference." We are preparing a post health check plan to address how we will achieve this. We are on track to ensuring the Children and Young People's Celebration event in 2008 is widely communicated and the positive images of young people are promoted. Improved communication with press and publicity officers has led to more timely promotion of children and young people's activities. In addition, the Youth Service and Youth Opportunity Fund is organising an event in February 2008, which aims to celebrate and promote the achievements and contributions of young people across the borough. |
| (CL)P17.4 | Build upon this year's celebration event to communicate the achievements of all Haringey's children and young people, and especially to share its diversity. | Ana Beaumont | This years Positive Participation Celebration across schools will be developed in 2008 to involve more schools and youth settings, enabling them to share their pupils achievement with a wider audience. This will culminate in a borough-wide Children & Young People's Award Celebration, where the academic and non-academic achievements of Haringey's children and young people are awarded and widely publicised. | |

| REF | TARGET | LEAD | PROGRESS | |
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| | | | FIRST QUARTER EVALUATION - DUE END AUGUST | MID YEAR REVIEW OF OUTCOMES - DUE 9 NOV 07 |
| (CL)P17.5 | Through the community and parental involvement strategies develop work with parents to engage them in family learning activities and enable them to support their children with the 'difficult issues'. | Leon Joseph | <p>A series of workshops were delivered for parents (March 2007) whose children were sitting SATs and GCSEs. At least 30 parents attended each session and the evaluations indicate that the parents welcomed the opportunity to work through the examination papers, explore examination strategies and to discuss ways of helping to prepare pupils for exams.</p> <p>47 parents whose children have SEN were supported at SEN reviews. Officers ensured that the parents were prepared for the meetings through individual casework. 127 parents received guidance and support at the end of term parents' evenings where officers were on hand to help to explain the contents of school reports and to signpost parents to a range of summer opportunities for their children.</p> <p>"Somali Parent and Community Forum met three times in last academic year. The forum's aim is pursue an ongoing dialogue between the Somali community and the CYPs. The Forum is to play a key role supporting the London wide Somali research project.</p> <p>The PCI Team has participated in the 'Access to Services' project targeting Kurdish, Somali and Polish communities. PCI provided information to parents</p> | <p>A series of workshops were delivered for parents whose children were sitting SATs and GCSEs. At least 30 parents attended each session and the evaluations indicate that the parents welcomed the opportunity to work through the examination papers, explore examination strategies and to discuss ways of helping to prepare pupils for exams.</p> <p>47 parents whose children have SEN were supported at SEN reviews. Officers ensured that the parents were prepared for the meetings through individual casework. 127 parents received guidance and support at the end of term parents' evenings where officers were on hand to help to explain the contents of school reports and to signpost parents to a range of summer opportunities for their children.</p> <p>"Somali Parent and Community Forum met three times in last academic year. The forum's aim is pursue an ongoing dialogue between the Somali community and the CYPs. The Forum is to play a key role supporting the London wide Somali research project.</p> <p>The PCI Team has participated in the 'Access to Services' project targeting Kurdish, Somali and Polish communities. PCI provided information to parents</p> |
| (CL)P17.6 | Empower parents to maximise their pivotal role of supporting their children to make a positive contribution and support them to combat deprivation through educational opportunity. | Jan Motttram | <p>Good progress is being made in the development of a strategic approach to the delivery of services to parents/carers across the CYPs, its partner agencies and the community and voluntary sector. More targeted support is being provided for parents/carers from underachieving ethnic minority groups e.g. Somali. This has led to the development of a closer dialogue and a shared agenda with the Somali community. The role of the Family Support Workers has been clarified through the further development of the Family Support Strategy which will form part of the Parent Support Strategy. A borough wide consultation is being carried out to ascertain levels of parent/carer satisfaction with existing services, perceived gaps in provision etc. This will mean that the views of parents/carers will inform the development of the Parent Support Strategy. A borough wide focus on the development of more effective services for fathers/male carers is emerging from consultation with key stakeholders. Two 0.5 School Transfer Advisers have been appointed to provide independent, impartial advice to parents at the point of secondary transfer. Fourteen schools are</p> | <p>Good progress continues to be made in developing a more strategic approach. The consultation initiative with parents and carers is on track to return the target number of responses within the deadline. A very successful focus consultation group has been held with the Kurdish community and others will shortly take place with the Somali and African-Caribbean communities. Some schools will shortly obtain the LPPA kitemark; they have found the process extremely valuable in developing their partnerships with parents and carers. A second cohort of schools is in the process of registering. The School Transfer Adviser is in post and has already provided secondary transfer advice, information and support to parents in several schools before the October deadline. The Parent Support Strategy is being written in order to provide a more strategic framework to the provision of services and support for parents and carers.</p> |

The Children and Young People's Service: Performance Monitoring
ACHIEVE ECONOMIC WELL-BEING - Priorities 18-20

