



NOTICE OF MEETING
***PLEASE NOTE STARTING TIME**

Cabinet Member Signing
(Community Safety and Cohesion)

WEDNESDAY, 18TH MAY, 2011 at *17:00 HRS - CIVIC CENTRE, HIGH ROAD, WOOD GREEN, N22 8LE.

CABINET MEMBER: Councillor Bernice Vanier (Cabinet Member for Community Safety and Cohesion)

AGENDA

1. DECLARATIONS OF INTEREST

A member with a personal interest in a matter who attends a meeting of the authority at which the matter is considered must disclose to that meeting the existence and nature of that interest at the commencement of that consideration, or when the interest becomes apparent.

A member with a personal interest in a matter also has a prejudicial interest in that matter if the interest is one which a member of the public with knowledge of the relevant facts would reasonably regard as so significant that it is likely to prejudice the member's judgment of the public interest **and** if this interest affects their financial position or the financial position of a person or body as described in paragraph 8 of the Code of Conduct **and/or** if it relates to the determining of any approval, consent, licence, permission or registration in relation to them or any person or body described in paragraph 8 of the Code of Conduct.

2. DEPUTATIONS/PETITIONS/PRESENTATIONS/QUESTIONS

To consider any requests received in accordance with Standing Orders.

3. DRUG AND ALCOHOL ACTION - FINAL DECISIONS ON FUNDING 2011/12

(Report of the Director of Urban Environment): To seek approval in relation to funding decisions for 2011/12 for projects and services delivered in relation to Safer Communities (drug and alcohol action) all of which are provided by the Haringey Advisory Group on Alcohol (HAGA) the final funding decision being based on scoring these projects against a range of agreed criteria and following a period of consultation with HAGA.

4. METROPOLITAN CARE AND REPAIR - FINAL FUNDING DECISION 2011/12

(Report of the Director of Urban Environment – To be introduced by the Cabinet Member for Planning and Regeneration): To seek approval in relation to funding decisions for 2011/12 for projects and services in relation to Safer Communities provided by Metropolitan Care and Repair. The final funding decision is based on scoring against a range of agreed criteria and follows a period of consultation with Metropolitan Care and Repair.

David McNulty
Head of Local Democracy
and Member Services
5th Floor
River Park House
225 High Road
Wood Green
London N22 8HQ

Richard Burbidge
Cabinet Committees Manager
Tel: 020-8489 2923
Fax: 020-8881 5218
Email: richard.burbidge@haringey.gov.uk

10 May 2011


Cabinet Member Report – Councillor Vanier
On 18 May 2011

Report Title: Drug and Alcohol Action – Final Decisions on Funding 2011/12

Report of Anne Lippitt, Director Urban Environment

Signed :

Contact Officer : Marion Morris – Drug & Alcohol Strategy Manager

Wards(s) affected: **All**

Report for: **Key Decision**

1. Purpose of the report

- 1.1. The purpose of this report is to seek final approval from the Cabinet Member for Community Safety and Cohesion in relation to funding decisions for 2011/12 for projects and services delivered in relation to Safer Communities (drug and alcohol action). All of these services are provided by the Haringey Advisory Group on Alcohol (HAGA). The final funding decision is based on scoring these projects against a range of agreed criteria and follows a period of consultation with HAGA.
- 1.2. On 25 February 2011 the Cabinet Member for Community Safety and Cohesion agreed criteria for future funding in relation to Safer Communities (drug and alcohol action) for 2011/12. These criteria were subject to consultation and this report seeks to confirm approval of the criteria as attached at Appendix 1.
- 1.3. These criteria were provisionally applied to assess the future commissioning of services and projects and these provisional decisions were subject to consultation. Following appropriate consideration of the responses to this consultation and having had due regard to the Council's equality duties as set out in the Equality Act 2010 this report seeks Cabinet Member approval to implement funding decisions arising from the application of these criteria.

2. Introduction by Cabinet Member (if necessary)

- 2.1. The funding cuts from Central Government have meant that all areas of support and budget commitment be reviewed. Whilst we wish to continue our valuable work in relation to drug and alcohol support, the reductions in funding have meant that we have had to make some very hard choices with our limited resources. However, by working with our partners in Health we are confident that we are able to mitigate the worst impacts of the Government's spending cuts on drug and alcohol support projects.
- 2.2. A Cabinet decision on the 8th February (Item 9. Medium Term Financial Planning 2011/12 – 2013/14) gave authority to the appropriate Cabinet Member to take the final decisions in relation to proposed reductions or cessations of funding to third sector (and private sector where relevant) organisations that were provisionally identified as part of the Council's budget setting process for 2011/12.
- 2.3. On 25 February 2011 the Cabinet Member for Community Safety and Cohesion agreed criteria for future funding in relation to Safer Communities (drug and alcohol action) for 2011/12. The Cabinet Member also approved a delegation to the Director of Urban Environment to provisionally apply these criteria and make in principle decisions in relation to funding reductions for drug and alcohol support, subject to consultation and Equalities Impact Assessments.
- 2.4. Consultation with users and providers has been carried out and their responses are attached to this report at Appendix 3. Equality Impact Assessments (EqIAs) have been carried out on the proposals and are attached at Appendix 4 and 5.

3. State link(s) with Council Plan Priorities and actions and /or other Strategies:

These services contribute to the Council's priorities in the following ways :

- 3.2 Council Plan priority – A Thriving Haringey: encouraging lifetime well-being at home, work, play and learning;
- 3.3 Council Plan priority – A Caring Haringey: promoting independent living while supporting adults and children in need;
- 3.4 Council Plan priority – Driving Change, Improving Quality: delivering excellent customer focused cost effective services;
- 3.5 Sustainable Community Strategy outcome – Healthier people with a better quality of life; and
- 3.6 Well-being Strategic Framework: The Framework is currently being reviewed to focus on the new policy agendas of personalisation, safeguarding vulnerable adults and addressing health inequalities.
- 3.7 http://harinet.haringey.gov.uk/safer_for_all_strategy.pdf

3.8 http://harinet.haringey.gov.uk/haringey_alcohol_harm_reduction_strategy_2008-2011.pdf

3.9 http://harinet.haringey.gov.uk/adult_drug_treatment_plan_2010-11.pdf

4. Recommendations

4.1 It is recommended that the criteria attached at Appendix 1 for the future funding of projects and services in relation to drug and alcohol support is confirmed in order for final decisions on funding of individual services to be made.

4.2 It is recommended that the Cabinet Member formally approves the following decisions in relation to projects / services provided by HAGA:

- (a) To fund the Polish Alcohol Outreach worker post (HAGA Project 1) from 1st June 2011 until 31st March 2012 in the sum of £36,000.
- (b) The cessation of funding for the Alcohol Hospital link worker post (HAGA Project 2). The contract for this funding ended on March 31st 2011 (pending a final decision) and the value of this contract was £41,000 per annum.
- (c) The reduction of funding to the COSMIC project (HAGA Project 3). The new contract value will be £70,000 per annum (a reduction of £41,000 from £111,000 per annum in 2010/11) for the period June 1st 2011 – March 31st 2012.

4.3 It is recommended that approval be granted for a waiver of the Council's Contract Standing Orders (CSOs) as allowable under the Council's Constitution (Part 3, Section D paragraph 2.2 (D)), of the Council's requirement for tendering of contracts under CSO 6.05, in relation to the contracts at 4.2 (a) and (c) above

5. Reason for recommendation(s)

5.1. In order to make informed and equitable decisions regarding proposed reductions, criteria were developed by council officers in conjunction with the legal department to assist in making decisions on future funding of organisations in relation to Safer Communities (drug and alcohol action).

5.2. These criteria (agreed at Cabinet on the 8th February and by the Cabinet Member for Community Safety and Cohesion on the 25th February) formed the basis of provisional decisions on funding allocations to organisations. The criteria put greater emphasis on the need for projects and services to: fit with the Council's strategic priorities: be a statutory duty; demonstrate value for money; maximise performance outcomes; demonstrate effective service delivery; and have a local presence in Haringey. Providers had to meet a minimum score of 35 to be eligible

for any potential funding.

- 5.3. The provisional decisions were notified to providers and users on the 25th February 2011 to enable consultation to be undertaken. The criteria themselves were monitored throughout the consultation process in order to give due regard to its impact on protected groups under the equalities legislation. Consultees were advised that the criteria were subject to the consultation process and equalities impact assessments.
- 5.4. There were no consultation responses received on the criteria used. It is therefore recommended that the criteria as set out in Appendix 1 are approved.
- 5.5. During the consultation process HAGA were also given opportunity to respond to the provisional application of the criteria, the scores given and the provisional decisions applied to their projects, in addition to being invited to put forward any other relevant information.
- 5.6. HAGA were advised that they needed to meet a minimum score of 35 out of a total of 45 to be eligible for any potential funding. The provisional scores were 23 for the Polish Outreach Worker post and Alcohol Hospital Link worker post (HAGA Projects 1 and 2) and 38 for COSMIC (HAGA Project 3). The breakdown of these scores is provided at Appendix 2. Based on these scores, the provisional decisions were to cease funding for the Polish Outreach Worker post and Alcohol Hospital Link Worker post (HAGA Projects 1 and 2) and to continue to fund COSMIC (HAGA Project 3), albeit at a reduced rate.
- 5.7. HAGA provided a response in relation to all three projects. Appendix 3 details the consultation responses received in addition to the questionnaire responses received from service users. The Council conducted Equalities Impact Assessments informed by these consultation responses of both the services users and HAGA. These are attached at Appendix 4 and 5.
- 5.8. As stated in para 5.4, there were no comments received on the criteria that were applied. In the case of all the projects the Council was urged to reconsider the decision to either cut or reduce the post/project and there were strong representations made regarding the equalities impacts of these cuts. These have been analysed in full in the EqlAs.
- 5.9. In the case of the COSMIC project, links with the Council's and DAAT's strategic objectives were made which clearly demonstrated that there was a strong fit – hence the score that was applied and the decision to continue to fund this project (albeit at a reduced rate.)
- 5.10. In the case for the Polish Outreach worker post (recommendation 4.2 (a) above), whilst the project did not meet the threshold for funding under the criteria, the consultation responses to the proposal to remove funding and analysis of the equalities impact raised some community safety concerns. The Cabinet member

has also noted that the NHS are providing funding (for nine months) for the hospital link worker to support further analysis of the impact of withdrawing funding. In line with this approach, and in view of the community safety concerns, the polish outreach worker funding will be maintained until March 31st 2012 to allow for further evaluation of the impact of withdrawing this post which is the only post working specifically with the polish community.

5.11. In the case for the Hospital link worker, HAGA were not able to demonstrate how these projects could fit into the Council's strategic priorities, how these projects impacted successfully on the Council's performance outcomes or how they could be considered as fulfilling a statutory duty and therefore the provisional score still applies and the recommendation is to cease funding. This is mitigated by alternative funding that been sourced from the NHS

6. Other options considered

- 6.1. Throughout the process of considering the consultation responses and conducting the EqIA's, alternative sources of funding and/or means of delivery have been explored.
- 6.2. In the case of COSMIC, replacement grant funding from the London Community Safety Fund (LCSF) to the value of £70,000 has been identified. This will mean a reduction of contract value from £111,000 to £70,000. It is recommended that this funding is provided to COSMIC for the period 1 June 2011 - 31 March 2012. Funding beyond this date is uncertain as the grant funding from LCSF is being reduced in 2012/13.
- 6.3. In the case of the Polish Outreach worker, alternatives sources of funding have not been found. Owing to the wide ranging impacts as outlined fully in the EqIA of withdrawing funding, it is recommended that the Council fund this project until the end of the current financial year 2011/12.
- 6.4. In the case of the Hospital Link Worker Post, funding from the NHS has been identified to carry out a nine month evaluation project to determine whether this project should continue to be commissioned. Therefore, this post will continue until at least 31st December 2011 and this will mitigate the impact of the recommendation to cease funding

7. Summary

- 7.1. Following the Governments Comprehensive Spending Review (CSR) on 20th October 2010 many of the grants that used to come to local authorities have been either trimmed or cut completely. Specifically the Area Based Grant, which the DAAT have used to commission the Polish Outreach Worker post, the Alcohol

Hospital liaison post, and COSMIC has come to an end. These posts/services are delivered by Haringey Advisory Group on Alcohol – the boroughs' voluntary sector Alcohol service.

- 7.2. Following the CSR, Cabinet agreed overarching indicative criteria for changes to funding for Third Sector organisations (and private organisations where relevant) on 8 February 2010. These criteria were developed to assist in making informed and equitable decisions on future funding of organisations and services across the Council. Urban Environment also developed detailed criteria based on the above that correspond with the priorities and frameworks of the Directorate and in relation to the Safer Communities Executive Board (SCEB). These were approved by the Director and Cabinet Member for Community Safety and Cohesion on the 25th February.
- 7.3. Organisations were advised that they needed to meet a minimum score of 35 out of a total of 45 to be eligible for any potential funding. The organisations were informed of the scoring and the provisional decisions relating to funding for 2011/12 on 25th February. As part of the formal consultation process, the organisations were invited to respond to the provisional scores and decisions, comment on the criteria being used, provide details on impacts on equalities groups from these provisional decisions and provide general representations on the provisional decisions. The representations received are attached as Appendix 3. Our responses to these comments are contained within the EqIAs (Appendices 4 and 5).
- 7.4. The initial provisional outcome following the scoring of the commissioned services indicated that the Council were minded to continue to commission COSMIC (HAGA Project 3), as it met the threshold; but not minded to continue to commission the Polish Outreach Worker (HAGA Project 1) or the Alcohol Hospital Liaison post (HAGA Project 2) as they did not meet the criteria.
- 7.5. It was originally intended that the Cabinet member for Community Safety and Cohesion would look to take final decisions on these commissioning arrangements by the end of April 2011. However, it was determined that in order to ensure that the consultation process provided as much opportunity as possible for service user and provider engagement a further period of consultation, and extension of the COSMIC contract was granted on the 15th April 2011.
- 7.5 During the course of this consultation alternative sources of funding have been identified for the Hospital link Worker post (HAGA Project 2) and COSMIC (HAGA Project 3) albeit at a reduced rate.
- 7.6 It was not possible to identify alternative sources of funding for the Polish Outreach Post (HAGA Project 1). However, the consultation responses and equality impact analysis of withdrawing funding identified community safety concerns. It is therefore recommended that the Council fund this post for the remainder of the

financial year 2011/12 to allow for further evaluation of the impact of service withdrawal to be undertaken.

- 7.7 Following the conclusion of the consultation period and an evaluation of the responses received from HAGA, it is recommended that the Council fund the Polish Outreach Worker (HAGA Project 1), cease funding of the Hospital Link Worker (HAGA Project 2) and to continue to fund COSMIC (HAGA Project 3), albeit at a reduced rate.

8. Chief Financial Officer Comments

8.1. The Chief Financial Officer has been consulted in the preparation of this report and comments that the proposed savings set out through the reduction in overall funding to HAGA is consistent with the savings proposals provisionally agreed by Cabinet on the 8th February and support the achievement of the overall budget strategy agreed by the Council.

9. Head of Legal Services Comments

- 9.1. The decisions by the Cabinet Member concerning the recommendations set out in the report must be informed by and take into account the outcome of the consultation with service users and providers, which is set out in Appendix 3 to this report.
- 9.2. In reaching their decisions the Cabinet Member must also have due regard to the authority's public sector equality duty and thus should take into account the attached full equality impact assessments included at Appendix 4 and 5 to the report. The extent of the duty on the authority is set out in Appendix 6 to this report. As the attached equality impact assessments highlight the effect of the proposals on a number of specific groups within the community, defined as those with protected characteristics under the Equality Act 2010 (by reason of their ethnicity, sex, or age), particular consideration must be given to those effects and to the proposals made to reduce or mitigate them.
- 9.3 This report is seeking a waiver of tendering requirements under Contract Standing Order (CSO) 6.05 in respect of the contracts to HAGA for at paragraph 4.2 (a) and 4.2 (c). The report is also seeking approval to enter into these contracts. Power for the Cabinet Member to waive the rule at CSO 6.05 and enter into these contracts is contained within the Council's Constitution (Part 3, Section D paragraph 2.2 (d) which provides that the Leader of the Council can decide which decisions can be taken by an individual Cabinet Member).
- 9.4 The report also seeks to cease funding to the Alcohol Hospital link worker post

(HAGA Project 2). Power for the Cabinet Member to take this decision is contained within the Council's Constitution (Part 3, Section D paragraph 2.2 (d)).

10. Head of Procurement Comments

10.1. n/a

11. Equalities & Community Cohesion Comments

11.1. Equalities Impact Assessments on the proposed changes are attached at Appendices 4 and 5. The following is a brief summary of the findings.

11.2 Analysis of the **COSMIC Project** (HAGA Project 3)

An analysis of **COSMIC** service user data suggests that the protected characteristics likely to be affected most by this proposal are:

i. **Some ethnic minorities**

The COSMIC data suggests that the service is being used by parents and families from a wide range of ethnic Backgrounds. In relation to their population size, no particular ethnic groups in Haringey are over represented in the statistics. However, three ethnic groups appear to be more represented than others. These are: White British (40%), African Caribbean (12.4%) and Irish (8%). This demonstrates that all ethnic groups in Haringey have a need for the services of COSMIC, with White British demonstrating the highest need, followed by African Caribbean and Irish respectively. A reduction in services of COSMIC will therefore impact more on three ethnic groups than others.

ii. **Sex (formerly gender)**

In terms of the gender of parents who use COSMIC service, the statistics for 2010 -11 shows 75% women and 25% men. In 75% of serious case reviews, substance misuse was found to a factor in prenatal mental health among women and in domestic violence against women (Hidden Harm Strategy 2009). Similar findings have been recorded in a number of local serious case reviews. These indicate that women will be disproportionately disadvantaged by a reduction in services.

iii. **(a) Age (Child protection impact on children)**

A recent study by Manning, Best, Faulkner and Titherington (2009) suggested that 34% of binge drinkers had at least one child in the household. From this national estimate, we have estimated that this may indicate that approximately 8,000 children in Haringey are living in households with a binge drinker, with potential child

protection implications.

- Alcohol misuse has been identified in 50% of child protection cases (Hidden Harm 2009)
- A 2010 review of referrals to COSMIC found that 60% of the children and young people were already known to Children and Young People Service.
- Substance misuse and or domestic violence have also been a feature in a number of local SCR's.
- Analysis of current cases (March 2011) at COSMIC shows that there are currently 32 families, of which 23 are 'active' with Children and Young People Service
- These figures suggest that a reduction in COSMIC services will inevitably increase child protection risks to children in Haringey.

11.3 Analysis of **the Polish Outreach Worker Post** (HAGA Project 1)

Any removal of funding will undoubtedly increase barriers to accessing alcohol prevention and treatment services within the Polish community. It is also likely that there will be increased risk of visible street drinking and potential increase in anti-social behaviour. In addition it will mean that we are unable to respond to the needs of this community in the alcohol service, at A & E, on the wards or through street outreach. Many of this group are newly arrived to the borough and do not speak English. Having a Polish Outreach has been beneficial both in terms of communication but also in terms of cultural competence and understanding of this community. Further likely consequences are:

- Poorer engagement for an already marginalised population.
- Street drinking and associated police activity will increase, as a result of which the costs of policing will increase.
- Crime will likely increase - 25% of murders reported in Haringey in 2009 were committed within the Polish-speaking rough-sleeping community. That is to say, that the perpetrator and the victim were Polish.

Services will now have to pay for an interpreter in order to facilitate access to treatment – however this is will cost more and not be an available option. This is not just an issue for alcohol services – rather it is an issue that the borough needs to address – how to make our services accessible to all sections of the community.

11.4 Analysis of the **Hospital Link Worker Post** (HAGA Project 2)

The over representation of men in terms of hospital admissions could in part be explained by the fact that Nationally men drink more, they drink more frequently and more heavily than women of all age groups. Men aged between 45 and 65 are the most likely to have drunk above the recommended limit. Interestingly only among the youngest age group are more women reporting drinking above the

recommended limit than men. **However, it would not necessarily account for Haringey having the highest rate of alcohol attributable deaths and deaths from chronic liver disease in London.**

This may be part of the wider pattern of deprivation in the borough. Haringey is the 5th most deprived authority in London with the worst unemployment rate in London. We know from the recent Marmot review into health Inequalities (Fair Society, Healthy Lives 2010) that being in good employment is protective of health. Conversely unemployment contributes to poor health. This coupled with other factors such as insufficient money to lead a healthy lifestyle means that those who health is not as good as it could be will undoubtedly more readily succumb to the ill effects of alcohol misuse.

The Hospital admission data over a five year period also indicates that those who identify as 'Irish' have the highest rates of wholly attributable hospital admissions – that is conditions that directly relate to alcohol use.

12. Consultation

- 12.1. **8 February 2011:** High level criteria for funding of Council services, developed by Council Officers and agreed by Legal Services, agreed at Cabinet
- 12.2. **25 February 2011:** Cabinet Member for Community Safety and Cohesion agreed criteria for future funding in relation to Safer Communities (drug and alcohol action) for 2011/12. The criteria are provisionally applied to organisations and in principle decisions are notified to providers to commence consultation. Consultation period to end on 15 March 2011.
- 12.3. **25th March 2011:** It is decided to extend the deadline for consultation responses to enable greater analysis to be undertaken. Letter sent to HAGA advising them of the temporary extension of contract for COSMIC, pending final decisions, as the Council was provisionally minded to continue funding this project. This letter also advised that the consultation period was being extended to March 31st 2011.
- 12.4. **25th February – 31st March 2011:** Consultation on these proposals took place between the 25th February – 31st March 2011. Questionnaires and a series of face-face meetings with service users formed the basis of the consultation methods used. Responses to the questionnaires can be seen at Appendix 3. The analysis of these responses and a write up of the comments from service users can be seen in the consultation section of the EqIA's (Appendices 4 & 5) and within this report.
- 12.5. **Before end of May 2011:** The Drug and Alcohol Strategy Manager will be providing face to face feedback to service users and the provider following the final decision.

12. Service Financial Comments

- 12.2. The cost for the contract extension for COSMIC is being met from the London Community Safety Grant.
- 12.3. To fund the Polish Outreach Worker Post, the Safer Communities (drug and alcohol action) department will try to identify a compensatory saving in respect of the Polish Outreach Worker. Failing this, funding will be identified within the Chief Executive's department and/or central budgets to make up any shortfall.

13. Use of appendices /Tables and photographs

- 13.1 Appendix 1. Criteria used for decision making
- 13.2 Appendix 2. Scoring for HAGA projects
- 13.3 Appendix 3. Consultation feedback from HAGA and service users
- 13.4 Appendix 4. EqIA – Polish Outreach Worker and Alcohol Hospital Liaison post (HAGA Projects 1 and 2)
- 13.5 Appendix 5. EqIA – COSMIC (HAGA Project 3)
- 13.6 Appendix 6. The Public Sector Single Equality Duty

14. Local Government (Access to Information) Act 1985

- 14.1 not applicable

This page is intentionally left blank



Haringey Council

Appendix 1.

