

NOTICE OF MEETING

CHILDREN AND YOUNG PEOPLE'S SCRUTINY PANEL

Monday, 8th March, 2021, 6.30 pm – MS Teams meeting ([view it here](#))

Members: Councillors Erdal Dogan (Chair), Dana Carlin, James Chiriyankandath, Josh Dixon, Tammy Palmer, Anne Stennett and Elin Weston

Co-optees/Non Voting Members: Yvonne Denny (Church representative), Lourdes Keever (Church representative), Anita Jakhu (Parent Governor representative) and KanuPriya Jhunjhunwala (Parent Governor representative)

Quorum: 3

1. FILMING AT MEETINGS

Please note that this meeting may be filmed or recorded by the Council for live or subsequent broadcast via the Council's internet site or by anyone attending the meeting using any communication method. Although we ask members of the public recording, filming or reporting on the meeting not to include the public seating areas, members of the public attending the meeting should be aware that we cannot guarantee that they will not be filmed or recorded by others attending the meeting. Members of the public participating in the meeting (e.g. making deputations, asking questions, making oral protests) should be aware that they are likely to be filmed, recorded or reported on.

By entering the meeting room and using the public seating area, you are consenting to being filmed and to the possible use of those images and sound recordings.

The chair of the meeting has the discretion to terminate or suspend filming or recording, if in his or her opinion continuation of the filming, recording or reporting would disrupt or prejudice the proceedings, infringe the rights of any individual or may lead to the breach of a legal obligation by the Council.

2. APOLOGIES FOR ABSENCE

3. ITEMS OF URGENT BUSINESS

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

4. DECLARATIONS OF INTEREST

A member with a disclosable pecuniary interest or a prejudicial interest in a matter who attends a meeting of the authority at which the matter is considered:

- (i) must disclose the interest at the start of the meeting or when the interest becomes apparent, and
- (ii) may not participate in any discussion or vote on the matter and must withdraw from the meeting room.

A member who discloses at a meeting a disclosable pecuniary interest which is not registered in the Register of Members' Interests or the subject of a pending notification must notify the Monitoring Officer of the interest within 28 days of the disclosure.

Disclosable pecuniary interests, personal interests and prejudicial interests are defined at Paragraphs 5-7 and Appendix A of the Members' Code of Conduct.

5. DEPUTATIONS/PETITIONS/PRESENTATIONS/QUESTIONS

To consider any requests received in accordance with Part 4, Section B, Paragraph 29 of the Council's Constitution.

6. MINUTES (PAGES 1 - 6)

To approve the minutes of the meeting of 17 December 2021.

7. CABINET MEMBER QUESTIONS - CHILDREN AND FAMILIES

An opportunity to question Councillor Kaushika Amin, the Cabinet Member for Children and Communities, on developments within her portfolio.

8. HARINGEY SAFEGUARDING CHILDREN'S PARTNERSHIP

To receive a verbal update on progress from the Independent Chair, including the timeline for the Annual Report.

9. HARINGEY COMMUNITY GOLD; PROGRESS AND EVALUATION (PAGES 7 - 62)

To consider progress with the Haringey Community Gold initiative.

10. HARINGEY CHILD & ADOLESCENT MENTAL HEALTH AND WELLBEING IN THE CONTEXT OF COVID-19 (PAGES 63 - 68)

To receive a report on child and adolescent mental health and well-being in the context of Covid-19.

**11. EARLY YEARS, CHILDCARE AND EDUCATION; KEY CURRENT ISSUES
(PAGES 69 - 76)**

To consider an update on early years, childcare and education.

12. WORK PROGRAMME UPDATE (PAGES 77 - 86)

To consider the future work plan for the Panel.

13. NEW ITEMS OF URGENT BUSINESS

To consider any items admitted at item 3 above.

Rob Mack, Principal Scrutiny Officer
Tel – 020 8489 2921
Fax – 020 8881 5218
Email: rob.mack@haringey.gov.uk

John Jones
Monitoring Officer (Interim)
River Park House, 225 High Road, Wood Green, N22 8HQ

Friday 26 February 2021

This page is intentionally left blank

**MINUTES OF MEETING CHILDREN AND YOUNG PEOPLE'S
SCRUTINY PANEL HELD ON THURSDAY 17TH DECEMBER,
2020, 6.30 - 8.40 PM**

PRESENT:

Councillors: Erdal Dogan (Chair), Dana Carlin, James Chiriyankandath, Josh Dixon, Tammy Palmer, Anne Stennett and Elin Weston

Co-opted Members: Anita Jakhu and KanuPriya Jhunjhunwala (Parent Governor representatives), Lourdes Keever and Yvonne Denny (Church Representatives)

7. FILMING AT MEETINGS

The Chair referred Members present to Item 1 as shown on the agenda in respect of filming at this meeting and Members noted the information contained therein.

8. APOLOGIES FOR ABSENCE

An apology for absence was received from Councillor Amin, the Cabinet Member for Children and Families.

9. ITEMS OF URGENT BUSINESS

None.

10. DECLARATIONS OF INTEREST

None.

