



Children and Young People's Strategic Partnership Board

THURSDAY, 25TH SEPTEMBER, 2008 at 18:30 HRS - CIVIC CENTRE, HIGH ROAD,
WOOD GREEN, N22 8LE.

MEMBERSHIP: See details set out below.

AGENDA

1. APOLOGIES AND SUBSTITUTIONS

To receive apologies for absence.

2. URGENT BUSINESS

The Chair will consider the admission of any items of Urgent Business. (Late items will be considered under the agenda item where they appear. New items of Urgent Business will be dealt with under Item 13 below).

3. DECLARATIONS OF INTEREST

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

4. MINUTES (PAGES 1 - 10)

To confirm the minutes of the meeting held on 1 July 2008 as a correct record.

STRATEGIC FOCUS ITEMS:

5. CHILDREN AND YOUNG PEOPLE'S PLAN 2009-20

A presentation will be given.

6. CHILD POVERTY STRATEGY AND ACTION PLAN (PAGES 11 - 40)

7. CHILDREN AND ADOLESCENT MENTAL HEALTH SERVICES

A presentation will be made by representatives from the Haringey Teaching Primary Care Trust.

8. ALCOHOL HARM REDUCTION STRATEGY AND ACTION PLAN (PAGES 41 - 78)

MONITORING ITEMS:

9. PERFORMANCE MONITORING: LOCAL AREA AGREEMENT AND NATIONAL INDICATOR SET -QUARTER 1 REPORT (APRIL-JUNE 2008) (PAGES 79 - 94)

10. FORUM UPDATES

Verbal updates will be provided.

BUSINESS ITEMS:

11. REPORT FROM THE CHILDREN AND YOUNG PEOPLE'S ADVISORY BOARD

A verbal update will be provided.

12. THREE MINUTE UPDATE

Each sector of the Partnership will be invited to give a three minute 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.

13. NEW ITEMS OF URGENT BUSINESS

To consider any new items of Urgent Business admitted under Item 3 above.

14. ANY OTHER BUSINESS

To consider any items of AOB.

15. ITEMS FOR FUTURE MEETINGS

To note the items currently suggested for future meetings as listed and suggest any additional items.

- Keys to Well Being
- Obesity Strategy
- Children and Young People's Plan 2009-20
- Fair Play Strategy
- Contact Point
- Sixteen to Eighteen Transfer
- APA Self Assessment
- Youth Summit
- Olympics
- Provision of Five Hours of Culture
- Infant Mortality
- Teenage Pregnancy

16. DATES OF FUTURE MEETINGS

To note the following future dates:

- 15 December 2008
- 3 February 2009
- 7 April 2009

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SECTOR GROUP	AGENCY	NO. OF REPS	NAME OF REPRESENTATIVE
Local Authority	Haringey Council	6	Councillor Liz Santry , Exec Member, Children & Young People (Chair) Councillor George Meehan , Leader of the Council Councillor Nilgun Canver , Exec Member, Crime and Community Safety Dr Ita O'Donovan , Chief Executive Councillor Dilek Dogus Sharon Shoemsmith , Director of Children and Young People's Service
	Haringey Teaching Primary Care Trust	4	Tracey Baldwin , Chief Executive Sue Baker , Non-Executive Director Pam Constantinides , Non-Executive Director Helen Brown , Director, Strategy, Performance & Children's Services
Health	North Middlesex Hospital trust	1	Claire Panniker , Chair of Trust
	Mental Health Trust	1	Jane Lithgow , Director of CAMHS
	Whittington Hospital Trust	1	TBC , Chief Executive
	Great Ormond Street Hospital	1	Jane Elias , Partnership Director of Operations
Community Representatives	Community Link Forum	3	Ify Adenuga Cenk Orhan Jim Shepley
	HAVCO	1	Melanie Danan
	Learning and Skills Council (London North)	1	Yolande Burgess
Community Representatives	Middlesex University	1	Christine Cocker
	College of North East London	1	Paul Head , Principal
Schools	Early Years and Play	1	TBC
	Primary Schools	1	TBC

	Secondary Schools	1	Tony Hartney , Head Teacher, Gladesmore Community School
	Special Schools	1	Margaret Sumner , Head Teacher, William C Harvey School
Other Community Agencies and Groups	Haringey Probation Service	1	Mary Pilgrim , Head of Service Delivery
	Metropolitan Police	1	Commander Dave Grant , Borough Commander
	Youth Offending Service	1	Jean Croot , Head of Community Safety, Haringey Council
	Haringey Youth Council	2	Youth Councillor Shayan Mofitzedeh Youth Councillor Adam Jogee
Forum Chairs	Early Childhood	1	Melian Mansfield
	Forum Five to Eleven	1	Barbara Breed
	Forum Eleven to Nineteen	1	Janette Karklins
	Total	33	

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

TUESDAY, 1 JULY 2008

Present: Councillors Liz Santry (Chair) and George Meehan, Ify Adendunga, Elizabeth Archer, Sue Barker, Helen Brown, Dr. Pam Constantinides, Jean Croot, Melanie Danan, Jane Elias, Belinda Evans, Dave Grant, Tony Hartney, Paul Head, Cenk Orhan, Jim Shepley, Sharon Shoesmith, Margaret Sumner.

Also Present: Sha-Kera King, Pam Pemberton and Patricia Walker.

MINUTE NO.	SUBJECT/DECISION	ACTION BY
OBCB18.	<p>APPOINTMENT OF CHAIR (Agenda Item 5)</p> <p>RESOLVED:</p> <p>That Councillor Santry be appointed as Chair for 2008/09.</p>	HLDMS
OBCB19.	<p>APOLOGIES AND SUBSTITUTIONS (Agenda Item 1)</p> <p>Our Chair welcomed Commander Dave Grant, newly appointed Borough Commander to the meeting.</p> <p>Apologies for absence were submitted by Councillor Nilgun Canver, Tracey Baldwin (for whom Helen Brown substituted), Barbara Breed (for whom Elizabeth Archer substituted), Yolande Burgess, Adam Jogee and Janette Karklins.</p>	
OBCB20.	<p>MINUTES (Agenda Item 4)</p> <p>RESOLVED:</p> <p>That, subject to the correction of 'staring' to 'starting' in the second line of the final paragraph of the preamble to Minute OBCB.06, the minutes of the meeting held on 6 May 2008 be approved as a correct record.</p>	HLDMS
OBCB21.	<p>APPOINTMENT OF VICE-CHAIR (Agenda Item 6)</p> <p>RESOLVED:</p> <p>That Sue Barker be appointed as Vice Chair for 2008/09.</p>	HLDMS
OBCB22.	<p>APPOINTMENT OF A REPRESENTATIVE TO THE HARINGEY STRATEGIC PARTNERSHIP (Agenda Item 7)</p> <p>RESOLVED:</p> <p>That Sharon Shoesmith be appointed as the Children and Young People's Strategic Partnership Board's representative on the Haringey Strategic Partnership Board for 2008/09.</p>	HLDMS

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OBCB23.	<p>GOVERNANCE: MEMBERSHIP AND TERMS OF REFERENCE: 2008/09 (Agenda Item 8)</p> <p>We noted that the Council's Head of Legal Services had been consulted on the content of the report and had commented that the wide ranging strategic and responsive role for the Strategic Partnership Board, which was determined by statute, was referred to within the body of the terms of reference. While the content of the terms of reference was generally non-contentious, the Board might not have the power to formally approve Section 31 Partnership Agreements. The prescribed bodies for the purpose of Section 31 arrangements consisted of local authorities and specific NHS bodies and any arrangement had to be agreed by the prescribed bodies. The wider membership of the Board included representatives of bodies not prescribed for the purposes of Section 31 and its associated Regulations. Thus the terms of reference could validly refer to a role such as oversight of Section 31 partnership agreements but not to formal agreement of the arrangements. However, the Board would have the power to formally approve specific arrangements made under Section 10 of the Children Act 2004, which appeared to be a function not currently set out within its responsibilities.</p> <p>With regard to the composition of the Board, reference was made to the need for the possible addition of representatives of the North Middlesex Hospital and from schools. It was also suggested that Middlesex University be removed from the list of organisations represented. The Community Link Forum's representation also needed to be changed in the light of their new protocol.</p> <p>RESOLVED:</p> <ol style="list-style-type: none"> 1. That the terms of reference of the Board be amended to reflect the comments of the Council's Head of Legal Services as outlined above. 2. That the composition of the Board be reviewed to take account of the views expressed by existing Members. 	<p>DCYPS</p> <p>DCYPS</p>
OBCB24.	<p>COMMUNITY LINK FORUM PRESENTATION (Agenda Item 9)</p> <p>We received a presentation entitled 'What is the Community Link Forum?'. It was noted that the stated mission of the CLF was to increase the level, accessibility and quality of services meeting need and community cohesion through greater engagement and influence. In this context we were informed that the six key reasons why the CLF had been introduced had been:</p> <ul style="list-style-type: none"> • Demise of the Community Empowerment Networks (March 2006) • Improve the 'voice' of the Sector at a strategic level 	

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- Accountability with transparent processes
- Organised cross-sectoral working
- Improved joint working
- RESULT – Local services meeting local need

The Board was advised of the CLF Structure and of the CLF Elections the main points of which were:

- 24 seats available to the VCS across the Thematic Boards and Main Partnership
- 60 nominations had been received
- Only BPP seats were uncontested
- Process independently managed by the Electoral Reform Services
- 17 CLF representatives successfully elected

The Board was also advised that the C&YP Partnership Board CLF representatives were as follows:

- Cenk Orhan
- Ify Adenuga
- Jim Shepley

The CLF's Achievements included .

- Reference group established in May 2007
- The 'Have Your Say' consultation conducted June-July 2007
- HSP ratifies CLF Agreement (19 July 2007)
- CLF secretariat set up and CLF policies developed and ratified by Reference Group
- Small scale outreach programme conducted during winter 2007
- 240 strong membership by January 2008
- CLF launched 9 January 2008
- LAA workshops held for the Sector with LVSC
- Reference group supported with briefings on LAA, NRF and WNF
- Elections successfully managed
- Leadership Training provided for new CLF representatives

The CLF's shared priorities were cited as being -

- People at the heart of change
- An environmentally sustainable future
- Economic vitality and prosperity shared by all
- Healthier people with a better quality of life
- People and customer focussed

In terms of Achieving Priorities the following were quoted –

- Concerns about serious anti-social behaviour, and particularly discouraging young's involvement in it

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	<ul style="list-style-type: none"> • Need for positive images for youth, rather than demonising them • Value and recognition of children and young people's achievements • Need to engage with young people, and to listen to their views and their 'voice' – need effective practical action targeting those involved in gun and knife crime and to prevent negative re-enforcement of such activity • More young leaders and involvement of all age groups. <p>Questions having been asked and answered, our Chair thanked Sha-Kera King (CLF) and we</p> <p>RESOLVED:</p> <p style="padding-left: 40px;">That the presentation be noted.</p>	
<p>OBCB25.</p>	<p>INTEGRATED YOUTH SUPPORT SERVICES AND TARGETED YOUTH SUPPORT SERVICES (Agenda Item 10)</p> <p>We received a presentation from the Integrated Youth Support Service entitled 'Youth Matters Next Steps' the background to which was "having a single body responsible and accountable for youth policy and the ECM outcomes in each area will enable integrated planning and commissioning of the full range of services for teenagers from universal activities through to more specialist and targeted support. This would lead to an integrated youth support service, focused on and structured around young people's needs and involving a range of providers including voluntary and community organisations" (DFES Youth Matters 2005 para. 36).</p> <p>We noted that the 4 key elements of Integrated Youth Support were –</p> <ul style="list-style-type: none"> • Empowering young people • Making a contribution • Supporting choices (Information, Advice and Guidance) • Reformed targeted support <p>In terms of targeted youth support the aim was to put in place a co-ordinated and effective response to the more complex needs of vulnerable teenagers by way of -</p> <ul style="list-style-type: none"> • Existing partnerships • Multi-agency teams • CAF/Lead professional • Core competencies <p>Seven Strands of Targeted Youth Support had been identified, viz –</p> <ul style="list-style-type: none"> • Young People's Influence • Early Identification 	

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	<ul style="list-style-type: none"> • Needs Assessment • Early Universal Support • Lead Professional Support • Transitions • Accessible Services <p>The achievements of the Service to date were reported as being –</p> <ul style="list-style-type: none"> • Common assessment framework • Youth Service and Connexions Haringey configured into universal and targeted services • Workforce development – integrated leadership • Key stakeholders contributions • Co-location of staff working with vulnerable children and young people • Awareness raising <p>Future actions proposed included –</p> <ul style="list-style-type: none"> • Strategy to be in place by December 2008 to incorporate why, what, where, when and how • Milestones in place to achieve target date • Engagement of 3rd sector • Consultation with and involvement of young people • Roll out of Extended Services • Monitoring and measurement of impact (PSA 14 and additional proxy indicators) <p>The intention was that the Service would do more of what it did well including –</p> <ul style="list-style-type: none"> • Embedded involvement of young people in service planning and delivery (Hear By Right) • A Youth Offer – what young people, parents and communities can expect • Joint planning, commissioning and delivery (universal and targeted) • Increase in delivery and uptake of Positive Activities (PSA 14) • Impact on NEET, teenage conception rate, first time entrants into criminal justice, substance misuse. 	
OBCB26.	<p>PERFORMANCE MONITORING: ANNUAL PERFORMANCE ASSESSMENT (APA), CHANGING LIVES AND PERFORMANCE MONITORING (Agenda Item 11)</p> <p>We noted that the Education and Inspection Act 2006 required Ofsted to undertake an annual review of the Children's Services in each local authority and award a performance rating and Ofsted carried out this duty through the Annual Performance Assessment (APA). However, following evaluation of the APA 2007 Ofsted had introduced some</p>	

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	<p>changes to the APA process so that Councils could now either complete Ofsted's APA self assessment format or submit their annual review of their children and young people's plan.</p> <p>We were informed that since the report on the APA process to our last meeting partners had been working on the evaluation and analysis of the 20 priorities in Changing Lives. Work was continuing on this evaluation which would be submitted as the APA self assessment on 26 June. We were also informed that a programme for 2008/09 was being drawn up which would include the new aims for each of the existing 20 priorities. The development of these aims was to be based on the outcomes from the evaluation of Changing Lives.</p> <p>It was reported that because the closing date for the APA self assessment had been after the date for circulation of the agenda for our meeting it had not possible to include the finished documents with the report. Following the submission of the self assessment Ofsted would consider whether or not they wished to make an on-site visit. The final letter and grades would be published in December.</p> <p>It was also reported that Haringey's proposed LAA had been submitted for Government approval at the end of May. The development of the new performance management arrangements for the LAA reported to our last meeting would involve quarterly reports to our Board and other theme boards. These would replace the key indicator set that we had been receiving at each meeting over the last year. We noted that as the first quarter had only ended on 30 June the report was not available but would be presented to our next meeting in September. Instead, a set of indicators taken from the Directorate dashboard for April and May had been included in the Appendix to the report to enable current targets to be seen, and in some instances progress, on a selection of indicators significant for children and young people. We noted that for easy reference indicators were colour coded according to whether they were among the Haringey Strategic Partnership's LAA 35 improvement targets, LAA local indicators or DCSF mandatory indicators. We also noted that the traffic lights, where available, referred to the situation in May and that none were at red.</p> <p>RESOLVED:</p> <p style="padding-left: 40px;">That the report be noted.</p>	
<p>OBCB27.</p>	<p>FORUM UPDATE: 11-19 FORUM (Agenda Item 12)</p> <p>We received a verbal update from the Director of the Children and Young People's Service and we noted that work was on-going on new diplomas and the transfer of responsibility. Success rates had been reviewed and much work had been carried out to address the needs of those young people who were leaving school with no qualifications.</p> <p>The evaluation of 'Changing Lives' had now been submitted and the next</p>	

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	<p>step would be to feed in to next year's plans. Consideration would also be given to the 2009-2020 Children's Plan and the need to mirror the Government's plan. In this connection it was intended to carry out extensive consultations starting in September 2008.</p> <p>RESOLVED:</p> <p style="padding-left: 40px;">That the report be noted.</p>	
<p>OBCB28.</p>	<p>REPORT FROM CHILDREN AND YOUNG PEOPLE'S ADVISORY BOARD (Agenda Item 13)</p> <p>We received a verbal update from the Director of the Children and Young People's Service and we noted that in relation to items suggested for discussion at future meetings that play had been a big issue in particular the Fair Play Strategy.</p> <p>We also noted that a copy of the Primary Strategy which looked at transformational change to primary education would be uploaded on to the Council's web site within the next month.</p> <p>RESOLVED:</p> <p style="padding-left: 40px;">That the report be noted.</p>	
<p>OBCB29.</p>	<p>THREE MINUTE UPDATE (Agenda Item 14)</p> <p>The Board received a brief oral update from each of the partner agencies on activity since the previous meeting.</p> <p><u>Primary Care Trust</u></p> <p>The Board was advised that the Primary Care Strategy was the focus of the PCT's work. It should be noted that the Strategy was still evolving and that much work would be carried out on it over the forthcoming six months. The relationship with the Children's Service would be considered as would the question of linkages to the GP Service. The Darzi Review had also highlighted significant issues.</p> <p>Locally, the high birth rate was putting maternity and paediatric services under pressure.</p> <p><u>Police</u></p> <p>The current drive was around knife crime while avoiding the demonising of young people. Priority was also being given to achieving the LAA targets.</p> <p><u>Safer Communities Unit</u></p> <p>Forthcoming events included the Peace Week planning meeting, the</p>	

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inaugural meeting of the 'Dreams' group on 28 July and a young people and alcohol initiative aimed at stopping young people becoming involved with alcohol at a young age.