Urban Environment/Safer Communities Executive Board (DAAT) Funding criteria
Organisations need to meet a minimum score of 35 out of a total 45 to be eligible for any potential funding.

Criteria	Rationale	Basis of DAAT evaluation	Scoring (out of)
<p>1. Link to Strategic Priorities</p> <ul style="list-style-type: none"> ▪ Council priorities ▪ Sustainable Community Strategy outcomes ▪ Agreed Haringey Strategic Partnership thematic board outcomes 	<p>How this activity is essential to achieving council and partnership priorities</p>	<p>Link to main outcomes and priorities set by the Council in delivering its vision of “One Borough One Future: Reducing inequalities – working for a better society”.</p> <p>Rethinking Haringey sets out the challenges facing the Council and the Council’s plans to transform its approach to delivering services, adapting them to meet the changing needs of residents and targeting them at those who need them most.</p> <p>Link to the main NTA outcomes (see A, B, C and D below) and priorities within the White Paper Healthy Lives, Healthy People: our strategy for public health in England and national Drug Strategy 2010: Reducing Demand. Restricting Supply, Building Recovery: Supporting People to Live a Drug Free Life.</p> <p>National Treatment Agency (NTA) outcomes for NTA grant to DAATs</p> <ul style="list-style-type: none"> • Outcome A - Reducing alcohol hospital related admissions (also NI 39) • Outcome B - Increasing the number of drug users in effective treatment (also NI 40) • Outcome C - Reducing substance misuse in young people • Outcome D - Improve the health and wellbeing of children and young people including their emotional health 	<p>10</p>
<p>2. Link to statutory obligations</p>	<p>Why the council needs to fund this activity</p>	<p>The Community Safety Partnership (Safer Communities Executive Board) has a statutory duty to prevent and reduce substance misuse and anti-social behaviour (which can also be alcohol-related) under the Crime and Disorder Act 1998. Reducing re-</p>	<p>5</p>

			offending was added as a duty from April 2010 and work on substance misuse also contributes to this.	
3. Maximise outcomes: link into performance measures	How this activity improves the well-being of local communities		<p>Performance indicators and measures as set out in</p> <ul style="list-style-type: none"> ▪ Haringey Alcohol Harm Reduction Strategy 2008-11 (the overarching Strategy for delivering Outcome A above) e.g. NI 39 – Reducing alcohol related admissions ▪ Haringey Adult Treatment Plan 2010/11 (Delivery plan for Outcome B above) e.g. NI 40 - Increasing the number of drug users in effective treatment ▪ Young People's Specialist Substance Treatment Plan 2010/11 (Delivery plan for Outcomes C and D above) e.g. NI 115 – preventing substance misuse by young people 	10
4. Impact/effect/improvement(s) of service delivery to local community	<ul style="list-style-type: none"> ▪ How can we focus this activity on people most in need ▪ What can make this activity more effective ▪ Other local bodies exist which could provide this activity e.g. the private sector, third sector or citizens could provide this activity, whole or in part ▪ How we make sure that payment to service provides link to achievement 		<ul style="list-style-type: none"> ▪ Interventions focussing on priority groups – families where there are problematic drug users or alcohol dependency; families where there is substance misuse and domestic violence; support to children/young people who are living with a substance misusing parents; and Reducing child poverty. • Interventions that demonstrate need and are intelligence led 	10
5. Maximise value for money: including long term and short term savings	How we can provide this activity at lower cost		Output related funding closely linked to high level performance	5
6. Local connection / presence in Haringey			Prioritising local agencies; those with a local presence and track record of delivering outputs and outcomes	5
Total				



Haringey Council

Appendix 2

Urban Environment/Safer Communities Executive Board (DAAT) Funding criteria

Evaluation of HAGA alcohol and outreach posts (Projects 1 and 2)

The score is 23 out of 45 - Organisations need to meet a minimum score of 35 out of a total of 45 to be eligible for any potential funding.

Criteria	Rationale	Basis of DAAT evaluation	Scoring (out of)	Evaluation of HAGA alcohol / outreach posts
<p>1. Link to Strategic Priorities</p> <ul style="list-style-type: none"> ▪ Council priorities ▪ Sustainable Community Strategy outcomes ▪ Agreed Haringey Strategic Partnership thematic board outcomes 	<p>How this activity is essential to achieving council and partnership priorities</p>	<p>Link to main outcomes and priorities set by the Council in delivering its vision of “One Borough One Future: Reducing inequalities – working for a better society”.</p> <p>Rethinking Haringey sets out the challenges facing the Council and the Council’s plans to transform its approach to delivering services, adapting them to meet the changing needs of residents and targeting them at those who need them most.</p> <p>Link to the main NTA outcomes (see A, B, C and D below) and priorities within the White Paper Healthy Lives, Healthy People: our strategy for public health in England and national Drug Strategy 2010: Reducing Demand. Restricting Supply, Building Recovery: Supporting People to Live a Drug Free Life.</p> <p>National Treatment Agency (NTA) outcomes for NTA grant to DAATs</p> <ul style="list-style-type: none"> • Outcome A - Reducing alcohol hospital related admissions (also NI 39) • Outcome B - Increasing the number of drug users in effective treatment (also NI 40) • Outcome C - Reducing substance misuse in young 	<p>10</p>	<p>5</p>

		<ul style="list-style-type: none"> people Outcome D - Improve the health and wellbeing of children and young people including their emotional health 			
2. Link to statutory obligations	Why the council needs to fund this activity	The Community Safety Partnership (Safer Communities Executive Board) has a statutory duty to prevent and reduce substance misuse and anti-social behaviour (which can also be alcohol-related) under the Crime and Disorder Act 1998. Reducing re-offending was added as a duty from April 2010 and work on substance misuse also contributes to this.	5	0	
3. Maximise outcomes: link into performance measures	How this activity improves the well-being of local communities	<p>Performance indicators and measures as set out in</p> <ul style="list-style-type: none"> Haringey Alcohol Harm Reduction Strategy 2008-11 (the overarching Strategy for delivering Outcome A above) e.g. NI 39 – Reducing alcohol related admissions Haringey Adult Treatment Plan 2010/11 (Delivery plan for Outcome B above) e.g. NI 40 - Increasing the number of drug users in effective treatment Young People's Specialist Substance Treatment Plan 2010/11 (Delivery plan for Outcomes C and D above) e.g. NI 115 – preventing substance misuse by young people 	10	3	
4. Impact/effect/improvement(s) of service delivery to local community	<ul style="list-style-type: none"> How can we focus this activity on people most in need What can make this activity more effective Other local bodies exist which could provide this activity e.g. the private sector, third sector or 	<ul style="list-style-type: none"> Interventions focussing on priority groups – families where there are problematic drug users or alcohol dependency; families where there is substance misuse and domestic violence; support to children/young people who are living with a substance misusing parents; and Reducing child poverty. Interventions that demonstrate need and are intelligence led 	10	8	

	<p>citizens could provide this activity, whole or in part</p> <ul style="list-style-type: none"> ▪ How we make sure that payment to service provides link to achievement <p>How we can provide this activity at lower cost</p>			
5. Maximise value for money: including long term and short term savings		Output related funding closely linked to high level performance	5	2
6. Local connection / presence in Haringey		Prioritising local agencies; those with a local presence and track record of delivering outputs and outcomes	5	5
Total				23 (out of 45)

The score is 38 out of 45 - Organisations need to meet a minimum score of 35 out of a total of 45 to be eligible for any potential funding.

Criteria	Rationale	Basis of DAAT evaluation	Scoring (out of)	Evaluation of HAGA alcohol / outreach posts
<p>1. Link to Strategic Priorities</p> <ul style="list-style-type: none"> ▪ Council priorities ▪ Sustainable Community Strategy outcomes ▪ Agreed Haringey Strategic Partnership thematic board outcomes 	<p>How this activity is essential to achieving council and partnership priorities</p>	<p>Link to main outcomes and priorities set by the Council in delivering its vision of “One Borough One Future: Reducing inequalities – working for a better society”.</p> <p>Rethinking Haringey sets out the challenges facing the Council and the Council’s plans to transform its approach to delivering services, adapting them to meet the changing needs of residents and targeting them at those who need them most.</p> <p>Link to the main NTA outcomes (see A, B, C and D below) and priorities within the White Paper Healthy Lives, Healthy People: our strategy for public health in England and national Drug Strategy 2010: Reducing Demand. Restricting Supply, Building Recovery: Supporting People to Live a Drug Free Life.</p> <p>National Treatment Agency (NTA) outcomes for NTA grant to DAATs</p> <ul style="list-style-type: none"> • Outcome A - Reducing alcohol hospital related admissions (also NI 39) • Outcome B - Increasing the number of drug users in effective treatment (also NI 40) • Outcome C - Reducing substance misuse in young people • Outcome D - Improve the health and wellbeing of children and young people including their emotional health 	10	8
2. Link to statutory obligations	Why the council needs to fund	The Community Safety Partnership (Safer Communities		

	this activity	Executive Board) has a statutory duty to prevent and reduce substance misuse and anti-social behaviour (which can also be alcohol-related) under the Crime and Disorder Act 1998. Reducing re-offending was added as a duty from April 2010 and work on substance misuse also contributes to this.	5	2
3. Maximise outcomes: link into performance measures	How this activity improves the well-being of local communities	<p>Performance indicators and measures as set out in</p> <ul style="list-style-type: none"> ▪ Haringey Alcohol Harm Reduction Strategy 2008-11 (the overarching Strategy for delivering Outcome A above) e.g. NI 39 – Reducing alcohol related admissions ▪ Haringey Adult Treatment Plan 2010/11 (Delivery plan for Outcome B above) e.g. NI 40 - Increasing the number of drug users in effective treatment ▪ Young People's Specialist Substance Treatment Plan 2010/11 (Delivery plan for Outcomes C and D above) e.g. NI 115 – preventing substance misuse by young people 	10	10
4. Impact/effect/improvement(s) of service delivery to local community	<ul style="list-style-type: none"> ▪ How can we focus this activity on people most in need ▪ What can make this activity more effective ▪ Other local bodies exist which could provide this activity e.g. the private sector, third sector or citizens could provide this activity, whole or in part ▪ How we make sure that payment to service provides link to achievement 	<ul style="list-style-type: none"> ▪ Interventions focussing on priority groups – families where there are problematic drug users or alcohol dependency; families where there is substance misuse and domestic violence; support to children/young people who are living with a substance misusing parents; and Reducing child poverty. • Interventions that demonstrate need and are intelligence led 	10	8
5. Maximise value for money:	How we can provide this activity	Output related funding closely linked to high level		

including long term and short term savings	at lower cost	performance	5	5
6. Local connection / presence in Haringey		Prioritising local agencies; those with a local presence and track record of delivering outputs and outcomes	5	5
Total				38 (out of 45)

APPENDIX 3. Consultation Responses (Service User Questionnaires and Provider Responses)

Respondents to the Polish Link Worker Consultation Questionnaire.

Question 1: What is the name of the organisation you attend and/or receive a service from?

Of the 12 respondents, all recorded attendance/service from HAGA; additional services consisted of Pastor Alex's Church (1); DASH (1); COSMIC (1); Probation (1); S t Ignacius Church (1); Hearthstone and Family Strengthening (1) and RISE (1)

Respondents to Questions 2: To what extent do you support our proposal to change the funding arrangements for this organisation?

There were 12 respondents were Strongly Opposed.

2a. To what extent do you support our proposal to change the funding arrangements for this organisation?	
Strongly Oppose	
Individual	HAGA worker helped me to communicate with social services and she helped me to get a passport for my baby so we could go back home to my parents
Individual	I received support and I could talk to someone who knows how hard it is in this country when you come here and just work with no friends and family around
Individual	My key worker linked me with a solicitor when I needed it. I don't speak English so she helped me to understand letters I got from court. She helped me so I was calmer
Individual	the worker from HAGA speaks Polish so I went there, because I wanted to stop using drugs and I didn't know how to do it, so she helped me and took me to DASH otherwise I wouldn't know
Individual	My son was drinking and was having seizures and his children were on their own. Completely neglected. He could have died and we would not have known that he was so *****. The worker from HAGA told us to go to London and take our grandchildren and son back with us and she told us where to go for help in Poland
Individual	They were very helpful and visited when I was in hospital. My worker understood my situation when I was scared and ashamed
Individual	I was feeling unwell when I went to HAGA and very lonely but the worker talked to me and I got some help and I didn't feel so lonely anymore so I didn't have to drink that much
Individual	If there was no HAGA I would have nowhere to go for my treatment order which would mean that I would breach the conditions of bail
Individual	I was drinking very heavily and HAGA gave me a Detox and aftercare so I haven't been drinking for months now
Individual	HAGA worker came to see me in the hospital and she was trying to help me with housing. I am still homeless but I don't drink anymore
Individual	I trust HAGA They've been very useful
Individual	I don't speak English and having a Polish worker makes things

	much easier for me. The worker is from HAGA but she is helping out at RISE now because I'm Polish too
--	---

Question 3: Do you understand why Haringey Council is proposing to reduce or cease funding to Voluntary and Community Sector organisations in some instances?

Of the 12 respondents 3 replied YES, 6 replied No, 3 replied Not Sure. All recorded reasons are listed below.

<u>3a: Do you understand why Haringey Council is proposing to reduce or cease funding to Voluntary and Community Sector organisations in some instances?</u>	
YES	
	No comments

<u>3a: Do you understand why Haringey Council is proposing to reduce or cease funding to Voluntary and Community Sector organisations in some instances?</u>	
No	
Individual	I had no idea
Individual	I didn't know until me key worker called me
Individual	I didn't know about the funding withdrawal
Individual	I don't know anything about it
Individual	I did not realise that the only alcohol service in Haringey would suffer from it. Its counterproductive in my opinion
Individual	So many people need help, why would they get rid of the service

<u>3a: Do you understand why Haringey Council is proposing to reduce or cease funding to Voluntary and Community Sector organisations in some instances?</u>	
Not Sure	
Individual	I heard about cuts, but I don't know the details
Individual	I don't speak English and I didn't know
Individual	I don't know much about it. I only heard rumours

Question 4: Which of the services that are currently provided by this organisation do you value most and why?

All 12 respondents completed question 4

Individual	The worker helped me to keep my baby, she advocated for me every day
Individual	Key working; acupuncture
Individual	I could call my key worker and she would always give me an appointment when I wanted to drink
Individual	The worker helped me to get the support I needed and she translated for me
Individual	The worker was helping us all the way with our son, with his kids, in the hospital, in school, with the police. Everything
Individual	COSMIC for my and my key worker who is always willing to meet with me if I call her
Individual	key-working because the key worker knows my culture and she understands that I feel lonely sometimes and she can explain to me "why" and I know that other foreigners feel lonely and humiliated and angry too
Individual	Groups and key working
Individual	Home Detox and key working
Individual	Key working, because we can have a cup of coffee and talk like human to human. It helps when I feel depressed
Individual	Key-working, Home visits COSMIC
Individual	I am being linked with Polish services in London, like counselling which I need

Question 5: What impact will a reduced level of service or no service at all have on you?

All 12 respondents completed question 5

Individual	I'm in Poland but there are others who need help
Individual	I will have nowhere to go if I ever feel I need some help again
Individual	It will not because I went back to Poland for residential treatment
Individual	I don't know
Individual	We are OK but there may be others like my son here
Individual	I will feel alone
Individual	I will have nowhere to go in case I need to
Individual	I would breach the conditions of bail I would go to prison then
Individual	I don't know where I would go if HAGA wasn't there
Individual	I would have no-one I could trust
Individual	My key worker is Polish so she can explain everything to me well. I think I will be a bit lost in the system when she is gone
Individual	I would be alone again with my problems and sooner or later I would start using again.

Question 6: Please tell us in the box provided below if the proposals will have an impact on you because of:

Individual	Ethnicity, Gender, gave birth
Individual	Ethnicity
Individual	N/A now Ethnicity when I was living in London
Individual	Ethnicity, language and knowledge how to do things
Individual	Ethnicity (none of us speaks any English, the worker was explaining everything so they wouldn't take our grandchildren away)
Individual	Ethnicity , gender
Individual	Ethnicity, religion (I am catholic and my key worker knows what that's about & how it relates to my culture
Individual	Ethnicity Also I would not be be able to work if my key worker wasn't flexible
Individual	Ethnicity
Individual	Ethnicity, gender
Individual	Ethnicity gender
Individual	Ethnicity

Question 7 : How do you think the service you currently receive from this organisation could be provided differently?

Individual	Don't change
Individual	maybe there could be more groups in the evenings for people who work and not in English
Individual	I was told I had no recourse to public funds so I could not go to a residential rehab. Also I wouldn't understand anything. They should open some for other nationalities
Individual	I don't know
Individual	I don't know
Individual	I would not change things
Individual	Its good enough for m
Individual	I did not think about it
Individual	I like what I can get there
Individual	I don't know
Individual	I'm happy with the service
Individual	I have no opinion

Question 8: Use the space below to tell us any other comments you would like to make

Individual	Other services should have more Polish workers. Sometimes people want to say things and nobody understands the others
Individual	I am the mother of someone who need to come to HAGA
Individual	Its good to be able to talk to someone who speaks Polish I speak English but I can say more in Polish
Individual	Neither I nor my wife speaks English Its good to have a Polish key worker
Individual	There should be more provision of services for homeless people

	who can't get benefits. I lost everything because I had an accident
--	---

Question 9: Age groups represented

Age Groups were represented accordingly

25 - 34 (6)

35 - 44 (1)

45 - 54 (3)

55 - 64 (2)

Question 10: Do you consider you have a disability?

11 of the 12 respondents replied No; 1 respondent recorded having a Physical Disability

Question 11: Ethnicity?

10 responded that they were Polish, 1 responded as Russian and 1 Ukrainian.

Question 12 : Gender Reassignment?

None responded as having a Gender reassignment

Question 13: Pregnant?

All responded No to being to being pregnant

Question 14: Religion?

11 of the 12 respondents referred to themselves as Christian. 1 recorded No religion.

Question 15: Sex?

6 were Male; 6 were Female

Question 16: Sexual Orientation

All responded as being heterosexual

Respondents to the Alcohol Hospital Link Worker Consultation Questionnaire.

Question 1: What is the name of the organisation you attend and/or receive a service from?

Of the 23 respondents, 21 recorded attendance/service from HAGA, the remaining two recorded specifically just the Alcohol Hospital Link Worker; in addition to HAGA 4 specifically mentioned the Alcohol Hospital Link Worker service. Many of the forms related to the HAGA organisation.

Respondents to Questions 2: To what extent do you support our proposal to change the funding arrangements for this organisation?

There were 13 respondents were Strongly Opposed. 12 Expressed their reasons.

2a. To what extent do you support our proposal to change the funding arrangements for this organisation?	
Strongly Oppose	
Individual	Because it is a necessary service that is needed in the community
Individual	The service provides much needed support and help to people like me who cannot cope with their addiction
Individual	If I never had this service I don't know what I would do I don't think I would be here to tell the story I would be dead now
Individual	The service provided me with the link to access services that supported me to remain abstinent from alcohol
Individual	Without the linkworker's advice and encouragement I would not have remained abstinent and attended the follow up service of HAGA
Individual	Because there are a lot of people that need HAGA services. More cuts could lead to unintentional suicides homelessness and more alcoholics
Individual	If you reduce/cease funding. Those people who need/receiving help, more than likely are going to end up in parks, gutters or dead.
Individual	It's necessary for HAGA to exist. It's the only alcohol service in Haringey which deals with the Polish community too
Individual	Simply outrageous. Your proposed cuts are just insane
Individual	Stop the cruel cuts
Individual	its only poor who suffer
Individual	This is not the best way to save money

There were 7 respondents were Opposed. 6 Expressed their reasons.

2a. To what extent do you support our proposal to change the funding arrangements for this organisation?	
Oppose	
Individual	I need the service to help my recovery
Individual	You should be improving service not cutting back on essential service
Individual	The only service within the borough
Individual	Stop the bias and cruelty against addicts
Individual	Your cuts will only affect vulnerable residents of the borough
Individual	Unnecessary cuts

There were 1 respondents recorded Neither Support nor Oppose. 1 expressed their reason.

2a. To what extent do you support our proposal to change the funding arrangements for this organisation?	
Neither Support Nor Oppose	
Individual	I expect you think this through carefully

There were 2 respondents recorded Strongly Support. Both Expressed their reasons.

2a. To what extent do you support our proposal to change the funding arrangements for this organisation?	
Strongly Support	
Individual	Reduce drug use help build recovery in the community
Individual	Turkish speaking communities that I work with find alcohol addiction services very useful

Question 3: Do you understand why Haringey Council is proposing to reduce or cease funding to Voluntary and Community Sector organisations in some instances?

Of the 23 respondents 9 replied YES, 12 replied No, 2 replied Not Sure. All recorded reasons are listed below.

<u>3a: Do you understand why Haringey Council is proposing to reduce or cease funding to Voluntary and Community Sector organisations in some instances?</u>	
YES	
Individual	But the timing is so wrong. The cuts are deep and swift

<u>3a: Do you understand why Haringey Council is proposing to reduce or cease funding to Voluntary and Community Sector organisations in some instances?</u>	
No	
Individual	Haringey Council have their own priorities which do not necessarily apply to the helping individual groups providing a much needed service in Haringey
Individual	It is a valuable resource in Haringey it provides support to individuals and families with young children
Individual	Because it is a short sighted action that will ruin a lot of peoples lives
Individual	I have heard the council want to reduce it but I don't understand why.
Individual	Reducing funding will let people slip through the net and become seriously ill which has happened to me in the past
Individual	Because the money being spent on this service is in turn saving the NHS money by not having me being readmitted to hospital
Individual	Because I think the available funds goes to decision-makers who are already overpaid
Individual	Save money for future elections as councillors?

Individual	It is very cruel
Individual	Not sure
Individual	These services are needed in Haringey
Individual	its wrong economics

<u>3a: Do you understand why Haringey Council is proposing to reduce or cease funding to Voluntary and Community Sector organisations in some instances?</u>	
Not Sure	
Individual	When there is such a need for such services why council's cutting these kind of services
Individual	Capitalist Greed

Question 4: Which of the services that are currently provided by this organisation do you value most and why?

All 23 respondents completed question 4

Individual	All of the services are required
Individual	All of them
Individual	Hospital Link Worker for her support
Individual	My drinking, self harming, HAGA helps me with all that if I never had HAGA I would be dead
Individual	I value everything that helps me to stop drinking
Individual	Access to detox and rehab
Individual	My contact and follow up service from the link worker
Individual	I value every intervention offered by HAGA
Individual	Help with my addiction problem which is alcohol. HAGA has helped me to improve my quality of life
Individual	Relapse prevention, counselling, acupuncture also taught about damage you are doing to yourself
Individual	groups
Individual	Help with my addiction to alcohol
Individual	A referral service for my clients who want help to deal with alcohol problems
Individual	I receive support and advise regarding any issues with alcohol
Individual	Structured programme
Individual	I refer some of my clients to HAGA
Individual	weekend support because I work Mon - Fri
Individual	Information, advice and support on a ???basis
Individual	After rehab support/weekends
Individual	Counselling sessions, 1:1 and day centre activities. I have not had a drink for 3 months now
Individual	Help with stopping alcohol which is killing me
Individual	Help with alcohol
Individual	All of then

Question 5: What impact will a reduced level of service or no service at all have on you?

