



NOTICE OF MEETING

Children and Young People's Strategic Partnership Board

MONDAY, 15TH DECEMBER, 2008 at 18:30 HRS - CIVIC CENTRE, HIGH ROAD, WOOD GREEN, N22 8LE.

MEMBERS: Please see membership list below.

AGENDA

1. APOLOGIES FOR ABSENCE

To receive any apologies for absence.

2. MINUTES (PAGES 1 - 8)

To confirm the minutes of the meeting held on 25 September as a correct record.

3. DECLARATIONS OF INTEREST

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

4. URGENT BUSINESS

The Chair will consider the admission of any items of Urgent Business. (Late items of Urgent Business will be consider under the agenda item where they appear. New items of Urgent Business will be dealt with under Item 14 below).

5. CHILD PROTECTION IN HARINGEY: INITIAL REACTIONS TO THE JOINT AREA REVIEW (PAGES 9 - 26)

STRATEGIC FOCUS ITEMS:

6. NHS HARINGEY STRATEGIC PLAN 2008-13 (PAGES 27 - 32)

7. **INITIATIVES TO TACKLE CHILD POVERTY (PAGES 33 - 38)**
8. **CHILDREN AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS) -REPORT ON LAA N1 51: EFFECTIVENESS OF CAMHS**

A presentation will be made by the Barnet, Enfield and Haringey Mental Health Trust.

MONITORING ITEMS:

9. **PERFORMANCE MONITORING: LOCAL AREA AGREEMENT AND NATIONAL INDICATOR SET -QUARTER TWO REPORT (JULY TO SEPTEMBER 2008/09) (PAGES 39 - 60)**

BUSINESS AND INFORMATION ITEMS:

10. **FORUM UPDATES**

Verbal updates will be provided.

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

A verbal update will be provided.

12. **THREE MINUTE UPDATE**

Each Sector of the Partnership is invited to give a three minute oral update on the most prevalent issues coming from the respective sectors. Longer items need to be submitted as a short paper to be tabled at the meeting. Short items can also be tabled as written submissions.

13. **ARE WE THERE YET? IMPROVING GOVERNANCE AND RESOURCE MANAGEMENT IN CHILDREN'S TRUSTS (PAGES 61 - 66)**

14. **NEW ITEMS OF URGENT BUSINESS**

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

15. **ANY OTHER BUSINESS**

Consider any items of AOB.

16. **SUGGESTED AGENDA ITEMS FOR FUTURE MEETINGS**

To note the suggested agenda items set out below:

- Keys to Well-Being
- Obesity Strategy
- Children and Young People's Plan 2009-20
- Fair Play Strategy
- Contact Point
- Sixteen to Eighteen Transfer
- Youth Summit
- Parent Strategy
- Substance Misuse
- Olympics/Provision of Five Hours of Culture
- Shout (Youth Consultation)
- Vulnerable Children
- Infant Mortality

17. DATES OF FUTURE MEETINGS

To noted the dates of future meetings listed below:

- 3 February 2009
- 7 April 2009

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5 December 2008

SECTOR GROUP	AGENCY	NO. OF REPS	NAME OF REPRESENTATIVE
Local Authority	Haringey Council	6	VACANT –Cabinet Member for Children & Young People (Chair) VACANT -Leader of the Council Councillor Nilgun Canver , Exec Member, Crime and Community Safety Dr Ita O'Donovan , Chief Executive Councillor Dilek Dogus Director of Children and Young People's Service
	Haringey Teaching Primary Care Trust	4	Tracey Baldwin Sue Baker Pam Constantinides Penny Thompson
Health	North Middlesex Hospital trust	1	Claire Panniker
	Mental Health Trust	1	Jane Lithgow
	Whittington Hospital Trust	1	Joe Liddane
	Great Ormond Street Hospital	1	Jane Elias
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
	Early Years and Play	1	TBC
Schools	Primary Schools	1	TBC
	Secondary Schools	1	Tony Hartney

	Special Schools	1	Margaret Sumner
Other Community Agencies and Groups	Haringey Probation Service	1	Mary Pilgrim
	Metropolitan Police	1	Dave Grant,
	Youth Offending Service	1	Jean Croot
	Haringey Youth Council	2	Youth Councillor Shayan Mofitzedeh Youth Councillor Adam Jogee
Forum Chairs	Early Childhood Forum	3	Melian Mansfeild
	Five to Eleven Forum		Barbara Breed Janette Karklins
	Eleven to Nineteen Forum		
Children's Networks	North	3	Jennifer James
	South		Jan Doust
	West		Belinda Evans
	Total	36	

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

THURSDAY, 25 SEPTEMBER 2008

Present: Ify Adenuga, Sue Baker, Barbara Breed, Yolande Burgess, Councillor Nilgun Canver, Dr. Pam Constantinides, Jean Croot, Jan Doust, Jane Elias, Belinda Evans, Paul Head, Jane Lithgow, Councillor George Meehan, Janette Karklins, Ian Kibblewhite, Cenk Orhan.

In Attendance: Mashfiqul Alam, Xanthe Barker, Maria Collins, Jane Neil, Patricia Walker, Clare Wright.

MINUTE NO.	SUBJECT/DECISION	ACTON BY
OBCB33.	<p>APOLOGIES AND SUBSTITUTIONS</p> <p>Apologies for absence were received from the following:</p> <p>Tracey Baldwin Dave Grant -Ian Kibblewhite substituting Jennifer James Jim Shepley</p> <p>It was also noted that Helen Brown had left the PCT and her place would be taken by either Keith Edmunds or Penny Thompson.</p>	
OBCB34.	<p>URGENT BUSINESS</p> <p>No items of urgent business were received.</p>	
OBCB35.	<p>DECLARATIONS OF INTEREST</p> <p>No declarations of interest were made.</p>	
OBCB36.	<p>MINUTES</p> <p>The Board was advised that the report requested at the last meeting, in relation to its Terms of Reference, had been delayed until December. This had been considered appropriate as the Code of Corporate Governance, adopted by the HSP in July, also required amendments to be made by December and these could be incorporated and presented within one report.</p> <p>With regard to the request that an update be provided on Knife Crime, the Board was advised that this would be raised at the next Youth Submit in November and that the Board would be provided with an update in December.</p>	

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

THURSDAY, 25 SEPTEMBER 2008

	<p>RESOLVED:</p> <p>That, subject to the amendment of Sue Baker's name within the list of those present, the minutes of the meeting held on 1 July 2008 be confirmed as a correct record.</p>	XB
OBCB37.	<p>CHILDREN AND YOUNG PEOPLE'S PLAN 2009-20</p> <p>The Board was provided with a verbal update on progress in relation to the Children and Young People's Plan 2009-20.</p> <p>It was noted that the 4th Annual Children's Conference was being held on 26 September and that this would be used to launch the consultation process in relation to the Plan. An overview of discussion at the conference would be provided at the Boards meeting in December and a detailed draft would be presented in February.</p> <p>The Board was advised that the Plan would be subject to a formal consultation process, which would specifically engage young people. The results of this would be considered in detail by the Children's Advisory Board (CAB).</p> <p>It was envisaged that the Plan would be published in its final form in April 2009.</p> <p>In response to a query the Board was advised that there were mechanisms in place to evaluate how effective the Plan was. An Annual Performance Assessment was carried out and information from this would be fed into the new Plan.</p> <p>RESOLVED:</p> <p>To note the verbal update provided.</p>	
OBCB38.	<p>CHILD POVERTY STRATEGY AND ACTION PLAN</p> <p>The Board received a report presenting the new Child Poverty Strategy and Action Plan.</p> <p>It was noted that this issue was given high priority within the Partnership's Local Area Agreement (LAA), under National Indicator (NI) 116, which lay within the Board's responsibility.</p> <p>The Strategy had four key objectives:</p> <ul style="list-style-type: none"> • Increasing parent employment in sustainable jobs • Improving take up of benefits and tax credits • Reducing educational attainment gaps for children in poverty • Ensuring all Haringey children have decent and secure homes <p>The Cabinet Member for Children and Young People noted that this was</p>	

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	<p>a key priority for the Government and therefore the Partnership would be scrutinised on its delivery of these objectives. She emphasised the importance of partner's comments on the Strategy and Action Plan and requested that CLF representatives fed their comments back to groups they represented.</p> <p>It was noted that no reference was made to children acting as carers, children affected by parents with alcohol problems, or children in care. It was suggested that these areas should be considered and that further links should be made to the work that the PCT was carrying out in these areas.</p> <p>The Leader raised concerns in relation to the performance of Children's Centres in the Borough and contended that the partnership needed to do more to assist people in need. He suggested that an evidence based report should be brought to the Boards next meeting setting out what was being done in practical terms to address child poverty.</p> <p>The Board was reminded that although the Strategy ran until 2020 it also included measures to address issues faced in the short term. Targets were reviewed on a rolling basis and adjusted to reflect any needs arising from the annual review.</p> <p>The Chair noted that members of the Board should pass any comments to Patricia Walker by 5 November at the latest.</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> i. That the verbal update be noted. ii. That an evidence based report should be presented at the Boards next meeting setting out what practical actions were being taken to alleviate child poverty. 	<p>All to note</p> <p>CLF</p> <p>SS/PW</p> <p>SS/PW</p> <p>All to note</p> <p>SS/PW</p>
<p>OBCB39.</p>	<p>CHILDREN AND ADOLESCENT MENTAL HEALTH SERVICES</p> <p>The Board was due to receive a presentation on Children and Adolescent Mental Health Services (CAMHS). However, following concerns that the presentation provided was not sufficiently focussed on strategic issues, it was agreed that it should be deferred until the next meeting.</p> <p>The Board requested that key information such as an overview of the services provided for children and young people and the number of individuals treated should be provided.</p> <p>The Cabinet Member for Children and Young People noted that as one of the Boards targets related to CAMHS it was vital that it was advised of how many children and young people accessed Mental Health Services. She also noted that all Partners should focus on outcomes and the</p>	<p>MHT</p> <p>MHT</p>

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	<p>action required in order to achieve targets.</p> <p>RESOLVED:</p> <p>That a presentation should be made by CAMHS at the Boards next meeting focussing on strategic issues and how LAA targets would be met.</p>	<p>All to note</p> <p>MHT</p>
<p>OBCB40.</p>	<p>ALCOHOL HARM REDUCTION STRATEGY AND ACTION PLAN</p> <p>The Board received a report presenting the Alcohol Harm Reduction Strategy and Action Plan for 2008-11. The new draft Strategy built upon the original Strategy, which concluded in March 2008 and took into account new statutory duties and guidance.</p> <p>The Strategy was supported by an Action Plan that set out how its objectives would be achieved in practical terms. The HSP and Thematic Boards had individual responsibilities and actions, which were set out in the Plan. There were eight actions specifically within the responsibility of the Board, which related the National Indicators, also within its responsibility.</p> <p>RESOLVED:</p> <ol style="list-style-type: none"> i. That the Board endorse the Strategy and Action Plan. ii. To note that the Strategy would be considered by the Overview and Scrutiny Committee on 6 October and Cabinet on 18 November. 	
<p>OBCB41.</p>	<p>PERFORMANCE MONITORING: LOCAL AREA AGREEMENT AND NATIONAL INDICATOR SET -QUARTER 1 REPORT (APRIL-JUNE 2008)</p> <p>The Board considered a report detailing performance during the 1st Quarter, April to July 2008, against Performance Indicators. This was the first performance report following the introduction of the new Performance Management system.</p> <p>It was noted that that at present several of the Indicators could not be measured against as either information was still being collected or, in some cases, the information would not be collected until the end of the first year.</p> <p>In addition to the Indicators specifically within the Boards responsibility, targets where the Board shared responsibility and cross-cutting targets were also included within the report.</p> <p>The Board was advised that there was one target showing as red at</p>	

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	<p>present:</p> <ul style="list-style-type: none"> • NI 113: Prevalence of Chlamydia in Under 20 Year Olds <p>It was noted that there were a number of measures being planned to address this and these were set out in the covering report.</p> <p>In response to concerns raised by the Leader that systems for gathering the information required for measuring targets had not been put in place before the performance monitoring system came into effect, the Board was advised that work was being carried out to resolve these problems.</p> <p>It was suggested that a 'Turning the Curve' workshop should be held to look at how partners could work together more effectively to meet the targets included within the LAA. There was a general consensus that this would be useful.</p> <p>The PCT noted that there were areas where information could not be collected until the 4th Quarter. After further discussion it was agreed that where information was not available a narrative would be provided within the covering report setting out progress and actions to date.</p> <p>RESOLVED:</p> <ol style="list-style-type: none"> i. That the report be noted. ii. That a 'Turning the Curve' workshop should be held. iii. That future performance reports should included a narrative within the covering report setting out progress and the actions taken to meet targets where systems had not yet been established for monitoring. 	<p>All to note</p> <p>SS/PW</p> <p>All to note</p>
<p>OBCB42.</p>	<p>FORUM UPDATES</p> <p>The Board received a brief update from each of the Forum Chairs.</p> <p><u>Early Years Forum</u></p> <p>The Forum had considered the Governments recently published document on 'Fair Play' and had assessed where there were gaps in the Strategy attached to this in terms of early years provision.</p> <p><u>Five to Eleven Forum</u></p> <p>The Forum had principally been looking at the Primary Schools Strategy and how this could be linked to the new Children & Young People's Plan.</p> <p><u>Eleven to Nineteen Forum</u></p>	

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	<p>At its last meeting the Forum had considered how the range of alternative qualifications to GCSE's could be expanded in order address NEET targets.</p> <p>RESOLVED:</p> <p>That the updates be noted.</p>	
<p>OBCB43.</p>	<p>REPORT FROM THE CHILDREN AND YOUNG PEOPLE'S ADVISORY BOARD</p> <p>The Board was advised that the Children and Young People's Strategic Partnership (CYPSP Advisory Board) continued to monitor performance reports on a regular basis.</p> <p>At present the CYPSP Advisory Board's key task was the detailed development of the Children and Young People's Plan.</p> <p>RESOLVED:</p> <p>That the update be noted.</p>	
<p>OBCB44.</p>	<p>THREE MINUTE UPDATE</p> <p>The Board received a brief update from partners.</p> <p><u>Primary Care Trust (PCT)</u></p> <p>A vaccination programme for girls aged fourteen against Cervical Cancer had recently been launched and would target approximately 14,000 girls in the Borough.</p> <p>Five additional Health Visitors had been recruited in order to meet the needs of people in the most vulnerable category.</p> <p>It was noted that the Secretary of State had recently signed off proposals in relation to the Barnet, Enfield and Haringey Hospital Strategy, which were referred by the Council's Overview and Scrutiny Committee. The Secretary of State had endorsed the proposals and these would now be implemented.</p> <p><u>Metropolitan Police</u></p> <p>The Board was advised that Youth Crime continued to fall, however, this remained a key priorities for the Police.</p> <p><u>Mental Health Trust</u></p> <p>The BEH MHT had recently been recognised by young Service Users as providing good services.</p>	