Secondary Schools

The Building Schools for the Future Programme was progressing and works were now underway at Gladesmore School.

HAVCO

Information sharing events were being planned including a children and young people's theme group on 2 September.

Special Schools

Noted that this year, for the first time, every child's achievements had been recorded. Also noted that the Council's Sixth Form Centre had been able to accommodate all referrals from Special Schools.

CONEL

Noted that the outcome of an Inspection Report on the College had been outstanding and thanks were expressed to other agencies who had lent support.

On the question of knife crime it was suggested that there might be value in having a discussion at a future Board meeting on this matter with an emphasis on adopting a positive approach. The Director of the Children and Young People's Service having indicated that there had been a youth summit which had focussed on this issue and a number of important developments, we asked that a report back be made to the next meeting of the Board.

DCYPS

Community Link Forum

Concern was expressed about proposed increases in rents paid by community groups occupying Council owned premises with effect from 1 October 2008.

We noted that the matter was the subject of on-going discussions between HAVCO and the Council's Voluntary Sector Team.

5 to 11 Forum

In response to a question about the Fair Play Strategy our Chair indicated that this should be the subject of a report to a future meeting of the Board.

DCYPS

Leader of the Council

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	Concern having been expressed about the risk of a major outbreak of measles and low MMR immunisation rates, we noted that the PCT had a catch up programme in place which included payments and targeted information on immunisation.	
OBCB30.	<p>FUTURE AGENDA ITEMS (Agenda Item 17)</p> <p>RESOLVED:</p> <p>That the Children and Young People's Plan 2009/20 Consultation be selected for consideration at the next meeting of the Board on 25 September 2008.</p>	DCYPS
OBCB31.	<p>ITEMS CURRENTLY SUGGESTED FOR FUTURE MEETINGS (Agenda Item 18)</p> <p>Our Chair having indicated that she would prefer if the Board selected one item from the list suggested by sub-groups for consideration per meeting, it was</p> <p>RESOLVED:</p> <p>That the Children and Young People's Plan 2009/20 Consultation be selected for consideration at the next meeting of the Board on 25 September 2008.</p>	DCYPS
OBCB32.	<p>DATES OF FUTURE MEETINGS (Agenda Item 18)</p> <p>RESOLVED:</p> <p>That the following dates of meetings of the Board in 2008/09 be noted –</p> <ul style="list-style-type: none"> • 25 September 2008 • 15 December 2008 • 3 February 2009 • 7 April 2009 	

LIZ SANTRY
Chair

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Meeting: Children and Young People's Strategic Partnership

Date: 25 September 2008

Report Title: Child Poverty Strategy & Action Plan

Report of: Sharon Shoemsmith, Director The Children & Young People's Service

Summary

Too many of Haringey's children and young people are living in poverty. The importance of this issue has been recognised by the Council and its partners adopting the National Indicator on reducing the proportion of children living in poverty (NI 116) as one of the thirty-five priorities for the Strategic Partnership's Local Area Agreement (LAA).

NI 116 is one of the National Indicators that the CYPSP leads on and the Child Poverty Strategy and Action Plan set out proposals for tackling this issue. Consultation, particularly on the Action Plan, is taking place between now and 5th November.

Recommendations

That the Board note and make comment on the Child Poverty Strategy and Action Plan.

Financial/Legal Comments

The Chief Financial Officer was consulted and commented:

- It is expected that costs associated with developing the Strategy will be contained within existing resources.
- In practice the Strategy, which aims to move towards closer joint planning and working across the Council and with Partner agencies in tackling child poverty, should increase value for money and direct resources in a more efficient and effective manner.

The Head of Legal Services has been consulted and there are no specific legal implications. The Strategy will help to facilitate the Council's duties towards children in need under the Children Act 1989 and related statutory instruments and guidance. The Council also has the power to implement a broad range of measures by virtue of the well-being powers of section of s.2 of the Local Government Act 2000.

For more information contact:

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Title: Corporate Policy & Strategy Manager

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1. Background

1.1 The Government has set itself a target to end Child Poverty by 2020 and is strongly encouraging local services to take an ever more active role in reducing poverty.

1.2 The Local Authority has an important role in helping to tackle the issue by:

- delivering key services that are critical to improving children's life chances;
- co-ordinating activities to reduce worklessness and poverty;
- engaging with individuals and groups at risk of being marginalized;
- tailoring solutions to meet the needs of local people

1.3 These roles were recently confirmed by the London Commission on Child Poverty (LCPC) which again stressed the important contribution that local services, including Council services, could make to reducing poverty.

1.4 Members have also made it clear that they want to see a renewed drive by the council to improve the circumstances and opportunities of the Borough's poorest children. A Members' Child Poverty Working Group was established last year, Chaired by the Deputy Leader, Councillor Reith.

1.5 The Child Poverty Strategy identifies four objectives that the Council needs to meet in order to achieve a substantial reduction in Child Poverty. These are adapted from already existing service priorities, although they also reflect objectives identified and recommendations made in the London Child Poverty Commission report.

Objective 1: Increasing parental employment in sustainable jobs

Objective 2: Maximising incomes through improving the delivery of benefits and tax credits

Objective 3: Reducing educational attainment gaps for children

Objective 4: Ensuring all Haringey children have decent and secure homes.

1.6 The fundamental aim of Haringey's Strategy and Action Plan is to ensure that all Council services and local partners are working together in a joined up way to reduce Child Poverty in the Borough and ensure that today's children do not become the parents of poor children tomorrow.

1.7 The Council will consult a range of partners through the Haringey Strategic Partnership and its Theme Boards. This will include representatives of community groups, HAVCO and the Citizen's Advice Bureau.

2. Current initiatives

2.1 Work is already being undertaken under the four Child Poverty Strategy objectives.

Current work strands include:

- Promoting the Haringey Guarantee
- Developing the 'Families Into Work' programme in Northumberland Park
- Working with Job Centre Plus to promote take up of Working Tax and Child Tax credits
- Providing income maximisation information through a range of sources
- Initiatives to improve educational attainment gaps through Children's Centres and Extended Schools
- Delivery of the 'Tackling Fuel Poverty' project
- Joint work between the Education Welfare Office and Housing Officers to minimise the disruption of children moving schools
- £100k has been allocated for a new initiative to provide benefit advice surgeries in some primary schools.

3. Strategic Implications

3.1 The Child Poverty Strategy has been designed to deliver two of the Sustainable Community Strategy's (SCS) objectives:

- Economic vitality and prosperity shared by all
- Healthier people with a better quality of life

3.2 Delivery of the Strategy will be key in meeting the new LAA target on tackling Child Poverty, as well as current LAA targets around Worklessness and improving educational attainment.

3.3 The Strategy is a step in moving towards closer joint planning and working across the council and with partner agencies in tackling Child Poverty.

4. Financial Implications

4.1 The Strategy's objectives will be delivered within existing budgets. It is hoped however, that by encouraging a more co-ordinated and focused approach to child poverty, the strategy will increase the effectiveness of the Council's activity in this area and improve value for money.

5. Legal Implications

5.1 This Strategy has no legal implications for the Council.

6. Equalities Implications

6.1 An Equality Impact Assessment has been undertaken and found that the implementation of the Strategy will enable the Local Authority and its Partners to concentrate its efforts in providing services to the most excluded and deprived children and families in the Borough.

7. Consultation

7.1 The Strategy and Action Plan will be sent out for consultation to the Haringey Strategic Partnership, its theme boards and the Youth Council. Consultation will begin on 25 September 2008 and finish on 5 November 2008. The results of the consultation will be reported to Cabinet in December 2008.

7.2 Please forward all comments, particularly on the action plan, by 5th November to: Zakir.Chaudhry@haringey.gov.uk

8. Use of Appendices / Tables / Photographs

- a. Child Poverty Strategy
- b. Draft Child Poverty Action Plan

CHILD POVERTY STRATEGY

2008-2011

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Foreword

Children and young people are Haringey's future.

Above all we want them *to be happy, healthy and safe with a bright future*. We have to plan for that future - to make it the best we possibly can.

Every year we see young people excel against the odds given their personal circumstances but these are exceptions. Too many children across the country and particularly in London grow up in poverty. We have an affluent society but with extremes of wealth and poverty. Haringey is no exception; it is a borough with high levels of deprivation which impact on children's life chances.

Families both in and out of work can experience poverty, depending on their circumstances. We know that poverty rates are highest for workless families, whether lone parents or couples. Whilst the number of children living in temporary housing has reduced and employment has risen, levels of worklessness remain high impacting on health, well-being and life chances.

We have seen enormous improvements in services for children and young people in Haringey. Progress in achieving five good GCSEs has been sustained at twice the national rate for over seven years. Sixteen children's centres are now providing good services for young children that enable many parents to return to work. This, together with other central and local government initiatives has led to a 4% reduction in the number of children living in poverty in Haringey; a much faster pace than most other parts of London.

This document draws together cross cutting work which will accelerate the pace at which we can lift children out of poverty in Haringey. Our ambition, reflected in our new LAA target on Child Poverty, is to achieve a further reduction of 4.5% by 2011.

Realising this ambition will draw upon the work of many departments across the council and all of the council's partners represented on the Haringey Strategic Partnership.

We want everyone in Haringey to get behind reducing poverty. We all have a role to play in delivering a better future for children and young people in the borough.

Together, we can do it.

Cllr Santry
Cabinet Member
Children and Young People

Cllr Reith
Cabinet Member

Executive Summary

There are a number of reasons for developing this strategy. Haringey, like London as a whole, has stubbornly high rates of child poverty with 36% of children in the borough growing up in families struggling to meet the basic necessities of life. At the same time, a number of recent reports and policy statements have stressed the important role that local services, especially local government services, can make to helping families out of poverty. Finally, Haringey's Councillors themselves want to see a renewed drive to reduce child poverty.

The fundamental aim of the strategy is to ensure that all council services and local partners are working in a joined up way to do everything possible to reduce child poverty in the borough and ensure that today's children don't become the parents of poor children tomorrow. It builds on a number of existing strategies, including the Regeneration Strategy and the Children and Young People's Plan.

The strategy identifies four **objectives** that the council needs to meet in order to achieve a substantial reduction in child poverty. These are adapted from already existing service priorities, although they also reflect objectives identified and recommendations made in the London Child Poverty Commission report.

- Objective 1: Increasing parental employment in sustainable jobs
- Objective 2: Improving take up of benefits and tax credits
- Objective 3: Reducing educational attainment gaps for children in poverty
- Objective 4: Ensuring all Haringey children have decent and secure homes.

This document will be supported by an action plan laying out how the council will deliver on each of these objectives.

Introduction

1 Despite being one of the richest cities in the world, 40% of children in London grow up in poverty. Haringey, the 5th most deprived borough in the capital¹, is certainly no exception to this broad London pattern. Too many of our children are living in inadequate housing, with parents unable to afford the basic necessities of life.

2 There is, however, nothing inevitable about this. The government has already succeeded in bringing down child poverty. Over the last decade some 600,000 children have been lifted out of poverty since 1997. Many examples of local agencies and local initiatives – including many Haringey initiatives - have helped families out of poverty. In fact, between 2004-2007, the number of children living in poverty in the borough fell by 4%.

Why we need a strategy

3 A number of factors have prompted us to write this strategy.

- Child poverty has fallen over the last decade but the rate at which poverty is falling has begun to decline. The government is likely to miss its national target of reducing child poverty by half by 2010 – with nearly 2.7 million children projected to still be living in poverty. Against this background, the Government is strongly encouraging local services to take an ever more active role in reducing poverty.
- The London Commission on Child Poverty stressed the important contribution that local services could make to reducing poverty.
- Haringey's councillors want to see a renewed drive by the council to improve the circumstances and opportunities of the borough's poorest children.

4 The fundamental aim of the strategy is to ensure that:

all council services and local partners are working in a joined up way to do everything possible to reduce child poverty in the borough and ensure that today's children don't become the parents of poor children tomorrow.

5 The strategy builds on a number of existing council and HSP strategies, including the Income Maximisation Strategy, the Regeneration Strategy, the Well-being Strategic Framework and the Children and Young People's strategic plan, *Changing Lives*.

6 This strategy recognises that in attempting to address this issue there are certain actions that can only be initiated by central government such as increases in child tax credit which are clearly beyond the remit of local

¹ Average Scores measure: Indices of Deprivation 2007

government. The actions identified in this paper are within the scope and responsibility of the local authority and its key partners.

Defining Child Poverty

The official Government measure of child poverty is defined as children living in a family with an income less than 60% of the national median (average) after taking into account household size and composition. Children are defined as individuals under the age of 16, plus 16/17 years old in full time education.

As an illustration, using this measure a couple with one child under 14 would be living in poverty if they had an income below £11,569 per year (at 2005/06 prices) and a lone parent with one child aged under 14 would be living in poverty with an annual income below £7,540.

The National Context

7 In the mid to late 1990s the United Kingdom suffered higher child poverty than nearly all other industrialised nations. In 1999 the Government pledged to eradicate child poverty in the UK within a generation - by 2020 - with interim commitments to cut it by a quarter by 2004 and by half by 2010. Although child poverty was reduced by 16% in 2004/5, the target to reduce it by a quarter was missed.

8 Nationally nearly one in three children - 29% - are growing up poor. But some groups have higher than average rates of child poverty including :

- some Black and Minority Ethnic groups
- single parents
- disabled parents
- parents with a disabled child
- refugee families
- families with many children
- teenage parents.

9 At the same time, it is worth underscoring that child poverty is much more widespread than is perhaps generally realised – poverty is not limited to workless and/or single parent families. Indeed almost six in ten (57%) of poor households have someone in work; in London 30% of children who live with both parents are poor.

London Context

10 London has higher levels of child poverty than the rest of the country.

- During a three-year period, 2003 – 2006, over 650,000 children in London lived under the poverty line. This is 41% of London's children compared with 29% nationally.
- There are 105 wards across London where the percentage of children living in families who are in receipt of key benefits is at least twice the national average; 10 of these wards are in Haringey.
- 55% of children in London who are living with a disabled parent are in poverty compared to 39% nationally.
- 60% of children in lone parent families in London are in poverty compared to 50% in the UK, and 30% of children in couple families, compared to 23% nationally.
- 68% of children in social housing in London live in poverty compared to 58% nationally.

11 In order to address London's particularly high rates of child poverty an independent body, The London Child Poverty Commission, was set up by the Mayor of London and London Councils in February 2006. The Commission's report was published in February 2008. See Appendix A for further details.

Haringey Context

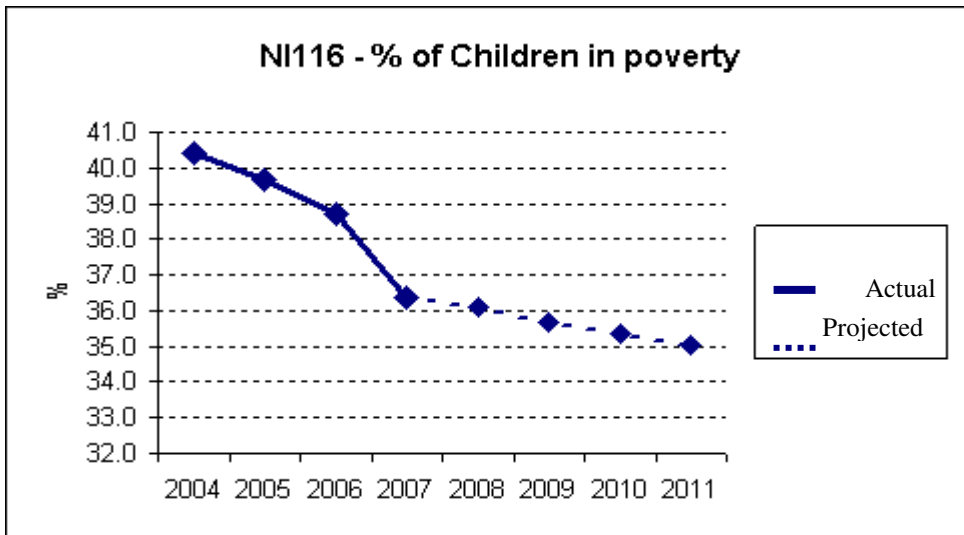
12 At present it is not possible to measure child poverty at the borough level – at least not using the government's preferred measure (children living in families with incomes below 60% of the median). Until data is available local authorities are expected to use uptake of out of work benefits as a proxy for poverty – including Job Seekers' Allowance, Incapacity Benefit, Income Support and Pension Credit.

13 According to DWP figures, between 2004-2007 the percentage of children living in families who are in receipt of out of work benefits has declined by 4% to 36.4%. This downward trend is projected to continue for the next four years with an estimated 35% of children living in poverty by 2011.