22 respondents completed question 5

Individual	In the long term a return to drinking if I do not get on going support
Individual	Without the support from the link worker I would not have engaged and possibly would be drinking again
Individual	A lot of people could become ill and need to be readmitted to hospital
Individual	The risk of drinking and self harming depression would all start again
Individual	Devastating for me and a lot of other people in the same situation that I have been in
Individual	If I relapse again, I hope I don't, who will offer me the right support that I will need?
Individual	For myself and other people in the same situation we would be either very ill or dead

Individual	Unimaginable impact
Individual	I'd end up in hospital
Individual	Horrible to even think about what you are proposing to do to the residents of this borough
Individual	Nowhere to refer alcohol-dependent clients to - no training in alcohol awareness/treatment of addiction - no clinics/nurses/advisers to see alcohol-dependent clients to offer rehab/detox
Individual	I don't know I have just engaged with HAGA
Individual	More drug users
Individual	My clients who need specialist service will have nowhere to go
Individual	Sickening Impact
Individual	massive impact
Individual	it will impact on me severely
Individual	I may relapse again and start to drink again
Individual	It will be devastating
Individual	Terrible
Individual	The devastation it will cause

Question 6: Please tell us in the box provided below if the proposals will have an impact on you because of:

6 of the 23 respondents listed or ticked the following.

Individual	Age; Disability; gender; sex; sexual orientation
Individual	Age
Individual	N/A
Individual	Age; Religion; Ethnicity
Individual	Sexual Orientation
Individual	Me age, my religion, me ethnicity
Individual	Age; disability; gender
Individual	Gender; sex

Question 7: How do you think the service you currently receive from this organisation could be provided differently?

All 23 respondents responded to question 7

Individual	It is providing an excellent service that is meeting people's needs
Individual	If it had more funding it would reach more people
Individual	More funding
Individual	There is no way it can be different. It helps me just the way it is
Individual	It is working as it is at present
Individual	You cant tinker with this sort of essential service
Individual	For the present service to continue
Individual	Not at all
Individual	Not at all
Individual	With more funding for us who are ill. PS I understand it cost less to treat us at HAGA than anywhere else
Individual	I don't know
Individual	It can't. So leave it alone thanks
Individual	greater publicity of service. Joint working at events/hospitals/schools. Cross referrals from my service to theirs and vice-versa
Individual	I don't think it can be provided differently
Individual	More health and wellbeing activities
Individual	Stop wasting money with white elephant alternatives they never work
Individual	Badly
Individual	Not at all
Individual	Don't start to mess around with this service
Individual	There is no alternative

Individual	You can not, so stop trying
Individual	it can't be provided any differently

Question 8: Use the space below to tell us any other comments you would like to make

13 of the 23 respondents responded to Question 8

Individual	Funding needs to be provided to keep this vital service for the people who require it
Individual	If we never had HAGA a lot of us would be really sick and there would be more problems for you if you take HAGA from us. It's a safe place
Individual	Stop hurting vulnerable people
Individual	This service has saved my life I am very grateful for it being there for me
Individual	having been party to HAGA's service I found them invaluable and without sounding extreme I could have lost my life without the guidance, information and extreme support of their staff
Individual	Use your heads and see the damage alcohol does. This (HAGA) is an organisation which in my and other eyes should be kept running at all costs
Individual	Surely alcohol detoxification cannot be done buy a GP or nurse alone? Specialists are required to stop clients being bounced around from A&E wards to GP back to A&E ward. Haringey is a deprived borough in need of all the support it can get.
Individual	You seem happy to cut services other than improving existing ones
Individual	I have nothing to say to you lot
Individual	Nothing to say. Stop messing with peoples lives
Individual	Stop this nonsense
Individual	Not necessary
Individual	None

Question 9: Age groups represented

Age Groups were represented accordingly

- 18 - 24 (2)
- 25 - 34 (3)
- 35 - 44 (9)
- 45 - 54 (5)
- 55 - 64 (4)

Question 10: Do you consider you have a disability?

13 of the 23 respondents replied No; 1 respondent recorded having a Physical Disability

Question 11: Ethnicity?

Ethnicity	Total
Asian or Asian British - East Asian	1
African	1
Asian or Asian British - Indian	1
Asian or Asian British - Bangladeshi	1
Black or Black British - Caribbean	2
Mixed - White and Black Caribbean	1
White - British	10
White - British; Irish	1
White - English/Irish	1
White - Irish	3
White - Scottish	1
White - Turkish	1
Grand Total	23

Question 12 : Gender Reassignment?

None responded as having a Gender reassignment

Question 13: Pregnant?

All responded No to being to being pregnant

Question 14: Religion?

Religion	Total
Buddhist	2
Christian	6
Hindu	1
Muslim	1
No Religion	7
Other - R.C.	1
Rastafarian (blank)	1
Grand Total	19

Question 15: Sex?

11 were Male; 6 were Female; 6 did not respond

Question 16: Sexual Orientation

14l responded as being heterosexual, 2 bisexual and 7 did not complete.

Respondents to the COSMIC Questionnaire.**Question 1: What is the name of the organisation you and/or your child(ren) attends/receives a service from?**

Of the 22 respondents, 17 recorded attendance/service from COSMIC; 4 responded attendance/service from both COSMIC and HAGA; 1 attendance/service from HAGA.

Respondents to Questions 2: To what extent do you support our proposal to change the funding arrangements for this organisation?

There were 22 respondents of which 20 Strongly Opposed. 1 Opposed and 1 Strongly Support. All recorded reasons are listed below.

2a. To what extent do you support our proposal to change the funding arrangements for this organisation?	
Strongly Oppose	
Individual	My daughter and I receive positive support from the service and finds it very rewarding
Individual	Cosmic has helped me a lot. I have heard a lot and I know of a lot of other people that will need them
Individual	I find their service supportive
Individual	I am not happy with the cuts regarding Cosmic, as they have helped me and my eleven year old understand his brother's drug problem. Do not know what we would of done without them
Individual	Because I have had immense support from Cosmic without them I wouldn't be getting my kids back from care
Individual	Depend on Cosmic, for support. Kids get support to understand alcohol use and Parent like myself get support with family court
Individual	Because Cosmic provides an invaluable service esp for my children - without the facilities and support given (now) my children would be affected more to life changing proportions by the impact of an adult with addictions
Individual	I think funding should not be cut these services are very helpful to people who need help around alcohol and stuff
Individual	One I had alcohol problem and didn't realise it and also how to cope with it. Also didn't realise the impact it had on those around me. We (keyworker and I) came up with was to identify the problem (mostly me) and looked into the in detail. Came up with a programme to monitor the problem (R.T)
Individual	I don't think its fair because we need this place
Individual	Because this is the only organisation which me any my children can access support
Individual	Because we have no where to go

2a. To what extent do you support our proposal to change the funding arrangements for this organisation?	
Oppose	
Individual	I oppose the massive cuts to funding of this valuable, life-changing organisation

2a. To what extent do you support our proposal to change the funding arrangements for this organisation?	
Strongly Support	
Individual	I have chosen this reason because he has helped with his drinking problem

Question 3: Do you understand why Haringey Council is proposing to reduce or cease funding to Voluntary and Community Sector organisations in some instances?

Of the 22 respondents 16 replied YES, 5 replied No, 1 replied Not Sure. All recorded reasons are listed below.

<u>3a: Do you understand why Haringey Council is proposing to reduce or cease funding to Voluntary and Community Sector organisations in some instances?</u>	
YES	
Individual	The central Govt is as skint as the common man
Individual	I really can't understand why they are cutting Cosmic. This is for children that really need HELP
Individual	but it doesn't make it right
Individual	I think there is not enough money or staff not quite sure

<u>3a: Do you understand why Haringey Council is proposing to reduce or cease funding to Voluntary and Community Sector organisations in some instances?</u>	
No	
Individual	I don't understand why they have to cut funding to the only services the offer support to children and family with substance and alcohol mis-use
Individual	This is a service necessary for those already in this kind of predicament. Families especially need help to deal with the problem and the individuals a place where they can face the problem in a controlled environment and not to feel left out.
Individual	Because it's the only place in Haringey that support us
Individual	Because it is the only organisation in Haringey and people like me and my children are likely to suffer
Individual	No sure

<u>3a: Do you understand why Haringey Council is proposing to reduce or cease funding to Voluntary and Community Sector organisations in some instances?</u>	
Not Sure	
Individual	I don't understand why the poorest have to suffer most

Question 4: Which of the services that are currently provided by this organisation do you and/or your child(ren) value most and why?

Of the 22 respondents there were 21 replies to question 4

Individual	Which of the services that are currently provided by this organisation do you and/or your child(ren) value most and why?
Individual	One to one keyworking; Support with social services
Individual	Group work; one to one
Individual	Because they are helping me get back my child and helping me to see my child they have supported me a lot and helping me to stay off drugs and keep my kids and not lose them again
Individual	Cosmic has really showed me how to deal with my kids and myself because I used to have an alcohol problem
Individual	They have supported me in getting regular contact with my two children as I have issues with alcohol
Individual	Support around engage with children and a plan of how I interact with them.
Individual	Home visits
Individual	Parent support
Individual	Drop-in play sessions - children can socialise in a safe environment with others who've been through similar experiences. One to one sessions for both parent and child; helping to re-establish communication and access feelings about 'dangerous' topics/issues in a safe manner - strengthening the parent-child relationship (instead of it worsening due to lack of personal support).
Individual	I have been getting support with Social services enabling me to gain access to my child
Individual	I value the alcohol mis-use the most because my child has a drinking problem and this organisation helps
Individual	Counselling for my son son around drug's and alcohol to help him stop using in his future counselling and parenting around Family's drug and alcohol use
Individual	Cosmic. They work not only with us the parents but also do direct work with children
Individual	Learning how to have a relationship with my child through Parenting Group and key work. Support with Family court to gain contact and social service support.
Individual	Parenting skills, counselling for child. Support for parents. Trips for the family. Sign posting to support. Saturday service for children - with trips
Individual	Advice and support provided by keyworker around family issues and social service improvement
Individual	Cosmic to support the individual and in particular the family to cope with the problem. Counselling to help the individual to feel empowered and deal with the mental impact caused by alcohol dependence
Individual	HAGA, Cosmic and counselling. For the individuals well being and support. Also to monitor the extent of the problem
Individual	HAGA
Individual	Cosmic and HAGA because Cosmic work with my children around alcohol and drug awareness and HAGA has helped me to build my self esteem and remain abstinent
Individual	Cosmic have help me emotionally especially my children and they

	have managed to take us from social services
--	--

Question 5: What will the impact of these proposals be on you and/or your child(ren)?

Of the 22 respondents there were 21 replies to question 5

Individual	I would not have any representative to help me with my child protection issues
Individual	No where to go, no support to me and my family. Might go back to drugs
Individual	My children is giving me the support to stay off drugs and so is Cosmic so if they take away the funding I would just go back on drugs and they would take away my child.
Individual	I will not have anywhere else to go to for help and advice on how to be a good mum to all my kids
Individual	The impact from these proposals will help myself and my child because get help with my 15 year old teenagers drinking addiction
Individual	My children are the reason why I seek support with my alcohol problem. Losing regular contact with my kids may force me back on the alcohol but my children need my support at this very important time
Individual	Support won't be there.
Individual	I don't know. I think we will lose the home visits
Individual	No support
Individual	We will no longer have a safe place to come and play/discuss our difficulties. My child is upset about the play sessions being cancelled. I will find parently her much harder without help on how to deal with certain aspects of adolescence.
Individual	Without the support from Cosmic I will not have any parental support - preventing me from having access as I utilise the Saturday service to engage with my child in a controlled and safe environment.
Individual	There will be no other place in Haringey to offer this service
Individual	We will be left to deal with these problems alone and my son my use drug's and alcohol
Individual	They will have no where to go. What about if I have a relapse and HAGA can't support me anymore.
Individual	I will lose out on support with dealing with social worker and court's. and coming to a place where they understand that you can be a good father even if you had a drug problem in the past
Individual	Immense - we won't have any support - more importantly my 14 year old daughter won't have any support and this was somewhere she could go to discuss the impact of drugs in a safe environment
Individual	No service to support with CYPS and family mediation
Individual	People who will need this service they won't have a chance to be heard and helped. Families will not be able to cope as now and there will be a vacuum which will reflect into the society.
Individual	I will feel helpless with no where to turn to
Individual	We will be devastated and our future will be gloomy
Individual	I will affect us really badly especially my children because the help up with whatever issues we come with

Question 6: How do you think the current services provided by this organisation could be provided differently?

Individual	There is not any other organisation in Haringey offering these services
Individual	They don't need to do anything to the organisation
Individual	I don't think they can change the organisation
Individual	I like the way things are but Cosmic could do with more funding and workers
Individual	The current services provided by this organisation could be provided differently by being able to keep it the same but just advertise the services more
Individual	Can invite family with children have some activities which need funding
Individual	I'm not sure
Individual	By support the organisation
Individual	They are very good and effective they way they already are.
Individual	There is no-where in Haringey like this providing support, assistant and relevant information, understanding staff who deal with me as an individual. They have made a difference in my life
Individual	There is nuffink 2 change because their meeting all my needs
Individual	I can't see how Cosmic can run differently as we were very happy with the way it was
Individual	Nothing must change. I think HAGA and Cosmic needs more funding and support
Individual	The current services should stay - as the saying goes - "if it ain't broke don't fix it". Losing this service is catastrophic
Individual	I don't think it can be
Individual	They are being conducted okay but there is always room for improvement. Ie. reaching out to more people before, during and after consultation
Individual	I want things to be kept as they are
Individual	Please keep everything as it is and please don't cut funding
Individual	Kindly don't change and don't cut funding because we won't have anywhere to go

Question 7: Use the space below to tell us any other comments you and/or your child(ren) would like to make?

Individual	Cosmic has made me see how drinking can affect your kids and everyone around you so we do need Cosmic
Individual	Need more lively activities for teenagers at Cosmic
Individual	Cosmic has helped me understand my daughter better, and be a better mum to her. Cosmic has helped my daughter to come to terms with certain issues in her life, and reconnected her to me - she communicates with me much more freely than before.
Individual	Cosmic has aided me in being aware of my personal issues which prevented me from having access to my child in the past. They have provided me with a safe environment where I can talk freely and confidentially. They are amazing!
Individual	I found the Cosmic session very useful
Individual	My son would be very unhappy to lose Cosmic as it was someone to talk about his problem's to someone that understood. And the outing's and party's were an escape from his world.
Individual	Please don't cut funding for any of these organisations in HAGA. Their services are very very useful
Individual	Cosmic has supported me through the court process. It is a place that I can get support with Parenting skills as I have just been granted access home contact with daughter. This has only happened due to my keywork's support advice and signposting
Individual	My daughters will be devastated and it will by default affect their education as COSMIC helped them manage the impact they still have to go through by a parent.
Individual	Cosmic has support me with CYPS and as a result I have got back my youngest child. Without their support and that of HAGA, I would still be using and child will of be put up for adoption
Individual	The society today needs this kind of support especially with diversity it has. People with different mentalities/backgrounds need to understand the impact of their habits on others and themselves. Most importantly for a smooth turn round to better was of living and dealing with the today's pressure's of life. Other cuts will lead to drinking problems so at least let's have a sanctuary for those who need the help and acknowledge that they do.
Individual	Many people will be affected so please reconsider your cuts and decision
Individual	Please support the work of Cosmic and HAGA because without their support, we will have no where to go
Individual	These services are very valuable to community so please help to keep it running

Question 8: How many children do you have using this service

Of the 22 responses:

- 9 had 1 child using the service,
- 6 had 2 children using the service;
- 2 had 3 children using the service;
- 4 had 4 children using the service;
- 1 response did not record

Of these children: the children are within the following age ranges

				19-25 (SEN/Disability)
0-5	6-10	11-15	16-18	
15	10	13	2	1

Question 9: Do you consider your child(ren) to have a disability?

20 recorded No disability
2 did not record a response.

Question 10: Ethnicity

	Total
Asian Other: Mauritian	1
Black African	2
Black Caribbean	4
Mixed White and Black Caribbean	2
White British	7
White Irish	3
White Other: Human	1
White Other: Polish	1
White Turkish/Cypriot	1
Grand Total	22

Question 11: What is the gender of your child(ren)?

Male = 14
Female = 15
1 no response

Question 12: Does your child(ren) have a religion or belief that you would like to mention on their behalf?

Count of 12	
	Total
12	1
Blank	2
Buddhist	1
Christian	10
Hindu	1
No religion	7
Rastafarian and Christian	1
Grand Total	22

Response to the Proposed Withdrawal of Funding for the Polish-Speaking Alcohol Worker Role

The Polish-Speaking Alcohol Health Worker is funded through the Area-Based Grant (ABG). This funding is to be withdrawn from the 31st of March 2011.

The Polish-Speaking Alcohol Health Worker post was created to deal with an excluded group within the borough of Haringey. This group was difficult to engage, often for language reasons, but also in cases where English was spoken, there appeared to be barriers to accessing services for alcohol problems and associated issues (housing, employment, general health and mental health problems). The post was started in June 2010 and had a broad remit to work to assess and engage the population, including the specific socio-economic and health characteristics or problems they had. Alongside this, there were targets set around delivering Brief Interventions (BI), referrals on to appropriate services, and providing on-going keyworking support in Polish where needed.

In June 2010, the worker started in post and she collected essential information about Haringey's local Polish-speaking population who use alcohol. An audit was undertaken on their background in Poland and their time in the United Kingdom including:

- Level of education
- Work experience and skills
- Whether they had paid or did pay tax and National insurance
- Alcohol consumption
- English language competence (both written and oral)
- Accommodation
- Time living in the UK
- GP registered
- Registered with home office
- Children

The worker participated in work alongside the UK Border Agency, police and hospital staff along with HAGA's nursing and other staff in order to act as an interpreter and, wherever possible, to deliver harm minimisation interventions. Over this time, the following outcomes were achieved:

- Reduction in repeat attendances at hospital for selected patients worked with
- Created a clear pathway for homeless Polish-speaking individuals directing them to accommodation, health and treatment services available in Poland.

Repatriation advice and facilitation

Intervention in the case of a three-month old child being kept in a Tottenham homeless shelter by a Polish-speaking woman

This intervention included:

- Facilitating safe housing, passport acquisition, family reconnection and eventually repatriation for the mother and the child.
- Support to partner agencies where Polish-speaking patients were presenting.
- Supporting social services in cases where Polish-speaking individuals with children also had substance misuse issues.
- 32 individuals have received assessment and subsequent keyworking
- 8 individuals have re-entered employment or training as part of their recovery planning with the worker
- Polish-speaking clinic established for alcohol misusing patients attending
- A&E - run weekly.

Impact of Proposed Cuts to Funding

The consequences of withdrawing the funding for this post are:

- Poorer engagement for an already marginalised population.
- Street drinking and associated police activity will increase, as a result of which the costs of policing will increase.
- Crime will likely increase - 25% of murders reported in Haringey in 2009 were committed within the Polish-speaking rough-sleeping community. That is to say, that the perpetrator and the victim were Polish.
- The spirit of the Equality Act 2010 is to increase access to public services for diverse ethnic groups and cultures. Withdrawing this funding will be contrary and in breach to the spirit of this act.
- Deaths could result such as that of Mr U in early 2010 - where he was unable to communicate his health problems to A&E staff and subsequently was excluded was accessing emergency care, which all EU citizens are entitled to. He attempted access on several occasions within 3 days at 2 different hospitals (NMUH and Homerton) before dying of an alcohol withdrawal complication.
- Services will now have to pay for an interpreter in order to assess.
- Polish-speaking individuals including the NMUH acute trust raising costs.

We believe that this role is a vital post to identify and support a hard-to-reach group who are subject to Health Inequalities and other enduring barriers to their recovery from alcohol-related problems.

Consultation Response to the Proposed Withdrawal of Funding for the Half-time Hospital Link Worker Post.

Hospital Link Worker

The Hospital Link Worker role was created as a half-time post in order to support patients identified in North Middlesex University Hospital (NMUH) as needed on-going support who weren't part of the "repeat attenders" group covered by the Outreach Worker. This Hospital Link Worker engages and assesses in hospital and provide prompt appointments in order to capitalise on a hospital detoxification.

Rationale for Post

Historically, there had been poor engagement when patients were directed to engage with Haringey alcohol services, or referred using formal referral pathways. The rationale for the work, therefore, was that personal intervention and a prompt appointment with an experienced alcohol worker, who had built a rapport before discharge, would improve attendance and on-going engagement in the crucial recovery programme provided by HAGA for detoxification patients.

Achievements so far

The Hospital Link Worker has established strong links with the ward staff at NMUH, allowing for access to patient information to address assessment. During the life of the project, more than 40 individual patients were assertively engaged and assessed at the hospital, following detoxification treatments as an inpatient. Of those patients, 25 have moved on through the Day Centre programme and into employment, training or education. The patient group reported broad physical and mental health benefits following treatment, alongside improvement in accommodation and social functioning. There has been significant reductions in A&E attendances and admissions to hospital amongst the group who received hospital link worker input.

Since HAGA commenced a Hospital Link work and Assertive Outreach model, there has been a 30% reduction in individual attendees to NMUH.

Annual figures for cost of "frequent attenders" to NMUH

cost year	Haringey	No of individual "frequent attenders"
2007	213135	30
2008	249775	32
2009	141580	23
2010	82720	21
Total cost (£s)	687210	

Impact of Loss of Hospital Link Worker

The impact from not having this will be that hospital patients with alcohol dependence will not have prompt assessment and engagement with a keyworker. The patient will need to take responsibility for identifying and accessing services for themselves and this will mean a significant delay, during which time, relapse is a distinct possibility. Often with hospital detoxifications, there is ambivalence about undertaking treatment (as it might have been a detoxification initiating in hospital without the patient explicitly seeking it) and this means that the face-to-face input from an assertive

worker can tip the balance into accepting support and follow-up. Without this assertive approach and the human side of a worker offering input, the patients will likely side with inertia and be less likely to seek support. Before this role was in place the conversion rate for hospital referrals (where the patient engaged at HAGA day centre) was 30%. Following the introduction of the Hospital Link Worker post, the conversion rate has increased significantly to 85%. It is, of course, of note that the threatened reduction in treatment services at HAGA will further exacerbate the problems this SU group will experience.

We urge you to reconsider funding a post which is integral to the excellent outcomes for service-users and cost savings achieved in our hugely-successful hospital liaison work.