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

THURSDAY, 25 SEPTEMBER 2008

	<p>RESOLVED:</p> <p>That the updates be noted.</p>	
OBCB45.	<p>NEW ITEMS OF URGENT BUSINESS</p> <p>No new items of urgent business were raised.</p>	
OBCB46.	<p>ANY OTHER BUSINESS</p>	
OBCB47.	<p>ITEMS FOR FUTURE MEETINGS</p> <p>The items listed within the agenda were noted and the Board was advised that any new items should be discussed with Patricia Walker.</p> <p>Patricia.walker@haringey.gov.uk</p>	All to note
OBCB48.	<p>DATES OF FUTURE MEETINGS</p> <p>The following dates of future meetings were noted:</p> <ul style="list-style-type: none"> • 15 December 2008 • 3 February 2009 • 7 April 2009 	

COUNCILLOR LIZ SANTRY

Chair

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Joint area review

Haringey Children's Services Authority Area

**Review of services for children and young people,
with particular reference to safeguarding.**

**Ofsted
Healthcare Commission
HM Inspectorate of Constabulary**

Age group: All

Published:

Reference no:

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Introduction

1. The inspection was conducted using the arrangements for joint area reviews as required under section 20 of the Children Act 2004. It is a special joint area review, commissioned in November 2008 by the Secretary of State for Children, Schools and Families. It was commissioned following the death of Baby P in Haringey and the subsequent findings of the serious case review, which examined the circumstances of the baby's death and the role of each of the services involved with the family.
2. The remit for this inspection was to undertake an urgent and thorough inspection of the quality of practice and management of key services which contribute to the effective safeguarding of children in the local area. In doing this, the inspection team was required to ensure rigorous scrutiny of the quality of practice and decision-making by front line workers and their managers, including the effectiveness of management practice and performance management systems in all relevant agencies.
3. The inspection was undertaken in a much shorter timeframe than is usual in joint area reviews but nevertheless used the approach set out in the *'Framework for the inspection of children's services'*¹ as the basis for inspection. The inspection evaluates the contribution made by relevant services in the local area to ensuring that children and young people are safe.
4. The inspection commenced on 13 November 2008 and was completed by 26 November 2008. It was carried out by a multi-disciplinary team of seven inspectors from Ofsted, the Healthcare Commission and Her Majesty's Inspectorate of Constabulary.
5. Evidence gathered included: observations of social care duty room practice; a review of case files for children and young people receiving support from a number of local agencies, including those relating to Baby P; discussions with elected members of the local authority and managers from these agencies; service users, including children and young people, and community representatives.
6. The inspection also considered a range of existing evidence including:
 - a review of the children and young people's plan
 - performance data
 - information from the inspection of local settings, such as schools and day care provision

¹ Every Child Matters: framework for the inspection of children's services, Ofsted, July 2005; available from www.ofsted.gov.uk/publications.

- briefings from staff within inspectorates, commissions and other public bodies in contact with local providers
- the serious case review relating to Baby P
- the evaluation of the serious case review undertaken by Ofsted in accordance with '*Working Together To Safeguard Children*', 2006.

Summary judgement

This inspection has identified a number of serious concerns in relation to safeguarding of children and young people in Haringey. The contribution of local services to improving outcomes for children and young people at risk or requiring safeguarding is inadequate and needs urgent and sustained attention.

Main findings

7. The main findings of this inspection, described below, point to significant weakness in safeguarding and child protection arrangements in Haringey. They also show that the arrangements for the leadership and management of safeguarding by the local authority and partner agencies in Haringey are inadequate.
 - There is insufficient strategic leadership and management oversight of safeguarding of children and young people from Haringey by elected members, senior officers and others within the strategic partnership.
 - There is a managerial failure to ensure full compliance with some requirements of the inquiry into the death of Victoria Climbié, such as the lack of written feedback to those making referrals to social care services.
 - The local safeguarding children board (LSCB) fails to provide sufficient challenge to its member agencies. This is further compounded by the lack of an independent chairperson.
 - Social care, health and police authorities do not communicate and collaborate routinely and consistently to ensure effective assessment, planning and review of cases of vulnerable children and young people.
 - Too often assessments of children and young people, in all agencies, fail to identify those who are at immediate risk of harm and to address their needs.
 - The quality of front line practice across all agencies is inconsistent and not effectively monitored by line managers.

- Child protection plans are generally poor.
- Arrangements for scrutinising performance across the council and the partnership are insufficiently developed and fail to provide systematic support and appropriate challenge to both managers and practitioners.
- The standard of record keeping on case files across all agencies is inconsistent and often poor.
- There is too much reliance on quantitative data to measure social care, health, and police performance, without sufficiently robust analysis of the underlying quality of service provision and practice.

Recommendations

The Department for Children, Schools and Families should:

- provide immediate appropriate support and challenge to the local authority to ensure that comprehensive and effective safeguarding arrangements for children and young people are established.

The Local Authority, working with its partners and in particular health and the police, should:

- improve governance of safeguarding arrangements. In particular, they should ensure full compliance with the guidance contained within *'Working Together to Safeguard Children' 2006* and embed the London protocol for inter-agency working to improve outcomes for children and young people.
- establish more secure assessment and earlier intervention strategies which ensure that, in all cases where concerns about children are identified, agencies can intervene and assess risks of significant harm to children in a timely manner.
- establish more systematic monitoring of the quality of practice.
- ensure that managers and staff at all levels are accountable for casework decisions, and that they draw as necessary on the expertise of partner agencies to inform the decision making process.
- take steps to integrate individual service processes and systems across all agencies more effectively, so that all children and young people are safeguarded.

-
- assure the competence of leadership and management in all areas of children's services and develop clear and effective accountability structures.
 - establish rigorous arrangements for management of performance across all agencies, which ensure that the quality of practice is evaluated and reported regularly and reliably, and that accountability for each action is defined and monitored.
 - make explicit to all staff and elected members the expectations and standards required of front line child protection practice.
 - establish rigorous procedures to audit and monitor the quality of case files across all partner agencies and ensure processes are in place to deliver improvement.
 - establish clear procedures and protocols for communication and collaboration between social care, health and police services to support safeguarding of children, and ensure that these are adhered to.
 - assure the competence of service and team managers in conducting rigorous and evaluative supervision and monitoring of safeguarding practice.
 - appoint an independent chairperson to the local safeguarding children board (LSCB).

Whilst not a mandatory requirement, it would be good practice for the Local Authority to:

- ensure that all elected members have CRB checks.
- ensure that all elected members undertake safeguarding training.

1. Safeguarding

Serious case review – Baby P

8. Local safeguarding children boards undertake a serious case review when a child has died or has been seriously injured or harmed and abuse is known or suspected to have been a factor. The process is defined by the guidance in *'Working Together to Safeguard Children'* (Chapter 8). Local agencies are asked to decide whether there are any lessons to be learned about the ways in which they worked together to safeguard and promote the welfare of the child.

9. During the period 2006 to 2008 one serious case review was completed by Haringey safeguarding children board. This relates to Baby P. A second, unrelated, serious case review is in process, but was slow to begin.

10. Baby P, a 17 month old boy, died on 3 August 2007 from severe injuries which were inflicted whilst he was in the care of his mother, her partner and a lodger in the household. On 11 November 2008 at the Old Bailey two men were found guilty of causing or allowing the death of a child or vulnerable person. The mother had already pleaded guilty to the same charge. Baby P had been subject to a child protection plan from 22 December 2006, following concerns that he had been abused and neglected. He was still subject to this plan when he died.

11. Ofsted has judged the quality of the serious case review relating to Baby P to be inadequate. The terms of reference are insufficiently comprehensive, lack clarity, and were not finalised until 12 December 2007. This was four months after the serious case review process began, and when the writing of the individual management reviews by the relevant agencies had already been completed. This resulted in some important aspects not being adequately considered, such as the capacity of front line services, the effectiveness of provision for other children in the family, and the reasons why agencies failed to discover the two men living in the household. There was insufficient independence of the serious case review panel; the panel was chaired by the director of the children and young people's service, who also chairs the local safeguarding children board.

12. The quality of the nine individual management reviews submitted is variable. The reviews submitted by Whittington Hospital NHS Trust, the Metropolitan Police and Haringey Legal Services are judged good. The review submitted by the Family Welfare Association is judged adequate. However, inadequate individual management reviews were provided by the Haringey children's social care service, Haringey schools, the North Middlesex University Hospital/Great Ormond Hospital NHS Trust, Haringey Teaching Primary Care Trust, Haringey Strategic and Community Housing Prevention and Options Team. The individual management reviews provided by social care services and

the primary care trust lack rigour in their analysis and thus significantly undermine the integrity of the serious case review. The overview report does not look at the capacity of front line services to deliver what was required of them, or the quality of management oversight and support. As a result, the serious case review misses important opportunities to ensure lessons are learned. Key actions required in order to improve safeguarding are not fully identified.

2. Practice relating to safeguarding

Effectiveness of arrangements to identify and respond to concerns

13. The thresholds for accessing social care services and the process for receiving referrals are clear. However, staff from a range of partner agencies express concern about inconsistencies in the application of the thresholds for access to children in need and child protection services.

14. Following referral, arrangements for gathering information from relevant and involved parties are generally poor. The requirement that referrers be informed in writing of action taken in response to the referral is not routinely met.

15. All children's social care cases are allocated a social worker. However, workloads are heavy and some staff report that they are unable to action all cases effectively as a result. Some allocations of cases within social care services are made electronically and without discussion with social workers. This does not ensure there is discussion between the manager and social worker about what actions are to be taken.

Quality of recording, assessment and child protection planning

16. Case file recording for individual children and young people is inadequate. There is insufficient evidence of managerial oversight and decision-making on case records in children's social care services, police and health services. There is also limited evidence of thorough, analytical and reflective supervision to ensure individual casework is carried out effectively.

17. Police and health service files are often poorly organised and the process and planning of individual cases is difficult to follow. Health services' files include hand-written notes which are sometimes illegible and do not identify the author. The standard of record-keeping in the health records of looked after children and young people is poor and some entries are inaccurate.

18. Not all children's social care files have a chronology of the individual case. Police files also do not establish clear chronologies of events and it is difficult to decipher the key points at which decisions are made. The rank of the police officers involved is not always clearly stated, making it difficult to determine the level of supervisor involvement in the case.

19. While some files demonstrate that children and young people are seen and spoken to and their views taken into account, this is not consistently demonstrated in assessments. Files of children and young people subject to child protection plans and those of looked after children and young people state whether a child is seen alone. However, where the child has not been seen alone, there is limited evidence of managers addressing the reasons for this and enabling the child's voice to be heard.

20. There are frequent unacceptable and extreme delays in distributing to partner agencies the minutes of key meetings, such as child protection conferences, core groups and statutory reviews of looked after children and young people. This means that information and follow-up action required is not effectively and promptly communicated to all agencies involved with the child and his/her family.

21. Assessment and care planning are poor overall. The repeated failure to take proper account of historical concerns places children and young people at risk. Information from other agencies is not always used to inform assessments of children and young people, leading to weak analysis and understanding of the risks to the safety of the child. Managers in all agencies are aware of the poor quality of assessments. However, there is no identifiable activity to address these serious deficiencies.

22. The quality of health assessments for looked after children and young people is poor. There is insufficient guidance for and oversight of the work of general practitioners who undertake the majority of assessments.

23. The quality of assessments of risk to children and young people contained within police notifications of incidents of domestic violence is too variable. All such incidents where children are known to be in the household are notified to children's social care on a dedicated police system. However, they are not all sent in a timely way.

24. The use of the common assessment framework as a tool for multi-agency assessment is not universally understood or effectively implemented by staff across agencies, despite them having been trained. While the data show apparent good progress with assessments completed for over 800 children and young people, this figure masks the fact that most are not multi-agency assessments. The process is used primarily by agencies as a referral for additional individual services. Implementation of the common assessment framework has not been evaluated.

Effectiveness of inter-agency child protection

25. Inter-agency cooperation in child protection work is inadequate. The majority of child protection strategy discussions on files read during the inspection only involve staff from children's social care services and the police. While this may be pragmatic in urgent cases, there is limited evidence of consideration of the need for a subsequent strategy review meeting involving other relevant agencies, such as health or schools.

26. The police referral desk structure ensures that managers are involved at the child protection referral stage and that they participate in telephone strategy discussions. However, managers are not normally involved in subsequent strategy meetings. There is evidence of inconsistency in management decision making, primarily in relation to those cases initially assessed as low risk and/or where limited information is available. There is no definable threshold for when a minor neglectful act becomes a criminal offence and each single incident must be examined in the context of other acts or omissions. The possibility of a criminal offence, and the need for an initial criminal investigation, is not always considered.

27. When a referral is made to the police child abuse investigation team, a number of checks are made to identify any previously known information about the child and family. There is good evidence that the policy about making these checks is being adhered to. However, these checks do not currently routinely include those names on the violent and sexual offender register (ViSOR). It is of concern that relevant information from ViSOR is not currently obtained to inform decision making and risk assessment.

28. There is clarity amongst police practitioners about the circumstances in which a request is made for the medical examination of children in both potential physical and sexual abuse cases. However, although the police generally attend examinations in sexual abuse cases, they do not regularly attend examinations in cases of suspected physical abuse.