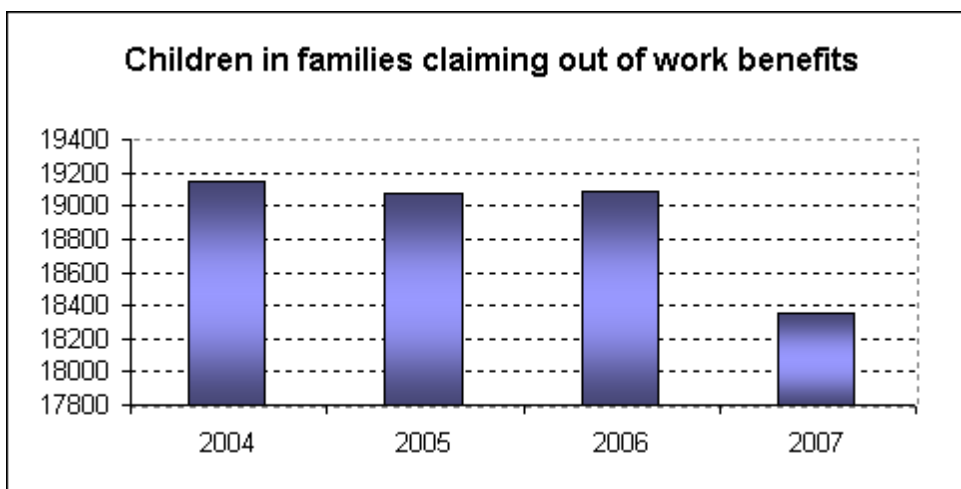
14 Some facts, figures and trends

	Number of Children	Children in families claiming out of work benefits	% of Children in poverty
April 2004	47400	19145	40.4
April 2005	48085	19080	39.7
April 2006	49320	19090	38.7
April 2007	50475	18350	36.4
April 2008	50115	18105	36.1
April 2009	49990	17845	35.7
April 2010	49745	17595	35.4
April 2011	49545	17350	35.0

Source: DWP



Source: DWP



For more information on child poverty in Haringey please see Appendix B. **Tackling Child Poverty in Haringey**

15 Tackling child poverty is a priority for Haringey Council and the Haringey Strategic Partnership. This is reflected in Haringey's Children and Young People's Plan, the Sustainable Community Strategy (SCS) and takes full account of ethnic, cultural and religious needs of Haringey people.

16 The Council's commitment to tackling child poverty is also reflected in Local Area Agreement targets around worklessness and improving educational attainment, and for our new LAA (2008-11), a new target committing us explicitly to reducing child poverty.

Our Child Poverty Objectives

17 We have identified four objectives that the council needs to meet in order to achieve a substantial reduction in child poverty, each elaborated in the next section. These are adapted from already existing service priorities, although they also reflect objectives identified and recommendations made in the London Child Poverty Commission report.

- Objective 1: Increasing parental employment in sustainable jobs
- Objective 2: Improving take up of benefits and tax credits
- Objective 3: Reducing educational attainment gaps for children in poverty
- Objective 4: Ensuring all Haringey children have decent and secure homes.

OBJECTIVE 1: INCREASING PARENTAL EMPLOYMENT IN SUSTAINABLE JOBS

18 Worklessness is a major cause of poverty. The largest out-of-work group in London are those with dependant children. However, it is increasingly being recognised that in-work poverty is a major problem too. There is a need to improve people's skills which will enable them to secure better paid jobs as well as helping them to sustain jobs and progress at work.

19 Current initiatives include:

Delivering and promoting the Haringey Guarantee which supports residents farthest away from the labour market into sustained employment. To date, the Guarantee has helped over 150 residents into work and has supported over 100 lone parents through training, volunteering, work placements or jobs. The programme offers a guarantee:

- **to local residents** to deliver quality driven employment and skills programmes

- **to employers** by providing local workers who meet or are trained to meet their recruitment and skills needs and who have a positive attitude to work
 - **from employers** to guarantee interviews for beneficiaries of projects who can be demonstrated to be 'Guarantee Ready' and meet the person specification for the role
- Developing "*Families into Work*" in Northumberland Park with the aim of tackling worklessness in the community and amongst lone parent and couple families through an intensive programme of support around a range of needs.
 - Working in partnership with mainstream welfare to work providers such as Reed and Working Links to encourage workless couple families and single parents back into work, particularly single parents with children under 12.
 - Working in partnership with Neighbourhood Management and Job Centre Plus, The Children and Young People's Service have established a range of targeted projects and initiatives to support parents into employment, including promoting clear referral routes to employment and training support providers and establishing Jobs Clubs, CV workshops, and Job Fairs in Children's Centres.

Future Priorities

20 Delivering and Promoting the Haringey Guarantee

- To strengthen existing partnerships and establish new partnerships to support disadvantaged groups, including lone parents and long-term benefit claimants, develop partnerships to deliver more family-friendly employment opportunities, and work to extend the programme's reach, including exploring the potential for joint-commissioning with Job Centre Plus and developing the North London Pledge.
- To develop a stronger and more integrated in-work support offer, incorporating elements such as tax credits and Train to Gain, to help break the cycle of welfare to work and back to welfare.
- To continue to lobby Government to increase funding to support people into employment and seek further opportunities to assist jobseekers in the transition into work.

21 Launching and delivering "Families Into Work" in Northumberland Park

- To robustly monitor and evaluate the pilot to measure the impact of combined interventions and the success of the project overall, with a view to exploring the viability of expanding it into other areas of deprivation in the borough.

- To co-ordinate the multi-agency approach to address the multiple factors contributing to clients' social exclusion.
- To establish referral routes between agencies and encourage appropriate information sharing.

22 *Other*

- To align Haringey's homelessness services with the Haringey Guarantee and other local training, education and employment provision.
- To increase young offenders' engagement in suitable education, employment and training.
- To ensure all teenage parents known to Supporting Teenage Parents have education or employment plans and access to accredited training programmes.
- To use the childcare sufficiency audit to identify any gaps in provision and to ensure that childcare places are available within the areas of most needs.
- To ensure adult education provision especially ESOL provision.

OBJECTIVE 2: IMPROVING TAKE UP OF BENEFITS AND TAX CREDITS

23 Many poor families are not aware of all the benefits and tax credits to which they might be entitled. London has some of the lowest uptake of certain types of benefits in the UK. Benefit and tax credit take-up campaigns have proven to be effective in increasing household income for significant numbers of low income families.

24 Current initiatives include:

- Working closely with Job Centre Plus to promote the take-up of Working Tax and Child Tax Credits.
- Providing income maximisation information through: Customer Services, Benefits and Taxation Services, the Financial Assessment Team, Homes for Haringey, Housing Services, The Children and Young People's Service, Physical Disabilities Service and Supporting People.
- Working in partnership with the Citizen's Advice Bureau in running 'Reaping the Benefits', a year long project aimed at driving up benefit and tax credit take-up, and delivering debt counselling in eight different venues in Northumberland Park, Bruce Grove and Noel Park.

Future Priorities

- To increase the take-up of Disability related benefits.
- To increase financial capability amongst the most disadvantaged communities, including support in accessing benefits such as work and family tax credits, subsidised childcare places, educational maintenance allowance and community based credit unions.
- To increase take up of Housing Benefit for low paid workers.
- To increase take up of Council Tax Benefit for low paid workers.
- To build on current work to effectively drive up take-up of Working Tax and Child Tax Credits.
- To provide local people who struggle with paying Council Tax with the opportunity to seek debt management and welfare benefit advice.
- To ensure that staff in Children's Centres and family support workers are equipped to provide information on an increased range of financial benefits that are available to low income families.
- To visit primary schools and offer parents benefits and tax credit advice.
- To further build upon the partnership work with the Citizens Advice Bureau.

OBJECTIVE 3: REDUCING EDUCATIONAL ATTAINMENT GAPS FOR CHILDREN IN POVERTY

25 Education provides one of the principle routes for escaping intergenerational poverty. It provides a child with the skills and confidence to navigate through life, offers greater chances for sustainable employment opportunities and helps give children a more equal start in life.

26 Children should be given the opportunity to develop their full potential and make a success of their lives for themselves and their families. They should have the best possible start in life and not be disadvantaged by family circumstance.

27 Current initiatives include:

- Children's Centres which aim to give children the best start in life and to support parents offer a range of integrated services including care, education, health and family support.
- Extended schools schemes, including breakfast clubs.

- The Vulnerable Children: a single multi-agency conversation and the single route of referral which both aim to identify the most vulnerable learners at the earliest stage of their education.
- National Healthy Schools Programme which aims to raise achievement as well as reduce health inequalities and promote social inclusion.
- Intervention programmes at all key stages focussed on improving educational achievement.

Future Priorities

- To further reduce the number of young people not in education, employment or training (NEET).
- To extend at Foundation Stage the Targeted Pupil Initiative to better identify the most vulnerable learners at the earliest stage of their education and involve their families in wider family learning initiatives.
- To ensure that by 2009 99% of young people leave school with at least one qualification.
- To 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.
- To explore the case for minimising low attainment at the same time as focusing on prioritising high achievement.
- To work with similar London boroughs as a consortium to share best practice in relation to reducing child poverty and to ensure that inter-borough processes regarding mobile families are robust and minimise the disruption to children's education when home circumstances are changing.
- To review the take-up of free school meals by Haringey families and qualifying criteria, to identify any potential areas where take-up maybe lower than entitlement and take active steps to improve publicity and to support families in making claims.

OBJECTIVE 4: ENSURING ALL HARINGEY CHILDREN HAVE DECENT AND SECURE HOMES

28 Access to adequate housing is an important element of a strategy to address child poverty. Housing issues including poor property condition, overcrowding, living in temporary accommodation and housing related debt can all act as contributing factors to high levels of child poverty.

29 Current initiatives include:

- Delivery of a NRF funded “Tackling Fuel Poverty” project which is adopting innovative ways to alleviate fuel poverty.
- Availability of floating support services to families who need to move into temporary accommodation to help them settle into a neighbourhood and access the services they need.
- Education Welfare Officer working with Housing officers to minimise the impact of pupil mobility on children’s education.
- Joint working with partner agencies through Hearthstone to support survivors of domestic violence to minimise the disruption to their lives.
- Availability of advice and support for households who are experiencing benefit or debt problems, which may threaten their home.
- Allocation of social housing lets through Home Connections, the choice based lettings scheme.

Future Priorities

- To strengthen links between Supporting People & Supporting Teenage Parents to ensure appropriate accommodation is available and accessible.
- To reduce the number households living in temporary accommodation by 50% by 2010.
- To address overcrowding across tenure.
- To deliver on the decent homes programme.
- To expand Hearthstone to increase the range of services available to survivors of domestic violence.
- To deliver initiatives to tackle fuel poverty.
- To ensure young offenders have suitable housing and housing related support services.

Implementation, monitoring and evaluation

30 An action plan has been developed to deliver this strategy and it compliments and links with the action plans of the various HSP theme boards.

The action plan is a rolling three year document which will be monitored quarterly and reviewed and updated annually, in a similar way to all LAA action plans. Progress reports will be presented to Cabinet and to several theme boards.

31 The Children and Young People's Service will be responsible for managing the strategy, and for monitoring and evaluating the action plan, with support from the Corporate Policy team.

32 The strategy will be monitored internally by the Regeneration Stream Board and will report to the Children and Young People's Service Partnership theme board of the HSP.

Consultation

33 The strategy and action plan will be sent out for consultation to external partners through the HSP and its partnership boards beginning September 2008.

Appendix A

The London Child Poverty Commission [LCPC]

The LCPC identified the factors driving child poverty in London above the national average. These include:

- London's population has a high share of groups who face high poverty risks at national level, including most ethnic minority groups, lone parents and families in social housing.
- While there has been major increases in lone parent employment outside the capital this has been less marked in London.
- Higher cost of living means the gain from moving from benefits to employment is worth less in real terms for some families.
- There is a relative shortage of part-time child care provision.
- Many part-time service sector jobs pay lower wages than in the rest of the UK.
- Fewer part time opportunities reduce employment chances for disabled parents

London Child Poverty Commission - Recommendations

The Commission made 26 recommendations across four broad themes:

- Employment and Skills
- Incomes and Incentives
- Child Development and Education
- Housing

Recommendations of particular relevance to local services include:

- Jobcentre Plus to work with employers to raise understanding of mental health issues and promote best practice in supporting people with mental health difficulties in work.
- The Low Pay Commission to consider the case for a London minimum wage.
- Transport for London to introduce concessions for lower income workers.
- Government, GLA and councils to find additional funding for extended schools in London.
- London Councils to improving post-16 options for young people.
- Policies to ensure minimum disruption of school career for children living in temporary accommodation.
- Improved support for children moving from primary to secondary school.
- Social landlords and their partners to provide closer integration of housing and employment services.

Appendix B

Child Poverty in Haringey

- As of April 2005 the three Haringey wards with the highest levels of children living in families in receipt of key benefits are :

1. Northumberland Park	54.6%
2. White Hart Lane	52.7%
3. Tottenham Green	52.4%

- As of March 2007, 8,598 children live in temporary accommodation.

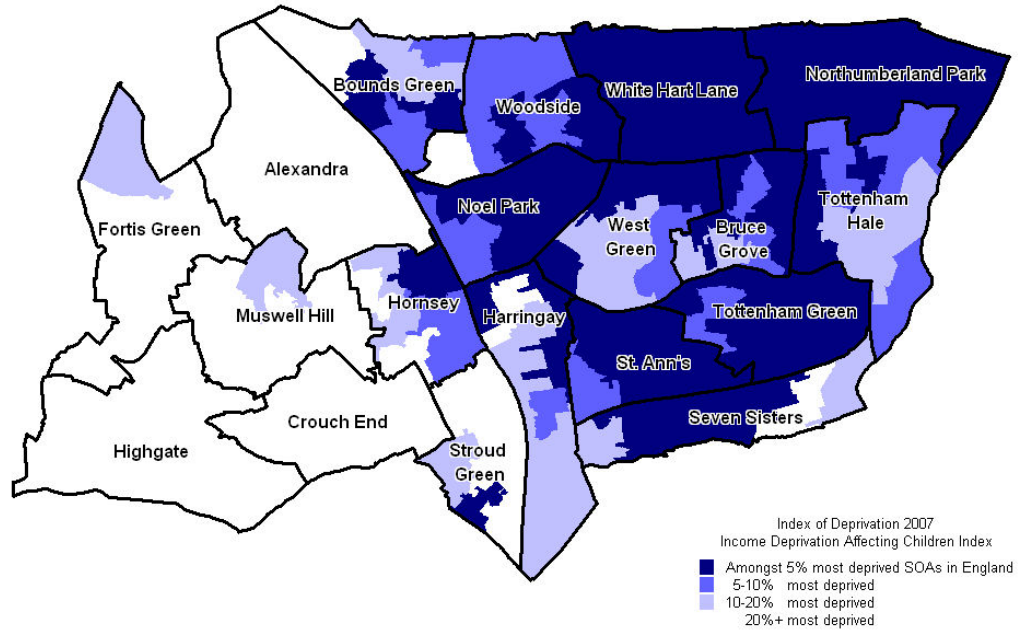
- There are a total of 10,775 pupils eligible for Free School Meals (FSM) out of a total of 33,865 pupils aged 5-16 years in Haringey schools. For pupils living in Haringey there are 9,956 eligible for FSM out of a total of 29,806 pupils aged 5-16 years.

- The 2007 Haringey's Housing Needs Assessment indicates that 8.9% of households are overcrowded. Over crowding was more predominant in wards of Bruce Grove, Seven Sisters and White Hart Lane. Overcrowding brings particular problems for children and young people and adversely impacts upon their education.

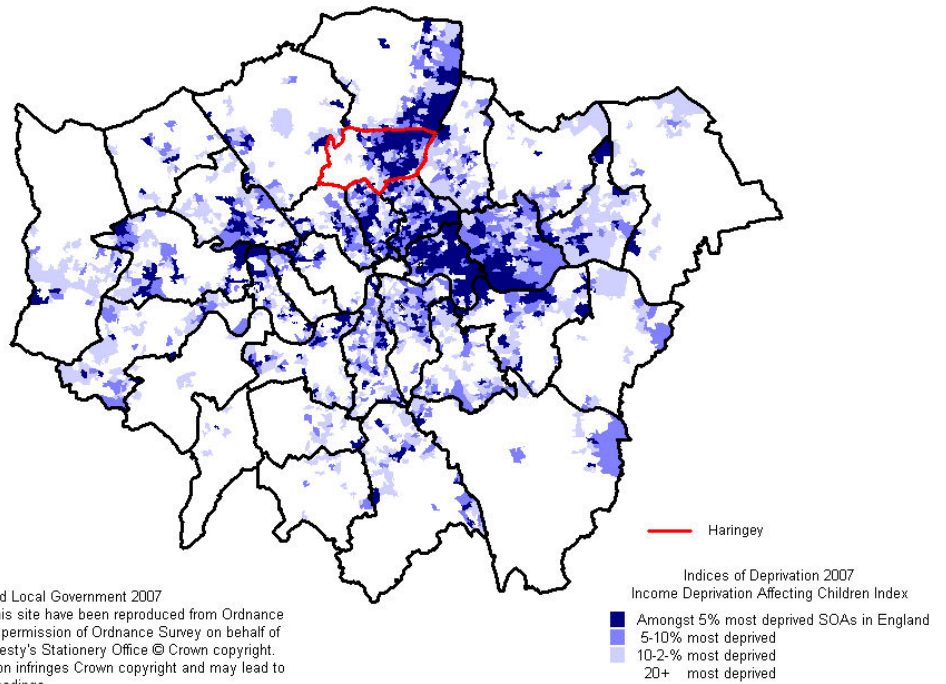
- The Index of Multiple Deprivation 2007 (IMD 2007) ranks every area of England according to its degree of deprivation. It shows that is a measure of multiple deprivation at small area level; it draws together a number of socio-economic criteria such as education and income so that comparisons can be made across the country. The Index of Multiple Deprivation 2007 indicates that 16 of Haringey's 144 Super Output Areas (SOA) are amongst the 5% most deprived in England, while a further 25 SOA are amongst the 5-10% most deprived.

- The IMD also provides information on Income Deprivation Affecting Children (IDACI). This is the proportion of the under-16s in a family in receipt of means-tested benefits. The IDACI 2007 shows that 57 SOA are in the 0.1% to 5% of the most deprived in England. A further 23 are amongst the 5-10% most deprived.