11. DEPUTATIONS/PETITIONS/PRESENTATIONS/QUESTIONS

None.

12. MINUTES

Ann Graham, the Director of Children's Services, confirmed that the actions arising from the minutes of the last meeting had been brought to her attention and were being responded to.

AGREED:

That the minutes of the meeting of 9 November 2020 be approved.

13. CABINET MEMBER QUESTIONS - COMMUNITIES AND EQUALITIES

Councillor Mark Blake, the Cabinet Member for Communities and Equalities, reported on recent key developments within the areas of his portfolio that came within the terms of reference of the Panel:

- Bruce Grove Youth Centre was currently undergoing a £400k refurbishment. In addition, it had also been given £10k of music equipment from the Sony Records Social Justice Fund;
- Work to develop a Wood Green youth hub was progressing. A site had been identified and a lease for it was currently being negotiated. The Youth Service would be supporting the co-design of the new centre and architects were being appointed. Regular updates would be provided for Wood Green Councillors;
- Recruitment was taking place to the two new teams that had been created to slot into the new Youth Service model. These were the Contextual Safeguarding Team and the Prevention Team. There would also be 11 new youth workers in total;
- Haringey was no longer in the lowest quartile for young people not in education, employment or training (NEETs) and “not knowns”. Serious youth violence had gone down by 20% and drugs offences by 10%. However, robbery had gone up by 90% and there had been serious problems amongst school children. There had been targeted Police operations in response to this and levels were now coming down. There had also been discussions at the Community Safety Partnership and there was a specific need for focussed preventative work; and
- Operation Alliance had taken place. This had been a joint initiative between the Police and the Mayor’s Office for Policing and Crime (MOPAC) and had involved youth workers being located in Police custody suites. The aim of this was to engage with young people and attempt to divert them away from criminality.

In answer to a question regarding a recent incident in West Green Road involving the Police and some young people, the Cabinet Member stated that he was unable to say much about this as there was an ongoing Independent Office for Police Conduct (IOPC) investigation taking place. There had been a march by members of the local community. He had spoken to the mother of the young man involved and the family had legal representation. The Council had passed a motion supporting Black Lives Matter and there had been particular concern expressed regarding the use of Stop and Search and its implications for safeguarding. There was a need for discussion and engagement with the Metropolitan Police, especially in view of the need to address serious youth violence in the borough.

In answer to another question, he reported the Haringey Community Gold was still operating in the community and through the work of the Youth Offending Service (YOS). Dialogue was currently taking place with the Mayor’s Office regarding the possible extension of the initiative for a further two years. It had been evaluated and he would be happy to report this back to the Panel in due course.

He reported that the Council had a Young People at Risk strategy that was aimed at prevention. This focussed on providing effective pathways for those who were considered to be at greater risk of underachieving at school or coming into contact with the youth justice system. In respect of Alternative Provision, the Pupil Referral Unit (PRU) had been taken back in-house and a new Headteacher appointed. The reputation of the PRU had not been good and much work that was required but good progress was already being made, including enabling pupils to re-enter mainstream

schools. Funding for preventative work was crucial but sources were depleted. This had been exacerbated by the fact that preventative work was not statutory, unlike acute services.

In answer to a question, he stated that there would still be activities for young people during the school holidays and this would include work by Haringey Community Gold. He had asked officers to put together a suitable programme. He had put out a joint statement with Cllr Amin, the Cabinet Member for Children and Families, in response to the incident that had taken place in West Green Road. The incident had been consistent with anecdotal information regarding tensions between the Police and young black men. He had asked for the work undertaken by Haringey Independent Stop and Search Group to brief Police officers new to the borough to be re-started and for the group to also be formally recognised by the Police, as was the case in other boroughs. There was a strong but robust relationship between the Council and the Police and they had been challenged on matter such as Stop and Search and its safeguarding implications. There was nevertheless a commitment to work with them to obtain the change required.

Panel Members reported that incidents of disorder had diminished in some areas of the borough. Concern was expressed at the what was felt to be a heavy handed response by the Police to some incidents and that this appeared to be influenced by the ethnicity of the young people involved. There was also felt to be a need for access to diversionary activities, such as football and basketball. Resident caretakers could also play an important role in promoting community safety.

The Cabinet Member welcomed the positive impact that resident caretakers were having. He felt that a confrontational approach made the job of the Police more challenging and that it was necessary to build greater trust. He also stated that many Police officers still came from areas outside London and had limited experience of living in a diverse community.

Panel Members commented that it was not possible to track progress of children transitioning to secondary school from primary school. Some primary schools had been particularly successful in enabling good progress by Black Caribbean children and those with English as a second language but it was unclear if this was maintained after secondary transfer. Ms Graham reported that children were not tracked but it was reasonable for primary schools to ask receiving secondary school for details of how children were progressing. Transition was very important and there was a comprehensive process for supporting children through this. There were a number of factors that could impact on educational performance. Early Help could assist where necessary through early intervention.

AGREED:

That an evaluation of the Haringey Community Gold initiative be submitted to a future meeting of the Panel.