OUTCOME LEAD: IAN BAILEY

| REF | TARGET | LEAD | PROGRESS | |
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| | | | FIRST QUARTER EVALUATION - DUE END AUGUST | MID YEAR REVIEW OF OUTCOMES - DUE 9 NOV 07 |
| PRIORITY EIGHTEEN – We will improve access to services for young people and parents that support them to be more economically active. Specifically we will: | | | | |
| (CL)P18.1 | Increase financial capability among the most disadvantaged communities, including support in accessing benefits such as lone parents' work & family tax credits, subsidised childcare places, education maintenance allowance and community based credit unions. | Su Shaw | Elected members have approved initial outline of plan which includes directorate activities already in place, such as information for Teen mums on Care to Learn Grant, EMA etc. Rating RED until action plan finalised and targets shared across CYPs teams to go in team plans. | Have not been any further developments from corporate strategy that I am aware of other than transfer of lead from adult services. Review of FSM forms and procedures. |
| (CL)P18.2 | Complete our ambitious programme of early years' education and childcare to include 18 children's centres by 2008 that reach almost 15,000 children, especially vulnerable children giving them a good start and enabling parents to access the labour market. See also Priority 13. | Ros Cooke | We have developed the first 10 centres which are now offering a full service to families and children in their Early Years. Structures for family support and other network services have now been put into place. A further 8 centres are under development stage so that by 2008 we will have created 18 Centres. We have worked closely with our Health and Job Centre Plus partners in order to provide access to the full range of services. We have successfully met our REACH targets. A audit is being undertaken that will feed into planning of future places. A permanent position is being created that will ensure that good quality childcare places are provided where families need them linking local authority and PVI sectors. | The last phase 1 centre has been officially opened. Work is continuing with phase 2. Initial work has started to develop with phase 3 which should mean that Children's Centre services are available to all children and families in Haringey. |
| (CL)P18.3 | Ensure sufficient childcare places and commission where there are insufficient places to meet childcare targets for 2007 and 2008. | Ros Cooke /Corinne Hilton | Haringey Sixth Form Centre (HSFC) due to open in Sept. 07 with dedicated pathways. Recruitment has been successful on the engagement programme and student pathways programme for Sept 07 start. Schools continue to expand and develop the range of pathways on offer. The transition of Connexions to LA control is on track. | The audit has started - questionnaires have been sent out and are being returned. |
| (CL)P18.4 | Ensure that individual learning pathways provide progression, including the development of Connexions, as part of the learner offer to support young people's pre-entry and entry level transitions. | Sean May | The Sixth Form Centre is on target to open in September 2007, offering a wide range of courses for 16-19 year olds from pre-entry through to level 3 qualifications. It received over 1,100 applications, 699 from Haringey students for the 560 places available in 2007/08. Recruitment data on where the students who eventually enrolled at the Sixth Form Centre in late August/early September actually came from, will be available in late September. | The engagement programme has recruited 50 potential NEETs including learners from the PSC. Built into the programme is the development of progression routes. The 14-19 Task Group is providing development funds to schools for additional Level 1 and entry level provision starting Sept.08 |
| (CL)P18.5 | Ensure that the Haringey Sixth Form Centre attracts a high proportion of our young people particularly in the east of the borough and provides a broad range of post 16 study opportunities. | June Jarrett | The pilot centres are in place for the delivery of functional skills in Sept 07. The training of centres has begun. The construction delivery group is in place and on track to produce the delivery plan for Nov 07. Diploma development groups are in place and on track to produce submission for Gateway 2 in November 07. | The Functional Skills cohort have been identified and the training is progressing well. Diploma applications have been drafted ready for submission on December 3rd. |
| (CL)P18.6 | Extend the range of vocational pathways for 14-19 year olds through the piloting of Functional Skills from September 2007; Diplomas in Construction from 2008; and Society Health and Development and Creative and Media from 2009; and apply for wave 2 of the Diploma pilots in November 2007. | Sean May | | |

| REF | TARGET | LEAD | PROGRESS FIRST QUARTER EVALUATION - DUE END AUGUST | PROGRESS MID YEAR REVIEW OF OUTCOMES - DUE 9 NOV 07 |
|---|--|------------------|--|---|
| (CL)P18.7 | All young people with disabilities to have a transition plan in place from 14 years and by 18 years a completed comprehensive assessment with access to work related experience where appropriate. | Phil Di Leo | All young people, with disabilities, who left school in July 2007, have been the subject of detailed planning and tracking over the past academic year. Transition Plans are in place for all students and comprehensive assessments were completed for young people in transition from the Children with Disabilities Team to the Combined Adults Team for Learning Disabilities. Special Schools have well developed work experience programmes which young people access on an individual, supported and group basis. | Transition support for young people with LDD has been further strengthened through the recent transfer of the transition team from the Disabled Children team to the Adult's Learning Disabilities partnership. A new protocol for the transfer of case responsibility has been agreed (copy attached). This will ensure greater co-ordination of transition arrangements from the adults' multi disciplinary team. |
| (CL)P18.8 | Ensure that children and young people with disabilities are able to access good quality employment and learning advice that enables them to maximise their potential and to achieve economic wellbeing. | Phil Di Leo | There are 46 young people from Haringey Special Schools transferring to the specialist SEN faculty in the new Sixth Form which is due to open in September 2007. A further 10 young people with statements are transferring from mainstream schools to the new Centre. Two young people placed in out borough special schools are also transferring to the sixth form. There are number of young people transferring to LSC funded placements (Give the range) | The monthly Transition Panel tracks the transition plans of all young people with emphasis on those approaching school leaving age. Connexions Personal Advisors have a key role in this process to ensure the aspirations of the young people are shared, that choice and opportunity are key elements of decision making and parent/carers are kept informed throughout the transition process. The Transition Panel has an annual review of its procedures to ensure that it is effective in identifying future needs and sharing information with the relevant providers. |
| (CL)P18.9 | Ensure that all young people have access to information, advice and guidance to help them to make informed choices around their education, training and employment through Connexions Services. | Janette Karklins | Access to IAG advice is available to all young people with a particular focus on those who are at risk of becoming NEET or NEET. Plans are well advanced through the transition of Connexions in April 2008 to re-address the delivery of Connexions services. A major careers event is planned for November 2007 at Alexandra Palace for young people and their parents/carers to learn more about education, training and employment options and to fully understand opportunities post 16. | |
| (CL)P19.10 | Increase the range of work based learning opportunities available, particularly apprenticeships, through the work of the Employer Engagement Task Group. | Sean May | The draft strategy for increasing WBL places is in place and will be finalised in September 07. It is likely the LSC will award additional E2E contracts to Haringey providers from Sept 07. Haringey Council have agreed to pilot E2E placements in Sept from HALS. | The outline strategy has been sent to the Director of Childrens Services for agreement. 16-18 funding for Apprenticeships has risen from £349,473 in 2006/07 to £725,570 for 2007/08. Funding for E2E has risen from £1,080,580 to £1,355,529 over the same period. Numbers on apprenticeships have risen from 65 to 156 and for E2E 249 starts to 359 over the same period. |
| Document updated: 3 x per year - first review in Summer; mid year review December, end of year review April. | | | | |
| (CL)P19.1 | Ensure that learners in Haringey have access to a broad curriculum, including vocational options, at the level appropriate for their stage in learning - pre-entry, entry, foundation, intermediate or advanced by September 2007 that meets the Pan London Learner Offer 14-19. | Sean May | Functional Skills pilot in place for Sept 07. Engagement Pilot in place for Sept 07. The Student Pathways programme has a range of provision from Entry level. Schools, CoNEL and WBL providers continue to develop a broad and effective curriculum. The HSFC will open in Sept 07 with a broad and inclusive curriculum offer. | A range of additional pre and post 16 provision is currently being commissioned by the 14-19 Task Group some targeting NEETs and potential NEETs. This provision will add to that already planned through the engagement programme, student pathways, Diplomas and functional skills pilot. |
| (CL)P19.2 | In line with stretch target in the LAA and the multi-agency action plan, reduce the number of young people not in EET from 11.6% in 2007/08 to 11% in 2008/09 and to 10.4% by 2010 overall and also for care leavers from 68% in 2006/07 to 75% in 2007/08 and 80% in 2008/09. | Janette Karklins | Most recent data for July 2007 (13.2%) indicate a 2.5% improvement on the previous year. If recent performance is maintained the 07/08 LAA target will be met. The transition of the Connexions service to LA control is on track and will improve support for young people. In addition the opening of HSFC is likely to improve the figures. The EET figures for 19 year old care leavers remain low at 65.2% for July 07 | The target for 2007-08 is on track. NEET data for September is 14.1% down 1.8% from September 2006 (15.9%). |