COSMIC Representation to LBH

1. Link to Strategic Priorities

- **National Treatment Agency (NTA) Outcome D – Improve the health and well being of children and young people including emotional health**

Key Background Facts:

Prevalence:

Alcohol - We know from the Department of Health's Alcohol Ready Reckoner that over 6,000 people are physically and/or psychologically dependent on alcohol within Haringey, almost 27,000 are binge drinking and that just under 50,000 are drinking at Increasing and Higher risk levels.

Drugs – 2,666 crack and opiate users, mostly living in the more deprived areas of the borough (based on University of Glasgow prevalence estimates).

The majority of Haringey's drug and/or alcohol misusers are known to be parents/carers.

Parental Substance Misuse in Haringey:

Over the past decade national estimates indicated that there were 250,000 - 350,000 children of problem drug users in the UK (ACMD, 2003) and 780,000 - 1.3 million children of adults with an alcohol problem (AHRSE, 2004).

A more recent study by Manning, Best, Faulkner & Titherington 2009 "New estimates of the number of children living with substance misusing parents" strongly suggests that these figures are higher. 'Consistent rates emerged indicating that around 34% of binge drinkers had at least one child in the house hold'. Figures from the surveys employed in the study estimated that 27.8-29.7% of children in the UK under 16 lived with and adult binge drinker.

A report commissioned by COSMIC, *Empowering Children, Young People and Families: Widening Access to Substance Misuse Services* (Sinead Brophy Consulting 2009) estimated the scale of parental substance misuse in Haringey:

- 3,850 children aged under 16 have a parent or parents with an alcohol problem.
- 700 children aged under 16s have a parent or parents with a drug problem.
- Of 958 children already known to be at risk, some 300 plus are likely to have been affected by parental substance misuse.
- 4450 children aged under 16 have a parent with a drug or alcohol problem.
- 900 children aged under 16 may be facing profound and multiple risks through parental drug and/or alcohol misuse.

National statistics tells us that approx a third of all people in drug treatment will have parenting or childcare responsibility. The Drug Strategy 2010 points to a third of the treatment population having child care responsibilities.

Haringey figures for problem drug users in treatment 2009-10 was 959 with 115 being new engagements this would indicate approximately 300 children living with a problem drug using parent in treatment in Haringey.

Haringey has approximately 27,000 binge drinkers we can estimate from the study above that approximately 8,000 children in Haringey are in the care of a binge drinker.

COSMIC's Link to Strategic Priorities

COSMIC's work supports improvements in the health and well-being of children and young people. COSMIC is a project that is part of Haringey Advisory Group on Alcohol (HAGA) which is the only agency in the London Borough of Haringey actively working with people who have severe and enduring alcohol problems. Over one thousand people were supported by HAGA last year.

COSMIC itself has been in operation for the past ten years. COSMIC works with children, young people and their parents/carers where there is a substance misuse problem (alcohol and/or drugs) to promote better life opportunities, early intervention and safeguarding of children in those families. We offer a range of services to our service-users (children and adults), including comprehensive assessment, activities, family learning sessions, 1:1 keywork, a parenting support group, and advocacy. Our Big Lotteries-funded Family Learning Project Worker post—which relies on core COSMIC services to deliver holistic care to children and families—offers “whole family” support around learning and education which enables improvement in the health, well-being and confidence of children and families. Each year, COSMIC works with 250 children per year and with 180 parents/carers of those children.

COSMIC supports the Local Authority (LA) in its duty to safeguard children within its area under the Children Act 1989 and 2004. COSMIC works in partnership with the LA as a voluntary body under the Children Act 2004.

Under its vision of *One Borough, One Future: Reducing inequalities-working for a better society*, Haringey set its budget pledging to tackle ‘some of the big issues facing Haringey’ one of which was ‘Increased investment to match the increase in demand in children’s safeguarding and early intervention.’

COSMIC directly supports the LA in meeting this increasing demand as it offers families a place to receive treatment and address issues of Child Protection (CP), parenting capacity and treatment for addiction. It offers a “whole family” approach and is able to work holistically with families over a sustained period (250 children and 180 adults (parents/carers) annually).

The current proposed funding reduction to HAGA and COSMIC of approximately 50% would seriously hinder Haringey’s ability to deliver on key strategies, particularly the focus on involving local voluntary and community services in service delivery outlined in the government’s *Drug Strategy 2010*. HAGA has been responsive to local need in Haringey and developed services, like COSMIC, to respond to those needs. COSMIC was developed as a direct response to the needs of local parents and carers that have problematic substance misuse issues affecting their parenting capacity.

COSMIC vitally supports the LA in delivery of its own priorities set in February 2011 and the NTA Outcome D.

- **NTA Outcome A Reducing alcohol related admissions**
- **NTA Outcome C Reducing substance misuse in young people**

COSMIC hosts a Young Persons Alcohol Worker, funded by Comic Relief and reliant on COSMIC's core services to support the post. This work fulfils National Institute of Clinical Excellence (NICE) recommendations that identification and intervention with 16- and 17-year-olds should be undertaken by "health and social care, criminal justice and community voluntary professionals in both NHS and non-NHS settings who regularly come into contact with this group" (*Alcohol-use disorders: preventing the development of hazardous and harmful drinking* 2010). This charity-funded post will be deeply destabilised if the core COSMIC services are cut as proposed.

The Young Person's Alcohol Worker has worked to deliver the results of a Scrutiny Review LBH 2009/10 to develop a pilot project into the secondary schools of the borough promoting education on substance and alcohol misuse. This pilot operates across the schools in the borough to promote the health and awareness, so as to reduce the numbers of young people substance misusing. This work is also undertaken at the College of North East London (CONEL) to promote awareness of risk factors and better health outcomes for young people.

The Young Person's Alcohol Worker also provides outreach services for young people into the North Middlesex Hospital to ensure that the young people who are present at A&E with alcohol-related problems receive good advice and follow up treatment into specific service.

The Young Person's Alcohol Worker offers one-to-one sessions and runs specific groups for young people both at the HAGA Day Centre and in the community.

The provision of COSMIC services to children and their families reduces the risk of children and young people in those families becoming substance misusers into their adult lives. Children and Young People receive structured interventions to help them understand substance misuse and the need to mitigate against the damage it causes.

COSMIC also has a direct input to the delivery of strategic and development work in the borough as COSMIC sits on the Young Peoples Substance Misuse Task Group and the Parental Substance Misuse Task Group.

COSMIC contributes to, supports and often leads in strategic partnership work across all drug and alcohol agencies in the borough, thereby supporting the Local Authority in planning, development and delivery of its services.

2. Links to Statutory Obligations

- **Local Authority Statutory duties in relation to Child Safeguarding**

Alcohol misuse has been identified as a factor in 50% of all Child Protection Cases.

Nearly 75% of Serious Case Reviews (2007) found that parental mental ill health, parental substance misuse and or domestic violence, often in combination were a factor.

(Hidden Harm Strategy 2009)

COSMIC accepts referrals from the Children and Young People's Service (CYPS), a wide range of agencies in Haringey and individual self-referrals. We have worked with an average of 253 children and 181 adults per year over the past ten years. Most of those children are known to CYPS – they are either subject to a Child Protection Plan or a Child in Need under the Children Act 1989.

COSMIC also works with children who are accommodated under Section 20 of the Children Act 1989 to support either rehabilitation or long-term care outside their birth family.

COSMIC assists the LA accepting referrals from CYPS and works with children and their families offering structured interventions over 12 weeks. Each child and parent has a support plan to address Child Protection concerns and improve the families' protective factors. We know that CYPS Social Workers are unable to offer extended support and intervention to families where there is an alcohol or substance misuse issues due to capacity and workloads.

COSMIC is currently (March 2011) working with 32 families of which 23 are active with CYPS and 3 have recently discussed at the Multi-Agency Risk Assessment Conference (MARAC). These families are receiving a weekly intervention either in direct one-to-one sessions, family sessions or parenting programme. There are a further 18 allocated cases whom the Domestic Violence & Substance Misuse Worker supports working with child protection and adult safeguarding cases.

If Haringey reduces the funding to COSMIC, the children and young people of parents/carers with substance misuse that we work with will be subject to even greater inequality as the services that they specifically need will either disappear or be reduced significantly.

- **The duties of the Safer Communities Executive Boards to prevent and reduce substance misuse and anti social behaviour under the Crime and Disorder Act 1998 (reduce re-offending 2010)**

COSMIC works with young people who are substance misusing or are at risk of becoming substance misusers through the Young Person's Alcohol Worker post. This work serves to reduce anti-social and offending behaviour through education, direct services and training to professionals in health and education services.

The work of the Domestic Violence & Substance Misuse Worker also contributes to Haringey's Safer Communities Executive Board duties. COSMIC is a member of Haringey MARAC. Home Office Research (2009) indicates that there is a high correlation between domestic violence and alcohol abuse (63%) and in a study of four London Boroughs, 83% of families on social work caseloads were found to be affected by parental substance misuse where alcohol is the predominant substance (Forrester, D. & Harwin, J. (2006)). The Domestic Violence and Substance Misuse post serves to prevent domestic violence, crime against vulnerable adults and children. In 2008, our Domestic Violence project was cited as an example of best practice in *Innovative Responses: New Pathways to Address Domestic Violence and Substance Misuse Across London* (2008) by the Stella Project—a collaborative project between the Greater London Domestic Violence Project (GLDVP) and the Greater London Alcohol and Drug Alliance (GLADA). Our DV Worker operates across the LA's Adults and Children's services in accordance with Safeguarding of Vulnerable Adults and Child Protection Procedures.

3. Maximise outcomes: links to performance measures

COSMIC interventions focus on three key priority groups: vulnerable children, young people and adults. Our entire service delivery is focused on families where there is problematic alcohol or substance misuse. These families are affected by the chaotic lives of their parent or carer; consequent poverty; contact with violent people, groups

or activities; and witnessing or being subject to violence. Prior to the governments funding cuts, these children and young people in the local community were already in a high-risk group subject to significant inequalities. The current cuts will no doubt increase the risk and threat poised to children and young people in these families.

COSMIC is the only service in the borough that works with children and families with a specialism in tackling parental substance misuse and offering work with all family members to reduce risk factors and improve child protection. COSMIC is a multidisciplinary service which functions as a Single Point of Contact (SPOC) through which families can work on their parenting and get their treatment needs met.

Parents and Carers are often motivated to engage in treatment by the need to become effective parents. They often feel unable to trust statutory services due to Child Protection and legal stipulations regarding CP disclosures. COSMIC has a proven track record of working with these high-risk families to support them in continuing to engage with statutory services, while at the same time addressing their need to change and develop their parenting capacity. This is an effective way of working in a “whole family” model to reduce Child Protection concerns.

COSMIC provides:

- Children, young people and parents /carers with general support services, awareness-raising and education in relation to alcohol misuse in schools, communities and family homes
- Children have a voice and access to services when their parents and carers have an alcohol or substance issue through a dedicated phone helpline, direct work and group work
- Children and young people can gain age appropriate knowledge and understanding about their parental alcohol or substance misuse
- Children, parents and carers have improved access to education and support services to maximize their educational achievements/experience/employability
- Children and young people experience an increase in the protective factors within their family, extended family and community through structured support and intervention and assessment work
- Children and young people have the opportunity to be protected from the deterioration in their parents/carers alcohol substance misuse
- Parents receive a service that deals with their alcohol or substance misuse in conjunction with focusing on improving their parenting capacity
- Victims of Domestic Violence (adults and children) receive support to separate from violent partners, move to safer environments and reduce the risk of further violence
- Young people receive one-to-one support in dealing with risk of, or actual, alcohol and substance misuse issues their own and/or their parents/carers
- Young people receive support with improving their education and health
- Young people have group activities to attend to improve their awareness of the risks to their health, social lives, education and family lives
- Parents & Carers can be assessed in their own homes, the community in which they live and at their local service

The above services provided by COSMIC support Haringey in meeting and maximising the outcomes across its performance indicators Outcomes A, B, C & D.

If these services are significantly reduced or close, then each service user group will be exposed to increased risk and on-going and/or escalating substance misuse related issues; this will mean substantially less positive outcomes for children, young people and parents/carers affected by substance misuse.

4. Impact/effect/improvements of service delivery to local community

COSMIC delivers its service to a section of the local community that already suffer from inequality and stigmatization because of their parents or a member of their family's substance misuse.

Our work with these families over the past ten years has been effective as we can offer one point of service for treatment and family work.

COSMIC has developed an excellent working partnership with other drug agencies and mental health services in the borough and accepts referrals directly from them. COSMIC is in a position to identify families at an early stage in their difficulties and provide services to meet that level of need.

COSMIC has traditionally worked with families referred from drug and alcohol agencies; 60% of which were known to CYPS. In the past year, COSMIC has worked to promote its working relationship with CYPS and as a result it now receives over 50% of its referrals directly from CYPS. This is a vital area of work as these families represent some of the most vulnerable in the borough.

COSMIC has provided different levels of service, including education and health promotion in the local community focused on prevention of substance misuse, so that peoples parenting capacity does not deteriorate to a point where statutory intervention is required.

Where there is statutory intervention, COSMIC is able to provide services that are an integral part of the Child Protection Plan or Child in Need plan as detailed above.

As an safe and effective service provider, COSMIC is able to support and work with a wide range of problems experienced by children and young people in Haringey's community. These problems are often inherently linked—substance misuse, Domestic Violence, Child Protection, vulnerable adult's issues—and a holistic approach is vital to address all these aspects.

COSMIC is fully compliant with the DAAT monitoring requirements and reports quarterly to evidence the services that it provides to service-users.

Providing services to children and their families, COSMIC is a community local resource which saves the costs of out-of-borough services for both statutory services and affected families (i.e. a local service means reduced travel costs for families and minimal disruption and additional pressure in their lives).

5. Maximise value for money

- The voluntary sector is more flexible and it is easier for voluntary sector organisations, like COSMIC, to adapt to changing and growing demands
- Cheaper: the cost of providing services in the voluntary sector are significantly lower than when the providing service is LA

- COSMIC will continue to monitor value for money—we are already providing statistical data for monitoring and performance management with set targets to the LA and will continue to do so on any future funding
- COSMIC has recently launched its Family Assessment Service, which we hope will be a sustainable business element of our service, offering family assessments to the courts and other local authorities. For local Haringey families undergoing or needing assessment, this will be a service to support Haringey in the reduction of Looked After Children (LAC) and will significantly contribute to a reduction in the CYPS placement budget (i.e. expensive residential assessment costs).
- Since COSMIC as an established service has good networking and partnerships already established within the borough, there is no need for future investment in this aspect.
- COSMIC has provided specialist training and awareness-raising about substance misuse and its impact on parenting across universal services to promote early intervention with families: for example, to staff in the NHS midwives and other, Children’s Centres Staff and Education staff. For the last five years, COSMIC has provided the London Safeguarding Children’s Board substance misuse and safeguarding training for practitioners from across London.
- COSMIC works to reduce duplication of services and provides a “whole family” approach
- COSMIC is currently able to offer extended interventions to prevent relapse and repetition of parental substance misuse. This reduces the need for CYPS to spend additional monies on accommodation of children, costly residential assessments and court proceedings.
- COSMIC as a local resource in the Haringey community reduces costs and disruption to families who will have to attend services outside the borough should COSMIC cease to exist.

6. Local connection/presence in Haringey

The current UK government’s *Drug Strategy 2010* has highlighted the importance of voluntary and community groups such as HAGA/COSMIC in the delivery of its strategy:

This Government is shifting power and accountability to the local level the power to direct action will move to the local level. The voluntary and community groups, charities and social enterprises sector will be encouraged and supported to get involved.

HAGA has been responsive to local need in Haringey and developed services to respond to those needs. COSMIC was developed as a response to the needs of local parents and carers that have problematic substance misuse issues affecting their parenting capacity.

Last year, COSMIC organised the highly successful Speakeasy: A One-Day Youth Forum on Alcohol and Drugs (May 2010), with key partner agencies, and eight local schools, and was attended by 100 local young people and a evaluation report on how to best reach local young people affected by substance misuse was produced by COSMIC to inform local strategies. By working together with key stakeholders in this way, COSMIC seeks to continually improve how we work to reduce the harm caused to local children, young people and families by substance misuse. Such work, as well as our pilot projects in schools; organisation of Alcohol Awareness Week;

involvement in community events, such as Kurdish/Turkish youth events and teenage pregnancy roadshows etc; production of tools, leaflets and materials aimed at local audiences; and our project work, which links a large variety of local services into a network of support for our service-users, evidences our commitment to locally relevant, locally driven services which are responsive to need and empower the local community, across the whole range of community groups.

We believe COSMIC is an invaluable local resource which complements and adds a great deal of value to Haringey's statutory services, bridging a gap into which many high-risk children, young people families would otherwise fall.

This page is intentionally left blank

APPENDIX 4

HARINGEY COUNCIL
EQUALITY IMPACT ASSESSMENT FORM



Service: Safer & Stronger Communities - Drug & Alcohol Action Team

Directorate: Urban Environment

Title of Proposal: Deletion of Polish Alcohol Outreach Worker and Alcohol Hospital & Link worker Post at Haringey Advisory Group On Alcohol

Lead Officer : Marion Morris

Names of other Officers involved: Linda Somerville

Step 1 - Identify the aims of the policy, service or function

Following the Governments comprehensive spending review (20th October 2010) many of the grants that used to come to local authorities have been either trimmed or cut completely. Specifically the Area Based Grant, which the DAAT have used to commission the Polish Outreach Worker post and the Alcohol Hospital liaison post, is coming to an end. These posts are delivered by Haringey Advisory Group on Alcohol – the boroughs' voluntary sector Alcohol service. This proposal will mean that:

The Post of Polish Outreach worker will not be commissioned by LBH as the ABG has ended

The Hospital Link worker post has been picked up by temporary funding from Health and will be subject to a 9 month evaluation – at the end of which a decision will be made as to whether Health will continue to invest in this post.

Whilst **this** EIA is specifically addressing the cuts to the above posts it should be noted that HAGA is being hit by a range of further cuts, which in their totality amount to the end of some key services for people with alcohol problems in Haringey. Alcohol services have historically received a disproportionate amount of 'funding'. The alcohol allocation is made up largely of mainstream health and social care monies and more recently the ABG. This is in comparison to the drugs agenda which has benefitted from a separate 'ring-fenced' budget (Adult Drug Pooled Treatment Budget) from central government, along with historic mainstream monies. This, coupled with the minimal mainstream investment in alcohol services has meant that the impact of cuts from the ABG have been more severe on alcohol services as there is nothing to cushion it.

Equality Duty

As a public authority, Haringey Council is bound by a general duty created by section 149 of the Equality Act 2010. That duty requires that in all its functions, the Council has due regard to the need to:

- a) “eliminate discrimination. Harassment and victimisation”;
- b) “advance equality of opportunity between different groups”;
- c) “foster good relations between different groups”.

As defined by S149(3) of the Act, having “due regards” means having due regards in particular, to the need to:

- a) “Remove or minimise disadvantage suffered by persons who share “a protected characteristic”. (this includes people who share the protected characteristics of race/ethnicity, sex (formerly gender), disability, age, religion or belief, sexual orientation, gender reassignment, marriage and civic partnership and pregnancy and maternity)
- b) “Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share that characteristic”.
- c) “Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low”.

In relation to this proposal, all three aspects of public sector equality duty are relevant. Accordingly, the purpose of this equality impact assessment is to examine this proposal in detail if, in what ways and to what extent the proposal to cut the Polish Outreach Worker Post and the Alcohol Hospital Liaison Post could:

- Have a disproportionate adverse impact any group of existing or potential service users who share any of the protected characteristics listed above.
- Impact on good relations between groups in Haringey.
- What, if any steps could be taken to minimise any adverse effects on those groups.
- To draw the attention of decision-maker to the findings and conclusions of this assessment in a formal report on the proposal in order to inform his/her decision”.

Polish Outreach Worker Post

The post is commissioned as a direct result of a piece of research commissioned by the DAAT to help the borough better understand and in turn respond to street drinking in the borough, specifically among the migrant communities. This was a particular concern of residents at the time. In addition, health care professionals were reporting an increase in attendances from the Polish community at the North Middlesex A & E department through excessive alcohol use. There were also concerns about the high numbers of Polish men congregating outside Wickes in the Seven Sisters area, looking for day labour, which if not successful would often result in visible street drinking in the area. Whilst drinking in open spaces in Polish culture is quite acceptable, this is not the case in the UK. Part of this projects' remit was to produce leaflets in Polish to explain that 'street drinking' is not acceptable in the UK and it can result in what was then an ASBO.

The post holder makes contact with the Polish community through street outreach, at hospital (both at A & E and on the wards) and at HAGAs services.

Alcohol Hospital Link Worker Post (complex needs)

The second post is commissioned as part of an overall approach to reducing alcohol related hospital admissions /A & E attendances and improve uptake of alcohol treatment in the community for patients who have been admitted to hospital with alcohol related problems.

Since HAGA commenced a Hospital Link work and Assertive Outreach model, there has been a 30% reduction in individual attendees to NMUH.

Annual figures for cost of "frequent attenders" to NMUH

cost year	Haringey	No of individual "frequent attenders"
2007	213135	30
2008	249775	32
2009	141580	23
2010	82720	21
Total cost (£s)	687210	

The cost of alcohol in London is estimated to be £2.46 billion – 405 million in costs to the NHS, and £825 million in costs to London councils (this excludes costs to social services) and says nothing of the huge social gains to be made by reducing alcohol related harm. The post has been granted 'invest to save' monies by Health and will be subject to a 9 month local review to confirm if the post does save money, reduce A & E attendances and hospital admissions.

Step 2 - Consideration of available data, research and information

The latest data from the North West Public Health Observatory on alcohol indicates that alcohol related hospital admissions per 100,000 populations in Haringey have increased by 24% since Q2 in 2009/10.

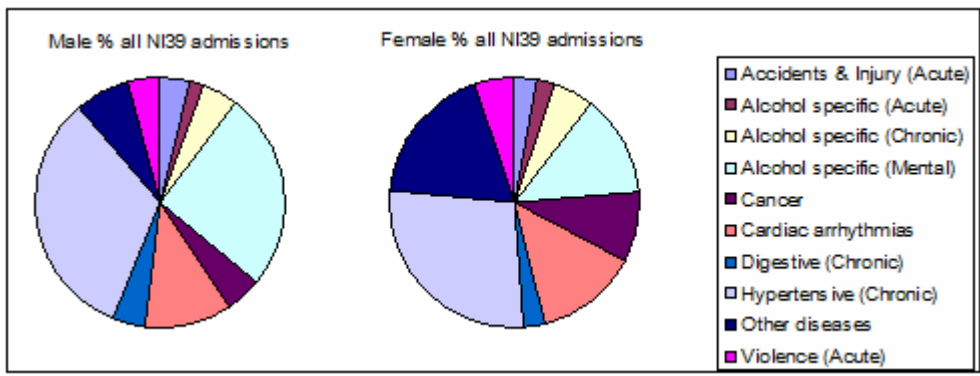
The North West Public Health Observatory has calculated synthetic estimates of the number of increasing risk and high risk drinkers in Haringey which suggests that 20.1% of the local population (equating to 32,864 adults) are increasing risk drinkers with 6.17% of the Haringey population (equating to 10,065 adults) are high risk drinkers.