29. Some accident and emergency services staff at North Middlesex and Whittington Hospitals are insufficiently clear about how to access up to date information regarding whether a child is subject to a child protection plan. These services do not have online access to the list of all children with such plans and rely on a hard copy list, which is distributed weekly. Some staff are not aware that telephone access to the updated list is possible. Although the London strategic health authority has advised that all children and young people who attend accident and emergency services should be checked against the list of those subject to child protection plans, this does not always happen.

30. Child protection plans are generally poor. There is insufficient involvement of key staff from health and other agencies to ensure that the plans take full account of the child's needs. In most cases children are visited by social workers within expected timescales. However, in many cases there is a lack of clarity about what needs to be done, and by whom, to reduce identified risk

and there is little evidence of the impact on improving the safety or welfare of the child. Agencies are generally working in isolation from one another and there is evidence of a lack of effective co-ordination to ensure the work is appropriately focussed.

31. In some cases, children and young people are not consulted in order to establish their views about their child protection plan. While attendance at child protection conferences by children, young people, parents, carers, is monitored, the information is not collated and analysed by the local safeguarding children board, which limits its oversight and impedes improvement of the process.

32. Attendance by professionals who are working with the child and his/her family at child protection core group meetings is also variable. Some meetings are cancelled due to non-attendance by key agency representatives, while others go ahead without sufficient attendance by members. This limits the opportunities to take account of full information when making decisions and recommendations for the future, and for ensuring that the child protection plan is on track.

33. Guidance to staff about placement of children with family or friends is contained within the London child protection procedures. This focuses on situations where children and young people may be accommodated or placed as an emergency placement while carers are being fully assessed. Staff expressed concern to the inspectors about the quality of some foster families and the lack of robust arrangements to ensure that the views of placing social workers are sought to inform the annual foster carer review.

34. There are indications that police child abuse investigation teams are not always receiving required information in domestic violence cases. Issues of communication are identified by previous Her Majesty's Inspectorate of Constabulary inspections. Measures have been taken to improve communication but it is too early to assess the impact.

3. Service management

Leadership and management of safeguarding arrangements by the local authority and partner agencies in Haringey are inadequate.

Effectiveness of governance arrangements

35. The relationship, accountabilities and lines of communication between the children and young people's strategic partnership board, the local safeguarding children board, and the children and young people's consultative committee are not sufficiently clearly defined in their terms of reference. Not all members of these groups are clear about their remit or how their work links with, or overlaps, with the work of other groups. There is insufficient robust challenge

to procedures, practice and performance evidenced in the records of the meetings.

36. The work of the local safeguarding children board is insufficiently robust. Whilst it maintains a focus on the wider safeguarding agenda, the impact of this work on making life safer and more secure for children and young people is not well evidenced. The board has taken a lead in identifying key safeguarding issues of concern to children, young people and their families and has worked across agencies to tackle these issues. However, multi-agency attendance at board meetings is variable, the follow-up of issues and agreed actions is not sufficiently rigorous, insufficient attention is paid to the quality of individual case work practice and board members do not provide sufficient independent challenge.

37. Current management arrangements within the council and across the partnership do not facilitate sufficient independent challenge on safeguarding matters. The local safeguarding children board is chaired by the director of the children and young people's service. The management arrangements for independent reviewing officers, with senior management responsibility resting with the deputy director of the children and young people's service, are insufficiently independent of operational line management in social care.

38. There is limited evidence of the priorities and policies of the children and young people's plan being robustly put into practice on the ground. Also, the priorities are not supported by effective planning and evaluation. For example, the people workforce plan was developed in isolation from the children and young people's plan. There are few examples of integrated working arrangements being based on shared aims and common understandings of practice and management expectations. There are some good policies, but they are often not acted upon, such as the social care supervision policy, with the result that outcomes for children and young people are seriously compromised.

39. Corporate parenting arrangements are underdeveloped and there is currently a lack of shared responsibility across the council for this function. While there is a strongly articulated commitment about support for looked after children and care leavers, there is no overarching corporate parenting protocol and plan. Some elected members have undertaken relevant training and acknowledge that this should be extended to all councillors. However, other elected members interviewed reported that they have not received child protection or safeguarding training. The contribution of looked after children and young people to the children and young people's consultative committee is valued and strategies to further engage young people are being sought.

Effectiveness of performance management

40. Performance management arrangements across agencies are insufficiently robust. The reliance on national and local performance indicators is too great and does not enable understanding of the quality and effectiveness of service provision on the ground. Insufficient attention has been given to evaluating the

quality of front line practice and quantifying the impact of services upon children. There has been a failure to use the outcomes from qualitative audit activity to critically self evaluate and to report on the actual outcomes for children and young people. The partnership does not use performance indicators to question and challenge underlying issues about the quality of front line practice.

41. The council provides regular reports to managers, the local safeguarding children board, the children and young people's consultative committee and the children and young people's strategic partnership on social care performance. However, the accompanying commentary is descriptive and lacks robust critical analysis.

43. An audit report commissioned by the council in late 2007 highlighted specific weaknesses in child protection practice. Two further independent audits and additional internal audits of front line social work practice have been carried out since that time. These also identified weaknesses and inconsistencies in practice and multi-agency working. However, the management reports on these audits, which were presented to elected members, did not accurately reflect the significance and implications of the unsatisfactory practice for the safety of children and were not supported by solid action plans.

44. Social care service management data collected by the council are unreliable. The performance indicator data regarding timeliness of initial and core assessments suggest that this is good. However, a number of files seen during the inspection show that the assessments are 'counted' as complete although the documentation is incomplete on file. In addition, cases of families with more than one child do not always have separate files opened for siblings. This means that the true number of children allocated to a social worker is not accurately counted. Cases identified for closure are not always closed promptly.

45. The primary care trust has developed a performance management process with quarterly meetings to monitor its service agreements with other health agencies. Trusts provide data to the primary care trust to monitor the service level agreement, as well as informing board meetings and service managers. However, staff consider that child and adolescent mental health services (CAMHS) data quality need improvement. The data indicate trends or issues at service level and is challenged by the primary care trust, with examples of changes being made as a result of the data. The performance management arrangements provided by the strategic health authority are not always effective. Trusts routinely report serious untoward incidents, which are reviewed by the strategic health authority safeguarding lead. However, the systems and processes are not embedded and trusts do not always respond positively to strategic health authority requests for information or meetings.

46. The police specialist crime directorate structure provides for clear accountability and the accountability framework is also available on the force intranet. Performance across the directorate is also monitored centrally and monthly management reports are produced. There is also an inspection and audit regime, which is currently under review. However, the capture and dissemination of organisational learning and knowledge management is not systematic and relies on individual leaders taking responsibility for circulating good practice and learning from debriefing.

47. Individual case files in all agencies show too little evidence of management oversight and decision-making. A high priority is given to ensuring regular supervision of staff, and most staff across all services report that they receive regular supervision and feel well supported by their line managers. However, records of case discussions are not routinely placed on service users' files. This is unacceptable.

Workforce development and safe recruitment practice

49. All agencies meet the minimum requirements for criminal record bureau (CRB) checks on staff. The council human resources files seen during the inspection show that appropriate employment and identity checks are made. Health and social care services have a process whereby staff can be appointed prior to the receipt of CRB checks. While the health process ensures that supervision is given to such staff until the check is complete, the process in social care services is less clear, which is not good practice. Not all elected members have had CRB checks.

50. The high turnover of qualified social workers in some social care teams has resulted in heavy reliance on agency staff, who make up 51 of 121 established social worker posts. This results in lack of continuity for children and their families and of care planning. Action has been taken to attract staff, including an increase in pay scales and a graduate trainee scheme. Currently there are four unfilled social work posts. Some social workers have heavy caseloads, exacerbated by the need for experienced staff to complete unfinished work for those staff who leave. Although a transfer protocol is in place to define when a case should transfer to long term social care teams, in practice there can be difficulty making timely transfers due to capacity issues within teams.

51. Previous longstanding severe shortages of staff in community nursing services resulted in a reduction of preventative health care available to children and young people in the borough. Ten additional health visitor posts have recently been created and recruitment to these posts is underway. Staff express concern that the level of staffing in child and adolescent mental health services is insufficient to meet the demand.

52. The direct involvement of police supervisors in strategy discussions and/or meetings is unsystematic, with the evidence suggesting that these are generally undertaken by investigating officers. Detective Sergeants within the child abuse investigation team also carry their own investigative workload. Previous

HMIC inspections have identified the need to ensure that supervisors have the capacity to balance effectively their day-to-day supervisory commitments with specific responsibilities, such as strategy discussions, and their own investigative workload. Serious crime directorate resources were reviewed in 2006 and, as a result, the Haringey child abuse investigation team has been allocated additional resources, effectively doubling the number of Detective Constable investigators. However, the child abuse investigation team has been carrying a supervisory vacancy for some time, which has resulted in gaps in supervision on the ground. The police conference liaison officer role is critical within the child abuse investigation team in relation to the police contribution to child protection conferences, including provision of information and attendance. However, the current level of staffing is insufficient.

53. The existing social care electronic recording system operated by the council lacks sufficient flexibility and, although this impedes effective practice by social workers, there has been insufficient priority given to resolving this issue by managers.

54. Staff in schools report that the quality of child protection training is good, with very useful advice and support provided by Child Protection advisers.

55. Police training provision is compliant with the Victoria Climbié recommendations. All serious crime directorate officers undertaking an investigative role are expected to complete the initial crime investigator's development programme. Investigators also complete specialist child abuse investigation training. There is, however, currently no role-related training for referral desk duties, which are carried out by Detective Sergeants, and the view is that the current general training available is inadequate to fully equip supervisors for this role. Additionally, there is currently insufficient attention paid to the planning and timing of training for new post-holders to ensure that it is provided promptly.

56. Child protection training is mandatory for all health services staff. The training strategy, launched in 2007/08, is comprehensive, with training at different levels identified in staff job descriptions. Information on numbers attending is submitted to the primary care trust board.

57. Police policy and standard operating procedures have been available on the intranet for approximately three years and have been updated in the last six months, although there have been no significant changes. All staff are aware of how and where to access information and guidance. National police guidance has also been fully implemented and there is a dedicated policy portfolio led by a superintendent responsible for ensuring that policy is updated and refreshed as necessary. A reserve desk also provides out-of-hours advice to staff engaged in child protection matters.

Annex A

Context

1. Haringey is an ethnically diverse outer-London borough situated to the north of central London. Of its population of 224,700 people, nearly half come from minority ethnic backgrounds and around one quarter are under the age of 20.

2. The population has grown by 8.6% since 1991 and is projected to grow by a further 3.7% by 2016 to 233,100. The population has high turnover and includes a significant number of refugees and asylum seekers. Over 160 languages are spoken by children and young people in the borough.

3. Long-term unemployment is twice the national rate and almost twice the London rate; in October 2007, 6,720 of Haringey residents were claiming job seeker's allowance, a rate of 4.3% compared to the London average of 2.7% and the national average of 2.1%. Northumberland Park ward has the highest unemployment rate of all London wards at 16.7%, almost eight times the national rate. It is estimated that 21% of households in Haringey are living in unsuitable accommodation. The borough has high levels of crime, although this has reduced overall, in contrast to the London trend.

4. There are approximately 48,965 children and young people under the age of 20 living in the borough, with three-quarters from minority ethnic communities. Of these, 191 are children with a child protection plan, 450 children are in the care of the local authority, 230 are unaccompanied asylum-seeking children with 48 of those in care, 723 are young carers and 403 children and young people are registered with the youth offending team. The percentage of children and young people eligible for free school meals is over twice the national average (32% compared with 15%) but with a vast differences across the borough, for example, 7.8% in Alexandra ward compared with 50.7% in White Hart Lane ward.

5. The Haringey strategic partnership was set up formally in April 2002. The children and young people's partnership board, established in 2004, is one of its five partnership theme boards. The director of the children and young people's services took up post in April 2005, when the executive member for children and young people was also appointed. The partnership includes the Metropolitan Police, the Haringey Teaching Primary Care Trust (HtPCT), the community and the voluntary sectors, the North London Learning and Skills Council (LSC), and Connexions and the College of North East London (CONEL).

6. The children and young people's plan 'Changing Lives' was published in April 2006 and was reviewed in 2007. The partnership board draws on the views of the wider community through the partnership forum, which meets three times a

year. Its main role is to monitor the progress of the children and young people's plan.

7. The local safeguarding children board (LSCB) was established to help meet the requirement of the 2004 Children Act to 'safeguard and promote the welfare of children'. It brings together the main organisations that work with children and families in the borough, including the Council, Haringey teaching primary care trust and the Metropolitan Police Service.

8. Primary health care for children in Haringey is the responsibility of Haringey teaching primary care trust. Before 1 April 2008, the community paediatricians were managed from Great Ormond Street Hospital. Since 1 April 2008, Haringey teaching primary care trust has commissioned Great Ormond Street Hospital to manage the whole children and young people's health service. North Middlesex University Hospital (NMUH) NHS Trust is the main provider of acute health services, although Great Ormond Street Hospital also runs its acute paediatric service within a partnership unit. The Whittington Hospital NHS Trust also provides services for acute and paediatric care. Children's mental health services are provided by the Barnet, Enfield and Haringey Mental Health NHS Trust. All trusts providing health services for the children of Haringey fall within the NHS London Strategic Health Authority.

9. Haringey has 63 primary (including infant and junior) schools, 10 secondary schools, one city academy, four special schools, a pupil support centre and 17 children's centres. North London Learning and Skills Council works closely with the local authority, the college, training providers, and schools in addressing the 14-19 strategy. Post-16 education and training is provided by College of North East London, and five work-based training providers. Education to Employment provision is managed by the North London consortium, which controls 32 places within Haringey and around 600 places with providers outside Haringey. Adult and community learning including family learning are provided by the local authority.

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Meeting: Children and Young People's Strategic Partnership

Date: 15 December 2008

Report Title: NHS Haringey Strategic Plan 2008-13

Report of: Penny Thompson, Interim Deputy Chief Executive, NHS Haringey

Summary

The aim of the Strategic Plan is to tell the end to end story about how NHS Haringey will move from assessing the needs of our population to commissioning services that will drive improvements in health outcomes.

Recommendations

That the CYPSP note the strategic direction and change of name from Haringey Teaching PCT to NHS Haringey.

Financial/Legal Comments

The Strategic Plan reflects Commissioning Investment Plan 2008-11 priorities and investments.