**Indices of Deprivation 2007
Income Deprivation Affecting Children Index
Haringey SOAs**



**Indices of Deprivation 2007
Income Deprivation Affecting Children Index
London SOAs**



Source: Communities and Local Government 2007
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ACTION PLAN TO DELIVER THE FOUR OBJECTIVES OF THE CHILD POVERTY STRATEGY

Council Plan Priorities: Encouraging lifetime well-being at home, work, play and learning Promoting independent living while supporting adults and children when needed		Key LAAs Targets: Proportion of children in poverty Reducing the out of work benefits claim rate in the worst performing neighbourhoods.								
Objectives	Priorities	LAAs targets	Supporting activities	Baseline	Target/How we measure progress	Governance	When (please insert clear milestones for monitoring against this activity)	Related plans and strategies	Resources	By whom
Objective 1: Increasing parental employment in sustainable jobs	<p>Delivering and promoting the Haringey Guarantee</p> <p>Launching and delivering 'Families Into Work'</p>	<p>230 (110 lone parents) sustained jobs work across the 12 improvement wards by March 2010 (LAA stretch target)</p> <p>180 long-term (6 months +) Incapacity Benefit (IB) claimants into sustained work by March 2010 (LAA stretch target)</p> <p>NI 116 Proportion of children in poverty</p> <p>NI 153 Reducing the out of work benefits claim rate in the worst performing neighbourhoods (including lone parents claiming income support)</p>	<p>Continuing to deliver the Haringey Guarantee</p> <p>Delivering the North London Pledge across Haringey, Enfield and Waltham Forest</p> <p>Delivering the Families Into Work project in Northumberland Park</p> <p>JCP mainstream welfare to work activity:</p> <ul style="list-style-type: none"> - New Deals (including ND for lone parents) - Employment Zone - Pathways To Work 	<p>Sustained jobs in the 12 improvement wards (including lone parents) stretch target - zero baseline (78 sustained jobs achieved since April 2007; 44 jobs for lone parents)</p> <p>IB stretch target - zero baseline (11 sustained jobs achieved since April 2007)</p> <p>Out of work benefits claim rate (NI 153) - 29.1%</p>	<p>Lone parents stretch target - 110 sustained jobs (by March 2010)</p> <p>IB stretch target - 180 sustained jobs (by March 2010)</p> <p>Out of work benefits claim rate (NI 153) - 4.7% by 2010/11</p> <p>Haringey Guarantee - 190 sustained jobs by March 2009</p> <p>Families Into Work - 100 families supported by August 2011</p> <p>North London Pledge - 100 sustained jobs in Haringey (by June 2010)</p> <p>NI 116 proportion of children in poverty 30.5% by 2011</p>	<p>Enterprise Partnership Board</p> <p>Enterprise Partnership Board</p> <p>Enterprise Partnership Board</p> <p>Core Business</p>	<p>Improvement wards stretch target - 2008/09: 73 sustained jobs</p> <p>- 2009/10 - 75 sustained jobs</p> <p>IB stretch target - 2008/09: 85 sustained jobs</p> <p>- 2009/10: 85 sustained jobs</p> <p>Commencing delivery of Families Into Work project in Northumberland Park - September 2008</p> <p>Commenced delivery of the North London Pledge - April/May 2008</p> <p>Delivering North London Pledge jobs Targets: 2008/09: 23 sustained jobs</p> <p>- 2009/10: 57 sustained jobs</p> <p>- April to June 2010 - 20 sustained jobs</p>	<p>Sustainable Community Strategy</p> <p>Regeneration Strategy</p> <p>Worklessness position statement</p> <p>Changing Lives</p> <p>Well-being Strategic Framework</p> <p>Homelessness Strategy</p>	<p>Within existing resources</p>	<p>Delivery of Haringey Guarantee/Delivery of Families Into Work/Delivery of North London Pledge/Agreeing LAA target for out of work benefits claim rate (NI 153) - Regeneration Manager</p> <p>Delivery of JCP mainstream provision - JCP</p> <p>Benefits & Local Taxation Manager</p>
	<p>Aligning Haringey's homelessness services with the Haringey Guarantee and other local training, education and employment provision</p>	<p>230 (110 lone parents) sustained jobs work across the 12 improvement wards by March 2010 (LAA stretch target)</p> <p>180 long-term (6 months +) Incapacity Benefit (IB) claimants into sustained work by March 2010 (LAA stretch target)</p> <p>NI 116 Proportion of children in poverty</p> <p>NI 153 Reducing the out of work benefits claim rate in the worst performing neighbourhoods (including lone parents claiming income support)</p> <p>NI 156 Number of households living in temporary accommodation</p> <p>NI 158 The percentage of local authority homes which are non decent'</p>	<p>Work with "Work Directions" organisation to find suitable candidates initially mailed for referral</p> <p>Working with the Council's housing team and Housing Associations on the development of the forthcoming Homelessness Strategy to establish a clear route of employment support for social tenants and to consider the particular barriers to work for homeless households and the relevance of pilots, such as Working Futures.</p>	<p>None</p>	<p>Improving the capture of data on homelessness households' employment status</p> <p>Introducing new procedures and referral arrangements in order to maximise the number of homeless households that are encouraged into training and employment</p> <p>Ensuring that the decent homes investment creates local training and employment opportunities for homeless households</p> <p>Establishing an employment and skills surgery for residents living in temporary accommodation</p>	<p>Homelessness Strategy Implementation Group</p> <p>Core Business</p>	<p>Completion of Homelessness Strategy and action plan - July 2008</p> <p>Data capture - November 2008</p> <p>Procedures and referral arrangements - January 2009</p> <p>Decent Homes - January 2009</p> <p>Employment and skills surgery - June 2009</p>	<p>Sustainable Community Strategy</p> <p>Homelessness Strategy</p> <p>Regeneration Strategy</p> <p>Worklessness position statement</p>	<p>Within existing resources</p>	<p>Chair of the Training Education and Skills Delivery Group (sub-group of the Homelessness Strategy Implementation Group)</p>

Strategy outcome: Minimise Child Poverty Sustainable Community Strategy outcomes: - Economic vitality and prosperity shared by all - Healthier people and a better quality of life		Council Plan Priorities: Encouraging lifetime well-being at home, work, play and learning Promoting independent living while supporting adults and children when needed				Key LAA Targets: Proportion of children in poverty Reducing the out of work benefits claim rate in the worst performing neighbourhoods.				
Objectives	Priorities	LAA targets	Supporting activities	Baseline	Target/How we measure progress	Governance	When (please insert clear milestones for monitoring against this activity)	Related plans and strategies	Resources	By whom
	Increasing young offenders engagement in suitable education, employment or training (ETE).	NI 45 Young Offenders engagement in suitable education, employment or training (ETE).	YOS to recruit to secondary learning mentor vacancy and incorporate Connexions personal advisors into YOS.	No base line set - Youth Justice Board are looking for direction of travel in relation to ETE	Young offenders into ETE - direction of travel to be identified	Core Business	2008/09	Changing Lives	Within existing resources. Mentor funded by ABG	Operational Manager: YOS
	All teenage parents known to Supporting Teenage Parents to have education or employment plans and access to accredited training programmes	NI 112 Under 18 conception rate	Development of accredited training programmes through 14-19 strategy for pregnant teenagers, teenage mothers and teenage fathers	100% of school-age (achieved)	98% of those known to supporting Teen Parents & Connexions by 2010	Children & Young People's Strategic Partnership	98% by 2010 monitored quarterly through TP Action Plan; 100% of 16-19 who are known to Supporting Parents by March 2009; 100% school age achieved and maintained.	Teenage Pregnancy Strategic Partnership through LAA (amt tbc)	Part funded through 14-19 strategy & part through LAA (amt tbc)	Teenage Pregnancy Co-ordinator & 14-19 Strategy manager
	Use the childcare sufficiency audit to identify any gaps in provision and to ensure that childcare places are available within the areas of most needs	NI 88 Percentage of schools providing access to extended services NI 118 Take up of formal child care by low-income working families	Extended school and services activities, breakfast clubs, play provision, youth provision, early years provision	Available via the Childcare Sufficiency Survey Assessment	Measured via annual updates to Childcare sufficiency survey	Children & Young People's Strategic Partnership Board	Childcare sufficiency audit completed April 2008 and published. 0-19 provision is being planned during the course of this financial year - due to complete by April 2009.	Changing Lives	Within existing resources	Place Planning Officer
	To ensure adult education provision especially ESOL	NI 116 Proportion of children in poverty	Programme of courses 2008/09	Take up numbers	Accreditation	Adult, Culture & Community Services	2008/09	Sustainable Community Strategy	Within existing resources	Head of HALS
Objective 2: Maximising incomes through improving the delivery of benefits and tax credits	Increase the take up of disability related benefits	NI 116 Proportion of children in poverty	Claim it campaign Advertise/market the use of web based benefits checker 'Entitled To'	None	DWP statistics for specific benefit take up.	Well Being Partnership Board	Launch campaign in Libraries and other public information access points across the Council August 08	Income Maximisation Statement	£10,000	SV Manager Physical Disabilities & OT Service
	Provide benefits advice clinics at all consultation events with people who use services			None	To be agreed		Apr-08		Within existing resources	SV Manager Physical Disabilities & OT Service

Strategy outcome: Minimise Child Poverty Sustainable Community Strategy outcomes: - Economic vitality and prosperity shared by all - Healthier people and a better quality of life		Council Plan Priorities: Encouraging lifetime well-being at home, work, play and learning Promoting independent living while supporting adults and children when needed			Key LAA Targets: Proportion of children in poverty Reducing the out of work benefits claim rate in the worst performing neighbourhoods.					
Objectives	Priorities	LAA targets	Supporting activities	Baseline	Target/How we measure progress	Governance	When (please insert clear milestones for monitoring against this activity)	Related plans and strategies	Resources	By whom
	Increase financial capability amongst the most disadvantaged communities, including support in accessing benefits such as work & family tax credits, subsidised childcare places, educational maintenance allowance and community based credit unions	NI 116 Proportion of children in poverty	Work of Children's Centres Running benefits advice sessions in primary schools and children's centres	Delivery of services from the 10 phase one Children centres has been achieved	Monitored through Changing Lives evaluations. NI 116 - 30.5% 2010/11	Regeneration Board	Consolidate the delivery of services from the phase two children's centres and establish plans for the third phase of children's centre development April 2009. Complete the development of family support strategy, including a parenting strategy that includes all aspects of family support across the full continuum of services April 2009 Run benefits advice sessions Autumn 2008	Changing Lives	£100K for benefits work in primary schools. Children's Centres budget	Head of Benefits & Local Taxation
Increase take up of Housing Benefit for low paid workers by 5%. Increase take up of Council Tax Benefit for low paid workers by 10%		NI 116 Proportion of children in poverty	1) A take up action plan submitted for two initiatives for 2008/9 which require an estimated £55K funding from the stream board. The initiatives are: a) Outreach campaigns and b) a series of Take up Surgeries These will be targeted at workers in deprived areas of the borough 2) A mail shot to working housing benefit and or council tax benefit claimants who appear not to be claiming CTC or WTC, as identified from our database	TBD from BLT database	To be measured against statistics from BLT database	BLT Income Maximisation Board	Take up action dependant on funding/ Mail shot in September 08	Sustainable Community Strategy	Stream Board funding	Head of Benefits & Local Taxation
Increasing the take up of Working and Child Tax Credits through ensuring Better Off Calculations (BOCs) are completed for all Haringey Guarantee participants.		LAA local indicator to ensure BOCs are completed for all Haringey Guarantee participants	Continuing to deliver the Haringey Guarantee Delivering the North London Pledge across Haringey, Enfield and Waltham Forest Delivering the Families Into Work project in Northumberland Park	BOC calculations (LAA local indicator) zero baseline	BOC calculations (LAA local indicator) - 400 BOCs (by March 2009)	Enterprise Partnership Board Enterprise Partnership Board Enterprise Partnership Board	BOC calculations (LAA local indicator) - targets and milestones TBD	Sustainable Community Strategy Regeneration Strategy Worklessness position statement Well-being Strategic Framework	Within existing resources	Delivery of Haringey Guarantee - Regeneration Mgr Delivery of Families Into Work project - Regeneration Mgr Delivery of North London Pledge - Regeneration Mgr

Strategy outcome: Minimise Child Poverty Sustainable Community Strategy outcomes: - Economic vitality and prosperity shared by all - Healthier people and a better quality of life		Council Plan Priorities: Encouraging lifetime well-being at home, work, play and learning Promoting independent living while supporting adults and children when needed			Key LAA Targets: Proportion of children in poverty Reducing the out of work benefits claim rate in the worst performing neighbourhoods.					
Objectives	Priorities	LAA targets	Supporting activities	Baseline	Target/How we measure progress	Governance	When (please insert clear milestones for monitoring against this activity)	Related plans and strategies	Resources	By whom
	Provide local people with opportunity to seek debt management and welfare benefit advice if required	NI 116 Proportion of children in poverty	Reaping the Benefits	N/A	Reach 400 new clients Increase household income by an average of £10 per week overall for the client group	Well-being Partnership Board	Ongoing	Sustainable Community Strategy	No additional resources identified at this time	Neighbourhood Mgr and CAB
	Ensure that staff in Children's Centres and family support workers are equipped to provide information on an increased range of financial benefits that are available to low income families	NI 116 Proportion of children in poverty	Training for Children's Centre staff to equip them for this role	N/A	N/A	Children & Young People's Strategic Partnership Board	Apr-08	Changing Lives	Within existing resources	Children's Centre Development Mgr
	To visit primary schools and offer parents benefits and tax credit advice	NI116 Proportion of children in poverty	Work with Neighbourhood Management to plan Access to Service Days Work with Citizens Advice Bureau in delivering benefits and tax credit advice in three primary schools	N/A	N/A	Child Poverty Officer Working Group	Earliest October 2008	Sustainable Community Strategy	up to £100k	Head of Benefits & Local Taxation
	To further build upon the partnership work with the Citizen's Advice Bureau		Coordinated work with the Council To possibly second a worker to the CAB	N/A	Monitoring of take up	Child Poverty Officer Working Group	Earliest October 2008	Sustainable Community Strategy	£30k	Director the Children & Young People's Service
Objective 3: Reducing educational attainment gaps for children in poverty	Reducing the number of young people not in education, employment or training (NEET).	NI 117-16 to 19 year olds who are NEET (Priority 19 & 20 CYP & LAA stretch target)	Increase opportunities in 14-19 vocational training, enterprise education, work related learning, work based learning and extend the Step to Employability scheme. Continuing to deliver the Northumberland Park Community School project, focusing on Key Stage 4 pupils, as part of the Haringey Guarantee Ensure 70% of young offenders concluding their orders are in full-time education by 2008.	Haringey Guarantee school project - zero baseline	Haringey Guaranteee schools project - 400 year 10 and 11 students supported (by June 2009)	Children & Young People's Strategic Partnership Board	Agreeing new contract for delivering new Haringey Guarantee schools project and commencing delivery - April/May 2008	Sustainable Community Strategy Regeneration Strategy Worklessness position statement Changing Lives Well-being Strategic Framework	Within existing resources	Delivery of Haringey Guarantee schools project - Regeneration Mgr Deputy Director School Standards & Inclusion
			Continue to raise standards at age 18 by building on effective partnerships to ensure that all young people have access to effective provision across the area to meet their needs. Targeted pupil initiative and Traveller support (esp outreach)	see Changing Lives monitoring (data currently being evaluated)	Changing Lives monitoring and team plan evaluations	Core Business		Changing Lives Parent & Community Participation Plan	within existing CYPs resources	

Strategy outcome: Minimise Child Poverty Sustainable Community Strategy outcomes: - Economic vitality and prosperity shared by all - Healthier people and a better quality of life		Council Plan Priorities: Encouraging lifetime well-being at home, work, play and learning Promoting independent living while supporting adults and children when needed			Key LAA Targets: Proportion of children in poverty Reducing the out of work benefits claim rate in the worst performing neighbourhoods.					
Objectives	Priorities	LAA targets	Supporting activities	Baseline	Target/How we measure progress	Governance	When (please insert clear milestones for monitoring against this activity)	Related plans and strategies	Resources	By whom
	At Foundation Stage extend the Targeted Pupil Initiative to better identify the most vulnerable learners at the earliest stage of their education and involve their families in wider family learning initiatives.	Statutory education targets	All work from Early Years Team focused on schools	Last year's results	Foundation stage assessments	Children & Young People's Strategic Partnership Board	October	Changing Lives	Existing resources	Head of Early Years
	Ensure that by 2009 99% of young people leave school with at least one qualification (96% by 2007 from 2006 result 94.5%).	Statutory education targets	For children & 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	2007 results	Changing Lives monitoring and team plan evaluations	Core Business	CL monitoring timetable and external assessments	Changing Lives	Within existing CYPs resources and any additional grants that come on stream	Head of Housing and Head of Inclusion Deputy Director School Standards & Inclusion
	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.	Statutory education targets	All CYPs activities, especially school standards and inclusion and parent and community participation	Targets for attainment, attendance, exclusions etc set in Changing Lives	Changing Lives monitoring and team plan evaluations	Core Business	CL monitoring timetable and external assessments	Changing Lives	Within existing CYPs resources and any additional grants that come on stream	Head of Housing and Head of Inclusion Deputy Director School Standards & Inclusion
	To explore the case for minimising low attainment at the same time as focusing on prioritising high achievement	Statutory education targets	As above	2007 results	year to year	Core Business	CL monitoring timetable and external assessments	Sustainable Community Strategy	Within existing CYPs resources and any additional grants that come on stream	Deputy Director School Standards & Inclusion
	To work with similar London boroughs as a consortium to share best practice in relation to reducing child poverty and to ensure that inter-borough processes regarding mobile families are robust and minimise the disruption to children's education when home circumstances are changing	NI 116 Proportion of children in poverty Statutory education targets	Contact Young London matters (GOL) to seek assistance with establishing a regional approach and securing the commitment of other boroughs	TBA	TBA	Core Business	CL monitoring timetable and external assessments	Sustainable Community Strategy	Within existing CYPs resources and any additional grants that come on stream	Director, The Children & Young People's Service