14. SCRUTINY OF THE 2021/22 DRAFT BUDGET/5 YEAR MEDIUM TERM FINANCIAL STRATEGY (2021/22-2025/26)

Ann Graham, the Director of Children's Services, reported that the financial position of her service had seen a recent improvement. Whilst savings had been identified in the Medium Term Financial Strategy (MTFS), there were no proposed reductions in services or personnel. There were two savings proposals. A mother and baby residential centre would be established with an external provider. However, Council social work staff would be based in the centre and undertake assessments. The intention was to ensure that assessments that were consistently of a high quality were produced. Weekend places at the centre would be sold through the private law sector.

There were also growth proposals in the MTFS. This included £1.5 million to respond to the increase in demand for residential places. In addition, £300k had been provided to fund free school meals in the next two years. This had been a manifesto commitment and would ensure that no child went to school hungry. There would also be additional staff to complete Education, Health and Care plans and a Leader's bursary of £120k to assist ten young people from low income families through higher education.

Brian Smith, Head of Finance (People), reported that the budget gap for 2021-22 was now £1.9m and these had been included as unidentified savings. Due to the pandemic, there were budget pressures of £17m across the Council and a vigorous recovery and renewal process had been put in place to address this. This had looked at what services should be expanded, end or be re-started as well as what was still deliverable. Consideration was being given to which of the savings that had been agreed last year and subject to slippage could be delivered next year. The further savings proposals were intended to improve services as well as reducing expenditure. In addition, there were also growth proposals to relieve existing pressures and some new initiatives, as well as significant capital investment.

The Panel queried the amount quoted in the budget papers for investment in the Wood Green Youth Hub, which was quoted as £1m and £790k. It was noted that overall investment was £1m. Some of the spend would be in the current financial year with the majority of spend in 2021/22.

In answer to a question, Ms Graham reported that the overspend had been accrued due to spending on Covid and budgetary pressures related to cost and demand. In particular, there were now more children in residential care than four years ago and costs had gone up significantly. The service was working hard to ensure that value for money was achieved. Beverly Hendricks, Assistant Director for Safeguarding and Social Care, reported that 39 assessments had been undertaken since April and none of them had been subject to challenge. They were being undertaken in a professional way that allowed little scope for challenge. In terms of budgeting, it only took a small number of additional young people requiring support to add significant additional pressures.

In answer to a question, Ms Graham reported that savings from last year that had not been achieved would be rolled forward to next year. It was not yet known how much this would be as the year had not yet ended. Savings continued to be made. Only £600k had been achieved by the time of the first lockdown but this had now gone up to £1m. The pandemic had prevented some savings being made and work had needed to be put on hold. Work to achieve the savings would continue, subject to there being no further lockdowns. One proposal had involved the extension of the homes of foster

parents. This had not happened as quickly as had been hoped but it was hoped that progress would be made shortly.

15. SCRUTINY REVIEW OF SEND

Ann Marie Dodds, Interim Assistant Director of SEND, Early Help and Prevention, presented a detailed report on progress with the implementation of the recommendations of the review of SEND that the Panel had undertaken earlier in the year.

Panel Members welcomed the progress that had been made but reported that this was not always yet being reflected in the feedback that they were receiving from parents and carers. In particular, issues relating to Travel Buddies had been brought to the attention of Members by parents and carers and these had persisted after Members had been informed that they had been resolved. Information and data to provide reassurance would therefore be very welcome. Ms Dodds reported that hard data on SEND was considered on a regular basis with the Cabinet Member and could be more widely shared. She acknowledged that there had been difficulties relating to some Travel Buddies and their contracts but these had now been resolved. They were very highly valued and consideration was currently being given to bringing them in-house.

In answer to a question, Ms Dodds acknowledged that the pressures on schools arising from SEND was not evenly spread. The location of schools that children with SEND attended was known and work was taking place to get a better understanding of what was offered by individual schools and patterns. The SEND Code of Practice gave parents with the right to express a preference regarding the school that their children attended, although the service could not always support their choice if it was felt to not be appropriate. There were a wide range of factors that influenced SEND and these were not just related to deprivation or geography and it was necessary to obtain a systematic understanding of them all. Work to address this was in progress. The role of all partners was particularly important and especially health services.

In answer to another question regarding co-production, she stated that co-production could be evidenced by asking the right questions. These would include who was in attendance at meetings, how decisions had been reached and whether they had involved parents and carers. She was not aware if the information that had been provided on transitions had been made available in different languages and whether interpretation had been offered and agreed to find out and share this information with the Panel.

Ms Graham reported that there were multiple issues that influenced the differences between school educational standards in the east and west of the borough. One current issue was access to digital devices. The issues arising from this had been outlined in the report on Lost Learning during the first Covid lockdown that had been circulated to the Panel as part of the agenda for the last meeting.

Panel Members noted that SEND took up a significant amount of school budgets and that schools in east of the borough were less able to raise additional funding for it than those in the west. They requested comparative information on the amount of

expenditure by schools per child for SEND. Ms Graham agreed to circulate such information that was available.