For more information contact:

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Introduction to Strategic Plan

Last year NHS London introduced a new Commissioning Regime which included the development for the first time of a medium term Commissioning Strategy Plan which covered the period 2007-12. The Commissioning Strategy Plan informed a number of key developments last year including the Commissioning Investment plan, the content of which discussed with partners and other stakeholders in May 08.

This year all PCTs are required in the context of World Class Commissioning Assurance to develop a medium term Strategic Plan. The Strategic Plan replaces the Commissioning Strategy Plan but is similar in scope and purpose. The aim of the Strategic Plan is to tell the end to end story about how we will move from assessing the needs of our population to commissioning services that will drive improvements in health outcomes.

The Strategic Plan sets the direction for the development of 10 other strategic documents which make up the governance aspect of World Class Commissioning Assurance and includes an Organisational Development Plan and Stakeholder Engagement Strategy. The following paper sets out a summary of the Strategic Plan.

Strategic Plan Executive Summary

Our overarching aim is to work with our partners and local people, to ensure that everyone in Haringey, young or old, has the best possible chance of a long happy and healthy life.

Over the next 5 years we will focus our energies on achieving 5 local goals to be delivered through 13 strategic initiatives which we believe will have the most significant impact on achieving these strategic objectives in the medium term and which closely reflects the needs of our population, the achievement of core quality and outcomes and takes into account what is important to our stakeholders. In summary these are:

No	Goal	No	Initiatives
1	Guided by and learning from individuals and communities we will use innovative, holistic and empowering strategies to engage local people in their own health and wellbeing	1	Growing Healthy Communities – community health trainers, social marketing and wellbeing network.
2	We will ensure that all children and young people in Haringey are safe and have the best possible chance of a healthy start	2	Maternity – improving early access
		3	Early Years – working through children's centres to safeguard and promote health
		4	School Age Children - working through extended schools to safeguard and promote health

		5	Implementing Aiming High for Disabled Children
3	We will commission mental health and wellbeing services that are timely, effective, culturally appropriate, provided in the least stigmatising environment and as close to home as possible	6	Improving Children and Young People's mental health and well being
		7	Increasing Access to Psychological Therapies (IAPT) for adults
		8	Developing a more effective model of care through collaborative commissioning.
4	We will commission an equitable, fully integrated approach to preventing and managing long term conditions	9	Preventing Long Term Conditions – smoking, alcohol, weight management and vascular checks
		10	Long Term Conditions management - integrated approach through networked primary care model
		11	Improving Rehabilitation and Intermediate Care
		12	Improving End of Life Care
5	We will implement World Class Primary Care and by doing so address the fundamental inequalities in the quality of and access to primary care in Haringey.	13	World Class Primary Care – improving quality and access

We will measure our success against 10 key outcomes as well as a range of other success metrics. Our 10 key outcome measures for World Class Commissioning are:

- Life expectancy
- Health inequalities
- Primary care access
- Childhood immunisation
- Teenage pregnancy
- Crisis resolution
- Smoking quitters
- CVD mortality
- Cancer mortality
- Diabetic retinopathy screening

In developing our local goals, initiatives and key outcome measures we considered our context in particular the needs of our population and the inequalities that exist, the views of our stakeholders and our performance against key outcomes and targets. We also considered the key factors in our

ability to deliver change in the future including our current providers and our finance and activity position.

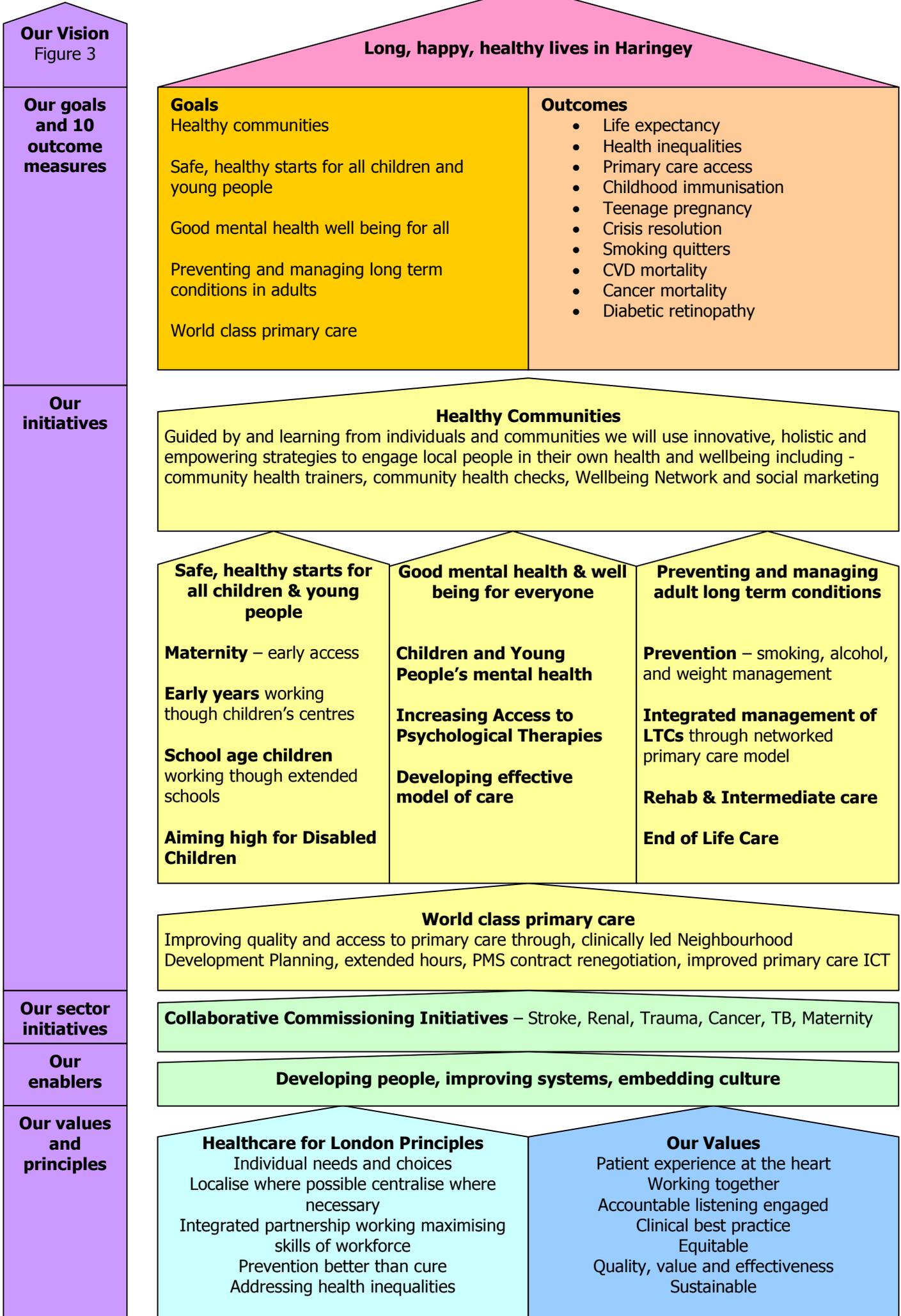
Our local goals and initiatives need to be seen in conjunction with our shared priorities and plans in our north central sector Collaborative Commissioning Initiatives which are focused on cancer, stroke, renal services, maternity, TB and trauma. Together these form a tiered approach to implementing Healthcare for London from our local focus on prevention and care closer to home linking to our outward looking approach to collaborative work and reshaping acute services through the Barnet Enfield and Haringey Clinical Strategy and implementing Healthcare for London priorities. Our local priorities fit with our sector priorities, putting in place key elements of primary and community based care needed for the successful implementation of changes in acute care, for example.

We have a good track record of delivering improvements and we have achieved financial turn around so that we are now in a position to invest in a coherent way in the changes we want to see in out of hospital services.

We believe that to secure the best possible services for patients from available resources we need to support the development of a good range of strong, effective and responsive health provider organisations locally. In addition to working with existing providers to ensure that they are able to deliver demonstrably clinically effective, high quality, value for money services we are planning to support a range of new service providers, particularly in areas where it is assessed that current providers do not have a particular interest or expertise or where current service provision is assessed as poor quality or value for money. We believe that 'contestability' is an important vehicle for securing best value and expect it to play an increasing part in how we seek to maximise health benefits from our commissioning spending.

The following diagram pulls together the key elements of our Strategic Plan.

The full final version is available on request and will shortly be available on our website.



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Meeting: Children & Young People's Partnership Board
Date: 15 December 2008
Report Title: Initiatives to Tackle Child Poverty
Report of: Director The Children & Young People's Service

Summary

This report lists what practical steps are being taken to address child poverty in Haringey.

Recommendations

That the Board note the contents of this report.

Financial/Legal Comments

The Chief Financial Officer was consulted and commented:

- that the expectation is 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 on the content of this report and has no specific comment to make.

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1. Background

- 1.1 The child poverty strategy and action was discussed at the previous meeting of the CYPSPB on 25th September 2008. Arising from the discussion was a request to demonstrate what practical steps were being taken to address child poverty.
- 1.2 This report outlines some of the key initiatives across the 5 child poverty objectives.

2. Initiatives

Objective 1: Tackling worklessness and increasing parental employment in sustainable jobs:

- Continuing to deliver the Haringey Guarantee - which supports residents farthest away from the labour market into sustained employment.
- Delivering the Families Into Work project in Northumberland Park with the aim of tackling worklessness in the community and amongst lone parent and couple families.
- Working in partnership with mainstream welfare to work providers such as Reed, Working Links and Work Directions to encourage workless couple families and single parents back into work, particularly single parents with children under 12.
- Launching the Haringey Guarantee Employer Zone in December 2008. The Employer Zone will:
 - Create a “One Stop Shop” for Haringey Employers, to effectively market the Guarantee, Train to Gain, Employer Vacancies & Provider Provision effectively market the North London Apprenticeship offer to all Haringey employers create local employment opportunities by linking Haringey employers to local people searching for employment
 - We will also be linking with the London Employer Accord to develop a Local Restaurant Consortium which will recruit and train local residents to meet specific needs of local restaurants as employers
 - We are also developing with Marks and Spencer’s a Haringey Lone Parent Marks & Start programme which will deliver an initial programme for 16 residents which includes pre-employment training, work placements, post placement support and jobs in local M&S stores.
 - If successful both the London Employer Accord and M&S can be rolled out on larger scales.

Helping Local Business & Increasing Employment Opportunities

- Haringey is meeting with local business rate payers. It is expected that Haringey will agree to post a flyer with the December rates demand which will signpost to relevant internal and external services. Subject to agreement, assistance may be available to businesses struggling to make payments.

- In addition to this the Business and Enterprise Team have been working in collaboration with Library services and partner organisations to deliver a programme of events to celebrate National Enterprise Week from the 17th-23rd November.
 - Highlights include the “Black Boys in Business” event at the Bernie Grant Centre on the evening of the 17th where black male entrepreneurs will share their business experiences to inspire young people and a “Beat the Credit Crunch” networking event at the West Indian Cultural Centre on the 21st.

As a direct result of the current economic climate, Business and Local Taxation and Business Rates team have been taking steps to advise businesses, especially small businesses, on where they can go to take advice on paying their bills and promotion of small business rate relief.

The following actions have been arranged:

- A link to the Haringey website has been added to bills. This link informs of organisations that can help local businesses
- We are sending a mailshot to businesses in December, which advises on how to claim Small Business Rate Relief
- There will be advice printed in the Annual Billing booklet for 2009/2010
- All staff on the Business Rates team have been told to direct struggling businesses to the advice agencies that can help

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

- We have been proactively working on various take up campaigns since 2006, all of which have contributed to a consistent increase in our benefits caseload over this period of time.

- In May 2006 our Housing Benefit/Council Tax Benefit Caseload stood at 30,600. By October 2008 it had risen to 32,307 - a 5.57% increase in caseload.

- The increase also applies to Council Tax Benefit. In May 2006 our Council Tax Benefit Caseload was 29,679. By October 2008 it had risen to 30,997 - a 4.44% increase in caseload
- The Council recently held a 'Claim It' event over a week, in a trailer outside a library, which was intended to both raise awareness of the under-claiming of benefit and to provide basic benefits advice to customers. It aimed to help some individuals understand the specific benefits they may be entitled to.
- It was a big success as the council was able to provide advice to at least 500 customers. Of these, we estimate that 40% (200 customers) were advised that they may be entitled to extra benefits. Haringey is unable to provide specific figures for exactly how much additional money this will generate for customers, as not all advisors were able to calculate exactly how much may have been due.
- More 'Claim It' publicity will appear in the Council Magazine and on street sign banners.
- Advertise/market the use of web based benefits checker 'Entitled To'
- Benefits advice sessions to be piloted in primary schools beginning December 2008.
- Better coordination of benefits advice campaigns across the council – e.g. work with Neighbourhood Management to plan Access to Service Days.
- Providing local people in the most deprived areas of the borough with welfare benefit advice and debt management e.g. Reaping the Benefits campaign in eight different venues in Northumberland Park, Bruce Grove and Noel Park.
- Building upon the partnership work with the Citizens Advice Bureau to better co-ordinate benefits advice work across the borough

Objective 3: Reducing educational attainment gaps for children in poverty

- 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.
- 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.

- The Targeted Pupil Initiative: a programme to support the attainment and achievement of particularly vulnerable and under-achieving groups to increase, in particular, their literacy and numeracy skills.
- The 14-19 strategy: an on-going strategy to reduce the number of young people who leave school with low or no nationally recognised qualifications, by implementing the diploma / vocational qualifications routes; developing a strong 'engagement programme' for those in years 9 – 11 who are at risk of becoming NEET; improved offer through school-based Connexions Personal Advisors (Pas) and targeted PAs for 'at risk' groups which has already led to a reduction in NEET numbers; specific specially designed accredited courses for teenage parents.
- Early Years: a range of initiatives located in Children's Centres and school-based early years settings in particular, to increase engagement of certain 'at risk' groups in the early years provision; specific language development programmes to improve the readiness for under achieving groups entering Key Stage 1.