Alcohol Hospital admissions by gender

Alcohol specific admissions among women in Haringey were significantly below the England rate but in line with the rate for London and alcohol attributable female deaths follow a similar pattern.

Over 76% of all alcohol related hospital admissions in Haringey are male admissions

Figure 1a: Haringey Alcohol related admissions by condition and sex, 2007/08



Analysis of Hospital admission data 2002-2007

An analysis of Hospital Admissions data over a five year period 2002-2007 looking at admissions by gender, ethnicity and age for wholly, partially acute and partially chronic admissions was undertaken in 2009 by Public Health at NHS Haringey.

While an equity profile examines use of/access to a service across various dimensions and compares this against expectations derived from known epidemiological studies. A problem arises in analysing data using attributable fractions, since by its very nature the calculations used to derive case and admission numbers presuppose an underlying epidemiology, which may not exist in a particular population.

The tables below outline access to services for all alcohol attributable cases. This has been examined for 'equivalent' cases i.e. actual case numbers multiplied by the appropriate attribution fraction, thereby giving due weight to the contribution assumed to be made by various diagnoses. This obviously doesn't apply to wholly-attributable cases. *Again tables based upon such calculated data are presented in italics.*

Age and Gender

Table 4a. 'Equivalent' attributable cases of alcohol attributable harm per 1000 population 2004/05 to 2006/07

Gender	16-24	25-44	45-64	65-74	75-84	85+	All Ages
Male	<i>22.6</i>	<i>18.5</i>	<i>57.8</i>	<i>111.1</i>	<i>133.1</i>	<i>186.3</i>	<i>38.1</i>
Female	<i>16.8</i>	<i>12.4</i>	<i>23.5</i>	<i>37.8</i>	<i>50.2</i>	<i>80.5</i>	<i>19.8</i>
Persons	<i>19.5</i>	<i>15.4</i>	<i>39.6</i>	<i>72.1</i>	<i>85.5</i>	<i>112.9</i>	<i>28.6</i>

Throughout **male rates for all attributable cases were higher than female**, with a reduction **for both genders from 16-24 to 25-44 years and a steady increase** thereafter. The relative gender difference was widest for the 65-74 year age group.

Table 4b. Cases of Wholly alcohol attributable harm diagnoses per 1000 population 2004/05 to 2006/07

Gender	16-24	25-44	45-64	65-74	75-84	85+	All Ages
Male	<i>7.3</i>	<i>7.7</i>	<i>18.3</i>	<i>17.4</i>	<i>11.9</i>	<i>18.2</i>	<i>10.8</i>
Female	<i>4.4</i>	<i>3.2</i>	<i>5.4</i>	<i>3.3</i>	<i>1.6</i>	<i>0.0</i>	<i>3.8</i>
Persons	<i>5.8</i>	<i>5.5</i>	<i>11.5</i>	<i>9.9</i>	<i>6.0</i>	<i>5.6</i>	<i>7.2</i>

For wholly attributable diagnoses the gap between male and female rates was wider **with high male rates from 45 years onwards with the exception of 75 - 84**

year olds. Much lower female rates peak in the 45 -64 year age group and then fall away.

Table 4c. 'Equivalent' attributable cases of Partially alcohol attributable chronic harm per 1000 population 2004/05 to 2006/07

Gender	16-24	25-44	45-64	65-74	75-84	85+	All Ages
Male	3.0	5.2	35.2	91.0	114.7	153.8	21.2
Female	7.0	7.0	15.8	33.0	45.3	72.2	13.2
Persons	5.1	6.1	25.0	60.1	74.8	97.2	17.1

Partially attributable chronic rates increased with age for both genders and gender differences were narrower. Up to age 44 female rates were higher than male, probably as a result of the inclusion of Spontaneous Abortion

Table 4d. 'Equivalent' cases of Partially alcohol attributable acute harm per 1000 population 2004/05 to 2006/07

Gender	16-24	25-44	45-64	65-74	75-84	85+	All Ages
Male	12.3	5.6	4.3	2.8	6.5	14.3	6.1
Female	5.4	2.2	2.3	1.5	3.4	8.3	2.8
Persons	8.6	3.9	3.2	2.1	4.7	10.2	4.4

Gender differences for partially attributable acute rates were wider and rates for both genders followed a U curve with a low in the 65-74 age group.

(b) Ethnicity

Table 4e. 'Equivalent' attributable cases per 1000 Population (2001 Census based) by ethnicity

Ethnicity	All	Wholly Attributable	Partially - Chronic	Partially - Acute
British	24.5	7.5	14.2	2.8
Irish	40.9	20.6	17.8	2.5
Any other White background	25.1	4.8	16.2	4.2
White and Black Caribbean	7.9	2.2	3.9	1.8
White and Black African	11.6	1.9	8.3	1.3
White and Asian	3.3	0.4	2.4	0.4
Any other mixed background	13.6	2.9	8.4	2.4
Indian	27.0	4.5	21.0	1.4
Pakistani	13.7	0.5	12.0	1.3
Bangladeshi	15.8	0.0	14.7	1.1
Any other Asian background	24.2	3.3	17.8	3.1
Caribbean	28.6	3.8	21.3	3.4
African	17.1	1.9	13.3	1.9
Any other Black background	40.4	8.9	24.5	7.0
Chinese	14.9	0.0	12.1	2.7
Any other ethnic group	115.4	26.9	67.8	20.6
All	26.0	6.5	16.3	3.3

Crude rates for 'equivalent' cases were calculated based upon 2001 ethnic minority population estimates.

Noteworthy is the high rate for the miscellaneous 'any other ethnic group' category and 'any other white' which could mask Eastern European admissions.

Apart from this group the highest overall rate was for those classifying themselves as Irish followed closely by 'any other Black background'.

Again, apart from the miscellaneous group, the Irish group had much the highest wholly attributable rate.

Aside from the miscellaneous group, partially - chronic rates were highest for the 'any other Black background' group, followed by Caribbean and Indian, probably demonstrating the susceptibilities of these groups to chronic diseases.

Finally, and again aside from the miscellaneous group, **partially - acute rates were again highest for 'any other Black background' followed by 'any other White background'**.

THE IMPACT OF ALCOHOL ON MORTALITY IN HARINGEY¹

Table 4a: Alcohol specific and alcohol attributable deaths, per 100,000 population (all ages, directly standardised)

	Alcohol-Specific Mortality (2006-2008)		Alcohol-Attributable Mortality (2008)		All deaths from chronic liver disease (2006-08)	
	m	f	m	f	m	F
Haringey	12.93	3.27	42.8	13.1	19.26	5.46
London	11.31	3.81	35.2	12.8	14.51	5.89
England	13.12	6.12	37.1	15.3	14.06	7.26

During the 2006-08 period, the alcohol specific male mortality rate in Haringey was 12.93 per 100,000 population which is higher than the London rate of 11.31 per 100,000 but lower than the overall rate for England. Alcohol specific among women in Haringey were significantly below the England rate but in line with the rate for London and alcohol attributable female deaths follow a similar pattern. **However the rate of alcohol attributable deaths among men in Haringey is high at 42.8 per 100,000 population and all deaths from chronic liver disease is higher than both London and England rate.**

It is difficult to make fair comparisons as the number of actual deaths in each borough/country are low (which is why Haringey has shifted from the highest rate of alcohol related deaths in London in 2005, to close to the London average by 2009).

Nevertheless, if all alcohol specific and attributable deaths among men aged under 75 years in Haringey were prevented, life expectancy at birth of men in the borough would increase by almost one year.

Alcohol consumption is the leading cause of liver cirrhosis. More publicans than any other profession die from liver cirrhosis however **Haringey has one of the lowest rates of employees working in bars in the country at only 1.07% of all employees. Nevertheless the death rate from chronic liver disease, which includes cirrhosis, among men in Haringey is higher than both the London and National average (the**

8th worst mortality rate in London). Many of these deaths will be alcohol related ('alcohol liver disease' itself is underreported on death certificates)²

¹ The alcohol specific rate calculates a rate based on deaths wholly attributable to alcohol. The alcohol attributable deaths are calculated according to the application of attributable fractions to deaths from certain conditions. For more information see *Alcohol attributable fractions for England; alcohol attributable mortality and hospital admissions, NWPHO 2008*

² Bell & Cremona 1987 and Blake et al 1988 quoted in *Alcohol attributable fractions for England; alcohol attributable mortality and hospital admissions, NWPHO 2008*

2© What other evidence or data will you need to support your conclusions and how do you propose to fill that gap?

Data from the Polish Outreach worker caseload covering July 2010-March 11 shows that 30 people Polish people (of which 3 were women) have been helped. The vast majority were defined as either dependent or high risk drinkers at the beginning of treatment, with an overwhelming number becoming abstinent or moving to more controlled drinking during this period. Only 4 of the group had command of English, (which meant the skills of the Polish worker were invaluable) and 8 had no recourse to public funds. Many were of a 'low educational background', finding it difficult to fit into the reality of being in a different and 'foreign' culture. Most of the group claimed to not have anything to go back to, were homeless and had no access to basic primary care because of this. Some of the group had children who were clearly at risk.

All of the above indicates the very real need for such a service and what can be done with minimal investment. Whilst there are other Polish organisations across the borough, this is the only one that provides help to polish people with alcohol problems.

2(d) What factors (barriers) might account for this under/over representation?

The over representation could in part be explained by the fact that Nationally men drink more, they drink more frequently and more heavily than women of all age groups. Men aged between 45 and 65 are the most likely to have drunk above the recommended limit. Interestingly only among the youngest age group are more women reporting drinking above the recommended limit than men. **However, it would not necessarily account for Haringey having the highest rate of alcohol attributable deaths and deaths from chronic liver disease in London.**

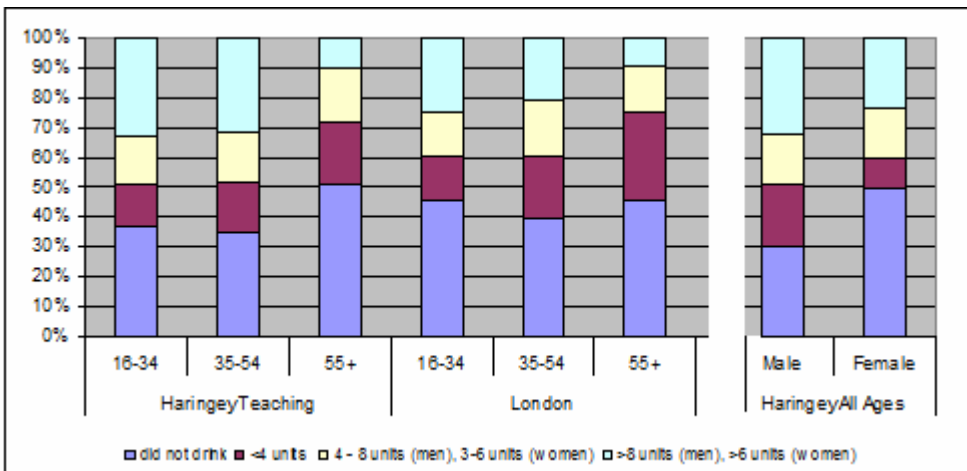
This is probably part of the wider pattern of deprivation in the borough. Haringey is the 5th most deprived authority in London with the worst unemployment rate in London. We know from the recent Marmot review into health Inequalities (Fair Society, Healthy Lives 2010) that being in good employment is protective of health. Conversely unemployment contributes to poor health. This coupled with other factors such as insufficient money to lead a healthy lifestyle means that those whose health is not as good as it could be will undoubtedly more readily succumb to the ill effects of alcohol misuse.

The Hospital admission data over a five year period also indicates that those who identify as 'Irish' have the highest rates of wholly attributable hospital admissions – that is conditions that directly relate to alcohol use.

Drinking behaviour in Haringey

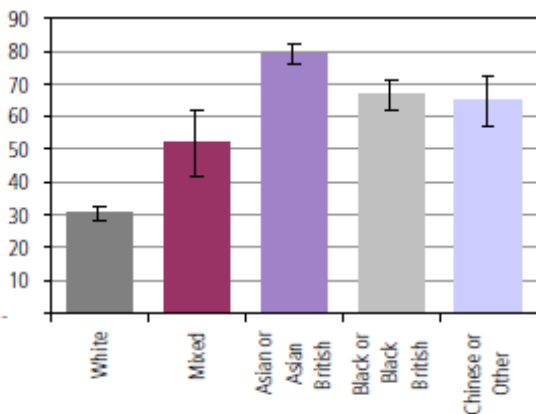
Chart 3a below show the rate of drinking in London and Haringey by age and in Haringey by sex.

Chart 3a: Number of units drunk the week before, General Lifestyle Survey 2009 London Boost



In Haringey, the rate of not drinking was higher in women than men and more likely in the 55+ age group. In line with national patterns, residents working in managerial and professional occupations were more likely to drink and more likely to drink heavily than those in the routine and manual occupations.

Table 3b: Percentage of London adults who did not drink alcohol in the previous week by ethnic group, 2006³



³ Health Survey for England 2006, London boost analysis by the London Health Observatory

Figures from the 2006 survey tell us that people from Asian or Asian British ethnic groups were least likely to have drunk in the last week, with people defining themselves as white or of mixed ethnicity most likely to have drunk alcohol.

Step 3 - Assessment of Impact

Using the information you have gathered and analysed in step 2, you should assess whether and how the proposal you are putting forward will affect existing barriers and what actions you will take to address any potential negative effects.

3 a) How will your proposal affect existing barriers? (Please tick below as appropriate)

Increase barriers? x	Reduce barriers?	No change?
----------------------	------------------	------------

Comment

Polish outreach worker

This proposal will undoubtedly increase barriers to accessing alcohol prevention and treatment services within the Polish community. It is also likely that there will be increased risk of visible street drinking and potential increase in anti-social behaviour. In addition it will mean that we are unable to respond to the needs of this community in the alcohol service, at A & E, on the wards or through street outreach. Many of this group are newly arrived and do not speak English. Having a Polish Outreach has been beneficial both in terms of communication but also in terms of cultural competence and understanding of this community. Further likely consequences are:

- Reduced visible channel of communication between health providers and Polish community many of whom do not speak English.; Poorer engagement for an already marginalised population. Both these effects could impact adversely on social interaction with the wider community of Haringey
- Street drinking and associated police activity will increase, as a result of which the costs of policing will increase. This may also produce a culture clash which could impair good relations between the Polish community and the rest of Haringey communities, thereby having an adverse impact on community cohesion in Haringey.
- Crime will likely increase - 25% of murders reported in Haringey in 2009 were committed within the Polish-speaking rough-sleeping community. That is to say, that the perpetrator and the victim were Polish.
- Deaths could result such as that of Mr U in early 2010 - where he was unable to communicate his health problems to A&E staff and subsequently was excluded was accessing emergency care, which all EU citizens are entitled to. He attempted access on several occasions within 3 days at 2 different hospitals (NNUH and Homerton) before dying of an alcohol withdrawal complication.
- Services will now have to pay for an interpreter in order to facilitate access to treatment – however this is not just an issue for alcohol services – rather it is an

issue that the borough needs to address – how to make our services accessible to all sections of the community.

3 b) What specific actions are you proposing in order to respond to the existing barriers and imbalances you have identified in Step 2?

As already stated the risk to the Hospital Link Worker post and therefore the barriers have temporarily been mitigated by the ‘invest to save monies’ from Health.

This proposal does not identify any alternatives to the Polish Outreach Worker post as no similar service provision exists

Most of the barriers/imbalances can be redressed by continued commissioning of this post, which is not possible. Most of the harm related to alcohol use is preventable. One in eight harmful drinkers will reduce their drinking to within sensible levels if they receive brief advice (IBA) – a key component of both of these post holders work.

All GP surgeries have information on drinking/units etc training to GPs in the recognition of alcohol dependence and Brief Interventions. Brief interventions will still be delivered at A & E and the link worker post will continue to link people back into the community- but there will be on one able to work with and more importantly communicate with sections of the Polish community who have alcohol problems.

3 c) If there are barriers that cannot be removed, what groups will be most affected and what Positive Actions are you proposing in order to reduce the adverse impact on those groups?

The specific group affected is the Polish community.. There has been some initial discussion at the last Safer Communities Executive Board about how we can more effectively offer services to service users who first language is not English (many of which will pitch up in different services across - the borough - no firm decisions were reached.

The DAAT has produced leaflets about alcohol and alcohol services in Polish but there will not be anyone who speaks Polish working in HAGA. We will continue to work with the Manager in HAGA in attempting to manage these cuts in least detrimental way to service users.

Consultation is an essential part of impact assessment. If there has been recent consultation which has highlighted the issues you have identified in Steps 2 and 3, use it to inform your assessment. If there has been no consultation relating to the issues, then you may have to carry out consultation to assist your assessment.

Make sure you reach all those who are likely to be affected by the proposal, ensuring that you cover all the equalities strands. Do not forget to give feedback to the people

you have consulted, stating how you have responded to the issues and concerns they have raised.

Step 4 - Consult on the proposal

4 a) Who have you consulted on your proposal and what were the main issues and concerns from the consultation?

The main consultation methods were a face-to face meeting and questionnaires. The result of the questionnaire can be seen at **Appendix 3**.

The following is a brief summary of the issues and concerns to emerge from the questionnaires.

Response to the Polish Outreach worker Questionnaire

There were 12 respondents (6 women and 6 men). The main age range was 25-34 with 2 being between the ages of 55-62. 1 Respondent had a physical disability. 10 were Polish, 1 Russian, and 1 Ukrainian. All were strongly opposed to the cuts. Three of the twelve understood why the cuts had to be made, 6 replied no (Mainly they were simply unaware until they had been told, 3 were not sure. This is a small sample size so difficult to form any clear conclusions

There were a variety of responses to which services do you value the most ranging from, "I am being linked with Polish services in London..." to quite a few instances of key working.

In response to what the impact of the cuts would be again a wide response from "I will have nowhere to go" to "I will feel alone".

All 12 of the respondents reported that the changes would have an impact on them in terms of ethnicity; with three stating it would impact on them in terms of gender (women).

In terms of how the service could be improved on 3 did not know others had not given it any thought and the remainder really had simple ideas for improvement such as more groups in the evening.

The free text section allows for respondents to give comments, 5 people responded. There were no common themes but clearly the fact that this was a service able to respond to the homeless and Polish people in their own language was much valued.

Responses to Hospital link worker Post Questionnaire.

During the course of the consultation process, monies were identified to conduct a 9 month evaluation of this post (which means it will continue for the time being).

There were 23 respondents to the questionnaire, 11 were male, 6 were female and 6 did not respond. The main ethnic group was 'White British', followed by Irish. The main age group was 35-44.

Twelve were strongly opposed to the cuts, 7 opposed. 1 neither supported nor opposed and 2 respondents who strongly supported (it is clear from reading the comments that these two respondents had not understood the question).

Nine of the 23 understood why the cuts were being made, 12 replied no and 2 were not sure. Of those who understood why the cuts were being proposed none thought it was right. "It is short sighted action that will ruin a lot of people's lives".

All 23 respondents responded to 'which of their services do you value most and why. There were wide ranging responses from "structured programme" to "hospital link worker for her support".

22 respondents responded to the question re what impact these changes would have on them. The main theme to emerge is one of 'devastation' in terms of the impact on people lives and ability to cope with an alcohol problem.

The overwhelming response to how the service could be improved or provided differently was that it couldn't be improved "It can't. So leave it alone thanks".

Finally in terms of the free text section which allows for comment 13 people responded. A lot of strong emotions/attachment to the service emerges. "This service saved my life. I am very grateful for it being there for me."

Face to Face Consultation Exercise

The DAAT attended a service user Forum at HAGA on the 10th March, 2011 to consult service users on what the impact of cuts would mean for them. Specifically on:

- Polish Outreach worker post
- Alcohol Hospital liaison post

Clients were advised by the HAGA managers that the DAAT would be attending on this date to specifically consult on cuts as outlined above. Whilst there was good attendance/representation of people who have used the overall HAGA services and/or have accessed HAGA's services via the Hospital Link Worker Post there was no attendance from Polish speaking clients. Attempts were made to set up a separate meeting with the Polish speaking client group but proved unsuccessful. On the advice of the Polish Outreach Worker the decision was made to therefore only use questionnaires. The results of both questionnaires are attached at **Appendices 5 & 6**.

Whilst HAGA are subject to cuts from the Area Based Grant (DAAT funded posts/services) – they are also subject to cuts from the Supporting People (all of the funding that supports the day centre services). Clearly service users wanted to make their views known about these cuts. They also wanted to know why the Council seemed to be using different approaches to consultation with service users e.g. Supporting People had sent out a questionnaire the DAAT were coming to talk to them in person. This is something that should be borne in mind in future consultations – where different directorates may be commissioning the same service.

This is a summary of the main comments/issues that were raised at the meeting on 10th March 2011.

- Service users said “It’s the only service that offers a safe haven, stability and is seen as un-judgemental, also a key worker always available”
- “This is a false economy – it will not save money. There will be consequences of the cuts. It will cost the borough even more in other service re-provision. This will not just have a financial impact, but also a social impact - not just money but people’s lives. A high percentage of Service users will go back to drinking, increase hospital admission, theft, and other related crimes”
- One Service User commented that when he leaves the service he “feels rejuvenated. He would have been dead long time ago if not for HAGA”. This was echoed by many service users and the very real fear that they may not have survived had it not been for HAGA.
- .Another Service user told us how his life had been turned around 2 years ago – he was homeless, alcoholic but HAGA sponsored and re-housed him. Now he is a mentor and at college. His recovery from alcoholism means he is now putting something back into society – “that’s what the council have gained by investing in this service”.
- Service users told us “It’s a place where if they get side tracked or return to bad habits, they know there’s a place that can help them”
- One service user told us how he had been picked up by the hospital liaison worker and referred for detox to HAGA – “HAGA help with several different aspects, not only just alcoholism. They also help fill in forms for DHSS for people who may not be able to read or write”.
- “HAGA provides respite from the world. You need to understand what HAGA means to Service Users. The place builds community”.
- “Losing HAGA would feel like losing hope. Support is always required - all the time and nice to know that there’s a place like HAGA where we can go to”.
- One service user felt that this is part of the ‘payment by results’ the government are introducing into alcohol and drugs work. ‘To concentrate on at risk drinkers and not on dependant drinkers’
 - “The Day programme, and support from North Mid Hospital link worker is vital for the community as it save lives”

Service users had particular things they wanted to raise with Councillors

- “Why is this decision such short notice – why was there no advance information about the cuts?”
- “Why are no Councillors coming to these consultation meetings”?

- Service users felt that as part of legal process/service level agreements service users should be given alternatives if these cuts are being made – they wanted to know what are the alternatives if these cuts are made
- They wanted to know if there was a forum for service users to discuss and speak to Councillors
- Some felt because of the stigma attached to alcoholism – it would be difficult for people to access this kind of service if taken away? Where will they go? Are there any planned alternatives being offered?