Panel Members raised the issue of communication with school governing bodies regarding the SEND Executive Board and the Start Well Board. In addition, it was felt that more information was required for schools on the educational psychology service, including costings. Ms Dodds agreed to establish how school governing bodies were communicated with and to ensure that they were included in future updates. Engagement with parents was currently undertaken directly with parents rather than through schools but it would be possible it would be possible to involve them as well. She agreed to report back on educational psychology services and their cost.

AGREED:

1. That the Assistant Director for SEND, Early Help and Prevention be requested to provide further information of whether information provided on transitions had been made available in different languages and if interpretation had been offered; and
2. That comparative information on the amount of expenditure by schools per child for SEND be circulated to the Panel.

16. WORK PROGRAMME UPDATE

The Panel noted that further evidence sessions were currently being arranged for the review on schools. These were due to take place in January and February, subject to the availability of witnesses. The next regular meeting of the Panel was due to take place on 8 March 2021. There were a number of reports that the Panel had previously requested that could be added to the agenda for this meeting. It was agreed that the agenda for the meeting be finalised at one of the forthcoming evidence sessions of the Panel.

AGREED:

1. That the work plan for the Panel be noted;
2. That the Panel meet informally to finalise the agenda items for the meeting on 8 March 2021 following one of the forthcoming evidence sessions for the review on schools.

CHAIR: Councillor Erdal Dogan

Signed by Chair

Date

Report for: Children & Young People Scrutiny Panel - 8 March 2021

Item number:

Title: Haringey Community Gold Update

Report

authorised by : Eubert Malcolm, Assistant Director for Stronger Communities, 0208 489 5520, Eubert.malcolm@haringey.gov.uk

Lead Officer: Eduardo Araujo, Senior Tottenham Community Safety Manager
0208 489 3571, eduardo.araujo@haringey.gov.uk

Ward(s) affected: All

Report for Key/

Non Key Decision: Non Key Decision

1. Describe the issue under consideration

This report provides an update to the Children & Young People DMT and Scrutiny Panel regarding the Haringey Community Gold programme 2019-21, which was approved by Cabinet in March 2019. It sets out progress made in the delivery of commitments made against the Young People at Risk Action Plan and in terms of governance arrangements. Greater London Authority Funding comes to an end on 31st December 2021.

2. Recommendations

That the Panel note the contents of this report for information

3. Background information

The Greater London Authority announced the success of Haringey's Young Londoner Fund bid application in November 2018. The Haringey Community Gold programme was approved by Cabinet in March 2019. It represents an extensive programme of activity across a consortium of Voluntary and Community Sector (VCS) delivery partners including delivering activity at neighbourhood level across the borough. Activity includes extensive outreach and engagement, employment support, sports and play, mentoring, mental health and leadership training.

The management of the programme delivers partnership work with the police, schools, health providers, and community groups, the overarching objective (pairing the Young People at Risk Action Plan) of which is to reduce and prevent serious youth violence in the borough. It adopts a public health model, designed to address the risk factors that may make young people more vulnerable to involvement in violent crime while building the protective factors that keep them safe and prioritising preventative and early interventions.

Ongoing independent programme evaluation is reported periodically and are noted alongside this document (appendix 1 and 3), which looks at the impact of the programme at the end of year 1 and the impact Covid-19 has had in the programme. The Bridge Renewal Trust end of 2020 evaluation is nearing completion and a draft is included (appendix 3). A follow up assessment of the Covid-19 impact is now commissioned and scheduled to take part following anticipated lockdown review announcements in March 2021 for reporting early in April 2021.

The Haringey Community Gold delivery plan, including the long-term outcomes and medium-term priorities, are informed by ongoing extensive engagement with partners and young people in Haringey.

Youth Violence in Haringey

In the 12 months to July 2020, there were 283 victims of serious youth violence in Haringey. While any number is too high, this figure represents a 29% decrease on the previous year, and is a larger reduction than that seen across London (12%). It is also notable that the number of knife injury victims under 25 years-old is down 35% year-on year and the number of robberies is down 0.5% year-on year.

Haringey now ranks fifth among the 32 London boroughs in terms of the number of serious youth violence victims. Enfield is first, followed by Westminster, Southwark, and Newham.

Rank	Borough (Year to July 2019)	Borough (Year to July 2020)
1	Westminster	Enfield
2	Enfield	Westminster
3	Haringey	Southwark
4	Newham	Newham
5	Southwark	Haringey

A significant proportion of the reduction in serious youth violence is attributable to Covid-19 and the lockdown. There are early indications of increases in some crime types correlating with easing of lockdown restrictions. Analysis is ongoing under the auspices of the North Area Violence Reduction Group, which comprises representatives of North Area BCU, Haringey Council, Enfield Council, and partners.