Objective 4: Ensuring Haringey children have decent and secure homes

Tackling Fuel Poverty

- We actively promote the Warm Front scheme through which 754 households received £527,000 worth of heating and insulation improvements in 2007/2008
- We are about to introduce a new scheme which will operate throughout the North London sub Region to deliver millions of pounds worth of heating and insulation improvements to the most vulnerable households in the borough.
- Each year the Council produces 5000 Home Energy Efficiency Advice booklets
- Each year the Council distributes many thousands of low energy light bulbs. Its also gives thermometers to vulnerable residents.
- We intend to pilot a scheme whereby residents can rent a home energy meter to enable them to better understand their energy usage and reduce it as much as possible.

Objective 5: Partners within the Haringey Strategic Partnership to take responsibility as corporate bodies for their employees in helping to reduce child poverty

The Council has the following initiatives in place:

- Flexible working practices.
- Childcare vouchers.
- Free finance seminars (covering general awareness and specific topics).
- Staff Discount scheme (covering shopping, travel and leisure discounts).
- Interest free travel loans.
- In-house short courses covering a range of business and personal development.
- Assistance to help in studying for a relevant, recognised professional qualification.

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Meeting: Children and Young People's Strategic Partnership

Date: 15 December 2008

Report Title: Performance Monitoring: Local Area Agreement and National Indicator Set - Quarter Two Report (July to September 2008/09)

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

Summary

The following report includes the performance indicators and project highlight report for the second quarter. It also outlines future developments on the local area agreement (LAA) and the area based grant (ABG).

Recommendations

That the CYPSP notes and comments on the performance scorecard and highlight report.

That the CYPSP notes and comments on the developments and proposals on the ABG and the LAA.

Financial/Legal Comments

N/A

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1 Introduction

- 1.1 This report gives information for the second quarter, from July to September 2008.
- 1.2 In the scorecard and highlight report items have been colour coded to link them to the five Every Child Matters Outcomes, as described in Changing Lives.
- 1.3 It should also be noted that although the performance data for the LAA is reported quarterly for the year April 2008-March 2009 the academic year covers September 2007-August 2008.

2 Performance scorecard

- 2.1 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.
- 2.2 Information is shown for many more of the indicators this second quarter as some (though not all) of the annually collected data is now available.
- 2.3 However it should be noted that although education data is now available there are still issues around the late or non return of results from the national agency responsible for producing key stage (KS) results. This may impact on the final data sets, so that some data may be adjusted in quarter three.
- 2.4 There are 8 indicators at red in the current scorecard.
- 2.5 Six of the education indicators are showing red at this stage.
 - 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
 - NI 73 - Achievement at level 4 or above in both English and Maths at Key Stage 2
 - NI 83 - Achievement at level 5 or above in Science at Key Stage 3
 - NI 92 - Narrowing the gap between the lowest achieving 20% in the Early Years Foundation Stage Profile and the rest
 - NI 93 - Progression by 2 levels in English between Key Stage 1 and Key Stage 2
 - NI 94 - Progression by 2 levels in Maths between Key Stage 1 and Key Stage 2
- 2.6 The Early Years Foundation Stage targets are very challenging. National figures indicate that 39% of children who achieve a good level

of Personal Social and Emotional Development and Communication, Language and Literacy live in the 30% most deprived areas. Of the 3,000 children in Haringey doing the Foundation Stage profile, about 70% (2,100) live in the 30% most deprived national areas. This is obviously considerably more than the national population. Like for like (in terms of location of deprivation), each group in Haringey does better than a similar national group, but overall (because such a high proportion of Haringey children live in deprived areas), Haringey is below the national average

- 2.7 There has been considerable national concern over the quality of marking and the timely return of the results and test papers to schools across the Key Stages (KS) 1, 2 and 3. A number of schools have expressed concern and have sent back papers for re-marking. This process will take some time to come to a conclusion, so the analysis of the results for KS are very provisional at this stage. We expect that the final Haringey results will be better when the results of recent arrivals are removed by the DCSF. This process is not completed until sometime in November and usually has the effect of improving the final Haringey figures by approximately 1%.
- 2.8 A main area of concern remains the achievement of Black British/Caribbean and African pupils, Turkish and Kurdish pupils and white working class boys. Further analysis is being carried out on the interplay of free school meals (FSM), ethnicity and gender. Turkish pupils' attainment remains low, particularly in English and at Level 3+ in all subjects. The attainment gaps between different ethnic groups show signs of slowly closing but we still need to focus on reducing the gaps between the main ethnic groups. Attainment gaps are marked at Level 3+ where it is clear that White UK pupils do considerably better than their peers from different ethnic groups. As a result, the focused work of teams around the Black Children's Achievement Programme (BCAP), the continuation of the Communication, Language and Literacy Development Programme (CLLDP) and the focus on the English as an Additional Language (EAL) toolkit will continue, with a particular focus on KS1.
- 2.9 The two other indicators showing red are:
- NI 112 – Under 18 conception rate
 - NI 113 - Prevalence of Chlamydia in under 25 year olds
- 2.10 There is a high level commitment to improving performance against both these targets. The following two sections outline the work being done to progress this.
- 2.11 Under 18 conception rate
- the Teenage Pregnancy Strategic Partnership Board has fully engaged the support of the Teenage Pregnancy National Support Team, and is implementing the recommendations made following their visit
 - data collection is being reviewed to ensure access to the most up to date intelligence around teenage conception and facilitate early

intervention/more responsive services (At present there is a two year time lag in the release of national statistics)

- there has been significant investment in Sexual Health and Family Planning services, including the 4YP service for young people. From November 2008, 4YP services will be offered in all three area youth projects in partnership with Integrated Youth Support Services.
- continued implementation of the Teens and Toddlers programme, which is having a positive impact on young people identified as at risk. An additional intensive Teens and Toddlers programme has been agreed in Haringey, which will target a further 100 girls in year 9 and 10 who are identified as at risk.
- Haringey is a pilot for the new Sex and Relationships Education Spiral Curriculum for 5-16 year olds.
- a new teenage pregnancy media campaign including a number of magazine articles produced by and in consultation with young people (see first article in Exposure – October 08)

2.12 Prevalence of Chlamydia in under 25 year olds

- expansion of the number of sites offering Chlamydia screening, supported by a social marketing campaign developed by Exposure
- there is an extended Local Enhanced Service for GPs which will increase the screening uptake of 15 – 24 year olds in primary care
- we will pilot a system to help GPs invite young people to use the postal screening service
- a Turning the Curve exercise to be organised, aimed at involving a improving the uptake of Chlamydia screening
- a presentation and discussion on Chlamydia was held at the HSP meeting in November to raise the issue with all partners
- there is work taking place to develop a screening service through pharmacies to make this service more accessible
- there is new investment in an outreach service to encourage young people at colleges to take up screening.

3 Project Highlight Report

3.1 Attached is the project highlight report for quarter two. This report shows progress on services or projects funded under the Area Based Grant.

3.2 The data is taken from the quarterly reports completed by the service or project managers.

3.3 The majority of services or projects have rated green for all outcomes, with some ambers. Only 5 reports showed a red rating for any issue and none of these showed more than one. Reasons for a red rating and action being taken are noted in the comments column of the table. This column also notes some highlights from work in progress on a service or project.

4 Future developments of the LAA and Area Based Grant

- 4.1 Theme Boards have just received notification of their *indicative* ABG allocations for the next two years. The figures for the CYPSP are shown in the following table.

2008/09 allocation (£m)	2009/10 allocation (£m)	09/10 – 08/09 Variance (£m)	2010/11 allocation (£m)	10/11-09/10 Variance (£m)
9.910	11.149	1.239	11.149	0

- 4.2 Please note these allocations remain provisional subject to approval by the HSP's Performance Management Group and the Council's Cabinet on 26th January 2009.
- 4.3 Theme Boards are being asked to work up proposals for the programmes of work the ABG is to fund over the next two years. It is expected that these programmes will be based on theme board priorities and the priority outcomes to be achieved within the current Local Area Agreement. For the CYPSP this means the targets in the LAA for which the Board has lead responsibility and the priorities in Changing Lives as based on the five Every Child Matters outcomes.
- 4.4 It is also expected that these will be high level programmes. That is not a list which includes individual projects, as was the practice this year, but an amalgamation of these into distinct programmes. This should help to reduce the reporting burden. Boards can then still choose to have their own list of more detailed services or projects which sit underneath these overarching programmes if they wish.
- 4.5 When considering future programmes the CYPSP will need to consider these in the context of work currently funded by the ABG which one or more partners have a statutory duty to provide and programmes or projects for which contractual obligations exist. It is likely that statutory and contractual obligations will limit the amount of flexibility that exists in the programme.
- 4.6 Given the tight time scales this work will need to take place before the next full meeting of the CYPSP. It is suggested that a small group of representatives meet to draw up this programme (either face to face or via electronic communication) which can then be circulated to Board members for comment. The final proposal will need to be agreed with theme board chairs and appropriate lead members.
- 4.7 Local Area Agreement**
Haringey's Local Area Agreement is subject to annual review. This year there is a distinct 'refresh' element to the annual review. This is intended to conclude 'unfinished business' from the initial negotiations and some limited revisions to targets where new evidence is available. All outstanding targets should be resolved ready for year two of the LAA (from April 2009).

- 4.8 Local areas are required to submit their final refreshed LAAs to Government Office on 2nd March 2009; with a draft version submitted on 19th January to enable formal negotiations with government departments to begin.
- 4.9 The following targets in the CYPSP remit need data to be completed as part of the refresh.
- NI 112 Under 18 conception rate: 2010/11 target to be set in agreement with NHS London and GOL
 - NI 126 Early access to maternity services: 2007/08 baseline to be confirmed by TPCT
 - The 16 DCSF attainment targets: 2009/10 targets to be set through the annual national strategy negotiations
- 4.10 The review also provides an opportunity to revise by exception designated targets where new evidence has become available. The HSP is requesting to review a number of Haringey's designated targets in light of the current global economic conditions potentially affecting the partnerships ability to deliver. For the CYPSP this includes NI 116 the proportion of children in poverty.
- 4.11 Work is in progress to fill the gaps and set out the proposed baseline and three year targets for opening the negotiations with government departments over the coming months.

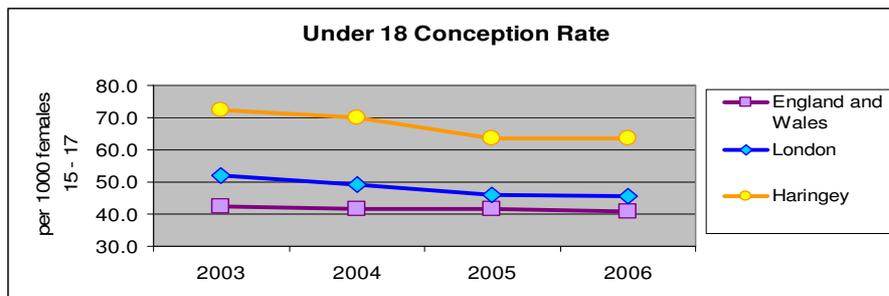
5 Recommendations

- 5.1 That the CYPSP notes and comments on the performance scorecard and high light report.
- 5.2 That the CYPSP notes and comments on the developments and proposals on the ABG and the LAA.

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Quarterly Performance Review - 2008/09							Quarter 2																																												
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																																																			
Note: Education targets are those for academic year 2007/08 i.e. for exams & KS results summer 2008.																																																			
07/08	08/09	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD Progress																																													
Children and Young People																																																			
	NI 51	Effectiveness of child and adolescent mental health (CAMHS) services				LAA Lead																																													
	<i>Target</i>	13																																																	
	<i>Comment</i>	Four elements of CAMHS (learning difficulties, 24 hour cover urgent mental health, services for 16 and 17 year olds, early identification and intervention) are scored on a scale of 1-4, maximum overall score is 16.				➔																																													
13		Green	Green			Green																																													
		13	13			13.0%																																													
	NI 56	Obesity among primary school age children in Year 6				LAA Lead																																													
	<i>Target</i>	24%																																																	
	<i>Comment</i>	Provisional figures for 2007/08 outturn suggest a 90% coverage and obesity rates of 10.6% for reception year and 24% for year 6. This is annually collected.																																																	
new target			Green			Green																																													
			24.0%			24.0%																																													
<i>SN = 79</i>	NI 60	Core assessments for children's social care that were carried out within 35				LAA Lead																																													
	<i>Target</i>	86%																																																	
	<i>Comment</i>	The following graph shows month by month the percentage of core and initial assessments completed in timescales. The total number of core assessments carried out between July and September was 244 (191 completed in time) compared to 241 (220 completed in time) between April and June.																																																	
		<table border="1"> <caption>Assessments completed in timescale</caption> <thead> <tr> <th>Month</th> <th>% initial assessments completed in timescale</th> <th>% core assessments completed in timescale</th> </tr> </thead> <tbody> <tr><td>Sep-07</td><td>90%</td><td>80%</td></tr> <tr><td>Oct-07</td><td>90%</td><td>80%</td></tr> <tr><td>Nov-07</td><td>90%</td><td>80%</td></tr> <tr><td>Dec-07</td><td>90%</td><td>80%</td></tr> <tr><td>Jan-08</td><td>80%</td><td>80%</td></tr> <tr><td>Feb-08</td><td>80%</td><td>80%</td></tr> <tr><td>Mar-08</td><td>90%</td><td>80%</td></tr> <tr><td>Apr-08</td><td>90%</td><td>80%</td></tr> <tr><td>May-08</td><td>90%</td><td>80%</td></tr> <tr><td>Jun-08</td><td>80%</td><td>80%</td></tr> <tr><td>Jul-08</td><td>80%</td><td>80%</td></tr> <tr><td>Aug-08</td><td>90%</td><td>80%</td></tr> <tr><td>Sep-08</td><td>90%</td><td>80%</td></tr> <tr><td>08/09 Target</td><td></td><td>86%</td></tr> </tbody> </table>				Month	% initial assessments completed in timescale	% core assessments completed in timescale	Sep-07	90%	80%	Oct-07	90%	80%	Nov-07	90%	80%	Dec-07	90%	80%	Jan-08	80%	80%	Feb-08	80%	80%	Mar-08	90%	80%	Apr-08	90%	80%	May-08	90%	80%	Jun-08	80%	80%	Jul-08	80%	80%	Aug-08	90%	80%	Sep-08	90%	80%	08/09 Target		86%	➔
Month	% initial assessments completed in timescale	% core assessments completed in timescale																																																	
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84.0%		Green	Amber			Amber																																													
		85.0%	74.0%			85.0%																																													
	NI 112	Under 18 conception rate				LAA Lead																																													
	<i>Target</i>	59 per 1000																																																	