| REF | TARGET | LEAD | PROGRESS FIRST QUARTER EVALUATION - DUE END AUGUST | PROGRESS MID YEAR REVIEW OF OUTCOMES - DUE 9 NOV 07 |
|---|---|------------------|--|--|
| (CL)P19.3 | Ensure that 70% of young offenders concluding their orders are in full time education, training or employment by 2008 and 90% by 2009. | Linda James | Figures for the first quarter of 2007/8 indicate that 69.1% of those completing their orders were in suitable full time education, training or employment (compared to the overall figure of 65.8% last year). This has been achieved despite carrying a vacancy for an education officer during the quarter - we expect to appoint one imminently for the under 16's. The role of the learning mentor has been instrumental in increasing the numbers in education - 82.1% compared to the overall total of 77.1% last year. The KYPE worker (Keeping young people engaged) has recently started and will be concentrating on the post 16's as they remain our major challenge with only 51.7% in ETE. These staff, together with Connexions PAs, now form a discreet ETE team within the YOS. | Figures for the first 2 quarter of 2007/8 indicate that 73.61% of those completing their orders were in suitable full time education, training or employment (compared to the overall figure of 65.8% last year). This has been achieved despite carrying a vacancy for an education officer during the first quarter, but the secondary learning mentor was appointed to this post at the end of September. We have now replaced the learning mentor, but have been informed that funding for this post will definitely cease in March 2008. The role of the learning mentor has been instrumental in increasing the numbers in education - 82.1% compared to the overall total of 77.1% last year. The KYPE worker (Keeping young people engaged) is concentrating on the post 16's as they remain our major challenge but improvements have already been made and the figure for the first 2 quarters is 67.6% compared with 52.1% in ETE last year. These staff, together with Connexions PAs, now form a discreet ETE team within the YOS. |
| (CL)P19.4 | Increase opportunities in 14-19 vocational training, enterprise education, work related learning, work based learning and extend the Step to Employability scheme. | Sean May | Student Pathways programme has been expanded for Sept 07. The engagement programme will be piloted in Sept 07. The LSC is likely to increase funding for E2E places in Haringey from Sept. 07. Haringey Council have agreed to trail E2E placements on Sept 07. HEBP have been commissioned by the 14-19 Task Group to increase the WRL and enterprise opportunities. (I don't know what the step to employability scheme is.) | The engagement programme has recruited 50 learners. An additional range of provision is being commissioned by the 14-19 Task Group pre and post 16. Numbers on apprenticeships have risen from 65 to 156 and for E2E 249 starts to 359 from 2006-07 to 2007-08 |
| PRIORITY TWENTY – At age 19 we will improve the percentage of young people qualified to Level 2 and Level 3. Specifically we will: | | | | |
| (CL)P20.1 | Increase the success at Level 1 for 16 -18 year olds to 63% by January 2007 and to 75% by 2009 (61% in 2005). | Janette Karklins | A range of level 1 and pre level 1 courses have been established at HSFC and CoNEL. E2E provision is likely to be expanded in Haringey from Sept. 07 through LSC funding. This target needs defining unclear what it relates to or where it is from. | 2005-06 CoNEL data indicates 16-18 year old success data at Success rate 72% and achievement rate 83%. |
| (CL)P20.2 | In line with the stretch targets in the LAA, and the multi-agency action plan increase the percentage of 19 year olds qualified to Level 2 by a further 5% by March 2009 and the percentage of 19 year olds qualified to Level 3 by a further 5% by March 2009, and supported by offering support for transition from school to college or work based learning with clear pathways for progression. | Janette Karklins | The target is on track to be achieved by 2009. L2 Attainment at 19 in 2004-05 was 53% and in 2005-06 57% which is a rise of 4%. L3 attainment at 19 in 2004-05 was 35% and 40% in 2005-06 which is a rise of 5%. The transition of the Connexions service to LA control is on track and will improve support for young people. | L2 attainment for 2006-07 has risen to 62%. L3 attainment 2006-07 has risen to 43%. Nationally L2 is 71.4% and L3 is 46.8%. |
| (CL)P20.3 | Ensure that models of good practice to improve motivation and achievement are explored and implemented such as through the specialised Diploma system and the careers academy model. | Janette Karklins | Engagement programme will be piloted in Sept 2007. The young apprenticeship scheme will be expanded to Hair Dressing in Sept 2007. The construction diploma is on track to be piloted in Sept 2008 and Gateway 2 diplomas to be piloted in Sept 2009. | The engagement programme has recruited 50 learners. A range of provision is being commissioned by the 14-19 Task Group including mentoring for NEETs, job brokerage and pre and post 16 targeted provision. |
| (CL)P20.4 | Continue to raise standards at age 18 through the new inclusive Haringey Sixth Form and building on effective partnerships such as that with the CoNEL and the LSC, to ensure that all young people have access to effective provision across the area to match their needs. | Sean May | HSFC to open in Sept 07 with inclusive learning campus. All providers continue to plan effective provision through the 14-19 Partnership (including the 14-19 task group and the employer engagement group). Indicative results for August 2007 indicate a rise in Post 16 standards. | The HSFC has received over 1,100 applications, 699 from Haringey students for the 560 places available in 2007/08. The 14-19 Strategy has been ratified and will be reviewed in April 2007. |