4 b) How, in your proposal have you responded to the issues and concerns from consultation?

Given that the cuts make it impossible to respond in the way that would alleviate all of the concerns – the DAAT will have to work with the Manager of HAGA to try to minimise the impact of these cuts. We will ensure that service users get another opportunity to meet with the lead officer and receive an update on the outcome.

4 c) How have you informed the public and the people you consulted about the results of the consultation and what actions you are proposing in order to address the concerns raised?

Service users were informed of the process re decision making – e.g. I would be writing up the EIA and a covering report for the lead member who would ultimately make the decision.

Lead officer to go back and meet with service users with outcome.

The results of this consultation will be on the council's website.

Service users were supplied with the lead member's details as they wanted to write to her. They also wanted to start a petition and get as many signatures as possible to force a cabinet meeting re these cuts.

Step 5 - Addressing Training

The issues you have identified during the assessment and consultation may be new to you or your staff, which means you will need to raise awareness of them among your staff, which may even training. You should identify those issues and plan how and when you will raise them with your staff.

Do you envisage the need to train staff or raise awareness of the issues arising from any aspects of your proposal and as a result of the impact assessment, and if so, what plans have you made?

There is no training planned as a result of this consultation.

Step 6 - Monitoring Arrangements

If the proposal is adopted there is a legal duty to monitor and publish its actual effects on people. Monitoring should cover all the six equality strands. The purpose of equalities monitoring is to see how the policy is working in practice and to identify if and where it is producing disproportionate adverse effects and to take steps to address the effects. You should use the Council's equal opportunities monitoring form which can be downloaded from Harinet. Generally, equalities monitoring data should be gathered, analysed and report quarterly, in the first instance to your DMT and then to the Equalities Team.

What arrangements do you have or will put in place to monitor, report, publish and disseminate information on how your proposal is working and whether or not it is producing the intended equalities outcomes?

Monitoring of uptake of HAGA services to see if in particular polish community have been affected e.g. reduction in service users. Hospital admission data (available annually) will also have to be examined to see if there is an increase in admissions in particular from Eastern European communities (although this may be problematic as HES coding does not specifically mention Polish. This will need to be built into the 9 month evaluation pilot.

▪ Who will be responsible for monitoring?

DAAT and HAGA

- What indicators and targets will be used to monitor and evaluate the effectiveness of the policy/service/function and its equalities impact?***
- Are there monitoring procedures already in place which will generate this information?***

YES

- Where will this information be reported and how often?***

HAGA data quarterly – hospital admissions data annually; hospital attendances. (quarterly).

Step 7 - Summarise impacts identified

In the table below, summarise for each diversity strand the impacts you have identified in your assessment

Age	Disability	Ethnicity	Gender	Religion or Belief	Sexual Orientation
In terms of age groups, figures for 2004/6 – 2006/7 show that age groups most represent Ted in cases of wholly alcohol attributable harm diagnoses is the age group between 45 – 64, consisting of over 11% of all cases	No specific impact identified	<p>Yes – The impact will fall predominantly on the Polish and Irish communities as services are deleted</p> <p>For the Polish community, the likely consequences include:</p> <ul style="list-style-type: none"> * Reduced social interaction with the wider as visible channel of communication between health providers and this community, many of whom do not speak English. * Poorer engagement for an already marginalised 	Yes, there is a gender disparity in impact. Figures for hospital admissions and mortality for 2004/5 to 2006/7 indicate that throughout this period, the rate for all alcohol attributable cases were higher for male than for female	No specific impact identified	No specific impact identified

		<p>community, again impacting adversely on their ability to interact with the wider Haringey community.</p> <p>* Increased street drinking, which could produce a culture clash that impair good relations with the rest of Haringey communities</p> <p>* Drink related crime could increase – 25% of murders reported in Haringey in 2009 took place within the Polish – speaking rough sleeping community – that is the say, both perpetrators and victims were Polish</p> <p>* Deaths could result, such as that Mr U in 2010 – who because</p>			
--	--	--	--	--	--

		<p>language barrier was unable to access services on several occasions despite several attempts in 3 days at 2 different hospitals before dying of an alcohol withdrawal complications.</p> <p>* The spirit of the Equality Act 2010 is to increase access to public services for diverse groups and cultures in our society.</p> <p>Withdrawing this funding will be contrary to the spirit of the Act</p> <p>Irish have the highest cases of wholly attributable could potentially be affected disproportionately by any withdrawal of services.</p> <p>Health inequality</p>			
--	--	---	--	--	--

		amongst those in the Polish and Irish communities with alcohol problems will be greatly increased. Alcohol misuse is recognised as a health inequality both at a national and local level. _.			
--	--	---	--	--	--

Step 8 - Summarise the actions to be implemented

Please list below any recommendations for action that you plan to take as a result of this impact assessment.

Note: The scope for any mitigating measures is practically non-existent unless money can be found from somewhere to continue the funding of these two posts.

Issue	Action required	Lead person	Timescale	Resource implications
Feedback	Go back to service users and feedback from lead member	Marion Morris	31 st May 2011	Lead officer time
Inform decision - maker of the result of this assessment	Provide equalities comment to report, drawing the attention of decision-maker to the findings and conclusions of this assessment in a formal report on the proposal in order to inform his/her decision".	Marion Morris	Mid May 2011	Lead officer time

--	--	--	--	--

Step 9 - Publication and sign off

There is a legal duty to publish the results of impact assessments. The reason is not simply to comply with the law but also to make the whole process and its outcome transparent and have a wider community ownership. You should summarise the results of the assessment and intended actions and publish them. You should consider in what formats you will publish in order to ensure that you reach all sections of the community.

When and where do you intend to publish the results of your assessment, and in what formats?

On the council website and email to HAGA

Assessed by (Author of the proposal):

Name: Marion Morris

Designation: Drug & Alcohol Strategy Manager

Signature: MP Morris

Date: 26th April 2011

Quality checked by (Equality Team):

Name: Inno Amadi

Designation: Senior Policy Officer (Equalities)

Signature:



Date: 26th April 2011

Sign off by Directorate Management Team:

Name: Anne Lippitt

Designation: Interim Director Urban Environment

Signature:

Date:

This page is intentionally left blank

APPENDIX FIVE

HARINGEY COUNCIL
EQUALITY IMPACT ASSESSMENT FORM



Service: Drug & Alcohol Action Team

Directorate: Safer & Stronger Communities

Title of Proposal: Reduction of funding to COSMIC

Lead Officer: Marion Morris

Names of other Officers involved: Inno Amadi

Step 1 - Identify the aims of the policy, service or function

State what effects the proposal is intended to achieve and who will benefit from it.

Following the Government's comprehensive spending review (20th October 2010) many of the grants that used to come to local authorities have been either trimmed or cut completely. Specifically the Area Based Grant, which the DAAT have used to commission the COSMIC (a service for children affected by parental substance misuse). This service is delivered by Haringey Advisory Group on Alcohol – the boroughs' voluntary sector alcohol service.

Whilst **this** EIA is specifically addressing the cuts to this service it should be noted that HAGA is being hit by a range of further cuts, which in their totality amount to the end of some key services for people with alcohol problems in Haringey. Alcohol services have historically received a disproportionate amount of 'funding'. The alcohol allocation is made up largely of mainstream health and social care monies and more recently the ABG. This is in comparison to the drug treatment which has benefitted from a separate 'ring-fenced' budget (Adult Drug Pooled Treatment Budget) from central government, along with historic mainstream monies. This coupled with the minimal mainstream investment in alcohol services has meant that the impact of cuts from the ABG have been more severe on alcohol services.

The aim of this proposal is to attempt to keep some form of functioning service to the children and families affected by substance misuse - but this will inevitably mean a reduction in funding from 111k to 70k. This is because the grant used to commission this service has been deleted. However, the Home Office have confirmed funding for one year from the London Community Safety fund to the value of 70k.

COSMIC supports the Local Authority (LA) in its duty to safeguard children within its area under the Children Act 1989 and 2004. COSMIC works in partnership with the LA as a voluntary body under the Children Act 2004.

Under its vision of *One Borough, One Future: Reducing inequalities-working for a better society*, Haringey set its budget pledging to tackle 'some of the big issues facing Haringey' one of which was 'Increased investment to match the increase in demand in children's safeguarding and early intervention.'

COSMIC directly supports the LA in meeting this increasing demand as it offers families a place to receive treatment and address issues of Child Protection (CP), parenting capacity and treatment for addiction. It offers a "whole family" approach and is able to work holistically with families over a sustained period (250 children and 180 adults (parents/carers) annually).

The beneficiaries of this service are children and families affected by substance misuse – this proposal clearly puts that at further disadvantage and increases safeguarding issues for children in these families

"As a public authority, Haringey Council is bound by a general duty created by section 149 of the Equality Act 2010. That duty requires that in all its functions, the Council has due regard to the need to:

- a) "eliminate discrimination. Harassment and victimisation";
- b) "advance equality of opportunity between different groups";
- c) "foster good relations between different groups".

As defined by S149(3) of the Act, having "due regards" means having due regards in particular, to the need to:

- a) "Remove or minimise disadvantage suffered by persons who share "a protected characteristic". (this includes people who share the protected characteristics of race/ethnicity, sex (formerly gender), disability, age, religion or belief, sexual orientation, gender reassignment, marriage and civic partnership and pregnancy and maternity)
- b) "Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share that characteristic".
- c) "Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low".

In relation to this proposal, the relevant aspects of public sector equality duty are a) and b) above. Accordingly, the purpose of this equality impact assessment is to examine this proposal in detail if, in what ways and to what extent a reduction in funding to COSMIC from £111k to £70k could:

- Have a disproportionate adverse impact any group of existing or potential service users who share any of the protected characteristics listed above.
- What, if any steps could be taken to minimise any adverse effects on those groups.
- To draw the attention of decision-maker to the findings and conclusions of this assessment in a formal report on the proposal in order to inform his/her decision”.

Step 2 - Consideration of available data, research and information

You should gather all relevant quantitative and qualitative data that will help you assess whether at presently, there are differential outcomes for the different equalities target groups – diverse ethnic groups, women, men, older people, young people, disabled people, gay men, lesbians and transgender people and faith groups. Identify where there are gaps in data and say how you plug these gaps.

In order to establish whether a group is experiencing disproportionate effects, you should relate the data for each group to its population size. The 2001 Haringey Census data has an equalities profile of the borough and will help you to make comparisons against population sizes.

http://harinet.haringey.gov.uk/index/news_and_events/fact_file/statistics/census_statistics.htm

2 a) Using data from equalities monitoring, recent surveys, research, consultation etc. are there group(s) in the community who:

- ***are significantly under/over represented in the use of the service, when compared to their population size?***
- ***have raised concerns about access to services or quality of services?***
- ***appear to be receiving differential outcomes in comparison to other groups?***

Cosmic Service User Data

Cosmic is the only service in Haringey for children and their families affected by substance misuse. The inevitable cut to funding will disproportionately impact on children affected by parental substance misuse as there are no other similar services in the borough. It will also impact on parents who have substance misuse problems

Cosmic has operated for 10 years and it has gathered information on the children, young people and parents that it has provided a service to. Cosmic monitoring over this ten year period indicates that it works with an average 253 children and 181 adults per year.

Cosmic Stats in relation to Ethnicity and Gender 2010-11**Gender of parents**

Female	75%
Male	25%

Gender of Children

Female	47%
Male	53%

Ethnicity

White British	40 %
Black British	4.4%
African Caribbean	12.4 %
Mixed parentage	4.4%
Black African	2.6%
White African	1.7%
Asian	6%
Turkish	2.6%
Irish	8%
Polish	7%
Lithuanian	.9%
Italian	.9%
Portuguese	1.7%
Not recorded	8%

The above stats are the most recent available and indicate that the service is attracting parents from a wide range of ethnic backgrounds. Latest census data indicates that 34% of population in Haringey were of Black and ethnic minority origin.

Prevalence of children affected by parental substance misuse

Over the past decade national estimates indicate that there are between 250,000 - 350,000 children of problem drug users in the UK (ACMD, 2003) and 780,000 and - 1.3 million children of adults with an alcohol problem (AHRSE, 2004).

Haringey figures for problem drug users in treatment 2009-10 was 959 with 115 being new engagements this would indicate approximately 300 children living with a problem drug using parent in Haringey.

Current estimates of levels of alcohol-related risk in Haringey (from the Department of Health's Alcohol Ready Reckoner) are:

- Increasing Risk 37,153
- Higher Risk 11,379
- Dependent 6,132
- Bingeing 26,923

From these local figures we could estimate approximately that some 1/3 of Binge drinkers having child care responsibilities approximate to 8,000 children in Haringey

A 2010 review of all referrals made to Cosmic found that 60% of the children and young people were already known to CYPS. Analysis of the current case allocation (March 2011) at Cosmic shows that there are currently 32 families, 23 of which are 'active' with CYPS. Two cases were recently discussed at the MARAC. These families are receiving a weekly intervention either in direct one to one sessions, family sessions or parenting programme.

Access to service or quality of services

'Alcohol misuse has been identified as a factor in 50% of all Child Protection Cases'
(Hidden Harm Agenda 2009)

As a group of service users the children who use Cosmic are unlikely to have an independent voice to express their need in families that are already experiencing problems. Cosmic often acts as an advocate for the child to support them in expressing their needs in the light of their parent or carers substance misuse.

Cosmic, in conjunction with a group of young people coordinated and delivered a young peoples conference 'Speak Easy' which was attended by 90 young people from a range of secondary schools across the borough. This was a very successful event which enabled the voices of young people to be heard and be a part of the strategic development and shaping of future services

Differential outcomes in comparison to other groups

Children who attend COSMIC are often known to CYPS. Unless parental substance misuse issues are tackled in conjunction with child protection issues little will change in the lives of the children affected. Children who grow up in families where there is substance misuse often take on the role of 'caregiver' not only to parents but to other siblings. They will struggle to meet the 5 outcomes of Every Child Matters.

2 b) What evidence or data did you use to draw your conclusions and what are sources?

- Monthly monitoring of all Cosmic Case work
- Analysis of Cosmic figures from its inception
- Evidence drawn from supervision of workers as they engage with service users
- Direct feedback from service users who have recently used the service
- Service user involvement in the creation of their support plans and identifying their own outcomes

Currently families who require a specialist assessment because of the substance misuse issues have to attend either an out of borough or residential setting for assessment and intervention. In developing its services Cosmic will provide services in the community either in the family home or locally to the family environment. This will provide a more realistic assessment and intervention as cultural and demographic aspects for the family will be evident in the work.

2© What other evidence or data will you need to support your conclusions and how do you propose to fill that gap?

If COSMIC service is reduced it is inevitable that they will not be able to see the same numbers of children and families which increases the safeguarding risk of those children not being seen. Drug and alcohol services will also experience reduced access to the service for children and families that they may wish to refer. In the long term this will put stress on First Response Team in children’s service.

2(d) What factors (barriers) might account for this under/over representation?

Step 3 - Assessment of Impact

Using the information you have gathered and analysed in step 2, you should assess whether and how the proposal you are putting forward will affect existing barriers and what actions you will take to address any potential negative effects.

3 a) How will your proposal affect existing barriers? (Please tick below as appropriate)

Increase barriers?x	Reduce barriers?	No change?
----------------------------	-------------------------	-------------------

Comment

Impact on life’s chances of children who use COSMIC

There are implications for the life’s chances of children who attend COSMIC if their services are reduced.

- Children who attend COSMIC are often known to CYPS and unless parental substance misuse is tackled in conjunction with child protection issues, little will change in the lives of those children.
- Children who grow up in families where there is substance misuse often take on the role of ‘caregiver’ not only to parents but also to other siblings and in their situation, will struggle to meet the 5 outcomes of ‘Every Child Matters’.

In summary this reduction of service will increase barriers for children and families affected by substance misuse as services will be restricted. Historically workers in the drug and alcohol field have had the adult as the focus of their attention. Since the commissioning of COSMIC it has made it easier for both service users to self refer or seek help but has also encouraged workers in other drug and alcohol service in Haringey to refer. It has also acted as an important resource to CYPS.

COSMIC delivers its service to a section of the local community that already suffer from inequality and stigmatization because of their parents or a member of their family’s substance misuse. This will only add to that stigma.

3 b) What specific actions are you proposing in order to respond to the existing barriers and imbalances you have identified in Step 2?

In the inevitable event of a reduction in services provided by COSMIC, the obvious source of alternative or mitigating services would be Children and Young People Service (CYPS) social workers. However, CYPS social workers are unable to offer extended support and intervention to families where there is an alcohol or substance misuse issues due to capacity and workloads. This means that often there is little change to the Child Protection status of the family, and the children can remain subject to a Child protection plan for years while little changes for them and their parents. A recent review of cases in CYPS suggests that cases remain on a Child Protection plan as the parental substance misuse difficulties are tackled separately from the child protection issues as joint working in these cases has been difficult to achieve between CYPS and the Drug and Alcohol agencies as set out in 'Working Together 2010'.

This means that a viable and effective alternative service to mitigate the adverse children protection impact of any reduction in the services of COSMIC are unlikely to be developed unless alternative funding can be identified immediately.

3 c) If there are barriers that cannot be removed, what groups will be most affected and what Positive Actions are you proposing in order to reduce the adverse impact on those groups?

Summary of Equalities Impact

An analysis of COSMIC service user data suggests that the protected characteristics likely to be affected most by this proposal are:

i. Some ethnic minorities

The COSMIC data suggests that the service is being used by parents and families from a wide range of ethnic Backgrounds. In relation to their population size, no particular ethnic groups in Haringey are over represented in the statistics. However, three ethnic groups appear to be more represented than others. These are: White British (40%), African Caribbean (12.4%) and Irish (8%). This demonstrates that all ethnic groups in Haringey have a need for the services of COSMIC, with White British demonstrating the highest need, followed by African Caribbean and Irish respectively. A reduction in services of COSMIC will therefore impact more on three ethnic groups than others.

ii. Sex (formerly gender)

In terms of the gender of parents who use COSMIC service, the statistics for 2010 -11 shows 75% women and 25% men. In 75% of serious case reviews, substance misuse was found to a factor in prenatal mental health among women and in domestic violence against women (Hidden Harm Strategy 2009). Similar findings have been recorded in a number of local serious case reviews. These indicate that women will be disproportionately disadvantaged by a reduction in services.

iii. (a) **Age (Child protection impact on children)**

A recent study by Manning, Best, Faulkner and Titherington (2009) suggested that 34% of binge drinkers had at least one child in the household. From this national estimate, we have extrapolated that this would amount to about 8,000 children in Haringey who are living in households with a binge drinker, with potential child protection implications.

- Alcohol misuse has been identified in 50% of child protection cases (Hidden Harm 2009)
- A 2010 review of referrals to COSMIC found that 60% of the children and young people were already known to Children and Young People Service.
- Substance misuse and or domestic violence have also been a feature in a number of local SCR's.
- Analysis of current cases (March 2011) at COSMIC shows that there are currently 32 families, of which 23 are 'active' with Children and Young People Service

These figures suggest that a reduction in COSMIC services will inevitably increase child protection risks to children in Haringey.

Step 4 - Consult on the proposal

Consultation is an essential part of impact assessment. If there has been recent consultation which has highlighted the issues you have identified in Steps 2 and 3, use it to inform your assessment. If there has been no consultation relating to the issues, then you may have to carry out consultation to assist your assessment.

Make sure you reach all those who are likely to be affected by the proposal, ensuring that you cover all the equalities strands. Do not forget to give feedback to the people you have consulted, stating how you have responded to the issues and concerns they have raised.

4 a) Who have you consulted on your proposal and what were the main issues and concerns from the consultation?

The main consultation methods were a face-to face meeting and questionnaires. The result of the questionnaire can be seen at **Appendix 3**. A brief summary of the issues and concerns follows:

- 22 respondents filled in the questionnaire of which 20 strongly opposed the any reduction or cuts to the service, 1 opposed and 1 stated they strongly support (however by analysing the subsequent question it was clear the respondent had misunderstood the question).
- Of those who strongly opposed the main concern that emerges is that users feel there is no other service that understand the needs of families with substance misuse problems and they have been immensely supported by COSMIC.
- 16 of the 22 respondents said that they understood why the Council was proposing to reduce the service, 5 replied no, and 1 was not sure. Of those

who understood why the cuts were being made none felt that understanding the reason made it right. Of those who said no the main theme was incomprehension at why as this is the only such service in the borough that offers support to families with substance misuse problems.

- 21 of the 21 respondent replied to what they value most about service, the responses were varied but what comes across is the value of having a service that is able to provide a holistic package of things from parenting skills, to counselling, “ Support with Family court to gain contact and social services support”
- 21 of the 22 respondents replied to what the impact of a these proposal would be. Again they were wide ranging from “I will be helpless with no where to turn to”, to ““No service to support with CYPS and family mediation”. The overall sense is that service users feel devastated by any prospect of not being able to come to this service.
- In response to how could the services be provided differently – none of the respondent felt this was possible as there was no such service in the borough. Service users felt if anything more funding was needed “.If it ain't broke don't fix it”.
- The comments section of the questionnaire allows parents or children to add any comments – these can be seen in full but a snapshot reveals: “My daughter will be devastated...”, “COSMIC has support me with CYPS and as a result I have got back my youngest child...”

A meeting was held with COSMIC service users on the 22nd March. In attendance were 7 users of the service. Below is a summary of their views on the possible reduction/and or closure of the service.

- “Service users are dependent on the service.”
- One SU who has an 11 year old son who is receiving counselling commented – “It is an outlet. Cosmic understands drug and alcohol and families whose lives are affected by it”
- “Cosmic used to have fun days out with free food but now that has been changed, you have to pay for your fare and bring your own sandwiches”.
- A Service User has a 2 year old daughter and would like her to access cosmic service too. “The judge was also pleased when he found out that I am attending cosmic service.”
- Another SU has been using the counselling service now for 6 months.” My son suffered from mental health problem and committed suicide. I had a hard time dealing with it and couldn't leave the house until cosmic helped her out and supported me. Advice and support is always available on the phone”.
- “Every family has different problems – cosmic never turned anyone away.”

- One woman commented on how “Cosmic helped me and my daughter to reconnect and bond again. Build communication with each other”.
- “It’s not like being in school. Here in Cosmic, children mix with the same age and have the same background therefore they don’t feel isolated or judged. They feel comfortable and safe where everyone is equal and the same”
- “Cosmic identify families with problems. They make positive differences in their lives.”
- One service users asked “Have the children’s point of view been taken into account? Children will feel rejected if they don’t have cosmic service.”
- “Saturday opening should be reinstated as people who work can then access the service on Saturdays”
- “It is more than a treatment service – they also help them write letters, do a home visits etc. it’s also an intervention.”

One service user commented – “Social Services has helped him a lot and was very effective when my child was on the at risk register”.

4 b) How, in your proposal have you responded to the issues and concerns from consultation?