07/08	08/09	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD Progress
	<p>Comment Data is provided from ONS and relates to conceptions in a certain period but is not collated until the birth therefore the 9 months + 3 months to analyse data time lag. Therefore we get conceptions for a certain time period 1 year after the conception. We are taking local action to develop a 'real time' data collection system, supported by the Government Office for London. This small increase in the provisional Q2 quarterly rates is similar to the London and national picture and in keeping with Haringey's Q2 data which has been consistently the highest quarter throughout the years of the strategy.</p>					↓
		Amber	Red			Red
62.5% (2007 quarter 1)		62.5	82.6			66.7%
	<p>NI 113 Prevalence of Chlamydia in under 20 year olds <i>Target</i> 15% screened or tested</p>					LAA Lead
	<p>Comment This figure is cumulative. The target is to screen 15% of the population aged 15 to 24. In Q1 there were 260 and Q2 354 suggesting that 3.3+D48% of that population has been screened. We do not currently have data on prevalence. An action plan is in place to address performance in this area.D7</p>					↓
		Red	Red			Red
3.3 (3rd quarter 07/08)%		1.5%	3.3%			3.3%
	<p>NI 116 Proportion of children in poverty <i>Target</i> 34.5%</p>					LAA Lead
	<p>Comment New indicator monitored annually</p>					
36.4 (06/07 provisional)%						
<i>Stretch</i>	<p>NI 117 16 to 18 year olds who are not in education, training or employment <i>Target</i> 11%</p>					LAA Lead
	<p>Comment Quarter 2 performance is 9.5%. The percentage of unknowns has risen to 32.4% but this is a smaller increase than in the same period last year.</p>					↑
		Green	Green			Green
10.4%		8.4%	9.5%			9.5%
	<p>NI 126 Early access for women to maternity services <i>Target</i> 50%</p>					LAA Lead
	<p>Comment New indicator, discussions taking place for collecting this data. Annual collection. Government proposes to use DH Local Delivery Plan return to collect data in first year. Figures shown here are approximate</p>					
		Green	Green			Green
TBC		61.3%	67.0%			67.0%
<i>Stretch target</i>	<p>NI 79 Achievement of a Level 2 qualification by the age of 19 <i>Target</i> 68% (target for 07/08 academic year)</p>					LAA Lead



07/08	08/09	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD Progress																				
	<p>Comment Annual collection. Data collected from number of different sources and published in DCSF statistical first release in February</p> <div style="text-align: center;"> <p>NI 79</p> <table border="1"> <caption>Data for NI 79 Line Graph</caption> <thead> <tr> <th>Year</th> <th>Haringey (%)</th> <th>London (%)</th> <th>England (%)</th> </tr> </thead> <tbody> <tr> <td>2003/04</td> <td>53</td> <td>65</td> <td>65</td> </tr> <tr> <td>2004/05</td> <td>57</td> <td>68</td> <td>68</td> </tr> <tr> <td>2005/06</td> <td>61</td> <td>71</td> <td>71</td> </tr> <tr> <td>2006/07</td> <td>66</td> <td>74</td> <td>74</td> </tr> </tbody> </table> </div>	Year	Haringey (%)	London (%)	England (%)	2003/04	53	65	65	2004/05	57	68	68	2005/06	61	71	71	2006/07	66	74	74					
Year	Haringey (%)	London (%)	England (%)																							
2003/04	53	65	65																							
2004/05	57	68	68																							
2005/06	61	71	71																							
2006/07	66	74	74																							
66.0%																										
<i>Stretch target</i>	<p>NI 78 Number of schools achieving healthy schools status</p> <p><i>Target</i> 75%</p>					LAA Local Lead																				
	<p>Comment Current position equates to 55 schools including the PRU. Next round of schools undertaking self validation is mid first term.</p>					↑																				
66.0%		Green 68.0%	Amber 69.0%			Amber 69.0%																				
	<p>NI 53 Prevalence of breastfeeding at 6-8 weeks from birth</p> <p><i>Target</i> 1) 50% of infants being breastfed at 6-8 weeks 2) 85% of infants for whom breastfeeding is recorded</p>					LAA Local Lead																				
	<p>Comment New indicator. Government guidance suggests target will be measured by Q4 performance. Good progress has been made on the previous target (breast feeding at birth) and we expect this to be maintained. Until 6-9 week data is available, breast feeding initiation data is provided below as a proxy. 1) Breast feeding initiated 2) Breast feeding not initiated 3) Not known</p>					↑																				
90.4%		Green 1) 90.6 2) 7.8 3) 1.6%	Green 1) 90.2 2) 7.8 3) 2.0			Green 1) 90.4 2) 7.8 3) 1.8%																				
	<p>NI 52 Increase in the % of children immunised by 2nd birthday (MMR)</p> <p><i>Target</i> 80%</p>					LAA Local Lead																				
	<p>Comment Low confidence in 07/08 figures due to child health information system issues. Whilst ongoing problems are being experienced with the CHIS, an audit of immunisation uptake has been carried out across all GP practices, and a catch up campaign is being implemented. Data is being cleaned and COVER data is expected by Q4.</p>																									
82% 06/07, 55% 07/08					Data expected Q4																					
	<p>NI 198 Children travelling to school – mode of travel usually used</p> <p><i>Target</i> Primary 19.5%, Secondary 4.8%</p>					LAA Local Lead																				
	<p>Comment Annual collection</p>																									
Primary 20.8% Secondary 4.85%																										
	<p>NI 175 Access to services and facilities by public transport, walking and cycling</p> <p><i>Target</i> Baseline and Targets will be set as part of year 1 refresh</p>					LAA Cross Cutting																				

07/08	08/09	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD Progress								
	Comment	TfL is developing a definition for this NI within Greater London, which will be finalised with the Department for Transport during 2008. DfT will inform Government Office London and boroughs individually when this definition has been agreed.												
	NI 35	Building resilience to violent extremism				LAA Cross								
	<i>Target</i>	The 2008/09 target is level 2. This is an average of the following criteria; Understanding of, and engagement with, Muslim communities, Knowledge and understanding of the Preventing Violent Extremism agenda, Effective development of an action plan to build the resilience of communities and support vulnerable individuals and Effective oversight, delivery and evaluation of projects and actions				Cutting								
	Comment	Plans are on target. Government guidance has been slower than expected, however an officer's steering group is in place. Community organisations are commissioned to deliver engagement for women and youth and further education and capacity building. A consultation is planned for qtr 3 and the action plan will be in first draft early in qtr 4.												
Baseline = 1		Amber 1	Amber 1											
	NI 111	First time entrants to the Youth Justice System aged 10 – 17				LAA Cross								
	<i>Target</i>	Direction of travel compared to same quarter last year				Cutting								
	Comment	Quarter 2 shows 15% fewer entrants to the YJS than for quarter 2 last year. The baseline is to be agreed by early December. The delay is due to data sourced from the Police National Computer (PNC) not YOS.												
Baseline 2006 = 450, 2007 = 373		Green -18.50%	Green -15.00%											
	<i>Target</i>	Victim Support services for children and young people 10% increase. The direction of travel for Victim Support outcomes is good. However, the original baseline given for engagement with young people was incorrect and will be addressed by the Safer Communities PMG (10/11/08). VS is now under new management and contractual arrangements for the delivery of work linked to the ABG are being amalgamated and updated				LAA Cross								
	Comment	Measurement of this indicator will be developed over this year. Lead Board Safer Communities				Cutting								
Baseline 1403 (07/08)														
	NI 8	Adult participation in sport				LAA Cross								
	<i>Target</i>	22.9% without and 26.9% with stretch				Cutting								
	Comment	Annual survey - Data Due November 2009, last survey took place in 2006. Qtr 2 leisure attendance is at 681596 exceeding target, and Active Card Membership is at 11412, also exceeding target.												
	<p>Adult Participation in Sport 2005/06</p> <table border="1"> <thead> <tr> <th>Area</th> <th>Percentage (%)</th> </tr> </thead> <tbody> <tr> <td>Haringey</td> <td>22.9</td> </tr> <tr> <td>London</td> <td>21.3</td> </tr> <tr> <td>England</td> <td>21</td> </tr> </tbody> </table>					Area	Percentage (%)	Haringey	22.9	London	21.3	England	21	
Area	Percentage (%)													
Haringey	22.9													
London	21.3													
England	21													
22.9% (05/06)														

07/08	08/09	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD Progress							
1872 4 week quitters 0607 (not per 100,000)	NI 123 Stop Smoking <i>Target</i> 1008 per 100,000. 1887 smoking quitters (Q1 50, Q2 302, Q3 591, Q4 944) <i>Comment</i> The target is profiled with 50% of quitters in expected in Q4. Lead Board Well Being					LAA Cross Cutting							
		Green 184	Green 352			Green 536.0%							
14.2%	NI 135 Carers receiving needs assessment or review and a specific carer's service, or advice and information <i>Target</i> 14.22% <i>Comment</i> Lead Board Well Being					LAA Cross Cutting							
		Green 21.0%	Green 23.0%			Green 23.0%							
78.0%	NI 1 % of people who believe people from different backgrounds get on well together in their local area <i>Target</i> 81% <i>Comment</i> This will be measured by the Place Survey in September 2008 and results will be published in January 2009. Updated information will be reported in quarter 3					LAA Cross cutting							
		<table border="1"> <caption>NI 1, 2006/07</caption> <thead> <tr> <th>Area</th> <th>Percentage (%)</th> </tr> </thead> <tbody> <tr> <td>Haringey</td> <td>78</td> </tr> <tr> <td>England</td> <td>78.9</td> </tr> <tr> <td>London</td> <td>78.6</td> </tr> </tbody> </table>				Area	Percentage (%)	Haringey	78	England	78.9	London	78.6
Area	Percentage (%)												
Haringey	78												
England	78.9												
London	78.6												
41.0%	NI 4 % of people who feel that they can influence decisions in their locality <i>Target</i> 43% <i>Comment</i> This will be measured by the Place Survey in September 2008					LAA Cross cutting							
		<table border="1"> <caption>NI 4, 2006/07</caption> <thead> <tr> <th>Area</th> <th>Percentage (%)</th> </tr> </thead> <tbody> <tr> <td>Haringey</td> <td>41</td> </tr> <tr> <td>England</td> <td>31.8</td> </tr> <tr> <td>London</td> <td>39.5</td> </tr> </tbody> </table>				Area	Percentage (%)	Haringey	41	England	31.8	London	39.5
Area	Percentage (%)												
Haringey	41												
England	31.8												
London	39.5												
	NI 6 Participation in regular volunteering <i>Target</i> This will be measured by the Place Survey but the target and baseline deferred until 2009, when a statistically significant improvement will be agreed as part of year 1 refresh					LAA Cross cutting							

07/08	08/09	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD Progress															
	<p>Comment The citizenship survey has been released with national level statistics. Below are the headline figures for the volunteering question</p> <div style="text-align: center;"> <p>Participation in volunteering - England</p> <table border="1"> <caption>Participation in volunteering - England Data</caption> <thead> <tr> <th>Year</th> <th>All adults (%)</th> <th>Group at risk of social exclusion (%)</th> </tr> </thead> <tbody> <tr> <td>2001</td> <td>47</td> <td>41</td> </tr> <tr> <td>2003</td> <td>50</td> <td>44</td> </tr> <tr> <td>2005</td> <td>50</td> <td>43</td> </tr> <tr> <td>Apr - Dec 2007</td> <td>47</td> <td>41</td> </tr> </tbody> </table> </div>	Year	All adults (%)	Group at risk of social exclusion (%)	2001	47	41	2003	50	44	2005	50	43	Apr - Dec 2007	47	41					
Year	All adults (%)	Group at risk of social exclusion (%)																			
2001	47	41																			
2003	50	44																			
2005	50	43																			
Apr - Dec 2007	47	41																			
	<p>NI 7 Environment for a thriving third sector <i>Target</i> Baseline not available, to be set with targets as part of year 1 refresh Comment</p>					LAA Cross cutting															
	<p>NI 140 Fair treatment by local services <i>Target</i> 71% Comment Measured by the Place Survey in September 2008. Results will be available in January 2009</p>					LAA Cross cutting															
	<p>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 <i>Target</i> 46.1% (target for 07/08 academic year) Comment This is an improving trend. The target was very challenging.</p>					DCSF Mandatory															
41.2%			Red			↑ Red															
			43.0%			43.0%															
	<p>NI 73 Achievement at level 4 or above in both English and Maths at Key Stage 2 (Threshold) <i>Target</i> 70% (target for 07/08 academic year) Comment</p>					DCSF Mandatory															
67.0%			Red			↓ Red															
			65.0%			65.0%															
	<p>NI 74 Achievement at level 5 or above in both English and Maths at Key Stage 3 (Threshold) <i>Target</i> 61% (target for 07/08 academic year) Comment</p>					DCSF Mandatory															
58.0%			Green			↑ Green															
			62.0%			62.0%															
	<p>NI 75 Achievement of 5 or more A*-C grades at GCSE or equivalent including English and Maths (Threshold) <i>Target</i> 44% (target for 07/08 academic year) Comment This is a strong positive trend that is increasing at twice the national rate since 2002</p>					DCSF Mandatory															
			Amber			↑ Amber															
						Amber															