Covid-19

The Covid-19 outbreak and the lockdown have significantly disrupted delivery of the Haringey Community Gold since March 2020. The original programme design required face to face client interaction. Much activity, due to its nature was abruptly halted on the 23rd march 2020. Nevertheless, partners have continued to deliver as much as possible, making adaptations where possible. Notable examples of delivery during the Covid-19 period include the following:

- The partnership promptly responded to challenges and continued to deliver support remotely and online (tuition and mentoring). Haringey outreach staff were redeployed to assist with a number of local responses to the crises, and were able to continue contact with vulnerable young people
- Successful recruitment of three staff and two apprentices to the Council has continued, with respective onboarding and induction happening remotely
- The HCG team joined the central youth offer through Bruce Grove Youth Space, delivering to a critical list of young people who use the centre and have maintained frequent phone contact with them. The HCG team reached out to 847 NEETs and was able to offer support to 173. The team has also been heavily involved in enabling access food vouchers as well as food parcels to those young people (and their families) in need and held virtual open access sessions on cookery, fitness, and music production
- Secondary and College school sessions continued remotely via Zoom/Teams and soon to be expanded to supporting primary school transition

Delivery

Haringey Community Gold under the Young People at Risk Action Plan commits partners to delivering an ambitious range of activity. Delivery of the Young People at Risk Action Plan is co-ordinated through an Operational Group, chaired by the Assistant Director for Stronger Communities and consisting of officers from Council services responsible for delivering projects noted in the Action Plan. The Operational Group reports to the Director of Children Services. Haringey Community Gold delivery sits under this governance structure.

This section provides an overview of the outputs and outcomes of the Haringey Community Gold key activity and projects to end of year 2 of delivery timeframe:

- Haringey Community Gold partnership achievements (year 1 and 2)
 - The Council's detached and outreach youth work team has so far engaged with 3484 young people in Haringey (2119 in 2020). 1118 of those (unique) young people have taken part in a positive activity, 629 have reported improved educational attainment and improved behaviour. Circa 70% of young people known to the Haringey Exploitation Panel are being supported by HCG youth workers
 - Sports provision at Broadwater Community Centre continues to provide 1:1 support despite lockdown and is developing a series of online exercises. The provision supports over 50 young people per week
 - Haringey Play activity at Sommerford Grove site in Tottenham (at their peak) has seen 100 young people participating every week. Currently supports weekly over 60 families through a foodbank and delivers services to over 20 at risk young people a week
 - The NLPC Community Leader Project accredited its first cohort of 13 young participants, and extended their ESF provision to 16 and 18 years old to open opportunities for employment

- The Exodus gang education programme has been delivered to a cohort of over 80 young people, supporting them through trauma informed mentoring to address violence and offending behaviour. Majority of the young people supported are registered in the Youth Offending Service
- The Thinking Space project has completed its first cohort of mental health training for professionals working with young people in Haringey
- My Training Plan has delivered to over 60 young people face to face and over 300 participated of their online programme
- The ACCESS UK BAME careers service has supported over 100 young people to improve their job prospects
- Work Works has supported 209 young people to complete accredited employability training
- Collectively supported over 60 young people get into paid employment

GLA Targets for 2020 (Year 2)	
Targets for 2020 (year 2)	Achieved in 2020
Engage/register 2000 young people aged 10 to 21	Engaged/registered 2119
500 young people to participate in positive activity	Increased engagement 809 unique individuals completing activity 1314 completed activities (a number of individuals completed more than one activity)
Provide 300 training opportunities	575 training opportunities 629 Improved behaviour & Improved attainment
150 young people completing training (accredited/unaccredited)	265 completed accredited/non-accredited training 193 Improved wellbeing
Get 100 people into employment	209 completed employability training 37 gained employment
100 accessing mental health services	41 accessed Mental Health services

Youth Advisory Board - 18 young people signed up, 15 active members, 12 participating in paid exercises. Secured circa £7500 for work over the next 12 months

Both HCG Programme and one of our apprentices were shortlisted for the Haringey Staff Awards

Profile of 2020 participants

Appendix 2 contains the graphical analysis of Haringey Community Gold participants in 2020.

Case Study A

Overview of situation when young person engaged with Haringey Gold:

A is a 15-year old who the YAB Lead met while delivering workshop at the Haringey Learning Partnership (HLP), where A was studying at the time. A's family was relocated due to A's involvement in gang activity and drugs. A also had a noticeable stutter and difficulty in expressing their thoughts. YAB lead delivered three workshops with the group there and A was always very polite, respectful and keen on getting involved with the YAB.

Haringey Community Gold engagement:

YAB Lead spoke with HLP Teacher about getting A involved in YAB. HLP Teacher spoke to A and their mother about the YAB program and received consent to be contacted further by YAB lead. A completed their application process to join the YAB and became one of the main leads of the group. A has now left HLP and moved back to mainstream education due to improved attainment and behaviour. A has expressed that he wants to become an entrepreneur in the future and thinks the YAB program could help boost his confidence and equip him with the tools to get into his desired career.

A attends and often chairs weekly YAB meetings and a helped develop Website and Logo. The HCG team supported A in accessing a laptop through Early Help as he was doing his homework and participating of the YAB on his phone. A completed the Steel Warriors programme in Finsbury Park where he reports improved his fitness, mindset and self-confidence, and developed fitness goals for himself. A has taken an active role in the GOGA consultation, where he designed a survey and spoke to over 80 young people from the local area. A has also taken a lead role in the ongoing Local Plan consultation where the YAB received over 300 responses from young people. A done a voice over for an animation promoting HCG. A's speech and language has improved beyond recognition and debates his ideas weekly. A has earned over £300 in vouchers through is contribution. A is now highly motivated to succeed and is achieving well in both his academic work and contribution to the YAB.