Have attempted to emphasize the very real risk posed by reducing this service to children and families affected by substance misuse and to convey the absolute sense of desperation that these families feel at the thought of COSMIC not being able to deliver all that it presently does.

4 c) How have you informed the public and the people you consulted about the results of the consultation and what actions you are proposing in order to address the concerns raised?

Face to face feedback to be provided to service users following outcome.

Will work with service manager, and CYPS to see what can be achieved from the limited money available.

Step 5 - Addressing Training

The issues you have identified during the assessment and consultation may be new to you or your staff, which means you will need to raise awareness of them among your staff, which may even training. You should identify those issues and plan how and when you will raise them with your staff.

Do you envisage the need to train staff or raise awareness of the issues arising from any aspects of your proposal and as a result of the impact assessment, and if so, what plans have you made?

It will be imperative that Social Workers working in safeguarding children's services receive training in working with children and families affected by substance misuse. This is currently commissioned by the DAAT and hosted by the LSCB.

Step 6 - Monitoring Arrangements

If the proposal is adopted there is a legal duty to monitor and publish its actual effects on people. Monitoring should cover all the six equality strands. The purpose of equalities monitoring is to see how the policy is working in practice and to identify if and where it is producing disproportionate adverse effects and to take steps to address the effects. You should use the Council's equal opportunities monitoring form which can be downloaded from Harinet. Generally, equalities monitoring data should be gathered, analysed and report quarterly, in the first instance to your DMT and then to the Equalities Team.

What arrangements do you have or will put in place to monitor, report, publish and disseminate information on how your proposal is working and whether or not it is producing the intended equalities outcomes?

Cosmic as a service as part of contract monitoring and review is monitored – we will need to examine to what extent numbers are reduced, and or ethnic spread is not so wide – most importantly need to monitor impact in terms of potential safeguarding risks with CYPS.

- ***Who will be responsible for monitoring?***

DAAT in liaison with CYPS.

- ***What indicators and targets will be used to monitor and evaluate the effectiveness of the policy/service/function and its equalities impact?***

As part of the contract management process HAGA supply the DAAT with monitoring reports. These procedures are already in place as part of the quarterly contract review meetings

- ***Are there monitoring procedures already in place which will generate this information?***

Yes as above

- ***Where will this information be reported and how often?***

-

- To the DAAT as part of quarterly monitoring arrangements.

Step 7 - Summarise impacts identified

In the table below, summarise for each diversity strand the impacts you have identified in your assessment

Age	Disability	Ethnicity	Gender	Religion or Belief	Sexual Orientation
<p>Yes - Children. The potential impact on children could be significant</p> <p>(a) Child protection impact on children</p> <p>A recent study by Manning, Best, Faulkner and Titherington (2009) suggested that 34% of binge drinkers had at least on child in the household. From this national estimate, we have extrapolated that this would amount to about 8,000 children in Haringey who are living in households with a binge drinker, with potential</p>	<p>No specific impact identified</p>	<p>The service is being used by parents and families from a wide range of ethnic Backgrounds. In relation to their population size, no particular ethnic groups in Haringey are over represented in the statistics. However, three ethnic groups appear to be more represented than others. These are: White British (40%), African Caribbean (12.4%) and Irish (8%). This demonstrates that all ethnic groups in Haringey have a need for the services of COSMIC, with White British demonstrating the highest need, followed by African Caribbean and Irish respectively. A reduction in services of COSMIC will therefore impact more on three ethnic groups</p>	<p>In terms of the gender of parents who use COSMIC service, the statistics for 2010 -11 shows 75% women and 25% men. In 75% of serious case reviews, substance misuse was found to be a factor in prenatal mental health among women and in domestic violence against women (Hidden Harm Strategy 2009). Similar findings have been recorded in a number of local serious case reviews. These indicate that women will be disproportionately disadvantaged by a reduction in services.</p>	<p>No specific impact identified</p>	<p>No specific impact identified</p>

<p>child protection implications.</p> <p>* Alcohol misuse has been identified in 50% of child protection cases.</p> <p>* A 2010 review of referrals to COSMIC found that 60% of the children and young people were already known to Children and Young People Service.</p> <p>* Analysis of current cases (March 2011) at COSMIC shows that there are currently 32 families, of which 23 are 'active' with Children and Young People Service</p> <p>These figures suggest that a reduction in COSMIC services will inevitably increase child protection risks to children in</p>		<p>than others.</p>			
--	--	---------------------	--	--	--

<p>Haringey.</p> <p>(b) Impact on life's chances of children who use COSMIC</p> <p>There are implications for the life's chances of children who attend COSMIC if their services are reduced.</p> <p>* Children who attend COSMIC are often known to CYPS and unless parental substance misuse is tackled in conjunction with child protection issues, little will change in the lives of those children.</p> <p>* Children who grow up in families where there is substance misuse often take on the role of 'caregiver' not only to parents but also to other siblings and in their situation,</p>					
---	--	--	--	--	--

will struggle to meet the 5 outcomes of 'Every Child Matters'.					
--	--	--	--	--	--

Step 8 - Summarise the actions to be implemented

Please list below any recommendations for action that you plan to take as a result of this impact assessment.

Issue	Action required	Lead person	Timescale	Resource implications
Safeguarding Social workers To receive training on Impact of substance misuse on children (Hidden Harm)	Agreement needed from senior management within CYPS to make training mandatory. and for Senior Practitioner to deliver training with DAAT Strategy Manager to Safeguarding Social Workers	Alison Johnson (Senior Practitioner in Substance Misuse) CYPS Marion Morris Drug & Alcohol Strategy Manager	Agreement May 11 Commence July and Ongoing 11	Within existing resources
Insecure and limited Resources going into COSMIC	To agree longer term Resourcing for COSMIC	Marion Morris Drug & Alcohol Strategy Manager Senior Management in CYPS	Agreement by October 11	New resources needed

Step 9 - Publication and sign off

There is a legal duty to publish the results of impact assessments. The reason is not simply to comply with the law but also to make the whole process and its outcome transparent and have a wider community ownership. You should summarise the results of the assessment and intended actions and publish them. You should consider in what formats you will publish in order to ensure that you reach all sections of the community.

When and where do you intend to publish the results of your assessment, and in what formats?

On council website – via email to HAGA.

Assessed by (Author of the proposal):

Name: Marion Morris
Designation: Drug & alcohol strategy Manager
Signature: MP Morris
Date: 26th April 2011

Quality checked by (Equality Team):

Name: Inno Amadi
Designation: Senior Policy Officer (Equalities)

Signature:



Date: 26th April 2011

Sign off by Directorate Management Team:

Name: Anne Lippitt
Designation: Director of Urban Environment

Signature

Date: 26th April 2011

THE NEW DUTY – THE SINGLE EQUALITY DUTY

EQUALITY ACT 2010

Introduces the **Single Equality Duty** which covers all eight strands, namely **race, disability, sex, gender identity, pregnancy and maternity, religion/belief, age** and **sexual orientation** and which came into force on 06 April 2011.

Section 149 of the Equality Act 2010 Public Sector Equality Duty states

(1) A public authority must, in the exercise of its functions, have due regard to the need to –

- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

(2) – A person who is not a public authority but who exercises public functions must, in the exercise of those functions, have due regard to the matters mentioned in subsection (1).

(3) – Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to –

- (a) remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
- (b) take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;
- (c) encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

(4) – The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.

(5) – Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to –

- (a) tackle prejudice, and
- (b) promote understanding.

(6) – Compliance with the duties in this section may involve treating some persons more favourably than others; but that is not to be taken as permitting conduct that would otherwise be prohibited by or under this Act.

(7) – The relevant protected characteristics are – age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation.

(8) – A reference to conduct that is prohibited by or under this Act includes a reference to –

- (a) a breach of an equality clause or rule;
- (b) a breach of a non-discrimination rule.

THE COUNCIL'S EQUALITIES SCHEME 2010-2013 AND DELIVERY PLAN

The Council's current Equality Scheme includes the three existing equality duties, namely race, disability and gender as well as the additional equality strands, namely religion or belief, age and sexual orientation, introduced by the Equality Act 2006, The Employment Equality (Age) Regulations 2006 and The Equality Act (Sexual Orientation) Regulations 2007.

TYPES OF DISCRIMINATION

Types of discrimination by way of an overview only include

- direct discrimination that is when someone (falling within one or more of the equality strands) is treated less favourably than others in the same circumstances
- indirect discrimination is when a provision, criterion or practice is applied to all but which puts a person (falling within one or more of the equality strands) at a disadvantage
- victimisation is when a person (falling within one or more of the equality strands) is treated less favourably than others having complained about discrimination in some way whether by way of proceedings or providing information or the making of allegations
- harassment is where there is unwanted conduct which has the purpose or effect of violating the person's (falling within one or more of the equality strands) dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment.

FOR INFORMATION

STATUTORY CODES OF PRACTICE

These are statutory codes relevant to each of the duties and whilst a breach of the code does not of itself make a person liable in any proceedings it will be taken into account by a court in certain types of proceedings. This means that they are admissible in evidence and if any provision of one of the codes appears to a court or a tribunal to be relevant to any question arising in the proceedings it has to be taken into account.

The existing codes continue to have effect until revoked by the Secretary of State at the request of the Equality and Human Rights Commission. The Commission has the power to issue new codes.

The draft code of practice on the Public Sector Equality Duty is scheduled to be laid before Parliament in Summer 2011.

GUIDANCE

The Commission has also produced non statutory guidance which includes the guidance on how to complete the assessments


Cabinet Member Report
On 18th May 2011

Report Title: Metropolitan Care and Repair – Final funding decision 2011-12

Report of: Anne Lippitt, Interim Director Urban Environment

Signed :

Dated:

Contact Officer : Claire Kowalska, Community Safety Strategic Manager, Urban Environment

Wards(s) affected: **All**

Report for: **Key Decision**

1. Purpose of the report

- 1.1 The purpose of this report is to seek final approval from the Cabinet Member for Community Safety and Cohesion in relation to funding decisions for 2011/12 for projects and services delivered in relation to Safer Communities. There is only one service, provided by Metropolitan Care and Repair. The final funding decision is based on scoring this organisation against a range of agreed criteria and follows a period of consultation with Metropolitan Care and Repair.
- 1.2 On 25 February 2011 the Cabinet Member for Community Safety and Cohesion agreed criteria for future funding in relation to Safer Communities funding for 2011/12. These criteria were subject to consultation and this report seeks to confirm approval of the criteria as attached at Appendix 1.
- 1.3 These criteria were provisionally applied to assess the future commissioning of services from Metropolitan Care and Repair and these provisional decisions were subject to consultation. Following appropriate consideration of the responses to this consultation and having had due regard to the Council's equality duties as set out in the Equality Act 2010 this report seeks Cabinet Member approval to implement the final funding decision arising from the application of these criteria.

2. Introduction by Cabinet Member

- 2.1 The funding cuts from Central Government have meant that all areas of support and budget commitment be reviewed. Whilst we wish to continue our valuable work in relation to anti-burglary support for vulnerable people, the reductions in funding have meant that we have had to make some very hard choices with our limited resources. However, by working with our partners in The Police we are confident that we are able to mitigate the worst impacts of the Government's spending cuts on this valuable area of work.
- 2.2 A Cabinet decision on the 8th February (Item 9. Medium Term Financial Planning 2011/12 – 2013/14) gave authority to the appropriate Cabinet Member to take the final decisions in relation to proposed reductions or cessations of funding to third sector (and private sector where relevant) organisations that were provisionally identified as part of the Council's budget setting process for 2011/12.
- 2.3 On 25 February 2011 the Cabinet Member for Community Safety and Cohesion agreed criteria for future funding in relation to Safer Communities priorities for 2011/12. The Cabinet Member also approved a delegation to the Director of Urban Environment to provisionally apply these criteria and make in principle decisions in relation to funding reductions for Metropolitan Care and Repair, subject to consultation and proper equalities screening being undertaken.
- 2.4 Consultation with the provider has been carried out and their responses are attached to this report at Appendix 3. An equalities screening tool has been carried out on the service provided by Metropolitan Care and Repair and is attached at Appendix 4.

3. State link(s) with Council Plan Priorities and actions and /or other Strategies:

3.1 Rethinking Haringey – Outcome 3: Safer

Reducing the incidents and fear of crime and anti-social behaviour; safeguarding children and adults

3.2 Haringey Community Safety Strategy (2011-2014) (to be endorsed by Cabinet in early July 2011.)

4. Recommendations

- 4.1 It is recommended that the criteria attached at Appendix 1 for the future funding of Safer Communities services is confirmed in order for final decisions on funding to be made.

- 4.2 It is recommended that the Cabinet Member formally approves the recommendation to cease funding Metropolitan Care and Repair with effect from 1 July 2011. This cessation will follow the completion of the extension of the current contract from 1 April 2011 to 30th June 2011 (as agreed via Delegated Authority on 30th March 2011 by the Director of Urban Environment.) The value of the contract was £35,000 per annum.

5. Reason for recommendation(s)

- 5.1 In order to make informed and equitable decisions regarding proposed reductions, criteria were developed by council officers in conjunction with the legal department to assist in making decisions on future funding of organisations in relation to Safer Communities services.
- 5.2 These criteria (agreed at Cabinet on the 8th February and by the Cabinet Member for Community Safety and Cohesion on the 25th February) formed the basis of provisional decisions on funding allocations to organisations. The criteria put greater emphasis on the need for projects and services to: fit with the Council's strategic priorities: be a statutory duty; demonstrate value for money; maximise performance outcomes; demonstrate effective service delivery; and have a local presence in Haringey. A minimum score of 35 was set in order to be eligible for any potential funding.
- 5.3 The provisional decision was notified to Metropolitan Care and Repair, as the only provider, and its users, on the 25th February 2011 to enable consultation to be undertaken. The criteria themselves were monitored throughout the consultation process in order to give due regard to its impact on protected groups under the equalities legislation. Consultees were advised that the criteria were subject to the consultation process and equalities impact assessments.
- 5.4 There were no consultation responses received on the criteria used. It is therefore recommended that the criteria as set out in Appendix 1 are approved.
- 5.5 During the consultation process Metropolitan Care and Repair were also given the opportunity to respond to the provisional application of the criteria, the scores given and the provisional decisions applied to their projects, in addition to being invited to put forward any other relevant information.
- 5.6 Metropolitan Care and Repair were advised that they needed to meet a minimum score of 35 out of a total of 45 to be eligible for any potential funding. The provisional score was 29. The breakdown of this score is provided at Appendix 2. Based on these scores, the provisional decision was to cease funding Metropolitan Care and Repair.
- 5.7 The Metropolitan Care and Repair project has received funding from the Safer

Communities Partnership since 2007. The amount of funding was reduced from £40k to £35k during 2010-11. The service secures vulnerable properties and advises owners and tenants for those aged 55 and over in partnership with the police. The service is borough-wide and cross-tenure. Whilst the Metropolitan Care and Repair service has been high performing, it did not score highly enough against the specified criteria to be a priority for funding in 2011/12. In particular, they scored less favourably in the area of links to Council strategic priorities; contribution to performance indicators and maximising value for money.

- 5.8 As stated in para 5.4, there were no comments received on the criteria used. Metropolitan Care and Repair did respond in relation to the provisional scores. In relation to the scoring for 'Link to Strategic Priorities', they responded that the Acquisitive Crime Partnership Board agreed that burglary prevention would be a strategic priority and that this is also a key priority for the Safer Communities Executive Board (SCEB). On this basis they believed they should have scored 8 out of 10. In relation to 'Maximise outcomes – link into performance measures', they responded that they have been successful in reducing repeat burglaries and have contributed to section 17 of the Crime and Disorder Act. On this basis they felt they should have scored 8 out of 10. In relation to 'Value for Money' they argued that the project has demonstrated excellent VfM as the funding for the project hasn't been increased since 2007 and their unit costs are low. On that basis they believed they should have received 5 out of 5. Their response states therefore that they should have received 37 out of 45 and therefore be eligible for continued funding.
- 5.9 Community Safety partners hold the work of Metropolitan Care and Repair in high regard. In response to the suggested re-appraisal of their score as in 5.8 above, this re-appraisal relates to three of the criteria in Appendix 1. The score of 6 out of 10 against their contribution towards wider Haringey priorities was given on the basis that whilst the work of Metropolitan Care and Repair supports a reduction in fear of crime, this is only one of three elements under the Safer Outcome. The others relate to anti-social behaviour and safeguarding of children and adults. On this basis the score will not be re-assessed.
- 5.10 The score of 5 out of 10 for Metropolitan Care and Repair's specific contribution to performance indicators was given on the basis that whilst the LAA targets over the past 3 years did have a focus on residential burglary, the focus for the foreseeable future is now on curbing rising levels of street crime and on violent crime especially as it affects young adults. This emphasis is backed up by data and public consultation. On this basis the score will not be re-assessed.
- 5.11 The score of 2 out of 5 for maximising value was given further to discussion with the Project Manager in relation to the potential for expanding sources of funding for this project (e.g. the possibility of receiving funding from the Metropolitan Support Trust; potentially charging some clients a fee for their work). As this was an option this was reflected in the proposed decision to allow the project one further financial quarter of funding until 30th June 2011 in order to pursue these options.

6. Other options considered

- 6.1 Throughout the process of considering the consultation responses and conducting the EqlAs, alternative sources of funding and / or means of delivery have been explored.
- 6.2 As part of the consultation process, Metropolitan Care and Repair proposed to investigate further sources of funding from the Metropolitan Support Trust as well as exploring whether the beneficiaries of the Metropolitan Care and Repair programme (i.e. the tenants and homeowners) can make a contribution to the works and whether funding may be available from the Metropolitan Police. This letter is attached as Appendix 3 as part of their consultation response.
- 6.3 An interim three month extension of their contract was agreed on the 30th March which provides the opportunity for Metropolitan Care and Repair to explore these options for alternative sources of funding as well as allowing time for further consultation, analysis of equalities impacts and ensuring continuity of service.

7. Summary

- 7.1 Following the Government's comprehensive spending review (20th October 2010) many of the grants that used to come to local authorities have been either trimmed or cut completely. Specifically the Area Based Grant, which the Safer Communities service have used to commission an anti-burglary support project from Metropolitan Care and Repair.
- 7.2 Following the CSR, Cabinet agreed overarching indicative criteria for changes to funding for Third Sector organisations (and private organisations where relevant) on 8 February 2010. These criteria were developed to assist in making informed and equitable decisions on future funding of organisations and services across the Council. Urban Environment also developed detailed criteria based on the above that correspond with the priorities and frameworks of the Directorate and in relation to the Safer Communities Executive Board (SCEB). These were approved by the Director and Cabinet Member on the 25th February.
- 7.3 Metropolitan Care and Repair were advised that they needed to meet a minimum score of 35 out of a total of 45 to be eligible for any potential funding. They were informed of the scoring and the provisional decisions relating to funding for 2011/12 on 25th February. The initial provisional outcome following the scoring of their service indicated that the Council was minded to cease funding. As part of the formal consultation process, Metropolitan Care and Repair were invited to respond to the provisional scores and decisions, comment on the criteria being used, provide details on impacts on equalities groups from these provisional decisions and provide general representations on the provisional decisions. The response received is attached as Appendix 3. Our response to these comments is contained within paragraphs 5.9 to 5.11 above

7.4 After holding a focus group with service users, the Project Manager for Metropolitan Care and Repair responded on 17th March documenting successes, value for money and customer satisfaction. He also provided evidence of the cross-tenure nature of the service and requested a reduced contribution from Council sources (£20K annually) with continued subsidy from the Metropolitan Support Trust and some contribution, where appropriate, from beneficiaries.

7.5 The Council's letter of response dated 30th March is attached at Appendix 5. The Council proposed a one-off, three month extension to allow time for Metropolitan Care and Repair to prioritise the current caseload and seek future support for a more sustainable service. It was agreed that a contribution of £4,000 would enable this and Metropolitan Care and Repair returned a signed and dated acceptance of the proposal on 5th April 2011 (Appendix 6). It was made clear that a final decision would rest with the Council following the conclusion of the consultation period.

7.6 Following the conclusion of the consultation period and an evaluation of the response received from Metropolitan Care and Repair, the final recommendation is to cease funding this service. This is based on the criteria based scoring and the reasons outlined throughout this report.

8. Chief Financial Officer Comments

8.1 The Chief Financial Officer has been consulted in the preparation of this report and comments that the proposed saving set out through the cessation of funding to Metropolitan Care and Repair is consistent with the savings proposals provisionally agreed by Cabinet on the 8th February and support the achievement of the overall budget strategy agreed by the Council.

9. Head of Legal Services Comments

9.1. The decisions by the Cabinet Member concerning the recommendations set out in the report must be informed by and take into account the outcome of the consultation with service users and the provider, which is set out in Appendix 3 to this report.

9.2. In reaching their decisions the Cabinet Member must also have due regard to the authority's public sector equality duty and thus should take into account the attached equality screening tool included at Appendix 4 to the report. The Cabinet Member should take account of the impact identified in relation to young and older members of the community in Section 5 of the screening tool and the mitigation proposed in Sections 7 and 9. It is noted that a further consideration of the authority's public sector equality duty may be required if the steps outlined in

mitigation are not successful. The extent of the duty on the authority is set out in Appendix 7 to this report.

- 9.3 This report is seeking the cessation of funding to Metropolitan Care and Repair with effect from 1 July 2011. Power for the Cabinet Member to take these decisions is contained within the Council's Constitution (Part 3, Section D paragraph 2.2 (d)).

10. Head of Procurement Comments

- 10.1 Not applicable

11. Equalities & Community Cohesion Comments

- 11.1 An Equalities Impact Screening Tool is provided at Appendix 4. It was agreed that no Equalities Impact Assessment was required on the provisional decision to cease funding this service.

- 11.2 In summary, the key points to note from the Screening Tool are:

- 11.3 The vast majority of the service is unsurprisingly spread across the more deprived east of the borough. A high proportion of beneficiaries are home owners

- 11.4 This is by definition a security and advisory service aimed at those of 55+ so older residents will be affected by any eventual loss of service should alternative funding not be secured. Experience and research show that older people are more prone to distraction burglary and can suffer higher fear of crime levels (see Equalities Screening Tool at appendix 4)

- 11.5 Haringey has successfully reduced acquisitive crime and burglary through a range of methods including crime prevention awareness and advice and through the police rapid response team

12. Consultation

- 12.1 **8 February 2011:** High level criteria, developed by Council Officers and agreed by Legal Services, agreed at Cabinet

- 12.2 **25 February 2011:** Letter sent from Head of Safer and Stronger Communities Service outlining background, consultation process, scoring criteria and score relative to the project in question.