Strategy outcome: Minimise Child Poverty Sustainable Community Strategy outcomes: - Economic vitality and prosperity shared by all - Healthier people and a better quality of life		Council Plan Priorities: Encouraging lifetime well-being at home, work, play and learning Promoting independent living while supporting adults and children when needed			Key LAA Targets: Proportion of children in poverty Reducing the out of work benefits claim rate in the worst performing neighbourhoods.					
Objectives	Priorities	LAA targets	Supporting activities	Baseline	Target/How we measure progress	Governance	When (please insert clear milestones for monitoring against this activity)	Related plans and strategies	Resources	By whom
	To review the take-up of free school meals (FSM) by Haringey families and qualifying criteria, to identify any potential areas that take-up may be lower than entitlement and take active steps to improve publicity and to support families in making claims.	NI 52 - take up of school lunches. New indicator to be counted via annual survey run by School Food Trust. Survey being piloted 2008, full survey to be done next year.	Schools, Healthy Schools Programme and Catering work together to encourage take up. Leaflets about school meals widely available, pilot running in two schools around processing applications at school, parents invited to see and sample school lunch, parents invited to see new kitchens when completed.	Numbers eligible for FSM available from Pupil Level Annual Census (PLAC). Jan. 08 are primary 6744, secondary 4079, special 139. FSM take up not available in PLAC. Take up of lunches to be collected in School Food trust survey.	Measured via PLAC and School Food Trust survey.	Core Business	Work is ongoing as result of pupil mobility an new pupils entering Haringey schools, as new pupils On going work	Related to Changing Lives	Within existing resources	Deputy Director Business Support & Development CYPs Head of Commissioning & Business Mgt
Objective 4: Ensuring Haringey children have decent and secure homes	Strengthen links between Supporting People & Supporting Teenage Parents to ensure appropriate accommodation is available and accessible		Supporting People to review current provision and implement new appropriate provision or improve current provision through new commissioning or strategy arrangements	Supporting People has agreed a new strategy for supporting teen parents through 'fostering-type' provision and is working with Leaving Care/UM team to develop good practice and recruit & train host families	Through Supporting People monitoring and TP Action Plan monitoring frameworks & timescales.	Core Business		Teenage Pregnancy Strategic Partnership Action Plan	Within existing Supporting People resources	TP Co-ordinator/ Joint Director public health and chair of TP Strategic Partnership Board
	Reducing the number households living in temporary accommodation by 50% by 2010	NI156 Number of households living in temporary accommodation	Increasing access to housing supply in the private rented sector to meet housing need. Maximising access to social rented housing for homeless households Delivering a range of preventative interventions and alternative options at the front line.	5,389 households in TA as at 31 March 2008	TA Reduction Service Improvement Group	Regeneration Board	Reduction to 4,000 households by 31 December 2008, 3,800 by 31 March 2009 and 2,600 by 31 March 2010	Sustainable Community Strategy	Existing resources plus CLG Homelessness funding.	Head of Housing Supply & Temporary Accommodation
	Addressing overcrowding across tenure		Employ a dedicated Overcrowding Officer to co-ordinate activity on addressing overcrowding and under occupation Develop a range of initiatives for tackling overcrowding and incentivising under occupation moves, learning from the best practice pilot. Deliver larger homes through new build development programme and deconversions. Work with RSLs and Home for Haringey to address overcrowding across the social rented sector as part of Area Based Working pilot Develop cross tenure Overcrowding Strategy.	20,400 households with overcrowding indicator (2001 census)	Targets to be set and monitored by the Overcrowding Steering Group	Integrated Housing Board	To be agreed and set as part of Strategy development and action planning	Regeneration Strategy Homelessness Strategy	£110,000 CLG funding as part of Overcrowding Pathfinder status	Head of Housing Needs & Strategy

Strategy outcome: Minimise Child Poverty Sustainable Community Strategy outcomes: - Economic vitality and prosperity shared by all - Healthier people and a better quality of life		Council Plan Priorities: Encouraging lifetime well-being at home, work, play and learning Promoting independent living while supporting adults and children when needed			Key LAA Targets: Proportion of children in poverty Reducing the out of work benefits claim rate in the worst performing neighbourhoods.					
Objectives	Priorities	LAA targets	Supporting activities	Baseline	Target/How we measure progress	Governance	When (please insert clear milestones for monitoring against this activity)	Related plans and strategies	Resources	By whom
	Delivery of the decent homes programme	NI 158 The percentage of local authority homes which are non decent'	Decent Homes Contractor Framework agreed. Delivery of year 5 programme (phase 1 on site) Compliance Team monitoring of delivery.	6,819 homes non decent as at 31 March 2007	Strategic core group reviews performance monthly Analysis of performance against programme reported to Homes for Haringey EMT and into Council through monthly and quarterly monitoring meetings Quarterly reports to Cabinet	Regeneration Board Regeneration Board Regeneration Board	Proportion of local authorities homes which are non decent: 2008/09 42% 2009/10 36% 2010/11 30%	Sustainable Community Strategy Regeneration Strategy Homelessness Strategy	Within existing allocated resources	Executive Director of Building Services
	Expand Heartstone to increase the range of services available to survivors of domestic violence	Increase the proportion of incidents of domestic violence (DV) which result in sanction detections Repeat victimisation of domestic violence	Delivery of physical expansion of Heartstone. Closer working with partners agencies to increase the range of services offered from Heartstone. Increase range of services and support available to children of survivors of DV Increase the number for Sanctuary scheme installations to allow survivors to remain in their own homes.	652 (06/07) 201 (05/06)	813 or 38% by 09/10 156 by 10/11	Core Business	770 or 36% (08/09) 813 or 38% (09/10)	Sustainable Community Strategy	Additional resource agreed	Head of Housing Needs & Strategy Principal Equalities & Diversity Officer
	Deliver initiatives to tackle fuel poverty	Tackling fuel poverty - people receiving income based benefits living in homes with a low energy efficiency rating - proxy measure 'number of households to benefit from energy efficiency measures'	Delivery targeted outreach sessions in areas with high levels of fuel poverty. Use the thermal image information to target households Deliver range of initiatives and maximise access to grant funding Development of Affordable Warmth Strategy	December 2007 - 1683	2000 by 10/11	Well-Being Partnership Board	08/09 - 1000 09/10 - 500 10/11 - 500	Sustainable Community Strategy		Fuel Poverty Officer
	Ensure young offenders have suitable housing and housing related support services.	NI 46 - young offenders access to suitable accommodation	YOS to continue to liaise with supported housing and housing projects	Annual result	Annual progress	Core Business	Year on year	Community Safety Strategy 08-11	Within existing resources. YOS accommodation officer funded via Supported Housing	Strategic Mgr YOS

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haringey strategic partnership

Meeting:	Children and Young People's Strategic Partnership
Date:	25 September 2008
Report Title:	Alcohol Harm Reduction Strategy and Action Plan
Report of:	Drug and Alcohol Action Team Partnership Board

Summary

Haringey was one of the first Boroughs to have a cross-cutting Alcohol Strategy, following the 2004 publication of the Government's first National Alcohol Strategy. This new draft strategy for 2008-11 (attached) builds upon Haringey's original strategy that ended in March 2008 and takes into account new statutory duties and guidance. It is supported by an annual Action Plan.

Its aims are to tackle the health and social harms alcohol causes, as well as alcohol-related crime and anti-social behaviour.

The Strategy was developed over a five months period from April – August 2008, through interviews with stakeholders and a conference in July 2008. It incorporates the findings of a review of local alcohol related problems and takes into account available alcohol related data, alcohol problems and concerns.

Significant Issues

- Haringey has the highest rate of male alcohol-related mortality in London
- Alcohol-related hospital admissions rates have more than doubled over a five year period from 2002/03-2006/07. This is part of a regional and national picture.
- Alcohol is also linked to violent crime in the borough, as well as anti-social behaviour such as street drinking.
- Parental drinking is a factor in a number of cases focused on the protection of children.

The new Local Area Agreement includes a target to reduce alcohol-related hospital admissions. The Strategy addresses this, along with a number of other targets where alcohol misuse is a contributing factor.

To be effective in reducing alcohol-related harm, there needs to be a coordinated response from a wide variety of organisations. The Strategy objectives and action plan fall into the remit of three of Haringey's Strategic Partnerships Boards: Children and Young Peoples Strategic Partnership

Board(CYPSPB), Safer Communities Executive Board and the Well-Being Board.

An alcohol strategy group sitting underneath the DAAT will have oversight of the implementation as a whole but it will be the responsibility of the individual boards to monitor delivery against their part of the Action Plan.

Recommendations

That the CYPSPB endorse the Strategy and Action Plan.

To note that the Strategy will be considered by Overview and Scrutiny Committee on 6 October and Cabinet on 18 November 2008.

Financial Comments

The new indicative health costs required to deliver the Strategy are £200K. Funding decisions will be made by the Teaching Primary Care Trust's Priorities Panel following submission of a Business Case. The focus will be on brief interventions in primary care, Accident & Emergency and ward based settings.

Legal Comments

The *Crime and Disorder Act 1998* places a duty on the Council, together with the local Police Authority, chief officer of Police, Fire Service and Primary Care Trust, to formulate and implement strategies designed to reduce crime and disorder and to combat the misuse of alcohol (and other substance abuse) in the local authority area. This strategy has been drafted in accordance with that duty.

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1. Executive Summary

1.1 The need for an alcohol strategy

There is a statutory duty on Crime and Disorder Reduction Partnerships to have a strategy that addresses alcohol-related crime and disorder.

Government guidance, in line with the national alcohol strategy *Safe. Sensible. Social.*, calls for strategies that go beyond a crime focus and also address health harms and the impact of alcohol on children and families.

Haringey has high rates of alcohol-related mortality compared to the rest of London, and as is the case elsewhere, rising rates of alcohol-related hospital admissions. Alcohol is also linked to domestic violence and other violent crime in the borough, as well as anti-social behaviour such as street drinking. Parental drinking is a factor in many cases that come to the child protection register.

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

1.2 Key aims and objectives

The overarching strategic aim is:

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

Objectives of the strategy are:

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

1.3 Strategic framework

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

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

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

1.4 Monitoring and Evaluation

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

1.5 Outline of targets

The strategy is linked to the following targets:

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

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2. Background

2.1 Introduction

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

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

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

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

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

The findings of a review of teenagers' alcohol and drug use, commissioned by the Overview and Scrutiny Committee in summer 2008 will be incorporated into the strategy when they are available.

2.2 Alcohol-related harm in Haringey

2.2.1 Borough profile

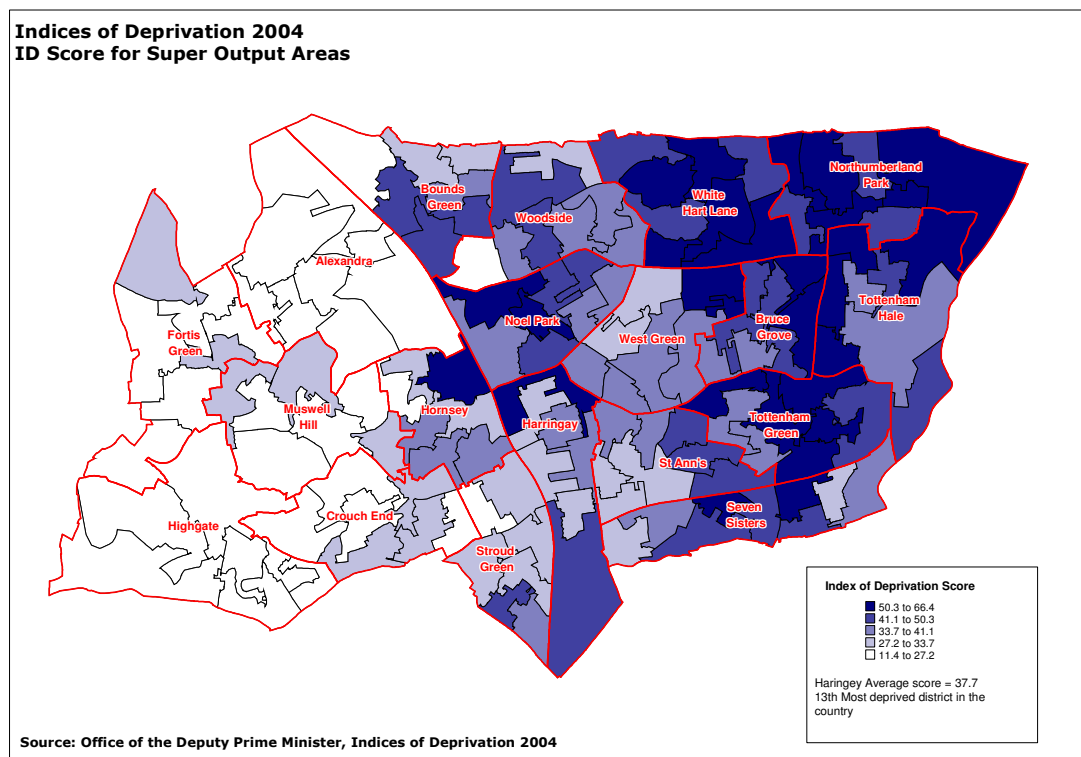
The borough's population has grown by 8.4% since 1991 and is projected to grow by a further 12.6% by 2016 to 233,125. In the 2001 Census, 34.4% of residents were from 'non-white' communities. Many of the ethnic groups in Haringey are white. When 'other white' born in Eastern Europe and the Middle East,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

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definition of black and ethnic minorities then almost 49% of Haringey's population is from black and ethnic minority communities.

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

Figure 1



2.2.2 Prevalence of alcohol use and misuse

Adults 16 to 64

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

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

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

The Department of Health's 2005 *Alcohol Needs Assessment Research Project* found that a smaller percentage of Londoners are hazardous or harmful

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drinkers (see box 1 for definitions) than in England as a whole, but a higher proportion of Londoners are dependent drinkers, as follows:

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

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

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

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

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

Box 1: sensible limits and definitions of drinking levels

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

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

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

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

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

Older people

A Scottish study¹ on alcohol and older people reported survey evidence that older people drink lower quantities of alcohol than younger people. There is evidence that the pattern of drinking changes – as people get older they are likely to drink more frequently, but to consume less per day. Over recent years, the number of older people who exceed recommended levels appears to be increasing.

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

Children

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

- 17% of boys in London had drunk in the last week, compared with 25% in England

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

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- 14% of girls in London had drunk in the last week (23% in England)

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

Ethnic differentials in alcohol use

In 2004 the Health Survey for England found that people from many ethnic minority groups in England (Indian, Pakistani, Bangladeshi, Black Caribbean and Black African) were on average more likely to be non-drinkers and less likely to drink above recommended levels or to binge drink than the general population. People from the Irish group, however, were more likely to drink above recommended levels and to binge drink than the general population.

Socio-economic differentials in alcohol use

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

2.2.3 Health harm

According to data collated by the North West Public Health Observatory, Haringey has a significantly worse mortality rate for chronic liver disease than the English average. Haringey has the highest male mortality rate in London from alcohol-attributable causes (figure 2), and the 18th highest for females.