Case Study B

Overview of situation when young person engaged with Haringey Gold:

S was 17 when recruited in July 2021 to the Youth Advisory Board. They were having challenges with staying in school and were looking at a possible exclusion or school relocation. S has struggled with mental health and has at times failed to engage in school.

Haringey Community Gold engagement:

HCG team supported the young person to remain at their school and helped school and child develop mutual goals through mediation. HCG supported the young person with staying focused with school through regular catchups as well as ensuring they were fully involved in the Leadership Training at the Youth Advisory Board. S quickly became one of the key members of the Youth Advisory Board and despite a number of personal challenges (home, mental health), this week received an offer to study Politics, and psychology at Cambridge.

Funding Bids

Haringey Community Gold is currently in its final year of delivery and the Council is actively seeking alternative funding to continue delivery of service. The Council in partnership with Bridge Renewal Trust have progressed an application to the Mayor's VRU 'MyEnds' fund for circa £750,000 to support young people and their families in the Tottenham Hale area. The Council is seeking funding to continue services provided by the Haringey Community Gold partnership from the National Lottery and Youth Endowment Fund and following encouraging discussions applications are being prepared for opportunities opening in the new financial year.

Haringey's proposals prioritise parts of Haringey Community Gold which deliver against the Young People at Risk Action Plan and those that respond to the feedback given by Young people. Bids draw on a public health model and are overseen by the Assistant Director for Stronger Communities. These are delivered in partnership with the police, schools, health providers, and community groups, with the overarching objective of which is to continue to reduce and prevent serious youth violence in the borough. These focus on early intervention approaches to address risk factors for involvement in youth violence that may occur within families and therefore establishing a long-term measure to prevent youth violence and increase young people's life chances.

Governance

A Joint Executive Group lead the delivery of the Young People at Risk Strategy across the partnership. The Group is chaired by the Director of Children's Services and other members include:

- The Cabinet Member for Communities and Equalities,
- The Cabinet Member for Children, Education, and Families
- The Assistant Director for Commissioning
- The Assistant Director for Stronger Communities
- Metropolitan Police North Area BCU Borough Commander
- Representatives from Haringey CCG, Barnet Enfield Haringey Mental Health Trust, North Middlesex Hospital NHS Trust, Haringey Education Partnership, Haringey Primary and Secondary schools, Homes for Haringey, and Bridge Renewal Trust

The Group has continued to meet through the Covid-19 outbreak in order to promote the safety of Haringey's young people across the partnership and plan and co-ordinate joint initiatives.

4. Contribution to strategic outcomes

The Young People at Risk strategy supports the following Haringey Borough Plan (2019-23) outcomes:

- Best Start in Life: The first few years of every child's life will give them the long-term foundations to thrive
- Happy Childhood: All children across the borough will be happy and healthy as they grow up, feeling safe and secure in their family, networks and communities
- Every young person, whatever their background, has a pathway to success for the future

- All residents will be able to live free from the fear of harm
- Strong communities where people look out for and care for one another
- A proud, resilient, connected, and confident place
- A safer borough

Haringey works in partnership with the Mayor of London's administration to tackle youth violence through liaison and joint working with the Mayor's Office of Police and Crime and the Metropolitan Police Service. The strategy fully aligns with the Mayor's Knife Crime Strategy and is integrated with the North Area Violence Reduction Plan

5. Statutory Officers comments (Chief Finance Officer (including procurement), Assistant Director of Corporate Governance, Equalities)

Finance

N/A

Procurement

N/A

Legal

N/A

Equality

N/A

6. Use of Appendices

Appendix 1: Full COVID19 Gold Report

Appendix 2: Graphical analysis of the Haringey Community Gold participants in 2020

Appendix 3 [pending] ETA 23rd Feb 2021

Appendix 4 [presentation YLF HGC end of year 2]

7. Local Government (Access to Information) Act 1985

This page is intentionally left blank

A photograph of a boxing gym. In the foreground, a young man in a black t-shirt and blue shorts is in a boxing stance, facing right. A man in a black t-shirt stands behind him, looking on. The gym has a blue and red mat on the floor, a boxing ring in the background with flags (Ghana, Spain, and others) on the wall, and various boxing equipment like gloves and bags. The text "HARINGEY COMMUNITY GOLD" is overlaid in large white letters.

HARINGEY COMMUNITY GOLD

Y O U N G L O N D O N E R S ' F U N D

IMPACT OF THE COVID -19 'LOCKDOWN' UPON THE
HARINGEY COMMUNITY GOLD PROGRAMME (HCG)

AUGUST 2020

HCG Partners Covid -19 Consultation / Review

About the Consultation/Review.