12.3 17 March 2011: Letter of representation from Project Manager at Metropolitan Care and Repair with performance and client data and letters of support and satisfaction. A reduced annual amount was recommended along with suggestions of possible alternative funding

12.4 30th March: Letter from Director to Project Manager stating that the Council were provisionally still minded to cease funding this service but proposing a contract extension for Q1 2011-12 of £4,000 to deliver on the agreed milestones and pending attempts to agree alternative funding

12.5 5th April: Project Manager, Steve Fallon, returned signed letter of approval and thanked the Community Safety Manager in person

13. Service Financial Comments

13.1 There are no specific financial implications included in this report..

14. Use of appendices

14.1 Appendix 1. Criteria used for decision making

14.2 Appendix 2. Scoring for Metropolitan Care and Repair

14.3 Appendix 3. Consultation response received from Metropolitan Care and Repair

14.4 Appendix 4. Equalities Screening Tool

14.5 Appendix 5. Letter to Metropolitan Care and Repair 30th March 2011

14.6 Appendix 6. Signed letter from Metropolitan Care and Repair 5th April 2011

14.7 Appendix 7. The Public Sector Single Equality Duty

15. Local Government (Access to Information) Act 1985

15.1 Not applicable

APPENDIX 1

Urban Environment/Community Safety Criteria
Organisations need to meet a minimum score of 35 out of a total 45 to be eligible for any potential funding

Criteria	Rationale	Urban Environment	Scoring (max)
<p>Link to Strategic Priorities</p> <ul style="list-style-type: none"> ▪ Council priorities ▪ Sustainable Community Strategy outcomes ▪ Safer Communities theme board priorities 	<p>How this activity is essential to achieving council and partnership priorities</p>	<p>Link to main outcomes and priorities set by the Council in delivering its vision of “One Borough One Future: Reducing inequalities – working for a better society”</p> <p>Rethinking Haringey sets out the challenges facing the council and the council’s plans to transform its approach to delivering services, adapting them to meet the changing needs of residents and targeting them at those who need them most</p> <p>Outcome: Safer Reducing the incidents and fear of crime and anti-social behaviour, safeguarding children and adults</p> <p>Partnership Plan Priorities (to be confirmed in forthcoming plan – current plan expires 31/3/2011)</p> <ul style="list-style-type: none"> • To reduce overall recorded crime levels in Haringey through a partnership and problem-solving approach • To prevent and reduce violence with a focus on serious youth violence • To prevent and reduce violence against women 	<p>10</p>

		<ul style="list-style-type: none"> To reduce repeat offending through an integrated offender management model To support victims and witnesses To reduce occurrences of anti-social behaviour and disorder and the harm caused to individuals, communities and the environment 		
Link to statutory obligations	Why the council needs to fund this activity	There is a statutory duty on Community Safety Partnerships to prevent and reduce crime, substance misuse, anti-social behaviour and re-offending. This duty must be underpinned by an annual data assessment and analysis, a partnership plan, public consultation, and information sharing protocols	5	
Maximise outcomes: link into performance measures	How this activity delivers the priorities by making full use of all tools, powers and resources	Performance indicators and measures agreed with the Greater London Authority and elected Police Commissioners (the Mayor in the case of London). Stated priorities are: violence, violence against women and reducing re-offending Key performance targets of statutory partners to meet section 17 of the Crime and Disorder Act	10	
Impact/effect/improvement(s) of service delivery to local community	<ul style="list-style-type: none"> How can we focus this activity on people most in need What can make this activity more effective How we make 	<p>Interventions that promote partnership working, integration and long-term outcomes</p> <p>Interventions that demonstrate need and are intelligence-led</p> <p>Interventions directly delivering quality provision to local residents to prevent offending or re-offending</p>	10	

	sure that payment to service provides link to achievement	Applications that demonstrate the required level of capacity to deliver the project	
Maximise value for money: including long term and short term savings	How we can provide this activity at lower cost	Commitment to monitoring and evaluation	5
Local connection / presence in Haringey		Output related funding closely linked to high level performance	5
TOTAL		Prioritising local agencies; those with a local presence and track record of delivering outputs and outcomes	

This page is intentionally left blank

APPENDIX 2

Urban Environment/Community Safety Criteria – Metropolitan Care and Repair Score

Organisations need to meet a minimum score of 35 out of a total of 45 to be eligible for any potential funding through the Council.

Criteria	Rationale	Urban Environment	Scoring (max)	Met Care and Repair
<p>Link to Strategic Priorities</p> <ul style="list-style-type: none"> ▪ Council priorities ▪ Sustainable Community Strategy outcomes ▪ Safer Communities theme board priorities 	<p>How this activity is essential to achieving council and partnership priorities</p>	<p>Link to main outcomes and priorities set by the Council in delivering its vision of “One Borough One Future: Reducing inequalities – working for a better society”</p> <p>Rethinking Haringey sets out the challenges facing the council and the council’s plans to transform its approach to delivering services, adapting them to meet the changing needs of residents and targeting them at those who need them most</p> <p>Outcome: Safer Reducing the incidents and fear of crime and anti-social behaviour, safeguarding children and adults</p> <p>Partnership Plan Priorities (to be confirmed in forthcoming plan – current plan expires 31/3/2011)</p> <ul style="list-style-type: none"> • To reduce overall recorded crime levels in Haringey 	10	6

			<p>through a partnership and problem-solving approach</p> <ul style="list-style-type: none"> To prevent and reduce violence with a focus on serious youth violence To prevent and reduce violence against women To reduce repeat offending through an integrated offender management model To support victims and witnesses To reduce occurrences of anti-social behaviour and disorder and the harm caused to individuals, communities and the environment 		
Link to statutory obligations	Why the council needs to fund this activity	There is a statutory duty on Community Safety Partnerships to prevent and reduce crime, substance misuse, anti-social behaviour and re-offending. This duty must be underpinned by an annual data assessment and analysis, a partnership plan, public consultation, and information sharing protocols	5	3	
Maximise outcomes: link into performance measures	How this activity delivers the priorities by making full use of all tools, powers and resources	Performance indicators and measures agreed with the Greater London Authority and elected Police Commissioners (the Mayor in the case of London). Stated priorities are: violence, violence against women and reducing re-offending Key performance targets of statutory partners to meet section 17 of the Crime and Disorder Act	10	5	
Impact/effect/improvement(s) of service delivery to local community	<ul style="list-style-type: none"> How can we focus this activity on 	Interventions that promote partnership working, integration and long-term outcomes	10	8	

	<p>Interventions that demonstrate need and are intelligence-led</p> <p>Interventions directly delivering quality provision to local residents to prevent offending or re-offending</p> <p>Applications that demonstrate the required level of capacity to deliver the project</p> <p>Commitment to monitoring and evaluation</p>		
<p>people most in need</p> <ul style="list-style-type: none"> ▪ What can make this activity more effective ▪ How we make sure that payment to service provides link to achievement <p>How we can provide this activity at lower cost</p>		5	2
<p>Maximise value for money: including long term and short term savings</p> <p>Local connection / presence in Haringey</p> <p>TOTAL</p>	<p>Output related funding closely linked to high level performance</p> <p>Prioritising local agencies; those with a local presence and track record of delivering outputs and outcomes</p>	5	5
			29

This page is intentionally left blank



March 17 2011

Jean Croot
Safer and Stronger Communities
Haringey Council
6th Floor, Alexandra House
10 Station Road
London N22 7TR

Care & Repair
Suite B303
The Chocolate Factory
5 Clarendon Road
Wood Green
London N22 6XJ

Tel 020 8829 8310
Fax 020 8829 8350

www.mst-online.org.uk

Dear Jean

Thank you for your letter dated 25 February 2011 outlining the funding difficulties faced by Haringey Council.

As per your letter, I am making representations to request that the project continues to receive funding.

In relation to your Urban Environment/Community Safety Criteria – scoring system

Criteria – Link to Strategic Priorities.

It was decided at the last Aquisitive Crime Partnership Board chaired by S Sweeney on 11th November 2010 that burglary will be one of the 5 priorities to be dealt with in the next 3 years (minutes attached), confirming the link to Strategic Priorities.

I believe that the project has reduced the incidence and fear of burglary crime. It is high on the agenda for Safer Communities Theme Board and had reduced burglary through a partnership and problem-solving approach. I believe that we should have secured 8 marks out of 10.

Criteria. Maximise Outcomes – link into performance measures

This project is highly successful, and this has been proved via independent research carried out for our application for the Safer London Awards 2010 and that only 11 repeat burglaries to the 2026 homes we have visited since 2004 have occurred.

We have contributed to Section 17 of the Crime and Disorder Act by addressing crime and reducing the fear of crime.

I think that we should have scored 8 marks.

Criteria – Maximise Value for Money including long term and short term savings

This project has received funding from the Safer Communities Board since April 2007, it was established originally by a charitable Bridge House Trust grant in 2004. The funding was £40,000 and has not been increased since. This year it was reduced to £35,000. I believe that this has been excellent value for money, since the actual cost of the project is actually more than the funding received by the Safer Communities Board. Metropolitan Care and Repair has been putting in approximately £10,000 to subsidise this service every year. The average cost to improve the security to a property in Haringey including all works, free locks and a qualified handyperson to fit the hardware has been on average £175.00 per property.

I believe that we should have scored 5 out of 5.

Therefore in relation to the security criteria, this project has scored a minimum of 37 points and should be eligible for any potential future funding.
In support of this, I also enclose the following information:

- 1) **Supporting letters from clients who have benefited from our service**
- 2) **Supporting letters from our partners in the Metropolitan Police**
- 3) **Supporting letters from Haringey Age Concern**
- 4) **Certificate of our success in the Safer London Awards**
- 5) **Returns from our Customer Satisfaction Monitoring**
- 6) **Database of all clients visited since project inception - Private and Confidential**
7. **Press Release and Publicity**

This project has been very successful, it has won awards, the latest being runner up in the 2010 Safer London for its work in the Haringey Ladder. It is an example of fantastic multi-partnership working involving the local crime prevention offices, Age Concern, Haringey Council, Victim Support and the local Police Community Support Officers.

It is a leader of innovative ideas to tackle burglary. By linking up with the Metropolitan Police Crime Intelligence Unit and local Safer Neighbourhood Teams, it has identified the most burgled streets in Haringey shown to be on the Haringey Ladder, Hermitage Road, Seven Sisters and Tottenham Green.

By working with the police and having a number of Street Days where the homes are leafleted and by door knocking. Handypersons are available to fit locks immediately free of charge (Press Release attached) to all tenures and age groups.

The success of this initiative has led to other London Police forces contacting us for information on how we run these successful "Street Days" (letter attached).

We understand that there is limited funding and therefore aim to reconfigure our service. If we were to receive £20,000 funding, we would be able to continue. Metropolitan Care and Repair would continue its subsidy of £10,000 to the project. In addition we would charge clients a small fee for this service and this will help with the long term sustainability of the project.

Yours sincerely



Steve Fallon
Project Manager



Equalities Impact Assessments Screening Tool Guidance

The Council understands that a pragmatic approach to undertaking Equalities Impact Assessments (EqIA) is essential and that some policies, projects, functions or major developments/planning applications are more relevant to and have a greater impact on equality and diversity than others.

Because of this we have developed this screening tool to help officers to identify:

- the relevance of each policy, project, function or major development/planning application to equality
- whether an EqIA should be undertaken

The screening process must be used on ALL new policies, projects, functions, staff restructurings, major developments or planning applications, or when revising them. It should also be used to help identify existing policies or projects that should be subject to an assessment. An EqIA is a thorough and systematic analysis and should ensure that we give due regard to the effect the actions we take as an organisation could have on residents, customers and staff, in the delivery of services and employment practices.

Equality Impact Assessments are intended to:

- encourage a more proactive approach to the promotion of equality within public policy development
- identify any adverse equalities impact and detail actions to reduce this impact
- detail positive equalities impacts

Is a full Equalities Impact Assessment required?

- **If the answer to any of the questions below is yes, consideration must be given to undertaking a full EqIA.**
- **If the answers to all of questions below are no you do not need to undertake an EqIA, however you will need to provide a detailed explanation for this decision in the last column.**

In either case, please submit the e-form to equalities@haringey.gov.uk and include the explanation as part of the Equalities comments on any subsequent related report.

Equalities Impact Assessments (EqIA) Screening Tool – ABG Projects			
1.	Name of the policy/project/function/major development/planning application: Loss of ABG funding on support to victims (young victims through Victim Support and elderly burglary victims through Met Care and Repair)		
2.	Brief summary of the above: (include main aims and proposed outcomes): To increase support and uptake of help for young victims aged 11-20 years; To prevent victim-related offending behaviour; to increase security against burglary for residents aged 55 years and over		
3.	Lead Officer contact details: (name, job title, and email, phone no.) Claire Kowalska, Community Safety Manager. Claire.kowalska@haringey.gov.uk 020 8489 6949		
4.	Date 28/1/2011		
	Response to Screening Questions	Yes	No
5.	Could the proposed policy/project/function/staff restructuring/major development/planning application or the way it is carried out have an adverse impact on any of the key equalities protected characteristics age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation? Or relations between any equalities groups?	yes	
6.	Is there any indication or evidence (including from consultation with relevant groups) that different groups have or will have different needs, experiences, issues and priorities in relation to the particular policy/project/function/major development/planning application? Or do you need more information?		No
7.	If there is or will be an adverse impact,		N/A
			If adverse impact is identified please explain what action you will take
			If different needs are identified please explain what action you will take to meet these. Children and youths are disproportionately likely to be victims of personal robbery (38% of victims aged up to 17), rape (28%), other sexual offences (36%), most serious violence (17%) and other violence (45%). Research and the experience of youth offending providers indicates that victimisation can result in offending behaviour. Older residents and those in more deprived areas of the borough can be more prone to burglary for a number of reasons including artifice approaches and poor security.

*NB This explanation **MUST** be included in the Equalities comments in all subsequent reports relating to this issue.

Equalities Impact Assessments (EqIA) Screening Tool – ABG Projects			
	could it be reduced by taking particular measures?		to mitigate this. Some success can be achieved through education and crime prevention campaigns and/or fitting of locks but this also costs money. Training those who work with young people could assist but would not be as effective
8.	By taking particular measures could a positive impact result?	NA	It is unlikely to be as effective but would need to be tested
9.	As a result of this screening is a full EqIA necessary?	No	If answering NO please explain* why not. We are currently active in promoting bids and alternative funding to continue the Young Persons Victim Worker and the Met Care and Repair work. We will carry out a full EqIA if our funding efforts are not successful.

This page is intentionally left blank



Mr Steve Fallon
Project Manager
Metropolitan Care and Repair
Suite B303
The Chocolate Factory
5, Clarendon Road
London N22 6XJ

Your ref:
Date: 30 March 2011
Our ref:
Direct Dial 020 8489 4523
Email Anne.Lippitt@haringey.gov.uk

Dear Mr. Fallon

**Re: Funding Arrangements – (For Metropolitan Care and Repair)
Commissioned by Safer Communities from Area Based Grant**

On **25th February 2011** we wrote to yourselves as a third sector organisation that is commissioned to deliver services for the Council.

In that letter we set out our provisional view on whether the Council is intending to commission further services from your organisation, in the financial year 2011/12. We invited your response on the matters set out in that letter.

The **provisional** determination in respect of services provided by your organisation is that **we are minded to cease commissioning services from your organisation** from 31st March 2011.

However, the Council will not be in a position to take final decisions on these commissioning arrangements by the end of March 2011. We are currently out to consultation on these proposals and consultation was scheduled to finish on **15th March 2011**. **The Council would like to extend the date for responses until 6th April 2011** with a view to making a final decision by the end of May 2011.

In response to your representation letter dated 17th March 2011. Firstly, thank you for providing such a useful and detailed level of information including your data breakdown and examples of added value.

I note that you appreciate the need for programmes to be prioritised in the current climate. You also propose an annual contribution from your RSL, the Metropolitan Support Trust. I believe that you discussed this with my Community Safety Manager, Claire Kowalska, and you believe that there is also scope to raise funds from some beneficiaries. This will effectively provide a three-way matched fund.

In the light of this approach Haringey Council has decided to extend your current contract for a further period of 3 months. The extension will run from the 1st April 2011 until 30th June 2011. This will amount to a one-off payment of £4,000 as a

proportion of an annual equivalent of £16,000 to fund a proportion of your costs for the first quarter of the new financial year (April 2011 – June 2011). This should allow time for you to both identify a priority programme and to investigate future, alternative sources of funding.

This extension does not prejudice any final decision to be taken by the Council following the conclusion of the consultation.

In return for this one-off payment you will be required to deliver the outputs and in accordance with the milestones set out in Appendix 1 attached to this letter.

Save as varied in this letter the terms and conditions of your current contract will apply.

If you are happy to agree to the extension of your contract on the terms set out in this letter please sign and date the enclosed copy of this letter and return to Claire Kowalska at the following address.

Claire Kowalska
Community Safety Strategic Manager
Haringey Council
Safer, Stronger Communities Service
Level 6, Alexandra House
10 Station Road
London N22 7TR
claire.kowalska@haringey.gov.uk
0208 489 6964

Yours sincerely

Anne Lippitt

(Interim) Director of Urban Environment

Signed on behalf of Metropolitan Care and Repair

Dated

(Interim) Director of Urban Environment: Anne Lippitt



2005-2006
Getting Closer to Communities



INVESTOR IN PEOPLE

Urban Environment
4th Floor, River Park House, 225 High Road, Wood Green, London N22 8HQ
Tel: 020 8489 4523 Fax: 0208 489 4500
www.haringey.gov.uk



(Interim) Director of Urban Environment Anne Lippitt

Haringey Council

Mr Steve Fallon
Project Manager
Metropolitan Care and Repair
Suite B303
The Chocolate Factory
5, Clarendon Road
London N22 6XJ

Your ref:
Date: 30 March 2011
Our ref:
Direct Dial 020 8489 4523
Email Anne.Lippitt@haringey.gov.uk

Dear Mr. Fallon

Re: Funding Arrangements – (For Metropolitan Care and Repair) Commissioned by Safer Communities from Area Based Grant

On 25th February 2011 we wrote to yourselves as a third sector organisation that is commissioned to deliver services for the Council.

In that letter we set out our provisional view on whether the Council is intending to commission further services from your organisation, in the financial year 2011/12. We invited your response on the matters set out in that letter.

The provisional determination in respect of services provided by your organisation is that **we are minded to cease commissioning services from your organisation from 31st March 2011.**

However, the Council will not be in a position to take final decisions on these commissioning arrangements by the end of March 2011. We are currently out to consultation on these proposals and consultation was scheduled to finish on 15th March 2011. **The Council would like to extend the date for responses until 6th April 2011 with a view to making a final decision by the end of May 2011.**

In response to your representation letter dated 17th March 2011. Firstly, thank you for providing such a useful and detailed level of information including your data breakdown and examples of added value.

I note that you appreciate the need for programmes to be prioritised in the current climate. You also propose an annual contribution from your RSL, the Metropolitan Support Trust. I believe that you discussed this with my Community Safety Manager, Claire Kowalska, and you believe that there is also scope to raise funds from some beneficiaries. This will effectively provide a three-way matched fund.

In the light of this approach Haringey Council has decided to extend your current contract for a further period of 3 months. The extension will run from the 1st April

(Interim) Director of Urban Environment: Anne Lippitt



2005-2008
Getting Closer to Communities



INVESTOR IN PEOPLE

2011 until 30th June 2011. This will amount to a one-off payment of £4,000 as a proportion of an annual equivalent of £16,000 to fund a proportion of your costs for the first quarter of the new financial year (April 2011 – June 2011). This should allow time for you to both identify a priority programme and to investigate future, alternative sources of funding.

This extension does not prejudice any final decision to be taken by the Council following the conclusion of the consultation.

In return for this one-off payment you will be required to deliver the outputs and in accordance with the milestones set out in Appendix 1 attached to this letter.

Save as varied in this letter the terms and conditions of your current contract will apply.

If you are happy to agree to the extension of your contract on the terms set out in this letter please sign and date the enclosed copy of this letter and return to Claire Kowalska at the following address.

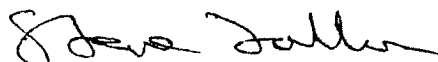
Claire Kowalska
Community Safety Strategic Manager
Haringey Council
Safer, Stronger Communities Service
Level 6, Alexandra House
10 Station Road
London N22 7TR
claire.kowalska@haringey.gov.uk
0208 489 6964

Yours sincerely



Anne Lippitt

(Interim) Director of Urban Environment



Signed on behalf of Metropolitan Care and Repair

Dated 5 APRIL 2011

THE NEW DUTY – THE SINGLE EQUALITY DUTY

EQUALITY ACT 2010

Introduces the **Single Equality Duty** which covers all eight strands, namely **race, disability, sex, gender identity, pregnancy and maternity, religion/belief, age** and **sexual orientation** and which came into force on 06 April 2011.

Section 149 of the Equality Act 2010 Public Sector Equality Duty states

(1) A public authority must, in the exercise of its functions, have due regard to the need to –

- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

(2) – A person who is not a public authority but who exercises public functions must, in the exercise of those functions, have due regard to the matters mentioned in subsection (1).

(3) – Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to –

- (a) remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
- (b) take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;
- (c) encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

(4) – The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.

(5) – Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to –

- (a) tackle prejudice, and
- (b) promote understanding.

(6) – Compliance with the duties in this section may involve treating some persons more favourably than others; but that is not to be taken as permitting conduct that would otherwise be prohibited by or under this Act.

(7) – The relevant protected characteristics are – age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation.

(8) – A reference to conduct that is prohibited by or under this Act includes a reference to –

- (a) a breach of an equality clause or rule;
- (b) a breach of a non-discrimination rule.

THE COUNCIL'S EQUALITIES SCHEME 2010-2013 AND DELIVERY PLAN

The Council's current Equality Scheme includes the three existing equality duties, namely race, disability and gender as well as the additional equality strands, namely religion or belief, age and sexual orientation, introduced by the Equality Act 2006, The Employment Equality (Age) Regulations 2006 and The Equality Act (Sexual Orientation) Regulations 2007.

TYPES OF DISCRIMINATION

Types of discrimination by way of an overview only include

- direct discrimination that is when someone (falling within one or more of the equality strands) is treated less favourably than others in the same circumstances
- indirect discrimination is when a provision, criterion or practice is applied to all but which puts a person (falling within one or more of the equality strands) at a disadvantage
- victimisation is when a person (falling within one or more of the equality strands) is treated less favourably than others having complained about discrimination in some way whether by way of proceedings or providing information or the making of allegations
- harassment is where there is unwanted conduct which has the purpose or effect of violating the person's (falling within one or more of the equality strands) dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment.

FOR INFORMATION

STATUTORY CODES OF PRACTICE

These are statutory codes relevant to each of the duties and whilst a breach of the code does not of itself make a person liable in any proceedings it will be taken into account by a court in certain types of proceedings. This means that they are admissible in evidence and if any provision of one of the codes appears to a court or a tribunal to be relevant to any question arising in the proceedings it has to be taken into account.

The existing codes continue to have effect until revoked by the Secretary of State at the request of the Equality and Human Rights Commission. The Commission has the power to issue new codes.

The draft code of practice on the Public Sector Equality Duty is scheduled to be laid before Parliament in Summer 2011.

GUIDANCE

The Commission has also produced non statutory guidance which includes the guidance on how to complete the assessments