The Children and Young People's Service: Performance Monitoring BE HEALTHY: Performance Indicators

| PAF/BV/ Local Ref | Description | Haringey | | England 2006/07 | SN Data | Haringey | | Target | | Comments | RAG |
|-------------------------|--|------------|------------|--------------------|------------|----------|--------------------------|---------|-----|--|-----|
| | | 2005/06 | 2005/06 | | | 2006/07 | 2007/08 | | | | |
| 1047SC/ BV197 LAA | Number of conceptions amongst 15-17 year olds per 10,000 population | 63 2005 | 59 2005 | 41 2005 | 59 2005 | n/a | n/a | 2007/08 | n/a | ANNUAL COLLECTION | A |
| BH(LAC)1 / PAF C19 | The average of the percentages of children looked after who had been looked after continuously for at least 12 months, and who had their teeth checked by a dentist during the previous 12 months and had an annual health assessment during the previous 12 months. | 80 | 86 | 84 | 86 | 92 | 95 | | | ANNUAL COLLECTION - new figures submitted end of November. This indicator is in the top performance banding. | G |
| 1043SC / PAF A70 | Progress made towards a comprehensive Child and Adolescent Mental Health Service | 11 | 15 | 13 | 15 | 16 | 16 | | | ANNUAL CALCULATION - This is in the top Performance Banding | G |
| (CL) P4.1 LAA | Smoking During Pregnancy | | | | | | 5 | | | 6.7 for quarter 2 LAA TARGET | A |
| (CL) P4.1 LAA | Breastfeeding | | | | | | 81 | | | 87.9 for quarter 2 LAA TARGET | G |
| (CL) P 5.3 | Schools receiving Healthy Schools Status | | | | | | 47 (60% by Dec 07) | | | 21 to date | A |

**The Children and Young People's Service: Performance Monitoring
STAY SAFE: Performance Indicators**

| PAF/BV/ Local Ref | Description | Haringey | England | SN | Haringey | Oct | Target | Comments | RAG |
|---------------------------|---|----------|---------|---------|------------|------------|----------|---|-----|
| | | 2005/06 | 2006/07 | 2006/07 | 2006/07 | 2007 | 2007/08 | | |
| 2015SC/ CH141 | Number of referrals of children per 10,000 population under 18 | 630 | 493 | 704 | 516 | 248 | 520 | Monthly figure relates to referrals received in the month | A |
| 2016SC/ CH142 | Percentage of children whose referral occurred within 12 months of a previous referral | 26.1 | 22.7 | 18.3 | 20.6 | | 20 | ANNUAL REPORTING (MARCH) | G |
| 2017SC/ CH143 | Percentage of referrals of children in need that led to initial assessments | 60.6 | 56 | 58.9 | 50.2 | | 50 | ANNUAL REPORTING (MARCH) | G |
| 2019SC/ CH02 | Initial child protection conferences per 10,000 population aged under 18 | 49.6 | 35.7 | 48.2 | 42.5 | 19 | 43 | Monthly figure relates to number of initial conferences in the month (by child) | A |
| 2020SC/ 1704 | The percentage of initial assessments within 7 working days of referral | 50.1 | 68.4 | 68.3 | 76.5 | 91 | 78 | Excellent performance sustained in this area | G |
| 2021SC/ CH145 | Number of core assessments of children in need per 10,000 population aged under 18 | 105.5 | 84.5 | 160.4 | 93.4 | 74 | 100 | Monthly figure relates to number of core assessments completed in the month | A |
| 2022SC/ PAFC64 | The percentage of core assessments that were completed within 35 working days of their commencement | 58 | 78 | 79 | 71 | 83 | 74 | Excellent performance sustained in this area | G |
| 2023SC/ CH01 | Children and young people on the Child Protection Register per 10,000 population aged under 18 | 40.3 | 25.2 | 34 | 31.5 (156) | 39.4 (193) | 30 (150) | Monthly figure in brackets is number of children on the CPR at the end of the month | R |
| 2024SC/ 1219 | Percentage of children and young people on the Child Protection Register who are not allocated to a social worker | 0 | 0.3 | 0 | 0 | 0 | 0 | | G |
| 2027SC/ CH03 | Registrations per 10,000 population aged under 18 | 40.1 | 30.1 | 39.2 | 33.9 | 17 | 34 | Monthly figure relates to number of registrations in the month | A |
| 2028SC/ PAF A3 | Percentage of children on the Child Protection Register who have previously been registered | 13.6 | 13.4 | 11.7 | 9.5 | 13.5 | 10 | | A |
| 2029SC/ CH04/ KIGS | First time registrations as % of all registrations in the year | 86.4 | 86.6 | 88.3 | 90.5 | | 90 | QUARTERLY MONITORING | A |
| 2030SC/ CH121/ KIGS | % children on CPR at 31 March who are white | 49.7 | 80.7 | 46.4 | 47.3 | | 45 | QUARTERLY MONITORING | G |

| PAF/BV/ Local Ref | Description | Haringey | England | SN | Haringey | Oct | Target | Comments | RAG |
|---------------------------|--|----------|---------|---------|------------|----------|----------|---|-----|
| | | 2005/06 | 2006/07 | 2006/07 | 2006/07 | 2007 | 2007/08 | | |
| 2031SC/ CH122/ KIGS | % children on CPR at 31 March who are of mixed ethnic origin | 13.2 | 7.3 | 16.8 | 10.1 | | 11 | QUARTERLY MONITORING | G |
| 2032SC/ CH123/ KIGS | % children on CPR at 31 March who are of Asian or Asian British | 4.6 | 5.3 | 3.9 | 2.9 | | 4 | QUARTERLY MONITORING | G |
| 2033SC/ CH124/ KIGS | % children on CPR at 31 March who are of black or black British | 30.5 | 5.3 | 29.2 | 33.8 | | 30 | QUARTERLY MONITORING | G |
| 2034SC/ PAFC20 | Percentage of child protection cases which should have been reviewed during the year that were reviewed | 99 | 99.5 | 99.8 | 100 | 100 | 100 | Excellent performance sustained in this area | G |
| 2035SC/ CH10/ KIGS | De-registrations per 10,000 population aged under 18 | 47.8 | 28.8 | 38.6 | 42.7 | 19 | 40 | Monthly figure relates to number of deregistrations in the month | A |
| 2036SC/ PAFC21 | Percentage of children de-registered from the Child Protection Register during the year who had been on the Register continuously for two years or more. | 5.5 | 5.8 | 6.4 | 11.8 | 1.2 | 8 | | A |
| 2029SC/ SS19 | The ratio of the proportion of children on the CPR that were from minority ethnic groups to the proportion of children in the local population that were from minority ethnic groups | 1.02 | 1.4 | 1.2 | 1.1 | | 1 | ANNUAL REPORTING (MARCH) | G |
| 2069SC | Ratio of the percentage of children looked after were from ethnic minorities to the percentage of children in the local population that were from ethnic minorities | 1.4 | 1.6 | 1.3 | 1.5 | | n/a | ANNUAL REPORTING (MARCH) | G |
| 2042SC/ CH39 | Children looked after per 10,000 population aged under 18 | 97 | 54.3 | 95.9 | 89.3 (443) | 86 (421) | 85 (422) | Monthly figure in brackets relates to number of children looked after at end of month | G |
| 2064SC/ PAFC68 | Percentage of children looked after cases which should have been reviewed during the year which were reviewed during the year | 82 | 85 | 91 | 92 | 98 (Sep) | 94 | Monitored retrospectively by one month | G |
| 2043SC/ PAF A1 | Percentage of children looked after with three or more placements during the year. | 13 | 12 | 12 | 14 | 16 | 12 | | A |
| 2065SC/ PAF D78 | Looked after children aged under 16 who have been looked after for 2.5 or more years and have been living in the same placement for at least 2 year, or who are placed for adoption | 69.9 | 65.9 | 66.9 | 69.2 | 62 | 72 | | R |