07/08	08/09	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD Progress
37.0%			42.0%			42.0%
	NI 83 Achievement at level 5 or above in Science at Key Stage 3					DCSF Mandatory
	<i>Target</i> 65% (target for 07/08 academic year)					
	<i>Comment</i> Although this is 1% down on last year (national 2% down), this has been a positive trend closing the gap with national from 17% in 2003 to 11% in 2008					
61.0%			Red			Red
			60.0%			60.0%
	NI 87 Secondary school persistent absence rate					DCSF Mandatory
	<i>Target</i> 7% (target for 07/08 academic year)					
	<i>Comment</i> This is provisional data from DCSF based on Autumn and Spring terms					
7.0%			Green			Green
			6.4%			6.4%
	NI 92 Narrowing the gap between the lowest achieving 20% in the Early Years Foundation Stage Profile					DCSF Mandatory
	<i>Target</i> 34.5% (target for 07/08 academic year)					
	<i>Comment</i> Gap has been reduced by 0.8% from last year. This is a very challenging target.					
38.9%			Red			Red
			38.1%			38.1%
	NI 93 Progression by 2 levels in English between Key Stage 1 and Key Stage 2					DCSF Mandatory
	<i>Target</i> 85.5% (target for 07/08 academic year)					
	<i>Comment</i> This figure is an estimate based on incomplete data. There have been national issues with the marking and checking process and the confirmed figure may not be available until March 2009.					
84.8%			Red			Red
			81.0%			81.0%
	NI 94 Progression by 2 levels in Maths between Key Stage 1 and Key Stage 2					DCSF Mandatory
	<i>Target</i> 78% (target for 07/08 academic year)					
	<i>Comment</i> This figure is an estimate based on incomplete data. There have been national issues with the marking and checking process and the confirmed figure may not be available until March 2009.					
75.0%			Red			Red
			73.0%			73.0%
	NI 95 Progression by 2 levels in English between Key Stage 2 and Key Stage 3					DCSF Mandatory
	<i>Target</i> 38% (target for 07/08 academic year)					
	<i>Comment</i> Data supplied has proved too incomplete to use. See comments for NI 93					
36.0%						
	NI 96 Progression by 2 levels in Maths between Key Stage 2 and Key Stage 3					DCSF Mandatory
	<i>Target</i> 57% (target for 07/08 academic year)					
	<i>Comment</i> Data supplied has proved too incomplete to use. See comments for NI 93					
55.0%						

07/08	08/09	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD Progress
	NI 97 Progression by 2 levels in English between Key Stage 3 and Key Stage 4 <i>Target</i> 59.5% (target for 07/08 academic year) <i>Comment</i> Provisional data					DCSF Mandatory
55.5%			Green 69.0%			 Green 69.0%
	NI 98 Progression by 2 levels in Maths between Key Stage 3 and Key Stage 4 <i>Target</i> 38.5% (target for 07/08 academic year) <i>Comment</i> Provisional data					DCSF Mandatory
36.4%			Green 42.0%			 Green 42.0%
	NI 99 Children in care reaching level 4 in English at Key Stage 2 <i>Target</i> 62% (target for 07/08 academic year) <i>Comment</i>					DCSF Mandatory
52.0%			Amber 61.0%			 Amber 61.0%
	NI 100 Children in care reaching level 4 in Maths at Key Stage 2 <i>Target</i> 62% (target for 07/08 academic year) <i>Comment</i>					DCSF Mandatory
43.0%			Green 72.0%			 Green 72.0%
	NI 101 Children in care achieving 5 A*-C GCSEs (or equivalent) at Key Stage 4 (including English and Maths) <i>Target</i> 11% (target for 07/08 academic year) <i>Comment</i>					DCSF Mandatory
13.0%			Green 17.5%			 Green 17.5%

PROJECT HIGHLIGHT REPORT - CHILDREN & YOUNG PEOPLE - PERIOD JULY-SEPTEMBER 2008

EVERY CHILD MATTERS OUTCOMES

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

ECM Outcome	Projects	Board Outcomes				RAG Status				Finances			Project Objectives/Target 08/09	Year to date	Comments		
		Achieve Economic Wb	Be Healthy	Positive Contribution	Be Independent	Stay Safe	Last Quarter	This Quarter	Timescale	Resources	Issues	Risks				Budget	Total Budget 07/08
CY 02	Positive Futures			✓		G	G	G	G	G	G	A	£243,196	£106,639	£136,557	On Target	<p>Highlights: To date, Cohesion and Diverisorary Sporting Activities programmes have engaged with 500 young people. Home work club is delivered twice weekly at Wood Green Library. 65 young people intensive support through allocated key workers and youth workers/sports coaches.</p> <p>Budget: Underspend due to delay in receiving invoices. Confident that Budget will be GREEN for Q3.</p>
	Primary Team Salary Costs			✓		G	G	G	G	G	G	G	£173,000	£86,000	£87,000	On Target	<p>Highlights: Schools have an agreed schedule of support and challenge – one still to be arranged because of an OfSTED inspection on scheduled date.</p>
CY 05, 07, 08	Positive Activities for Young People			✓		G	G	G	A	G	R		£764,500	£94,900	£669,600	On Target	<p>Highlights: Wide ranging curriculum offered during Holiday Programme. Popular courses are continuing during term time. Over 1,000 young people participating in the Summer Uni programme. 10 young people were recruited onto Young Enterprise Programme and attended 60 hours of training</p> <p>Budget: Variance in Summer Uni budget due to unforeseen costs - budget reprofiled to take into account. Delay awarding contract due to procurement - now resolved and payment to contractor to be made. Y-Gen invoices are behind schedule. Meeting to discuss coding structure in October - reduce need for recharges.</p>
CY 09	Children in Care			✓		G	G	G	G	G	G	G	£280,000	£30,000	£250,000	Scheme starts in September 2008	<p>Highlights: Detailed statutory guidance for the scheme has been received and worked into a locally deliverable strategy. Will be rolled out to the individual social work managers responsible for children. A programme of activities and interventions aimed at improving educational attainment is in place. Budget: Reporting a final spend of £141,500. Query spend RAG.</p>
CY 10	Social Care Workforce Reform			✓		G	A	G	G	G	G	G	£280,000	£93,505	£186,495	On Target	<p>Highlights: Main training programme has been finalised and is running now til the end of the financial year. Recruitment and selection for social workers and managers attending external post-qualifying training has taken place. Trainee social worker scheme starts in September.</p>
CY 11	4YP Family Planning Nurse			✓									£64,250	£9,945	£54,305	See comment	<p>4YP Nurse and Project Manager (1 post) has been recruited and will start in Nov 08. It is expected that performance will increase once the nurse in post.</p>

ECM Outcome	Projects	Board Outcomes										RAG Status			Finances			Project Objectives/Target 08/09	Year to date	Comments
		Be Healthy	Positive Contribution	Be Independent	Stay Safe	Last Quarter	This Quarter	Trimester	Resources	Issues	Risks	Budget	Total Budget 07/08	Spend To Date	Budget Left to Spend					
SC 09	Victim Support		✓			A	G	G	G	G	G	G	G	G	£91,759	£57,562	£34,197	<p>Objectives for Young People & BME project: recruit a Young People's Outreach Worker to take over responsibility for meeting the target (21 hours a week). establish links with key groups including schools, youth services, Connexions, police, community groups & YOS. develop programme of targeted support to known young victims aged 11 T40 20 (maybe younger). appoint admin. asst. on flexible hours & available in evenings, to work with young people.</p>	On target	Budget is made up of £53,000 from SCEB & £38,759 from CYPSP. Quarterly monitoring will be led by SCEB.
CY 13	Free Travel		✓			G	G	G	G	G	G	G	G	G	£3,000		£3,000	<p>See comment</p>	On Target	No take up of grant in Q2. This is a new – and very small – grant that delivers a function largely already delivered by the Mayor's free travel guarantee to school age children. There could be minimal demand, but none has yet emerged.
CY 14	Sustainable Travel		✓		✓	A	G	A	G	A	G	A	G		£16,000	£16,000	£0	<p>To support the authority in complying with the general duty on sustainable travel.</p>	See comment	Timescale: waiting for draft approval there may be a slight chance of delay in finalisation. Risks: Consultation feedback - should changes need to be made this will be reflected within the final strategy.
CY 16	Behaviour Improvement Programme		✓			G	G	G	G	G	G	G	G	G	£852,200	£4,600	£847,600	<p>To improve the capacity of schools to meet the needs of children and young people with social, emotional and behavioural difficulties and to reduce the need for exclusion from school. To enhance the provision for children and young people excluded from school and the incidence of youth crime. To improve partnerships between services supporting children and young people with these difficulties so that they deliver a more integrated service</p>	On target	
CY 18	Extended Schools		✓			G	A	A	G	G	R	G	G	R	£402,000	£104,800	£297,200	<p>To enable all schools to meet statutory requirement to deliver core offer by 2010. The core offer is: childcare (in primary & special schools); variety of activities including study support, sport & music clubs; parenting support including family learning; swift & easy access to targeted & specialist services, & community access to facilities including adult/family learning, ICT & sports facilities.</p>	See comment	<p>Highlight: A Single Conversation for Vulnerable Children and Young People exercise has been carried out with all schools identifying the menu of extended provision that is on offer for children, young people, parents and communities. Budget: Late recruitment and vacant post caused under spend on salary - reprofiling to take into account. Waiting for outstanding invoices to pay.</p>

ECM Outcome	Projects	Board Outcomes				RAG Status				Finances			Project Objectives/Target 08/09	Year to date	Comments			
		Economic Wb	Be Healthy	Positive Contribution	Be Independent	Stay Safe	Last Quarter	This Quarter	Timescale	Resources	Issues	Risks				Budget	Total Budget 07/08	Spend To Date
CY 20	Behaviour & Attendance Consultant			✓			G	G	G	G	G	G	£63,000	£31,550	£31,450	To support schools to: - empower pupils to have a more effective voice in decision making - give a higher profile to pupils, drawing attention to their positive contributions and celebrating their achievements - work with pupils to gain a greater understanding of their rights and responsibilities. - improve attendance and attainment - reduce the number of young people 16-19 NEET	On target	Budget information taken from end of Sept finance report as not detailed in monitoring return. Spend is on target.
CY 21	Connexions			✓		A	G	A	G	G	G	G	£2,299,000		£2,299,000	To provide timely and meaningful activities to ensure that young people engage in education, employment or training. Through quality information, advice and guidance, provide young people with the skills and knowledge to enable them to make appropriate life choice decisions Working with relevant partners, ensure that barriers are removed so that young people can fully participate in employment, education and training	See comment	Resources: Current staff shortages means service is not running at full capacity. Action to resolve this includes recruiting new staff & possibly employ temporary staff as interim measure. Supporting existing staff who have transferred to LA through regular supervision, coaching & training.
CY 22	School Intervention			✓		G	G	G	G	G	A	£48,000	£200	£47,800	Funding is used during the academic year to provide additional support to schools.	See comment	Budget: Payments are made retrospectively to schools according to the amount and distribution of the intervention. Payments are envisaged in December 2008 and March 2009.	
CY 24	Children's Fund			✓		G	G	G	G	G	G	£654,100	£200,671	£453,429	The aim is to provide more and improved co-ordinated preventive services for children & young people aged 5-13 yrs & their families/carers, to help the disadvantaged break the cycle of poverty.	On Target		
CY 25	Fair Access to Schools			✓		G	G	G	G	G	G	£46,000	£22,375	£23,625	Statutory requirement to employ a choice advisor to help parents in selection of an appropriate school place for their child & support them in completing the required paper work.(DCSF Schools Admissions Code of Practice, 2007)	On Target	Budget information taken from end of Sept finance report as not detailed in monitoring return. Spend is on target.	
																The project will ensure that children: - at risk of coming to school hungry have a nutritious breakfast & are encouraged to develop healthy eating patterns.		

Appendix 2 c

ECM Outcome	Projects	Board Outcomes				RAG Status				Finances			Project Objectives/Target 08/09	Year to date	Comments	
		Be Healthy	Positive Contribution	Be Independent	Stay Safe	Last Quarter	This Quarter	Trimescale	Resources	Issues	Risks	Budget				Total Budget 07/08
	Breakfast Clubs		✓			G	G	G	G	G	G	£114,650	£26,950	£87,700	On target	All schools have all been issued with a Service Level Agreement (SLA) for the autumn term. Breakfast Club Task Group (BCTG) considering issues around sustaining and extending free breakfast club places for children who are eligible for free school meals and possible frameworks for developing a consistent model for commissioning schools to provide a free breakfast by aligning budgets within the ABG. To support the introduction of a new funding process for 08/10.
CY 27																
CY 28, 30, 32, 33, 34	School Standards		✓			G	A	G	G	A	G	£829,600	£464,000	£365,600	See comment	Key Stage 3 standards have improved but are still below those obtained by statistical neighbours. One school remains below the government's GCSE floor target. Performance is monitored and evaluated termly at a number of levels by the DCSF. This statutory requirement is evaluated termly by the National Strategies. Annual targets for schools are set and submitted to the DCSF. These are aggregated into LA targets. These targets help focus the work of schools and the LA on the continued improvement of attainment and achievement in schools. Risks: Robust performance management system for SIPs, quality assurance programme, and recruitment procedures are in place. Annual support plans with schools identify areas for targeted support and intervention. Identification of groups at greatest risk of under achieving and appropriate intervention strategies
CY 35	Healthy Schools	✓	✓			G	G	G	G	G	£101,087	£24,770	£76,317	On target	Through partnerships with Haringey Teaching PCT & the Local Authority, to promote the health, wellbeing & safety of children & young people To develop an understanding of the importance of health in improving behaviour & raising achievement	