NLPC Ltd, through its Community Information and Research Unit (CIRU) on behalf of the Haringey Community Gold Partners delivering the Young Londoners' Fund programme, commissioned Dr Mike Medas to undertake a consultation / review on the impact of the COVID-19 'lockdown' upon the Haringey Community Gold programme (HCG).

Researcher: Dr Mike Medas

Principal Co-ordinators:

John Egbo: Operational Director, NLPC Ltd
(Haringey Community Gold – Managing Agent)

Eduardo Araujo: Senior Tottenham Community Safety Manager,
Haringey Council
(Haringey Community Gold- Lead Accountable Body)

For further information

The full report impact of the COVID-19 'lockdown' upon the Haringey community Gold (HCG) programme (HGC Partners Covid-19 Consultation / Review, August 2020, is published by CIRU – a division of NLPC Ltd)

The report is available as a free PDF - request a copy; send email to publications@nlpc Ltd.org.uk

Other formats available
ISBN 978-1-9162597-0-6

CIRU

c/o NLPC Ltd

The NRC

177 Park Lane

London N17 0HJ

Tel 020 8885 1252

email: publication@nlpc Ltd.org.uk or john.egbo@nlpc Ltd.com

CONTENTS

1. Introduction

Pg. 4

2. Project brief

Pg. 5

3. Methodology

Pg. 6

4. Report structure

Pg. 7

5. Background to Haringey Community Gold Programme

Pg. 9. 10. 11

6. Findings

Pg. 12

6.1. Baseline prior to lockdown

Pg. 12-13

6.2. Immediate impacts of lockdown

Pg.14-18

6.3. Wider impacts of lockdown

Pg. 18-20

7. Discussion and conclusion

Pg. 21

8. Recommendations

Pg. 22

9. List of references

Pg. 23

Appendix 1 - Scenario analysis – supplementary calculations

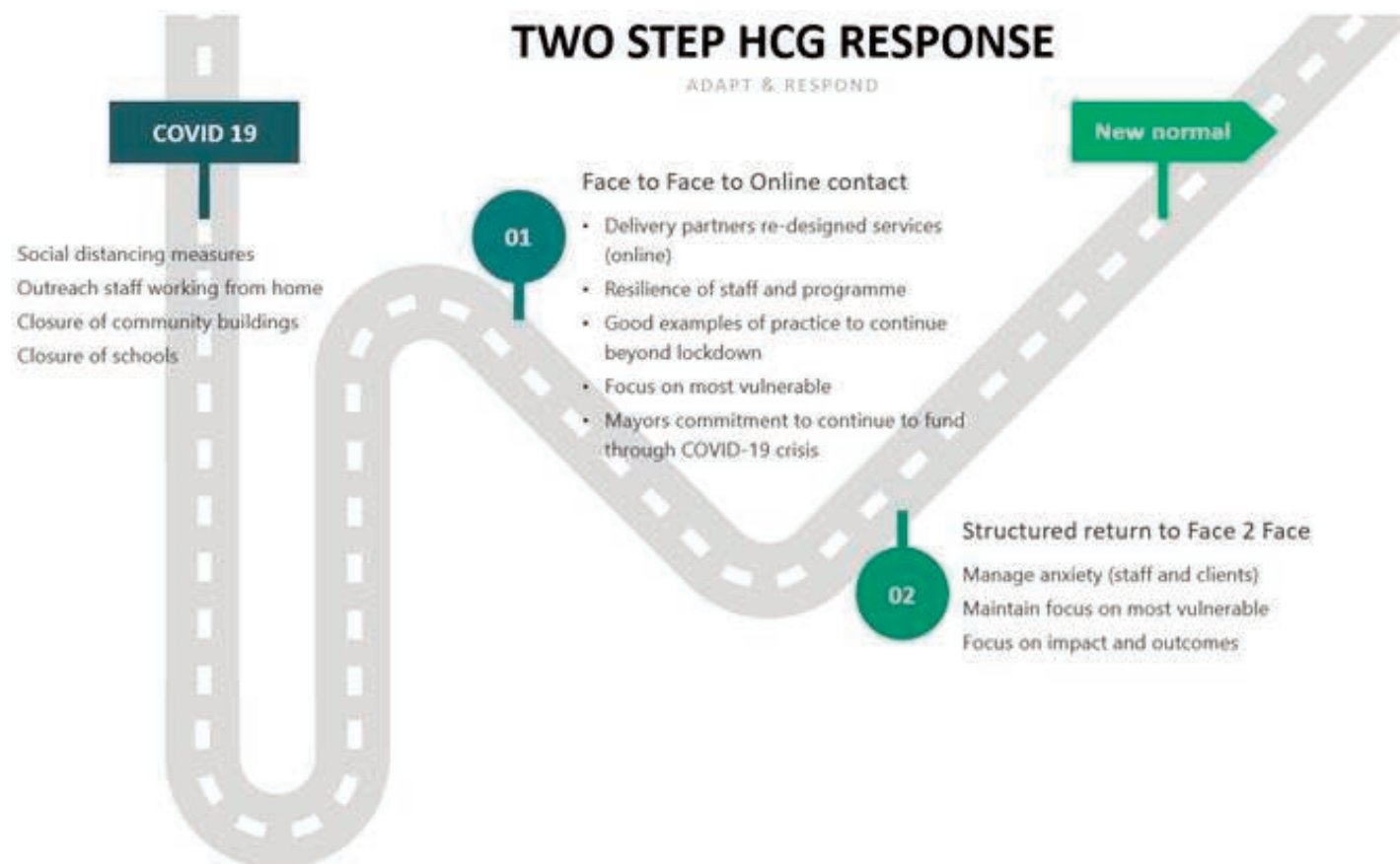
Pg. 24

Appendix 2 – Recommended reprofile for HCG programme

Pg. 25-26

1. Introduction

This report presents the findings of a consultation and review exercise into the impact of the 'lockdown' brought in by the UK government in response to the global Covid-19 pandemic of 2020 upon the Haringey Community Gold programme (HCG), which is a three-year programme of youth-facing service provision supported by the Mayor's Young Londoners' Fund (GLA, 2018), commencing in 2019 and delivered by ten locally-based partner agencies in the London borough of Haringey.



2. Project brief

In response to the global Covid-19 pandemic, the UK government introduced emergency Health Protection regulations in February 2020, followed by the Coronavirus Act, 2020 in March, that enabled the imposition of a national lockdown announced on 24.3.20, prohibiting all but essential movement of individuals outside their homes (BBC, 24.3.20).