| PAF/BV/ Local Ref | Description | Haringey | England | SN | Haringey | Oct | Target | Comments | RAG |
|--------------------------------------|---|----------------|--------------|--------------|------------|----------|-----------|---|-----|
| | | 2005/06 | 2006/07 | 2006/07 | 2006/07 | 2007 | 2007/08 | | |
| 2052SC/ CH44 | Percentage of children looked after in residential accommodation | 24.9 | 14.9 | 19.5 | 24.2 | 24 | 20 | | A |
| 2054SC/ DIS 1111 | Percentage of looked after children fostered by relatives or friends | 8.2 | 12.7 | 8.8 | 11.4 | 8 | 9 | | A |
| 2068SC/ PAFB79 | Percentage of children looked after aged between 10 and 16 in foster placements or placed for adoption | 76.2 | 80.7 | 82.4 | 80.6 | 78 | 82 | | G |
| 2058SC/ 1115 | The percentage of looked after children adopted during the year who were placed for adoption within 12 months of their best interest decision being made | 81 | 77 | 64 | 81 | 40 | 72 | This figure will fluctuate throughout the year | A |
| 2059SC/ PAFC23 | Percentage of looked after children adopted during the year as a percentage of the number of children looked after who had been looked after for 6 months or more | 6.4 | 8.3 | 7.8 | 6.8 | 6.3 | 7 | Figure in brackets relates to the number of adoptions and special guardianship orders granted in the year to date | G |
| 2060SC/ 1114 | Percentage of looked after children who are allocated to a social worker | 100 | 95.5 | 99.7 | 100 | 100 | 100 | Excellent performance sustained in this area | G |
| 5026SC | What % of children with disabilities aged 14+ had a transition plan to support their move from children's services into adult services | 2 - up to 75% | most over 90 | most over 90 | 4-Over 90% | | | Calculated Annually | G |
| (CL)P8.2 (local PI) | Number of Children aged 0-15 killed or seriously injured in road traffic accidents | 15 2005 | 2977 2005 | | | | | | |
| LSCB dataset 3.3 (local PI) | Private fostering arrangements | no baseline | | | 35 | 35 | | | |
| LSCB dataset 3.4 (local PI) | Allegations against professionals | 67 | | | | | | | |
| LSCB dataset 6.1 (local PI) | Children on the CPR with a disability | 5 | | | 3% | 4.3 | | | A |
| LAA | School Travel Plans | | | | | 82 (86%) | 95 (100%) | | A |

* figures here are year to date figures at the end of this period unless otherwise specified

**The Children and Young People's Service: Performance Monitoring
ENJOY AND ACHIEVE: Performance Indicators**

| PAF/BV/ Local Ref | Description | Haringey | England | Statistical | National | National | Haringey | Haringey | Haringey | Target | Comments | RAG |
|-----------------------------|---|----------|---------|-------------|----------|----------|-----------|-----------------------|----------|------------------|----------|-----|
| | | 2004 | 2004 | Neighbours | 2005 | 2006 | Sept 2006 | Sept 2007 provisional | 2008 | | | |
| 3002OF | KS1 Reading Level 2+ | 78% | 85% | 80.57% | 85.50% | 84.00% | 78.0% | 81.0% | 82% | ANNUAL REPORTING | G | |
| 3003OF | KS1 Writing Level 2+ | 74% | 82% | 76.81% | 82.75% | 80.00% | 74.0% | 76.0% | 78% | ANNUAL REPORTING | A | |
| 3004OF | KS1 Maths Level 2+ | 85% | 90% | 87.25% | 91.39% | 90.00% | 87.00% | 88.00% | 89% | ANNUAL REPORTING | A | |
| 3005OF/BV 41/LAA | KS2 English Level 4+ | 70% | 78% | 78.19% | 79.49% | 80.00% | 75.00% | 76.00% | 78% | ANNUAL REPORTING | G | |
| 3006OF/BV 40/LAA | KS2 Maths Level 4+ | 67% | 74% | 72.45% | 75.51% | 77.00% | 70.00% | 73.00% | 76% | ANNUAL REPORTING | A | |
| 3007OF/LA A | KS2 Science Level 4+ | 77% | 86% | 83.28% | 87.17% | 88.00% | 78.00% | 83.00% | 83% | ANNUAL REPORTING | G | |
| BV194a | % of pupils achieving level 5 or above in KS2 English | 25% | 27% | 25.0% | 27.0% | 33.00% | 30.00% | 29.00% | 32% | ANNUAL REPORTING | A | |
| BV194b | % of pupils achieving level 5 or above in KS2 Maths | 26% | 31% | 27.0% | 31.0% | 33.00% | 28.00% | 29.00% | 32% | ANNUAL REPORTING | A | |
| 3008OF | Value Added Measure KS1 to KS2 | | | | 100.2 | | 100.0 | | | ANNUAL REPORTING | A | |
| Local Indicator and LPSA1i | The average point scored of Black African pupils at Key Stage 2 | 25.5 | | | | | 25.8 | | | ANNUAL REPORTING | A | |
| Local Indicator and LPSA1ii | The average point scored of Black Caribbean pupils at Key Stage 2 | 25.5 | | | | | 25.8 | | | ANNUAL REPORTING | A | |