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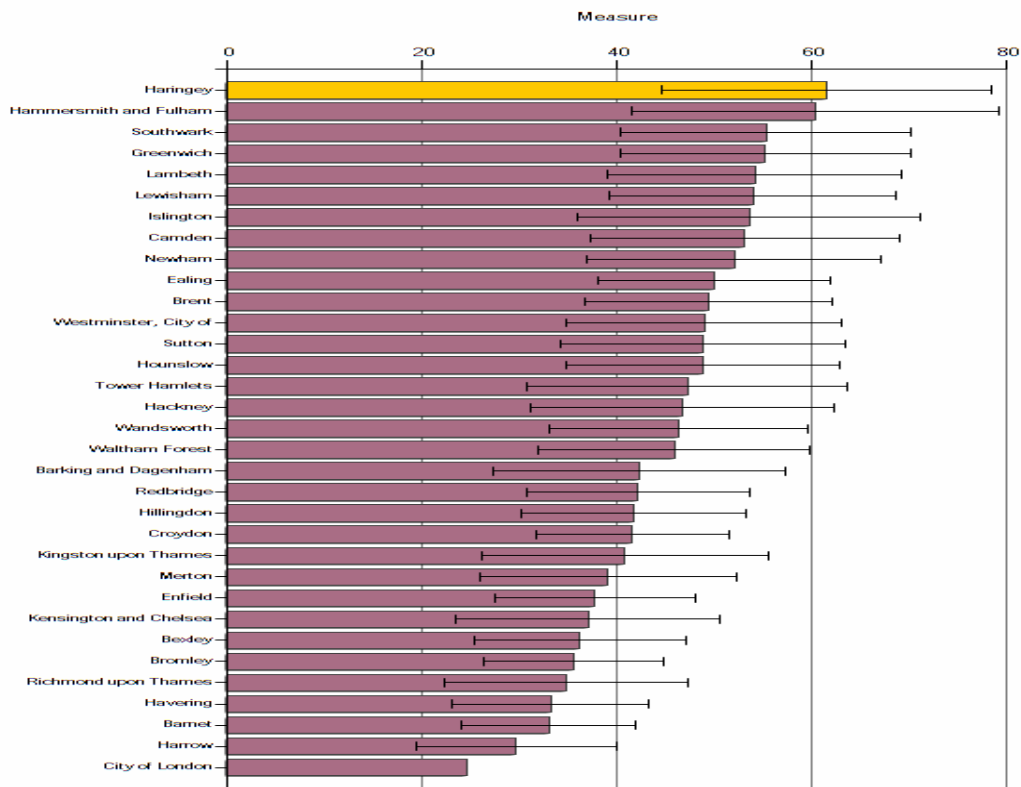


Figure 2: alcohol-attributable mortality, males (2005) (source: NPHO)

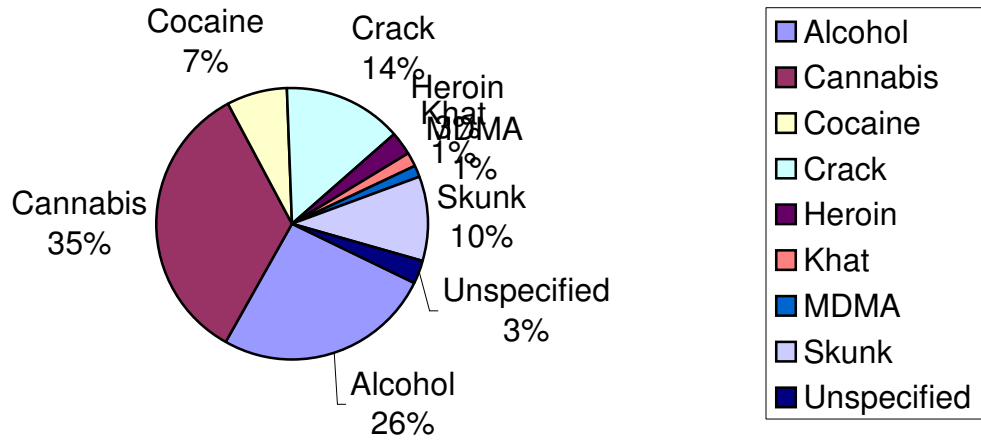
Hospital admissions for alcohol-related conditions more than doubled from 2002/03 to 2006/07. The current rate of increase in admissions is projected to see Haringey match the higher London and English rate by 2010/11 if left unchecked.

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

Alcohol is often used problematically by people with mental health problems, which can seriously affect the ability of services to assess, treat and care for patients safely and effectively. The use and alcohol can make symptoms worse and trigger acute illness relapse. Local data from the Dual Diagnosis Service shows that 26% of patients triaged during the 6 month period from September 07 were alcohol users (figure 3).

Figure 3: Drug choice of dual diagnosis clients

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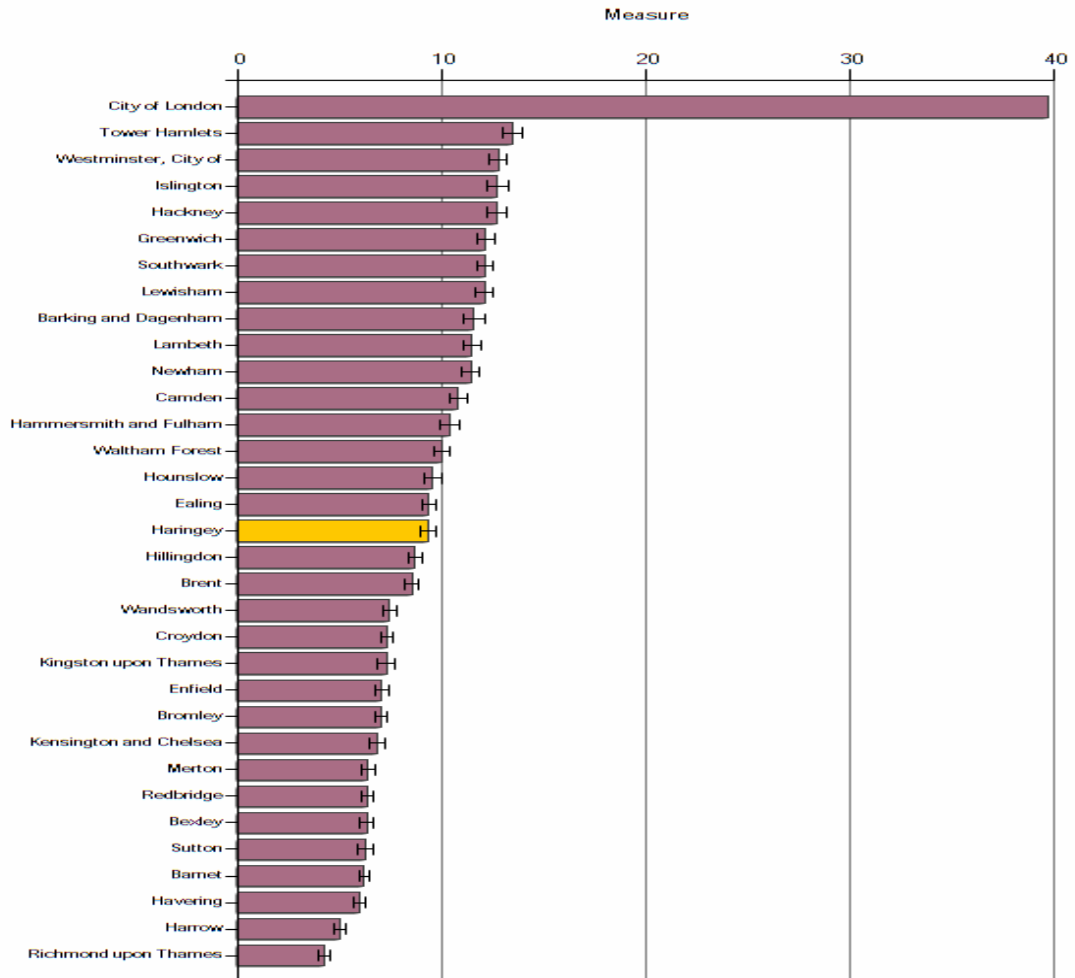


**2.2.4 Alcohol-related crime and anti-social behaviour
Crime**

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

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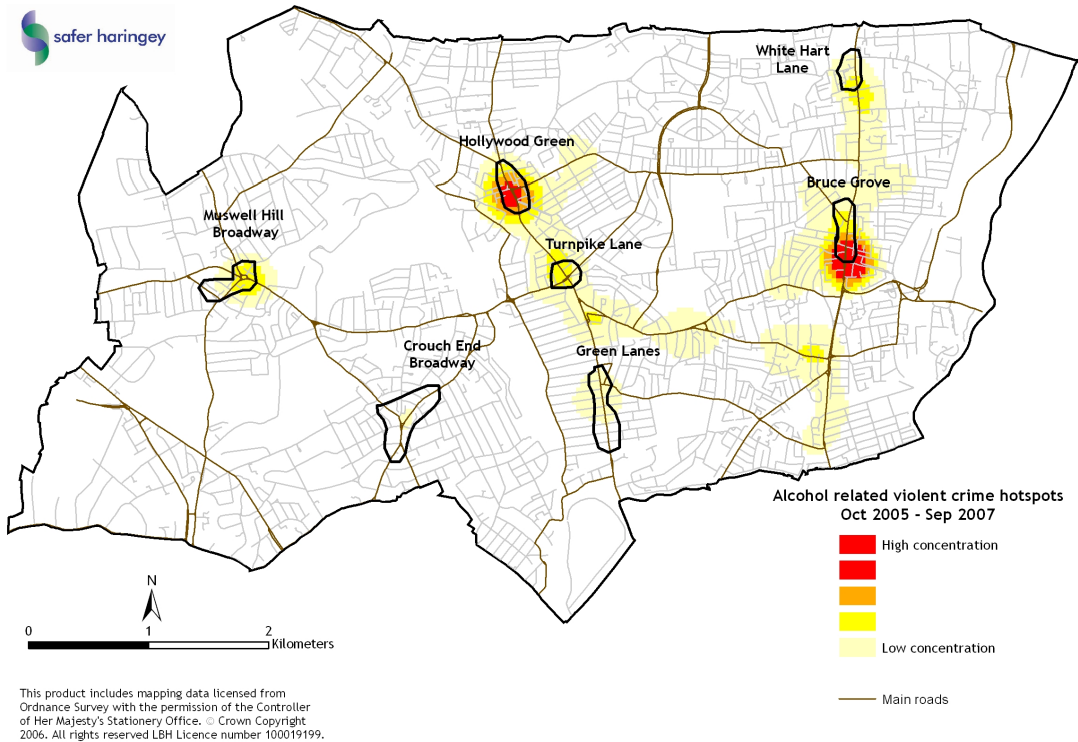
Figure 4: alcohol-related violent crime 2006/07



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

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

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

Domestic and gender based violence

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

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

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

There were 238 sexual offences in Haringey in 2006/07, and just under a quarter were rape with the remaining classified as 'other sexual', mostly sexual assaults. 20% (48) of all sexual offences were recorded as alcohol-related

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where the victim or suspect had been drinking at the time of the offence. 14% (26) of other sexual offences and 38% of rapes (22) were alcohol-related.

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

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

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

Anti-social behaviour

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

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

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

Fire deaths

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

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

2.2.5 Impact of alcohol misuse on children and families

Problem drinking can affect all aspects of family functioning, with seven key areas of family life being adversely affected, including its social life, stable finances and good communication. Relationships between family members,

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employment and health issues can also be adversely affected by alcohol misuse. Heavy drinking is also strongly correlated with conflicts, disputes and domestic violence and this too has a damaging effect on children. Marriages with alcohol problems are twice as likely to end in divorce (see *Alcohol and the family: a position paper from Alcohol Concern* www.alcoholandfamilies.org.uk).

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

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

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

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

In Haringey, a number of stakeholders expressed concern about the local prevalence of parental alcohol misuse and its impact on children. A significant proportion of cases on the child protection register have parental drinking as a significant factor [awaiting data]. HAGA's children and families service saw 324 children in 2006/07, of whom 31 were on the child protection register, 26 were classed as in need and 37 were in care or looked after by the council. The service took on 162 new adult clients (ie substance misusing parents) in 2006/07.

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

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

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example, unprotected sex, teenage pregnancy, failing at school and the use of illicit drugs

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

2.3 Current responses to alcohol-related harm Haringey

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

2.3.1 Activity to reduce alcohol-related health harm

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

In line with Department of Health guidance², a pilot screening and brief intervention project in North Middlesex A&E department and four primary care practices has been in place since late 2007.

2.3.2 Specialist treatment

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

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

² Alcohol Misuse Interventions – guidance on developing a local programme of improvement
http://www.dh.gov.uk/prod_consum_dh/idcplg?IdcService=GET_FILE&dID=18933&Rendition=Web

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

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

Services offered include:

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

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

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

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

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

2.3.3 Activity to tackle alcohol-related crime

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

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

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Hearthstone provides survivors of domestic violence in Haringey with access to all the support they need in one place. The centre brings together housing officers, Victim Support volunteers, police Community Safety officers, and staff from the council's Equalities and Diversity unit. Hearthstone and HAGA work together in accordance with best practice set out by the Home Office-funded Stella Project to support survivors of domestic violence who have alcohol problems.

2.3.4 Activity to tackle alcohol-related anti-social behaviour

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

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

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

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

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

The Youth Offending Service is commissioned by the DAAT to provide specialist interventions for young people in the criminal justice system with substance misuse problems. Within the Children's Service, there is a substance misuse worker in the Leaving Care team. Within adult social services there is a specialist substance misuse post to work with parents. Domestic violence is often linked with parental alcohol misuse and links are being developed between the Local Safeguarding Children Board and the Domestic Violence Strategic Partnership Board.

COSMIC (a HAGA project, see 2.3.2 above) is commissioned by the DAAT to provide support and advice to children and families experiencing drug or alcohol problems. COSMIC hold drop-in sessions that aim to build family relationships, and provide telephone advice and support in case conferences

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for parents/families as required. COSMIC involves young services users and has well-developed user participation processes which feed into service improvement for children and young people.

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

3. Local priorities in tackling alcohol-related harm

3.1 Gaps

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

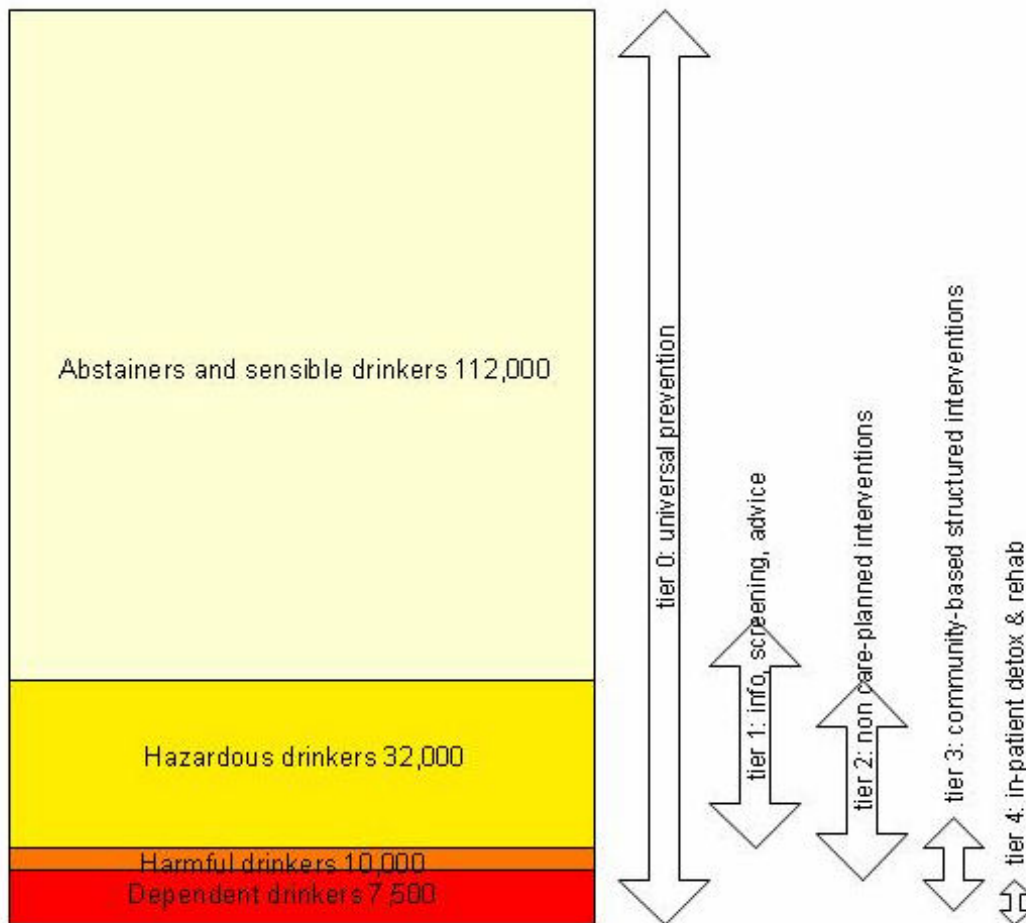
3.1.1 Health

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

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

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



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

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

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

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

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

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

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

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

In terms of capacity of specialist treatment, estimates of need using the Rush Model⁴ indicate that a reasonable level of provision would have capacity to treat 15% of the in-need population (defined as harmful and dependent drinkers) each year. This would mean, for example, capacity for:

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

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

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

3

http://www.primarycarecontracting.nhs.uk/uploads/primary_care_service_frameworks/primary_care_service_framework_-_alcohol_v9_final.pdf

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

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

3.1.2 Community safety

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

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

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

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

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

3.1.3 Children and families

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

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

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

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

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

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

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

3.1.4 Community engagement

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

The borough has various mechanisms in place for consulting with and engaging the community, and these should be used as appropriate to inform the ongoing work of the strategy. Individuals and organisations who were consulted during the drafting of the strategy are listed at Appendix 1.

However, there also needs to be pro-active community development work. Treatment agencies are not currently resourced to undertake all the work necessary to raise the profile of alcohol within diverse communities nor to understand the alcohol-related needs of community groups. A specialist function may need to be created to achieve this first step.