ECM Outcome	Projects	Board Outcomes										RAG Status			Finances			Project Objectives/Target 08/09	Year to date	Comments		
		Achieve Economic Wb	Be Healthy	Positive Contribution	Be Independent	Stay Safe	Last Quarter	This Quarter	Trimescale	Resources	Issues	Risks	Budget	Total Budget 07/08	Spend To Date	Budget Left to Spend						
CY 37	CF On Track			✓			G	G	G	G	G	G	G	G	G	G	£378,900	£160,000	£218,900	The aim of the project is to work with children & young people aged 8 – 18 to reduce the number of first time entrants to the youth justice system & contribute to the target to reduce overall crime.	See comment	Risks: Staff changes within the team with continuing lack of certainty regarding long term funding impacting on the ability to cope with increased referrals.
CY 38	Support to Supplementary & Community Schools			✓			G	G	G	G	G	G	G	G	G	G	£12,750	£0	£12,750	Supplementary and community language schools (SCLS) target black & minority ethnic students, many of which are from groups academically underachieving. SCLS asked to say how they contribute to Every Child Matters outcomes by: _contributing to achievement of KS2, KS3 and KS4 targets; _teaching a community language to recognised level (if applicable); _encouraging students to make a positive contribution	On Target	Spending due from October.
SC 11	Youth Offending Service			✓			G	G	G	G	G	G	G	G	G	G	£491,750	£202,000	£289,750	Provision of 1 casework team so that children & young people: _are assessed using the ASSET assessment tool, have individual intervention plans drawn up, re supervised in accordance with national standards, are referred to appropriate support services _Provision of casework with asylum seekers/refugees & foreign nationals to: _respond to changes in ethnic composition of young offenders & provide ethnically sensitive service _address with partners disproportionality of certain groups in the youth justice system. Provision of 1 YOS Parenting Worker to: _assess children & young people for repair provision _liaise with Haringey/local communities to set up repair projects & set up projects addressing the 'green' agenda Provision of 1 YOS Parenting Worker to: _of all aged 15 & under subject to supervision, facilitate formal parenting groups drop in sessions	See comment	Maintaining a full staff team are ongoing risks and issues. Two agency staff currently in post; recent recruitment round was unsuccessful so to re-advertise with wider circulation. Uncertainty over ABG funding could affect existing staff commitment to remaining in the YOS so important to keep staff informed of decisions re: ABG as early as possible.
							G	G	G	G	G	G	G	G	G	G				Reduce number of first time entrants & rate of proven re-offending for first tier entrants to youth justice system in line with targets set by YJB, MPS, GOL & agreed targets under the LAA		

ECM Outcome	Projects	Board Outcomes							RAG Status			Finances			Project Objectives/Target 08/09	Year to date	Comments			
		Be Healthy	Positive Contribution	Be Independent	Stay Safe	Last Quarter	This Quarter	Trimester	Resources	Issues	Risks	Budget	Total Budget 07/08	Spend To Date				Budget Left to Spend		
	Youth Offending & Youth Prevention (formerly YISP)		✓		✓	G	G	G	G	G	G	G	G	G	£72,750	£24,000	£48,750	Deliver enhanced & additional Youth Interventions in order to meet the required reductions, including Weapons Awareness Direct work based on intelligence/information trends as identified by Partnership Data Report & Police Borough Intelligence Unit Problem Profiles Deliver quarterly monitoring to the partnership around the engaged young people & trend analysis Risk: Conflict of reducing first time entrants with police target to increase sanction detections. This is being discussed with Metropolitan police	See comment	
CY 43	Haringey Shed		✓			G	G	G	G	G	G	G	G	G	£73,000	£36,500	£36,500	Run inclusive children's and youth theatre groups Engage young people from different communities in youth theatre activities Provide specialist support and opportunities for young people with special needs Offer training and work experience opportunities for young people provide training & share work & experience with others in order to inspire, support & contribute to the development of inclusive performing arts practice in the UK.	On Target	
CY 44	Child & Adolescent Mental Health Services		✓			G	G	G	G	G	G	G	G	G	£895,000	£542,609	£352,391	Provide CAMHS service for children with learning disabilities Provide CAMHS primary mental health workers Provide Tavistock Haringey service for children & young people looked after Provide Adolescent Outreach Team Provide specialist CAMHS commissioning for children & young people looked after Provide additional admin & operational support for tier 3 CAMHS team to support community based clinical work.	On Target	
	Governor Support & Training Unit		✓			G	G	G	G	G	G	G	G	G	£1,200	£1,200	£0	Project complete	Complete	PROJECT COMPLETE
																		Meet the needs of individual children & young people who require speech & language provision as set out in their IEP at School Action Plus or in their SEN statement.		

ECM Outcome	Projects	Board Outcomes										RAG Status			Finances			Project Objectives/Target 08/09	Year to date	Comments		
		ACHIEVE	ECONOMIC WELFARE	BE HEALTHY	POSITIVE CONTRIBUTION	BE INDEPENDENT	STAY SAFE	LAST QUARTER	THIS QUARTER	TRIMESCALE	RESOURCES	ISSUES	RISKS	BUDGET	Total Budget 07/08	Spend To Date	Budget Left to Spend					
CY 46	Special Educational Needs				✓													£314,000	£157,000	£157,000	On Target	Ensure all teachers at Blanche Neville School for deaf & hearing impaired children & young people have statutory teacher of the deaf qualifications. All SENCOs receive training and information on national & local strategies. Ensure new procedures for implementation of Early Support Programme are communicated & embedded in practice across Early Years Services for children with disabilities.
CY 48	Improving functional Skills				✓													£119,900	£60,728	£59,172	On Target	Raise standards of achievement in English at Key Stages 3 and 4 Support schools to correctly identify specific groups of target pupils within the cohort Support schools to plan & run tailored intervention programmes Support schools to build capacity by contributing to in-school intervention programmes Complement school intervention programmes with a series of centrally-run revision classes Provide resources to meet the learning needs of the target pupils
CY 49	14-19 Programme				✓													£76,000	£49,000	£27,000	On Target	Theatre Performance (IAG) to all Yr 9 learners explaining vocational options: coordination, management, evaluation & survey of careers options KIS Training Teenage Parents Programme aimed at hard to reach teenagers & teenage mothers (IAG) & keys to the door programme to support young people with EET /
CY 50	Parental Involvement				✓													£139,164	£6,300	£132,864	On Target	Develops DCSF proposals for engagement with parents in the Children's Plan 2007 and Every Parent Matters 2007. It assists the development of the Extended Schools agenda & is a key aspect of the strategic development of services for parents and carers laid out in the Parent Support Strategy action plan.
																						Contribute to the national & local targets for reducing under-18 conceptions

ECM Outcome	Projects	Board Outcomes				RAG Status				Finances			Project Objectives/Target 08/09	Year to date	Comments			
		Be Healthy	Be Positive Contribution	Be Independent	Stay Safe	Last Quarter	This Quarter	Trinescale	Resources	Issues	Risks	Budget				Total Budget 07/08	Spend To Date	Budget Left to Spend
CY 51, 52	Teenage Pregnancy	✓	✓			A	A	A	A	R	G	G	£80,206	£272,750	£192,544	<p>Develop the capacity of Children's Centres to reach teenage parents</p> <p>Ensure every teenage parent accessing the project has a support plan which includes education, employment & training & exit strategies</p> <p>Ensure that referral routes into the service are universally understood & that the CAF procedures are used consistently</p> <p>Support the PCT 4YP service to improve outreach targeted provision</p> <p>Work with community & neighbourhood groups in areas identified as specific hotspots to address sexual health & conception / contraception issues</p> <p>Develop work with young fathers & potential young fathers</p>	See comment	<p>Very challenging to meet the under-18 conception target. Key priority has been to improve young people's access to advice and contraceptive/sexual health services. 4YP service has been remodelled & re-launched as 4YP Haringey. There has been further development & extension of locations/settings for young people to access sex & relationships advice & sexual & reproductive health services. 4YP Haringey service now has regular clinical and non clinical sessions including the 4YP bus and contraceptive nurse in Haringey's 6th Form Centre, CONEL/Tottenham Green Leisure Centre as well as regular 4YP Bus sites across the borough key 'hotspot' locations & St. Ann's Hospital based 4YP clinic.</p>
	Safeguarding Children & Young People Review		✓			G	G	G	G	G	G	£640	£68,000	£57,360	<p>To ensure all procedures are in place to review the death of any child that is at resident of Haringey.</p> <p>To provide data to necessary internal and external bodies</p>	On target	<p>Spend begins in October. Haringey Death review panel is in place. Haringey is also part of a 5 borough death review group : in line with procedures. This 5 borough panel has its own project group who meet on a regular basis. The Single point of contact officer :SPOC; has been in place since April 08. The administrator has now been appointed and will take up post as soon as all recruitment process are complete. Training will be ongoing through out this</p>	
CY 54	School Travel Advisors Salary		✓			G	G	G	G	G	G	£11,500	£23,000	£11,500	<p>To increase the number of schools with an 'active' School Travel Plan. STA to work with school to develop re-write of their STP or provide the team with a yearly review.</p> <p>To ensure increased support to schools implementing their school travel plan</p> <p>To ensure schools have the opportunity to participate in travel awareness initiatives/campaigns.</p>	On Target		
																<p>Note: Traffic light annotation is based on the following: Green Status- the project is on schedule to deliver agreed milestones/outcomes in line with the project plan Amber Status- the project has encountered some issues which could affect the delivery of outcomes within agreed time, cost and resources. Recovery action is underway, but has either not yet been approved or tested. Red Status- Delivery of outcomes within agreed time, cost and resources is not presently possible. The project may have stalled and requires urgent attention.</p>		

Appendix 2 c



Meeting: Children and Young People's Strategic Partnership

Date: 15 December 2008

Report Title: Are We There Yet? Improving Governance & Resource Management in Children's Trusts

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

Summary

On the 29 October the Audit Commission published the results of a study into the development of Children's Trusts across England. This included a self assessment tool for Children's Trusts.

Recommendations

That Partners in the CYPSP note the report.

Financial/Legal Comments

N/A

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**Are we there yet? improving governance & resource management
In children's trusts**

- 1.1 This report, published by the Audit Commission, in October 2008, examined the progress local councils and their partners have made in developing children's trusts up to April 2008.
- 1.2 The aims of the research were to look at:
 - the governance and accountability arrangements for children's trusts;
 - the way resources are being used by children's trusts; and
 - how children's trusts relate to local strategic partnerships (LSP) and local area agreements (LAA).
- 1.3 It concludes that there is little evidence to show that the changes have brought improved outcomes to children and young people and, since children's trusts are less developed than might have been expected, it may be too early to make an assessment. But it is not too early to identify potential improvements that are needed if all children's trusts are to improve the lives of vulnerable children.
- 1.4 However the study did find that progress has been made in bringing professionals together, but sometimes by navigating around the 'centrally-directed approach'. Local agreements worked better than external direction.
- 1.5 This report also identifies issues that central government will need to consider. Suggesting that legislation and guidance since the Laming Inquiry has caused some confusion locally, and any further change needs to bring greater clarity about purposes and frameworks.
- 1.6 The report's main findings are:

Local public services need to work well together to integrate services for children

- There was considerable local confusion about whether 'children's trust' meant a new statutory body or mandated partnership working.
- Thirty-one per cent of directors of children's services said there was confusion about the purpose of children's trusts in early 2008.

Five years after the Laming Inquiry, there is little evidence that children's trusts have improved outcomes for children

- Almost all areas had revised the way children's services were coordinated
- There is substantial local variation, in part reflecting different circumstances.
- In most areas collaborative working has improved, but the new arrangements have yet to settle down.

- There is little evidence that mainstream funding, for example from social services, education and the NHS, has been redirected or that performance has been managed across services.
- As a result, there is little evidence that children's trusts, as required by the government, have improved outcomes for children and young people or delivered better value for money, over and above locally agreed cooperation.

Every Child Matters has provided a clear focus for local agencies

- Most local agencies are engaged in children's trusts: boards meet regularly and are usually well-attended.
- Most boards are supported by working groups based on the Every Child Matters themes.
- PCTs, the police and schools feel they can influence the way children's trusts operate.
- The private and the voluntary and community sectors are less engaged, despite their large contribution to children's services.
- Schools are often represented on children's trust boards, but individual schools need to be much more closely engaged.

Children's trusts need to develop substantially if they are to bring the intended benefits

- Few children's trusts draw a clear distinction between strategic, executive and operational issues. Strategic boards should be supported by sub-groups working at executive and operational levels.
- Most areas will have a joint commissioning strategy by 2008, but these lack impact because there is little experience or knowledge of joint commissioning.
- Early joint commissioning built on joint working in specific services, such as child and adolescent mental health services and services for disabled children.
- Children's trust boards have little, if any, direct oversight of financial or budget matters, and performance management systems are underdeveloped.
- Many representatives on children's trust boards lack a mandate for committing their organisations' resources, and systems for reporting back are rarely systematic.

Areas prefer to align resources than to pool budgets

- Local agencies align their financial, physical, and human resources in most children's trusts.
- Most pooling of budgets involves services with a history of cooperation that often predates local children's trust arrangements and has enabled joint commissioning.
- Early emphasis on pooled budgets underestimated both the practical difficulties and partners' reluctance to contribute money, as opposed to other resources.
- Central government should continue to remove obstacles to pooled budgets, but should not mandate them.

Governing partnerships is complex, but further mandated change could cause further confusion

- Principles of good governance apply to partnerships, but the processes need to be different from those of autonomous organisations.
- Governance arrangements must focus on delivering better outcomes for local children, young people, and their families – not just structures and processes.
- Local strategic partnerships (LSP) now have a strategic role to deliver local area agreements, so children's trusts need to work effectively with them.
- Central government should follow the intent behind the Local Government and Public Involvement in Health Act by specifying outcomes and agreeing priorities with local agencies, but leaving them to make locally appropriate arrangements for delivery.

1.8 The report makes recommendations for central and local government and the Audit Commission itself. The recommendations for local councils and other local agencies are that they should:

- review current governance and management arrangements for children's services to focus on delivering improved outcomes;
- use the self-assessment questions in the report to help them improve the way they work;
- engage 'missing partners' in their children's trust arrangements in a way that brings benefits without bureaucracy; and
- improve mechanisms for involving children, young people and parents in children's trusts, drawing on guidance from 11 Million and the National Youth Agency.

1.9 The Audit Commission will be using the lessons from this study in developing Comprehensive Area Assessment and use of resources methodologies; and will work with CIPFA to provide practical guidance on improving financial management in children's trusts.

2. Self Assessment Tool

2.1 To support children's trusts in reviewing their own progress, the Audit Commission has produced

- a report of the main survey results from different local stakeholders, which should allow children's trusts boards to compare where they are with other areas; and
- a self assessment tool that children's trust boards can use to assess their governance and accountability arrangements.

2.2 Self-assessment tool for children's trust boards

The key question areas in the self assessment tool for children's trust boards to consider are:

- How far does the children's trust focus on improving outcomes for local children and young people?
- How does the board oversee the effective use of resources?

- What are the roles of the children's trust partners in delivering improvement?
 - How does the board effectively consult, engage with, and involve key stakeholders?
 - How does the board support local capacity building and capability development?
 - How are good governance and the principles of public life demonstrated by the board?
 - How does the board manage risks and exercise proper controls?
- Under each question are a number of subsidiary questions.

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