| PAF/BV/ Local Ref | Description | Haringey 2004 | England 2004 | Statistical Neighbours | National 2005 | National 2006 | Haringey Sept 2006 | Haringey Sept 2007 provisional | Target | Comments | RAG |
|----------------------|---|------------------|-----------------|---------------------------|------------------|------------------|--------------------------|---|--------|------------------|-----|
| | | | | | | | | | 2008 | | |
| 3009OF/BV 181A | KS3 English Level 5+ | 59% | 71% | 71.56% | 74.87% | 73.00% | 61.00% | 66.00% | 72% | ANNUAL REPORTING | A |
| 3010OF/BV 181B | KS3 Maths Level 5+ | 58% | 73% | 69.24% | 74.54% | 76.00% | 64.00% | 66.00% | 70% | ANNUAL REPORTING | A |
| 3011OF/BV 181C | KS3 Science Level 5+ | 51% | 66% | 62.20% | 70.53% | 73.00% | 56.00% | 61.00% | 65% | ANNUAL REPORTING | A |
| BV181D | KS3 ICT Level 5+ | 54% | 67% | | 69.0% | | Not yet available | | 62% | ANNUAL REPORTING | A |
| 3012OF | Value Added Measure KS2 to KS3 | 99.6 | | | 99.7 | | 99.50 | | | ANNUAL REPORTING | A |
| 3013OF/BV 38 | % achieving 5+ A* - C | 43.7% | 53.7% | 52.76% | 57.10% | 59.20% | 52.00% | 56.00% | 59% | ANNUAL REPORTING | G |
| | % achieving 5+ A* - C (inc Eng and maths) | 31.0% | 42.60% | | 44.9% | 46.0% | 34.30% | 38.00% | 44% | ANNUAL REPORTING | G |
| | % achieving 5+ A* - G | 79.70% | 90% | 90.00% | 90.0% | 90.0% | 84.00% | 86.00% | 87% | ANNUAL REPORTING | G |
| BV39 | % achieving 5+ A* - G (inc Eng and maths) | | | | 87.0% | 88.0% | 79.00% | 79.00% | 81% | ANNUAL REPORTING | |
| 3014OF | % achieving 1+ A* - G | 93% | 96% | 97.16% | 97.02% | 98.00% | 94.50% | 96.00% | 96% | ANNUAL REPORTING | A |
| 3015OF | Average point score at GCSE | 294.4 | 340.4 | 346.21 | 355.10 | 365.00 | 313.00 | 337.00 | 346 | ANNUAL REPORTING | G |
| 3016OF | Capped average point score at GCSE | | | 282.68 | 288.76 | | 266.50 | | | ANNUAL REPORTING | |
| 3017OF | Value Added Measure KS2 to GCSE/Equivalent | | | | 989.10 | | 1011.20 | | | ANNUAL REPORTING | G |

| PAF/BV/ Local Ref | Description | Haringey 2004 | England 2004 | Statistical Neighbours | National 2005 | National 2006 | Haringey Sept 2006 | Haringey Sept 2007 provisional | Target | Comments | RAG |
|-------------------------------|--|------------------|-----------------|---------------------------|------------------|------------------|--------------------------|---|--------|------------------|-----|
| | | | | | | | | | 2008 | | |
| 3018OF | Value Added Measure KS3 to GCSE/Equivalent | | | | 992.90 | | 1001.40 | | | ANNUAL REPORTING | G |
| 3034OF/BV 46 | Authorised absence at primary school | 5.50% | 5.10% | 5.34% | 4.99% | | 5.54% | | | ANNUAL REPORTING | |
| 3034OF/BV 46 | Unauthorised absence at primary school | 1.13% | 0.40% | 0.78% | 0.43% | | 1.09% | | | ANNUAL REPORTING | |
| 3035OF/BV 45 | Authorised absence at secondary school | 6.87% | 6.92% | 6.33% | 6.56% | | 6.36% | | | ANNUAL REPORTING | |
| 3035OF/BV 45 | Unauthorised absence at secondary school | 1.89% | 1.13% | 1.33% | 1.25% | | 1.88% | | | ANNUAL REPORTING | |
| Local indicators LPSA 2 | % half days missed - absence in secondary schools | 8.76% | | 7.70% | 7.8% | | 8.24% | 7.80% | 8.40% | ANNUAL REPORTING | G |
| Local indicators LPSA 2 | % half days missed - absence in primary schools | 6.63% | | 6.10% | 5.4% | | 6.63% | 5.70% | 5.60% | ANNUAL REPORTING | A |
| 5003OF | Schools with 6th forms: Average point score of students entered for GCE/VCE A/AS | 208.7 | 269.2 | | 277.8 | | 566.2 | 588 | | ANNUAL REPORTING | A |
| 3061DE | Progress towards the key stage 4 PSA target ie. that by 2004, in all schools, at least 20% should achieve the equivalent | | | 2.78% | 2.25% | | 0% | 0% | | ANNUAL REPORTING | G |
| 3087OF | Percentage of schools requiring special measures since 2003 over the last 3 years | | | 1.49% | 1.48% | | 0% | 0% | 0% | ANNUAL REPORTING | G |
| 3088OF | Percentage of schools requiring a notice to improve since Sept 2005 | | | 0.27% | 0.54% | | 2.40% | 0.00% | | ANNUAL REPORTING | A |
| 3091DE | Percentage of fixed term exclusions in relation to the number of pupils in primary phase | | | | 0.03% | | | | | ANNUAL REPORTING | G |
| 3092DE | Percentage of fixed term exclusions in relation to the number of pupils in secondary phase | | | 7.84% | 8.66% | | | | | ANNUAL REPORTING | A |

| PAF/BV/ Local Ref | Description | Haringey 2004 | England 2004 | Statistical Neighbours | National 2005 | National 2006 | Haringey Sept 2006 | Haringey Sept 2007 provisional | Target | | Comments | RAG |
|----------------------|--|------------------|-----------------|---------------------------|------------------|------------------|--------------------------|---|--------|------|------------------|-----|
| | | | | | | | | | | 2008 | | |
| 3067AC/195 d | % of permanently excluded pupils provided with 20 or more hours of alternative provision | | | | 80.3% | | | | | | ANNUAL REPORTING | G |
| 3089DE | % of primary schools with 25% or more surplus places as at Easter statutory return to the DfES | | | 11.4% | 12.4% | | | | | | ANNUAL REPORTING | G |
| 3090DE | % of secondary schools with 25% or more surplus places as at Easter statutory return to the DfES | | | 0.0% | 7.4% | | | | | | ANNUAL REPORTING | |
| 3097DE | % of permanent exclusions in relation to the number of pupils in special schools | | | | 0.33% | | | | | | ANNUAL REPORTING | G |
| 6049DE | % of unfilled full time vacancies in relation to number of FTE teachers employed as at January | | | 1.5% | 0.7% | | | | | | ANNUAL REPORTING | |