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

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3.2 Priorities

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

- Developing a commissioning framework for alcohol treatment, to include early interventions and clinical governance
- Developing datasets to inform action on alcohol-related harm
- Improving the enforcement and coordination of existing tools and powers to address alcohol-related ASB
- Addressing the impact of parental alcohol misuse on children and families

3.3 Strategic aims and objectives

The overarching strategic aim is:

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

Objectives of the strategy are:

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

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4. Implementation of the strategy

4.1 Strategic framework for implementing the alcohol strategy

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

- Children and Young People Strategic Partnership
- Better Places
- Enterprise
- Well-Being
- Haringey Safer Communities Partnership

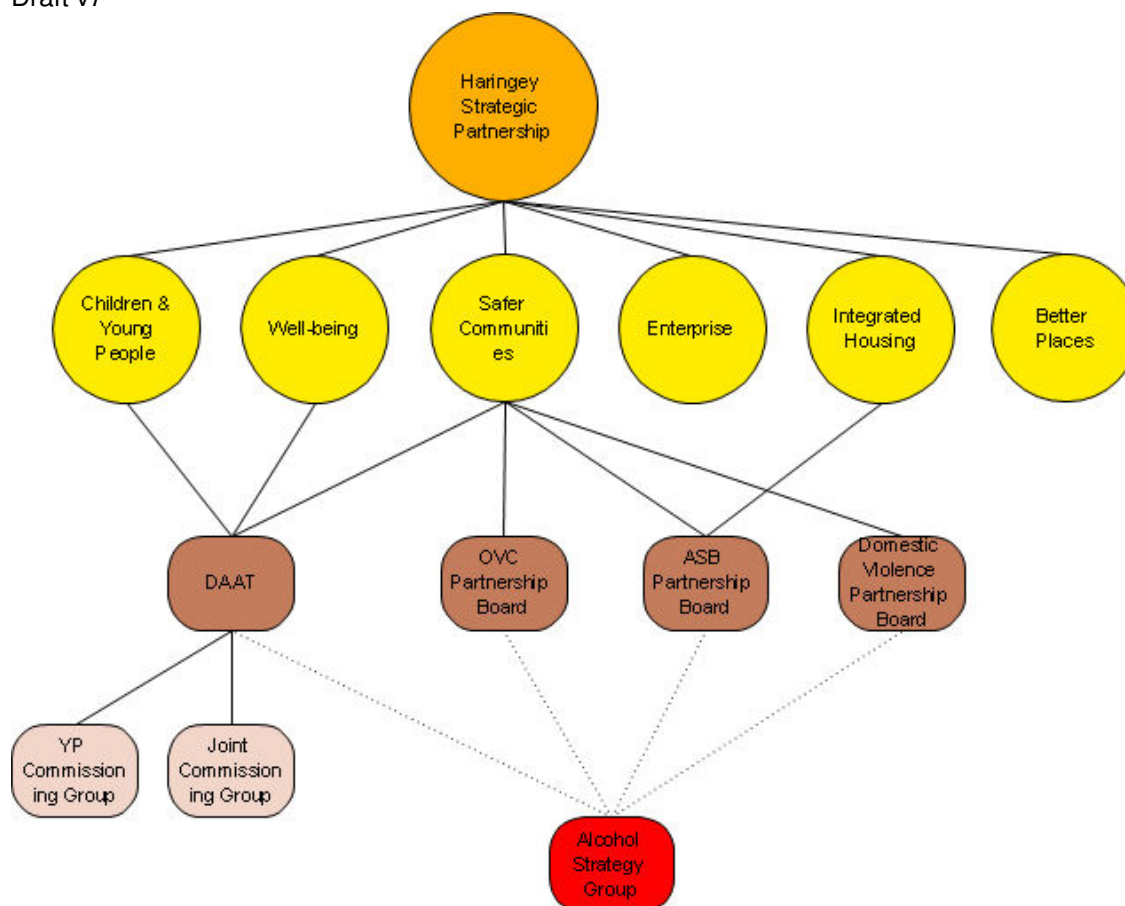
Alcohol misuse impacts to some extent on the work of all the boards, but the strongest links to the alcohol strategy are with the Children and Young People, Well-being and Safer Communities Partnerships.

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

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

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

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

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

4.2 Action plan

The action plan to support and fulfil the objectives of this strategy is available as a separate document, see [web address]

5. Monitoring, evaluation and review of the strategy

5.1 Monitoring and evaluation

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

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

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

5.2 Review of the strategy

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

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

This review process is included in the strategy action plan.

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

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

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Appendix 2: Glossary

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

APPENDIX 2

ALCOHOL STRATEGY ACTION PLAN 2008/9

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

Reducing alcohol-related harm to children and young people				Children and Young Peoples Partnership Board			
Activities to be undertaken	Lead organisation and lead officer's name	When	Resources	Partnership or subgroup	Related target	Thematic board	Progress (RAG)
YP4	Children's Services/ COSMIC		See H12	DAAT Partnership Board	olds	Children and Young People Partnership Board	
YP5	Children's Services (CYPSMC) COSMIC		Core Business	YP Commissioning Group			
YP6	Children's Services (CYPSMC)	ongoing	Core Business	YP substance misuse Commissioning Group		Homelessness Strategy Theme sub-groups and Children and Young People Partnership Board	
YP7	Children's Services (CYPSMC)	ongoing	Core Business	YP substance misuse Commissioning Group			
YP8	Children's Services	Ongoing	Core Business	YP substance misuse		Children and	

Reducing alcohol-related harm to children and young people				Children and Young Peoples Partnership Board			
Activities to be undertaken	Lead organisation and lead officer's name	When	Resources	Partnership or subgroup	Related target	Thematic board	Progress (RAG)
and carers.				commissioning group		young people partnership board.	

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

H3	Agree a commissioning framework for alcohol treatment and prevention, to include service user involvement.	PCT/DAAT JCM	By Dec 08	Core business to develop commissioning framework.	DAAT (JCG)	NI 39 and VSC26: Alcohol-related hospital admissions (improvement target)	Well-being	
H4	Develop a clinical governance framework for specialist alcohol treatment	PCT/ Director HAGA/Consultant Psychiatrist BEH MHT	By December 08	Core business	DAAT Treatment Task Subgroup	NI 39 and VSC26: Alcohol-related hospital admissions (improvement target)	Well-being	
H5	Agree and implement joint working arrangements between drug and alcohol services for community alcohol detox for poly drug users	Service manager DASH/ Director HAGA / DAAT Strategy Manager		Costs to be drawn from residential detox budget (savings expected overall) Core business	DAAT (JCG)		Well-being	
H6	Agree and implement monitoring arrangements for alcohol-related hospital admissions	PCT Head of Performance	By October 08		DAAT (JCG)	NI 39 and VSC26: Alcohol-related hospital admissions (improvement target)	Well-being	
H7	Contribute to reduction in homelessness (temporary accommodation targets) by working with Housing and the Vulnerable Persons subgroup (for adults) as part of the Housing Strategy.	Supporting People	April 09	<ul style="list-style-type: none"> floating support into homes of people with long term drinking problems – using motivational interview 	SP Commissioning Board	Homelessness Strategy objectives. GET TA Target	Well-being/ Integrated Housing Board	

H8	Prepare a proposal to research alcohol problems in older people in Haringey and secure funding to carry this out. Links into PCT falls collaborative	Director Age Concern	March 09	techniques <ul style="list-style-type: none"> • 2workers (2@ £40k Or reconfiguring SP services so that this can be provided 	NI 39 and VSC26: Alcohol-related hospital admissions (improvement target)	Well-being	
H9	Analyse alcohol-related hospital admissions data (HES) for: profile of patients (age, gender, ethnicity, ward of residence); patterns of repeat admissions (i.e. which conditions associated with most repeats); profile of conditions contributing to the overall rate of admissions (i.e. which conditions are most important)	Public Health DAAT	Dec 08	Additional £10k needed from PCT	DAAT (JCG) NI 39 and VSC26: Alcohol-related hospital admissions (improvement target)	Well-being	
H10	Develop an action plan to reduce hospital admissions based on results of data analysis. (To include consideration of ward-based alcohol interventions for patients with key conditions; development of liaison and referral pathways between hospitals and community based services; alcohol screening and brief interventions in out-patient clinics; primary care, data sharing between A&E and Community Safety re violence-related presentations)	PCT/DAAT	Feb 08	Costs dependent on action plan. [indicative costs: <ul style="list-style-type: none"> • £72k continued funding for brief interventions • Hospital liaison workers (see Liverpool Lifestyle team) 2 band 7 	DAAT (JCG) NI 39 and VSC26: Alcohol-related hospital admissions (improvement target)	Well-being	

H11	Evaluate existing alcohol screening and brief interventions pilot and make recommendations for future developments	DAAT/HAGA	Feb 08	<p>nurses @ £50k; 0.5 admin@ £15k = £115k</p> <ul style="list-style-type: none"> Development of data sharing with the Whittington £2k for training (assumes Enfield will fund corresponding work in North Mid) Local Enhanced Service for primary care £200k (10/11) 	DAAT (JCG)	NI 39 and VSC26: Alcohol-related hospital admissions (improvement target)	Well-being	
H12	Train all council employees in alcohol awareness	Adult, Community & Culture Services		Via Learning and Development Board £20k for 40 half day sessions (800 trainees)	Learning and Development Board	NI 39 and VSC26: Alcohol-related hospital admissions (improvement target)	Well-being	
H13	Address capacity issues for access	Adult, Community &		100k	DAAT	NI 39 and		

	to residential care for people with complex alcohol related problems	Culture Services	(09/10)	Joint Commissioning Group	VSC26: Alcohol-related hospital admissions (improvement target)		
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Reducing alcohol-related crime and antisocial behaviour		Safer Communities Executive Board					
CS1	Develop a programme of research and relevant action about alcohol related violence to include relevant indicators from the <i>Safe, Sensible, Social, Toolkit</i> plus local survey data (possibly workplace-based surveys to target population most associated with alcohol-related violence).	Community Safety Team	Mar 09	Core business	Other Violent Crime Partnership Board	NI 21: Dealing with local concerns about anti-social behaviour and crime by the local council and police (improvement target)	SCEB
CS2	Research local alcohol-related ASB and develop appropriate responses to include relevant indicators from the <i>Safe, Sensible, Social, Toolkit</i> plus data gathered through community engagement approaches on the wider needs of street drinkers* and young people who drink in public places. Also use data from housing data arising from H7	Community Safety Team	April 09	Core business	ASB Partnership Board	NI 21: Dealing with local concerns about anti-social behaviour and crime by the local council and police (improvement target)	SCEB
CS3	Provide training for enforcement agencies on new powers to	Enforcement Service	Ongoing	Funding for a conference	ASB Partnership Board	NI 21: Dealing with	SCEB

	address alcohol-related ASB			type event, £2.5k	Board	local concerns about anti-social behaviour and crime by the local council and police (improvement target)		
CS4	Establish programme of joint enforcement activity targeting (rolling) top ten problem licensed premises	Enforcement Service	Ongoing	Core business	ASB Partnership Board	NI 21: Dealing with local concerns about anti-social behaviour and crime by the local council and police (improvement target)	SCEB	
CS5	Agree a joint alcohol enforcement protocol for inclusion in the council Enforcement Policy	Enforcement Service	Mar 09	Core business	ASB Partnership Board	NI 21: Dealing with local concerns about anti-social behaviour and crime by the local council and police (improvement target)	SCEB	
CS6	Agree and implement a multi-agency approach to the alcohol control zones. This will include: ensuring all enforcement officers are clear about their powers;	Community Safety Team HAGA Housing etc	June 09	Core business	ASB Partnership Board/DAAT	NI 21: Dealing with local concerns about anti-	SCEB	

	ensuring support agencies are involved (HAGA, employment, housing etc); CCTV are aware of zones and any particular issues; Information on the Alcohol Control Zones to be clear, sources of support available (egg leaflets/cards to be readily accessible, ensuring enforcement officers have alcohol awareness training (because alcohol withdrawal can be fatal)	Fire Service Borough Commander DAAT Strategy Manager	Ongoing	Printed materials £800	ASB board	Local target: Number of accidental dwelling fires (2007 –2010 stretch target)	SCEB	social behaviour and crime by the local council and police (improvement target)	
CS7	Integrate fire safety messages as appropriate into alcohol prevention and information, and improve links between fire service and substance misuse agencies where vulnerable adults are concerned – to help reduce accidental dwelling fire								
CS8	Support survivors of Domestic Violence who have substance use issues by exploring potential for greater integration of Domestic Violence into drug and alcohol work, including alcohol arrest referral schemes	DAAT/HAGA/ Principal Equalities and Diversity Officer	Ongoing	Core business (Criminal justice-based scheme £50 (see Lewisham pilot))	Domestic Violence Partnership Board	Local target: Repeat victimisation of domestic violence (2007-2010 stretch target)	SCEB		
CS9	Support survivors of Domestic Violence who have substance use issues by providing surgeries at Hearthstone by an alcohol and Domestic Violence specialist worker	HAGA/Hearthstone Equalities Team	Ongoing	Core business	Domestic Violence Partnership Board	Local target: Repeat victimisation of domestic violence (2007-2010 stretch target)	SCEB		
CS10	Support survivors of Domestic Violence who have substance use issues by providing Stella project training to substance misuse workers and frontline	Hearthstone	Ongoing	£1.5k (advanced training for 10 workers)	Domestic Violence Partnership Board	Local target: Repeat victimisation of domestic violence	SCEB		

	Domestic Violence workers									
CS11	Agree and implement a communications strategy to ensure all activity related to alcohol harm reduction is suitably communicated and coordinated across the relevant partnership boards and agencies	Alcohol Strategy Group		Core business					SCEB	(2007-2010 stretch target)
CS12	To adopt area based working /problem solving approach to alcohol related ASB /environ- crime/crime issues.	Community Safety Team	Ongoing	Core business					SCEB	Public Realm Management strategy objectives



Meeting: Children and Young People's Strategic Partnership

Date: 25 September 2008

Report Title: Performance Monitoring: Local Area Agreement & National Indicator Set - Quarter 1 Report (April to June 2008/09)

Report of: Sharon Shoosmith, Director The Children & Young People's Service

Summary

The following report includes the Performance Indicators for the first Quarter and the guidance on performance management for Theme Boards.

Recommendations

That the CYPSP notes and comments on the performance.

Financial/Legal Comments

N/A

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1 Introduction

- 1.1 Members of the CYPSP will recall that the HSP was developing a new performance management process in response to the new Local Area Agreement (LAA). Today's report is the first performance report to the CYPSP using the new format.

- 1.2 The report gives the information for the first quarter, from April to June 2008. Many of the indicators are unable to show information for quarter one because either they are new indicators so information is only now in the process of being collected, or they will only be collected once a year. For example, educational performance data is only updated once a year as the exam and SATs results become available. Members will be aware that the provisional exam and SATs results were published during the summer but too late for inclusion in quarter one. As results may be challenged by individual children or schools the final results are not available until later in the year.
- 1.3 The indicators have been colour coded to link them to the five Every Child Matters Outcomes, as described in Changing Lives.
- 1.4 Indicators marked "LAA Lead" are one of the 35 improvement targets in the HSP's Local Area Agreement. Those marked "LAA Local Lead" are indicators that the HSP has agreed will have local targets set as part of the Local Area Agreement but will not be part of the 35 monitored by Government. Cross cutting indicators are those lead by another theme board, but are included in the CYPSP set as they may be of interest to the CYPSP.

2 Performance

- 2.1 Overall performance for quarter one is good with one red indicator.
- 2.2 Performance in social care continues to be at a high level. Core assessments (NI 60) remain in the top banding, reaching 85%; the year to date position is 88% against a target of 86%, compared to the 2006/07 average for our Statistical Neighbours of 79%. Initial assessments (NI 59) also remain in the top banding of 81%; the year to date position is 85% against a target of 86%. The move of the referral and assessment services to a joint location and changes in administrative systems to monitor both teams as they have come together has had a slight impact on performance in June and July but this will be rectified through the remainder of the year. Reviews of children in care and child protection cases (NI 66 & NI 67) also remain at a very high level of 99% and 100% respectively.
- 2.3 Information is available for two of the three original stretch targets; young people who are NEET and schools achieving healthy schools status. The percentage of young people aged 16-18 who are NEET (NI 117) continues to decrease to 8.4% against a target of 11% and this is an improvement from the outturn for 2007/08 of 10.4%. The percentage of schools achieving healthy schools status in 2007/08 was 66%, above the target of 60%. This quarter shows a further rise to 68%. The third stretch target is the achievement of a level 2 qualification at the age of 19 (NI 79). Data on this is only available on an annual basis.
- 2.4 There is one indicator at red. This is the prevalence of Chlamydia in under 25 year olds (NI 113). The target is to screen 17% of young people aged 15-25. However only 3.5% has been screened, which is

below the target and little changed from the figures for quarter three in 2007/08. A number of activities are in place to increase the numbers being screened:

- partnership work between health services and the Haringey Youth Service to provide training to all Youth Workers by September 2008;
- 35 Haringey GPs are currently part of the Chlamydia Screening Incentive;
- work with local laboratories to identify Chlamydia tests undertaken outside the CSP and GUM Pilot;
- a 4YP PLUS clinic is established for women aged under 20 in Lordship Lane Health Centre which offers a combined sexual and reproductive health services weekly walk in service;
- the 4YP Contraceptive Nurse is providing screening to all clients;
- discussion with Sports and Leisure Co-ordinators within Haringey Local Authority around screening opportunities within Leisure Centres;
- working closely with Haringey Teenage Pregnancy Co-ordinator to provide stronger links with Haringey Schools;
- a Chlamydia advertisement on Tottenham Hotspur's website to encourage web requests for testing.