**The Children and Young People's Service: Performance Monitoring
ENJOY AND ACHIEVE: Performance Indicators**

| PAF/BV/ Local Ref | Description | Haringey | England | SN | Haringey | Oct | Target | Comments | RAG |
|----------------------|---|----------|---------|---------|----------|-----------|---------|--|-----|
| | | 2005/06 | 2006/07 | 2006/07 | 2006/07 | 2007 | 2007/08 | | |
| 3085SC/ PAFC69 | Distance children newly looked after placed from home (placed 20 miles or more from home) | 9.8 | 11.7 | 10.4 | 8 | 4 | 7 | | G |
| 3071SC/ 1406 | The percentage of children looked after who were pupils in year 11 who were eligible for GCSE (or equivalent) examinations who sat at least one GCSE equivalent exam. | 59.7 | 65.6 | 63.9 | 65.4 | 60 | | ANNUAL REPORTING (MARCH) | G |
| 3072SC/ PAFA2 | The percentage of young people leaving care aged 16 or over with at least 1 GCSE grade A*-G | 50 | 55.1 | 53.1 | 50 | 43 | 55 | | R |
| 3073SC/ 1403 | The percentage of young people leaving care aged 16 or over with 5 or more GCSEs at grade A*-C or a GNVQ | 7.6 | 9.8 | 10.1 | 18.2 | 9.5 | 12 | | A |
| 3074SC/ PAFC24 | Percentage of children looked after continuously for at least 12 months, of compulsory school age, who missed at least 25 days schooling for any reason during the previous school year | 13.9 | 13.3 | 14 | 19 | 15 (prov) | 9.9 | Current data submitted at end of November 07 | R |
| 3070AC/43a | % of new statements of SEN prepared within 18 weeks excluding 'exceptions' | 100 | 99.4 | 100 | 100 | 100 (Sep) | 99 | | G |
| 3070AC/43b | % of new statements of SEN prepared within 18 weeks including 'exceptions' | 85 | 85.9 | 89 | 80 | 93 (Sep) | 90 | | G |

| | | | | | | | | | |
|---------|---|------|-----|-----|------|------|--|------------------|---|
| | % pupils with a statement of SEN | 2.9 | 2.8 | 3.3 | 3.1 | | | ANNUAL REPORTING | |
| OC2/LAA | % children looked after for 12 months or more achieving 5 GCSE's A*-C | 12.2 | | | 21.5 | 27.5 | | | G |
| OC2/LAA | % children looked after for 12 months or more achieving 5 GCSE's A*-G | 40.3 | | | 50 | 50 | | | G |

* figures here are year to date figures at the end of this period unless otherwise specified

**The Children and Young People's Service: Performance Monitoring
MAKE A POSITIVE CONTRIBUTION: Performance Indicators**

| PAF/BV/ Local Ref | Description | Haringey | | England | | SN | | Haringey | | Oct | | Target | | Comments | RAG |
|----------------------|---|----------|---------|---------|--------------|---------|---------|----------|---------|-----|--|--------|--|----------|-----|
| | | 2005/06 | 2006/07 | 2006/07 | 2006/07 | 2006/07 | 2006/07 | 2007 | 2007/08 | | | | | | |
| 4015SC/ PAFC18 | Final warnings and convictions of children looked after | 1.7 | 2.5 | 1.6 | 2.8 (10%) | | | | 2.2 | | | | ANNUAL REPORTING submitted end of November 07 Figure in brackets relates to the % of children in care over 10 who were given a final warning, caution or conviction in the year | R | |
| 4016SC/ PAFC63 | Percentage of children and young people who communicated their views specifically for their latest statutory review | 96 | 87 | 87 | 98 | 99 | | | 98 | | | | This is the monthly position calculated one month in arrears | G | |

**The Children and Young People's Service: Performance Monitoring
ACHIEVE ECONOMIC WELL BEING: Performance Indicators**

| PAF/BV/ Local Ref | Description | Haringey | England | SN | Haringey | Oct | Target | Comments | RAG |
|----------------------|--|-----------------|---------|---------|----------------|------------|--------------|---|-----|
| | | 2005/06 | 2006/07 | 2006/07 | 2006/07 | 2007 | 2007/08 | | |
| 5022SC/ PAFA4 | Percentage of care leavers in employment, education or training at age 19 | 0.91 (67.2) | 0.76 | 0.85 | 0.93 (68.4) | 67 | 0.95 (72) | Monthly figure relates to the year to date percentage of those have turned 19 and were in ETE | A/G |
| 5037SC | % care leavers at age 19 who are living in suitable accommodation (as judged by the council) | 85.1 | 87.3 | 91.3 | 93.4 | | 95 | QUARTERLY MONITORING | G |
| (CL) P19.2 | Not in Education, Employment or Training (NEETs) | 10.3 (National) | | | | 10.8 (Oct) | 12.3 | | A |



haringey strategic partnership

for children & young people

AGENDA ITEM

MEETING

**Children and Young People's Strategic Partnership Board
10 December 2007**

TITLE

NEETS UPDATE

SUMMARY

This report reviews the current NEET situation in Haringey and explores the range of approaches employed to reduce the numbers and any future developments likely to impact on progress towards achieving the 2010 PSA target.

RECOMMENDATIONS

That the CYPSP note the contents of this report.

LEAD OFFICER(S)

Lenny Kinnear, Chief Executive Connexions

1. Introduction

- 1.1 The NEET PSA target for Haringey set by government is to reduce the numbers of 16-18 year olds not in education, employment or training to 10.4% of the whole cohort by 2010. The glide path set out in Table 1 shows the year on year reductions that would be required to meet this target. DCSF calculates the annual NEET figure by averaging the monthly NEET figures for November, December and January of the following year

Table 1. Glide path to meet PSA target

| | | | | | | |
|---------------|------------------------|--------------|--------------|--------------|--------------|--------------------------|
| NEET % | 13.7% | 13.0% | 12.3% | 11.6% | 11.0% | 10.4% |
| YEAR | Jan 05/06 (Base) | Jan 06/07 | Jan 07/08 | Jan 08/09 | Jan 09/10 | Jan 10/11 (Target) |

- 1.2 Haringey under Local Area Agreement (LAA) arrangements selected the NEET target as one which could be achieved earlier than 2010 and thus attract additional funding. The glide path set out in Table 2 shows the year on year reductions that would be required to meet this target

Table 2. Glide path to meet the LAA target

| | | | | |
|---------------|--------------|--------------|--------------|--------------|
| NEET % | 12.3% | 11.6% | 11.0% | 10.4% |
| YEAR | Jan 06/07 | Jan 07/08 | Jan 08/09 | Jan 09/10 |

2. Current Position

- 2.1 At the end of October 2007 the Haringey NEET percentage was 10.8%. At the same time last year it was 13.9%. Figures during the period September – November must be viewed with some caution as it is a time of transition for young people and it takes a few months to confirm their destinations. However, there is some indication of a downward trend and it seems that the borough maybe on track to meet the January 08 glide path target of 11.6%.
- 2.2 There is a further indication of improvement in the figure for participation in employment, education or training (EET) which at the end of October 07 was 78.8% compared with 72.3% at the same time last year.
- 2.3 Encouragingly, when analysing the data for the length of time a young person has been NEET, the number of long term NEET (6 months +) has reduced significantly in the last month from 104 in September to 79 at the end of October suggesting that real inroads are being made with this most challenging group.