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Quarterly Performance Review - 2008/09						Q1
Outcome 1 – Be Healthy			Outcome 2 – Stay Safe			
Outcome 3 – Enjoy and Achieve			Outcome 4 – Making a Positive Contribution			
Outcome 5 – Achieve Economic Well-being						
07/08	08/09	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD Progress
Children and Young People						
<i>Top Quartile</i>	NI 51	Effectiveness of child and adolescent mental health (CAMHS) services				LAA
	<i>Target</i>	13				Lead
	<i>Comment</i>	Annual collection via CAMHS mapping exercise. Good performance is high.				
<i>Top Quartile</i>	NI 54	Services for disabled children				LAA
	<i>Target</i>					Lead
	<i>Comment</i>	Will not be collected until 2009/10				
<i>Top Quartile</i>	NI 56	Obesity among primary school age children in Year 6				LAA
	<i>Target</i>	24%				Lead
	<i>Comment</i>	Data available in quarter 2				
23.8%						
<i>Top Quartile</i>	NI 112	Under 18 conception rate				LAA
	<i>Target</i>	59%				Lead
	<i>Comment</i>	Annual. Latest data is for 2007 quarter one				
62.5% (2007 quarter 1)						
<i>Top Quartile</i>	NI 113	Prevalence of Chlamydia in under 25 year olds				LAA
	<i>Target</i>	17%				Lead
	<i>Comment</i>	Target refers to percentage of young people being screened. .				
3.3 (3rd quarter 07/08)%		Red				
		3.5%				
<i>Top Quartile</i>	NI 117	16 to 18 year olds who are not in education, training or employment (NEET)				LAA
	<i>Target</i>	11%				Lead
	<i>Comment</i>					
10.4%		Green				Green
		8.4%				8.4%
<i>Top Quartile</i>	NI 116	Proportion of children in poverty				LAA
	<i>Target</i>	34.5%				Lead
	<i>Comment</i>	New indicator monitored annually				

07/08	08/09	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD Progress
36.4 (06/07 provisional)%						
<i>Top Quartile</i>	NI 126	Early access for women to maternity services				LAA
	<i>Target</i>	50%				Lead
	<i>Comment</i>	New indicator				
<i>Top Quartile</i>	NI 60	Core assessments for children's social care that were carried out within 35 working days of their commencement				LAA
<i>SN = 79</i>	<i>Target</i>	86%				Lead
	<i>Comment</i>					
84.0%		Green				Green
		85.0%				88.0%
<i>Top Quartile</i>	NI 53a	Prevalence of breastfeeding at 6-8 weeks from birth				LAA Local
	<i>Target</i>	50%				Lead
	<i>Comment</i>	New indicator, systems not yet in place to monitor. Government guidance suggests target will be measured by Q4 performance				
<i>Top Quartile</i>	NI 53b	Prevalence of breastfeeding at 6-8 weeks from birth (Coverage)				LAA Local
	<i>Target</i>	85%				Lead
	<i>Comment</i>	New indicator, systems not yet in place to monitor. Government guidance suggests target will be measured by Q4 performance				
<i>Top Quartile</i>		Increase in the % of Children immunised by 2nd birthday				LAA Local
	<i>Target</i>	80%				Lead
	<i>Comment</i>	Low confidence in 07/08 figures due to CHSS issues				
82% 06/07, 55% 07/08						
<i>Top Quartile</i>	NI 198a	Primary Children travelling to school – mode of travel usually used % by Car				LAA Local
	<i>Target</i>	19.5%				Lead
	<i>Comment</i>	Annual collection				
20.8%						
<i>Top Quartile</i>	NI 198b	Secondary Children travelling to school – mode of travel usually used % by Car				LAA Local
	<i>Target</i>	4.8%				Lead
	<i>Comment</i>	Annual collection				
4.8%						
<i>Top Quartile</i>	NI 79	Achievement of a Level 2 qualification by the age of 19				LAA Local
<i>73</i>	<i>Target</i>	68%				Lead

07/08	08/09	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD Progress
	Comment	Annual collection				
66.0%						
<i>Top Quartile</i>	NI 175	Number of schools achieving healthy schools status				LAA Local Lead
	<i>Target</i>	75%				
	Comment					
66.0%		Green				Green
		68.0%				68.0%
<i>Top Quartile</i>	NI 175	Access to services and facilities by public transport, walking and cycling				Cross Cutting
	<i>Target</i>					
	Comment	Indicator under development				
<i>Top Quartile</i>	NI 35	Building resilience to violent extremism				Cross Cutting
	<i>Target</i>	2 (baseline is 1)				
	Comment	Annual collection				
<i>Top Quartile</i>	NI 111	First time entrants to the Youth Justice System aged 10 – 17				Cross Cutting
	<i>Target</i>	Targets not yet agreed				
	Comment					
baseline 2006 - 450, 2007 - 373						
<i>Top Quartile</i>	NI 111	Victim Support services for children and young people				Cross Cutting
	<i>Target</i>	10% increase				
	Comment	Baseline 1403				
<i>Top Quartile</i>	NI 111	Number of registered Haringey Guarantee participants with a completed better off calculation				Cross Cutting
	<i>Target</i>					
	Comment	Targets will be set once the contracts for the Haringey Guarantee and North London Pledge have been formally signed off				
<i>Top Quartile</i>	NI 8	Adult participation in sport				Cross Cutting
	<i>Target</i>	Local = 24.9 LAA = 22.9				
	Comment	No data available. Annual survey data due November 2009				
<i>Top Quartile</i>	NI 123	16+ current smoking rate prevalence				Cross Cutting
	<i>Target</i>	1008				
	Comment	No data available				

07/08	08/09	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD Progress
<i>Top Quartile</i>	NI 135 Carers receiving needs assessment or review and a specific carer's service, or advice and information <i>Target</i> 14% <i>Comment</i> New indicator					Cross Cutting
		Green				Green
		21.0%				21.0%
<i>Top Quartile</i>	NI 109 Number of Sure Start Children Centres <i>Target</i>					Not LAA
	<i>Comment</i> Targets in process of negotiation with DCSF					
17						
<i>Top Quartile</i>	NI 110 Young people's participation in positive activities <i>Target</i>					Not LAA
	<i>Comment</i> Annual collection via the TellUs survey					
<i>Top Quartile</i> <i>0.1</i>	NI 114 Rate of permanent exclusions from school <i>Target</i> 0.06% <i>Comment</i> Annual collection					Not LAA
0.07%						
<i>Top Quartile</i>	NI 115 Substance misuse by young people <i>Target</i>					Not LAA
	<i>Comment</i> Annual collection via the TellUs survey					
<i>Top Quartile</i> <i>SN = 91.3</i>	NI 147 Care leavers in suitable accommodation <i>Target</i> 95% <i>Comment</i>					Not LAA
		Green				Green
91.9%		96.0%				96.0%
<i>Top Quartile</i> <i>SN = 0.85</i>	NI 148 Care leavers in employment, education or training <i>Target</i> 75% <i>Comment</i> This is cumulative indicator over 12 months. Percentages vary each month depending on the number of care leavers who reach their 19th birthday in the month.					Not LAA
		Green				Amber
68.0%		83.0%				74.0%
<i>Top Quartile</i>	NI 50 Emotional health of children <i>Target</i>					Not LAA
	<i>Comment</i> New indicator. Annual collection via the TellUs survey					
<i>Top Quartile</i>	NI 52 Take up of school lunches					Not LAA

07/08	08/09	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD Progress
	<i>Target</i>					
	Comment	New indicator. Annual collection via survey to be carried out by the School Food Trust				
<i>Top Quartile</i>	NI 55	Obesity among primary school age children in Reception Year				Not LAA
	<i>Target</i>	13%				
	Comment	Annual collection. Data will be available in quarter 2				
<i>Top Quartile</i>	NI 57	Children and young people's participation in high-quality PE and sport				Not LAA
	<i>Target</i>					
	Comment	No collection until 2009/10				
<i>Top Quartile</i>	NI 58	Emotional and behavioural health of children in care				Not LAA
	<i>Target</i>					
	Comment	New indicator. Annual collection via survey with carers				
<i>Top Quartile</i>	NI 59	Initial assessments for children's social care carried out within 7 working days of referral				Not LAA
	<i>Target</i>	88%				
	Comment					
		Green				Green
		81.0%				85.0%
<i>Top Quartile</i>	NI 61	Stability of looked after children adopted following an agency decision that the child should be placed for adoption				Not LAA
	<i>Target</i>	75%				
	Comment	Good performance is high				
		Green				Green
		100.0%				100.0%
<i>Top Quartile</i>	NI 62	Stability of placements of looked after children: number of moves				Not LAA
	<i>Target</i>	12%				
	Comment	Good performance is low				
		Amber				Amber
		13.0%				13.0%
<i>Top Quartile</i>	NI 63	Stability of placements of looked after children: length of placement				Not LAA
	<i>Target</i>	67%				
	Comment	Good performance is high				
		Amber				Amber
		61.0%				61.0%
<i>Top Quartile</i>	NI 64	Child protection plans lasting 2 years or more				Not LAA
	<i>Target</i>	5%				

07/08	08/09	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD Progress
	Comment	Good performance is low				
0.6%		Green				Green
		5.0%				5.0%
<i>Top Quartile</i>	NI 65	Children becoming the subject of a Child Protection Plan for a second or subsequent time				Not LAA
<i>SN = 11.7</i>	<i>Target</i>	10%				
	Comment	Good performance is low				
12.4%		Green				Green
		5.0%				5.0%
<i>Top Quartile</i>	NI 66	Looked after children cases which were reviewed within required timescales				Not LAA
<i>SN = 91</i>	<i>Target</i>	97%				
	Comment	Good performance is high				
97.0%		Green				Green
		99.0%				99.0%
<i>Top Quartile</i>	NI 67	Child protection cases which were reviewed within required timescales				Not LAA
<i>SN = 99.8</i>	<i>Target</i>	100%				
	Comment	Good performance is high				
100.0%		Green				Green
		100.0%				100.0%
<i>Top Quartile</i>	NI 68	Referrals to children's social care going on to initial assessment				Not LAA
<i>SN = 58.9</i>	<i>Target</i>	58%				
	Comment	Government guidance unclear whether good performance is typified by higher or lower numbers.				
54.9%		Amber				Amber
		59.0%				59.0%
<i>Top Quartile</i>	NI 69	Children who have experienced bullying				Not LAA
	<i>Target</i>					
	Comment	New indicator. Annual collection via TellUs survey. No baseline available to calculate target				
<i>Top Quartile</i>	NI 70	Hospital admissions caused by unintentional and deliberate injuries to children and young people				Not LAA
	<i>Target</i>					
	Comment	New indicator no baseline available				
<i>Top Quartile</i>	NI 71	Children who have run away from home/care overnight				Not LAA
	<i>Target</i>					
	Comment	Further guidance to be issued by Government. Indicator to be introduced 2009/10				

07/08	08/09	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD Progress
<i>Top Quartile</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					Not LAA
49.2	<i>Target</i> 46.1%					
	<i>Comment</i> Annual collection. DCSF statutory indicator					
41.2%						
<i>Top Quartile</i>	NI 73 Achievement at level 4 or above in both English and Maths at Key Stage 2					Not LAA
	<i>Target</i> 70%					
	<i>Comment</i> Annual collection. DCSF statutory indicator					
67.0%						
<i>Top Quartile</i>	NI 74 Achievement at level 5 or above in both English and Maths at Key Stage 3					Not LAA
	<i>Target</i> 61%					
	<i>Comment</i> Annual collection. DCSF statutory indicator					
58.0%						
<i>Top Quartile</i>	NI 75 Achievement of 5 or more A*-C grades at GCSE or equivalent including English and Maths (Threshold)					Not LAA
54	<i>Target</i> 44%					
	<i>Comment</i> Annual collection. DCSF statutory indicator					
37.4%						
<i>Top Quartile</i>	NI 76 Achievement at level 4 or above in both English and Maths at KS2 (Floor)					Not LAA
	<i>Target</i> 22%					
	<i>Comment</i> Annual collection					
25.0%						
<i>Top Quartile</i>	NI 77 Reduction in number of schools where fewer than 50% of pupils achieve level 5 or above in both English and Maths at KS3 (Floor)					Not LAA
0	<i>Target</i> 2					
	<i>Comment</i> Annual collection					
3						
<i>Top Quartile</i>	NI 78 Reduction in number of schools where fewer than 30% of pupils achieve 5 or more A*-C grades at GCSE and equivalent including GCSEs in English and Maths (Floor)					Not LAA
	<i>Target</i> 3					
	<i>Comment</i> Annual collection					
4						
<i>Top Quartile</i>	NI 80 Achievement of a Level 3 qualification by the age of 19					Not LAA
56	<i>Target</i> 45%					
	<i>Comment</i> Annual collection					

07/08	08/09	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD Progress
44.0%						
<i>Top Quartile</i>	NI 81	Inequality gap in the achievement of a Level 3 qualification by the age of 19				Not LAA
	<i>Target</i>	13.5%				
	<i>Comment</i>	Annual collection				
14.5%						
<i>Top Quartile</i>	NI 82	Inequality gap in the achievement of a Level 2 qualification by the age of 19				Not LAA
	<i>Target</i>	13.5%				
	<i>Comment</i>	Annual collection				
13.6%						
<i>Top Quartile</i>	NI 83	Achievement at level 5 or above in Science at Key Stage 3				Not LAA
73.7	<i>Target</i>	65%				
	<i>Comment</i>	Annual collection. DCSF statutory indicator				
59.0%						
<i>Top Quartile</i>	NI 84	Achievement of 2 or more A*-C grades in Science GCSEs or equivalent				Not LAA
	<i>Target</i>	43%				
	<i>Comment</i>	New indicator Annual collection				
41.7%						
<i>Top Quartile</i>	NI 85	Post-16 participation in physical sciences (A Level Physics, Chemistry and Maths)				Not LAA
	<i>Target</i>	160				
	<i>Comment</i>	Annual collection				
153						
<i>Top Quartile</i>	NI 86	Secondary schools judged as having good or outstanding standards of behaviour				Not LAA
	<i>Target</i>	70%				
	<i>Comment</i>	Annual collection				
50.0%						
<i>Top Quartile</i>	NI 87	Secondary school persistent absence rate				Not LAA
	<i>Target</i>	7%				
	<i>Comment</i>	Annual collection. DCSF statutory indicator				
7.2%						
<i>Top Quartile</i>	NI 88	Number of Extended Schools				Not LAA
	<i>Target</i>	42				
	<i>Comment</i>	New indicator				

07/08	08/09	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD Progress
Top Quartile	NI 89 Number of schools in special measures <i>Target</i> 0%					Not LAA
	Comment New indicator					
Top Quartile	NI 90 Take up of 14-19 learning diplomas <i>Target</i>					Not LAA
	Comment New indicator, baselines and targets not available					
Top Quartile	NI 91 Participation of 17 year-olds in education or training <i>Target</i> 86%					Not LAA
	Comment New indicator, annual collection					
Top Quartile	NI 92 Narrowing the gap between the lowest achieving 20% in the Early Years Foundation Stage Profile and the rest <i>Target</i> 34.5%					Not LAA
39.6	Comment Annual collection. DCSF statutory indicator. Good performance is low					
38.9%						
Top Quartile	NI 93 Progression by 2 levels in English between Key Stage 1 and Key Stage 2 <i>Target</i> 85.5%					Not LAA
	Comment Annual collection. DCSF statutory indicator. Good performance is high					
84.8%						
Top Quartile	NI 94 Progression by 2 levels in Maths between Key Stage 1 and Key Stage 2 <i>Target</i> 78%					Not LAA
	Comment Annual collection. DCSF statutory indicator					
75.4%						
Top Quartile	NI 95 Progression by 2 levels in English between Key Stage 2 and Key Stage 3 <i>Target</i> 38%					Not LAA
	Comment Annual collection. DCSF statutory indicator					
35.6%						
Top Quartile	NI 96 Progression by 2 levels in Maths between Key Stage 2 and Key Stage 3 <i>Target</i> 57%					Not LAA
	Comment Annual collection. DCSF statutory indicator					
54.7%						
Top Quartile	NI 97 Progression by 2 levels in English between Key Stage 3 and Key Stage 4 <i>Target</i> 59.5%					Not LAA

07/08	08/09	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD Progress
	Comment	Annual collection. DCSF statutory indicator				
55.5%						
Top Quartile	NI 98	Progression by 2 levels in Maths between Key Stage 3 and Key Stage 4				Not LAA
	Target	38.5%				
	Comment	Annual collection. DCSF statutory indicator				
36.4%						
Top Quartile	NI 99	Children in care reaching level 4 in English at Key Stage 2				Not LAA
	Target	62%				
	Comment	Annual collection. DCSF statutory indicator				
52.0%						
Top Quartile	NI 100	Children in care reaching level 4 in Maths at Key Stage 2				Not LAA
	Target	62%				
	Comment	Annual collection. DCSF statutory indicator				
43.0%						
Top Quartile	NI 101	Children in care achieving 5 A*-C GCSEs (or equivalent) at Key Stage 4 (including English and Maths)				Not LAA
	Target	11%				
	Comment	Annual collection. DCSF statutory indicator				
12.5%						
Top Quartile	NI 102	Achievement gap between pupils eligible for free school meals and their peers achieving the expected level at Key Stages 2 and 4				Not LAA
	Target	KS2 = 19, GCSE = 16				
	Comment	Annual collection				
KS2 = 21, GCSE = 18						
Top Quartile	NI 103A	Special Educational Needs – statements issued within 26 weeks (excluding exceptions)				Not LAA
	Target	82%				
	Comment	New indicator, annual collection				
Top Quartile	NI 103B	Special Educational Needs – statements issued within 26 weeks (including exceptions)				Not LAA
	Target	70%				
	Comment	New indicator, annual collection				
Top Quartile	NI 104	The Special Educational Needs (SEN)/non-SEN gap – achieving Key Stage 2 English and Maths threshold				Not LAA

	07/08	08/09	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD Progress
		<i>Target</i> 43%					
		<i>Comment</i> Annual collection					
	45.0%						
<i>Top Quartile</i>		NI 105 The Special Educational Needs (SEN)/non-SEN gap – achieving 5 A*-C GCSE inc. English and Maths					Not LAA
		<i>Target</i> 33%					
		<i>Comment</i> Annual collection					
	35.0%						
<i>Top Quartile</i>		NI 106 Young people from low income backgrounds progressing to higher education					Not LAA
		<i>Target</i>					
		<i>Comment</i> New indicator, baseline and targets to be provided by DIUS					
<i>Top Quartile</i>		NI 107 Key Stage 2 attainment for Black and minority ethnic groups					Not LAA
		<i>Target</i> 64%					
		<i>Comment</i> New indicator, annual collection					
	62.0%						
<i>Top Quartile</i>		NI 108 Key Stage 4 attainment for Black and minority ethnic groups					Not LAA
		<i>Target</i> 34%					
		<i>Comment</i> New indicator, annual collection					
	32.0%						

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