3. Activities to reduce NEET

Activities can be grouped within the three key approaches to NEET reduction of prevention, intervention and sustainability.

3.1 Prevention

- 3.1.1 An audit of IAG provision in Haringey schools is being carried out in order to develop an IAG entitlement for all students. This will improve KS3 and 4 transition as evidence shows that many 17 year olds disengage from learning due to making late or poorly informed decisions.

- 3.1.2 A future opportunities event for year 11 pupils and their parents was held at Alexandra Palace on the 22nd November with exhibitors from schools, colleges, universities, training providers and local and national employers.
- 3.1.3 To improve information on post 16 options, Choice, the pan London electronic prospectus of post 16 opportunities has been launched in the summer with information on all courses in colleges and sixth forms. This is available on the internet and is promoted to all pupils.
- 3.1.4 Connexions provides personal adviser time to every secondary school (a minimum of 1 day per week) and an agreed programme of activities including 1:1 interventions, group sessions and support for the schools IAG curriculum including teaching and learning materials for pupils in years 9-11.
- 3.1.5 September Guarantee: Connexions and the LSC deliver this initiative for all year 11 pupils. Their intended progression routes are recorded and tracked so that all young people are guaranteed suitable post 16 provision. Young people identified as at risk are followed up by Connexions personal advisers to provide 1:1 support into EET opportunities.
- 3.1.6 A September Guarantee Voucher scheme was introduced by the LSC in September to provide funding for personalised learning / training for school leavers who had not progressed into mainstream provision. £2000 per person has been made available to personal advisers to purchase suitable training or specialist support to enable young people to re-engage with EET opportunities.
- 3.1.7 Connexions funding has been used to develop bespoke job brokerage for Haringey NEET young people. It will run until the end of March 2008. The job broker runs employability workshops and makes links with local employers.
- 3.1.8 Pre 16 NEET prevention projects at Gladesmore and Alexandra schools. 40 young people in years 10 and 11 identified as at risk of NEET have been selected by the schools and provided with individual mentors drawn from the business community. The aim is to raise motivation, achievement and provide practical careers support.
- 3.1.9 Pre 16 Business Enterprise at Woodside High School and Park View Academy. This is aimed at young people in year 10 at risk of NEET who are supported to set up their own small businesses making and selling jewellery and accessories.
- 3.1.10 In partnership with Action for Kids, a local disability charity, young people in year 11 at Gladesmore and Northumberland Park with a Statement of Educational Need or on the School Action Plus register are offered specialist work experience.

3.2 **Intervention**

Intervention involves 1:1 work with young people and systematic tracking of the whereabouts and current situation of the whole 16-18 cohort.

- 3.2.1 A PA team is occupied full time in following up young people on the NEET register to keep track of where they are and to encourage them to accept support into employment education and training. The NEET Forum has agreed to develop local performance indicators to closely monitor targeted NEET work.

- 3.2.2 Young people who have been NEET for less than 3 months receive an agreed programme of interventions including testing their level of basic skills, help with creating a CV, job search and interview practice. Those who have been NEET for more than three months or who have complex problems are offered intensive support to deal with the practical or social barriers impacting on their lives. This may include referral to specialist agencies such as counselling.
- 3.2.3 Connexions advisers are working with schools and colleges to implement systems for early identification of young people dropping out of post 16 learning. Through pan London links with other boroughs Haringey young people studying elsewhere can be tracked and provided with support. This should be of particular benefit to Haringey where over 50% of young people remaining in education post 16 study in another area.
- 3.2.4 Arrangements are in place at CONEL for all excluded learners or those who drop out to be referred to Connexions for immediate follow up.
- 3.2.5 PAs work with colleagues in the YOS, CAMHS, Haringey homeless person's unit, and the teenage pregnancy team to identify NEET young people and provide them with intensive 1:1 support to help them manage the difficulties in their lives and to re-engage with employment, education or training.
- 3.2.6 A recruitment fair was held for NEET young people at CONEL in July and another large event was held on November 22 at Alexandra Palace. Exhibitors included schools, colleges, training providers and local and national employers. Young people were individually invited to attend by letter, texts and phone calls.

3.3 **Sustainability**

For NEET reduction to be sustained there has to be a range of appropriate and appealing employment, education and training opportunities available to young people.

- 3.3.1 The September Guarantee voucher scheme is currently filling gaps for those young people who want short term very specialist training.
- 3.3.2 The specialised diplomas will provide a wider range of options at KS4 and will help to keep more young people engaged in learning.
- 3.3.3 Connexions commissioned two work based learning programmes for Haringey young people, Motiv8, who were not eligible for current mainstream programmes.
- 3.3.4 The NEET Forum now seeks evaluative reports on all work commissioned around NEET young people to identify what approaches are worthy of longer term investment.

4. **Future Trends**

- 4.1. The opening of the new sixth form centre is likely to have some effect on NEET percentages in the long term as more Haringey young people remain in the borough to study post 16.

- 4.2. The specialised diplomas will provide a wider range of options at KS4 and will help to keep more young people engaged in learning.
- 4.3. The new ESF funding round is likely to provide some additional funding for specialist NEET projects.
- 4.4. An announcement this month from DCSF is also likely to contribute to the reduction of NEET in Haringey. The Secretary of State announced that the new NEET strategy will be strengthened by:
- Further strengthening the tracking system, by requiring all learning providers to notify the Connexions service as soon as any young person drops out.
 - Increasing the flexibility of provision, so that if any young person drops out, it will be easier for them quickly to access an alternative place in learning.
 - Extending Education Maintenance Allowance (EMA), so that young people on a wider range of courses can receive support; and so that all young people on Entry to Employment courses (which are particularly important for those at risk of being NEET) receive EMA.
 - Extending the September Guarantee, so that 17 as well as 16 year olds are covered.
- 4.5. The NEET figures in Haringey are slowly but steadily reducing and with these new developments and continuing to build on the work of the last three years the borough appears to be on track to meet both its 2010 PSA and LAA targets.

Recommendation

That the committee note the contents of this report.

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