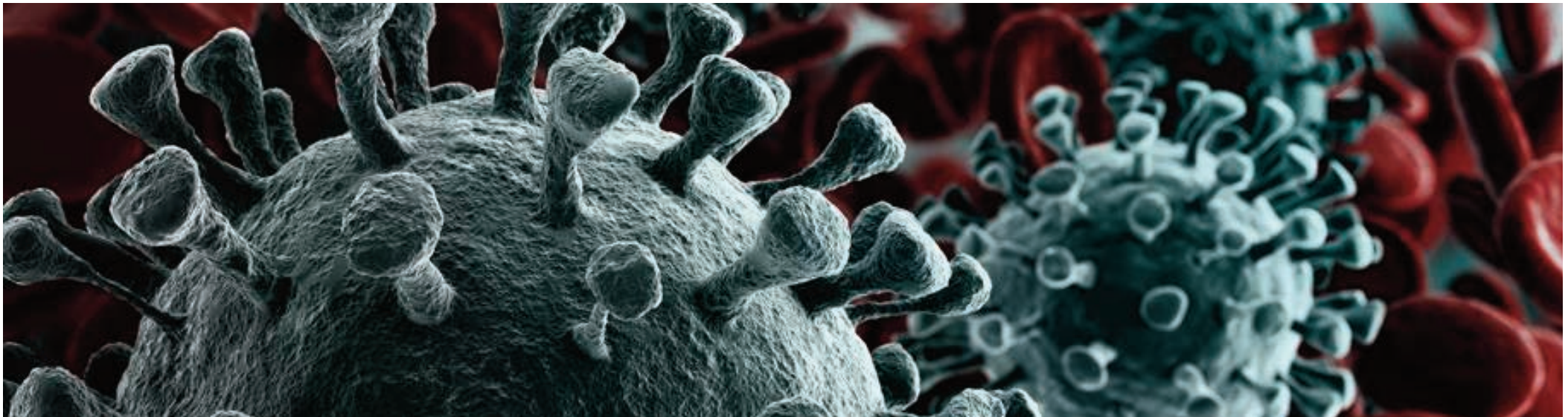
The original project brief therefore aimed to respond to the impact on HCG of the lockdown, by undertaking 'a review/consultation with delivery partners that would enable better understanding of the impacts, identified gaps, resources needs and ideas on way forward'. The contents of the review were intended to inform the following topics:

- A clear understanding of impact of the lockdown on partner organisations both internally, externally and participant facing – including service provision, access to provision, referrals, staffing, etc
- A clear understanding of whether the lockdown has highlighted a need for additional/ new / different service provision
- Resource impact
- Reconfiguration of service provision – how have partners reconfigured or proposed to reconfigure service provision, including what they

propose to do

- Case studies – where applicable /available

As a result of time constraints, the brief was modified to exclude the case study element, although outside of the consultation exercise, a cumulative evidence base of case studies of individual programme participants has been collated throughout the programme by the project partners.



3. Methodology

The study used a mixed-methods research (MMR) design, which initially intended initially to draw on three sources:

(a) desk research on the background to the programme,

(b) qualitative, semi-structured interviews with programme delivery partners; and

(c) focus groups of delivery partners and if possible, young people who had participated in the programme.

This was modified in view of time constraints to include the first two elements along with a single focus group with representatives of all delivery partners. The MMR approach supports a complementary use of discrete research methods in order to measure 'overlapping but different facets of a phenomenon' (Greene et al, 1989, p258). In this study, quantitative programme monitoring data was complemented by a qualitative narrative from delivery partners, whilst individual interviews with delivery partners were complemented by a collective discussion between all delivery partners. The common topic list used for the interviews and focus group is listed in Table 3.1.

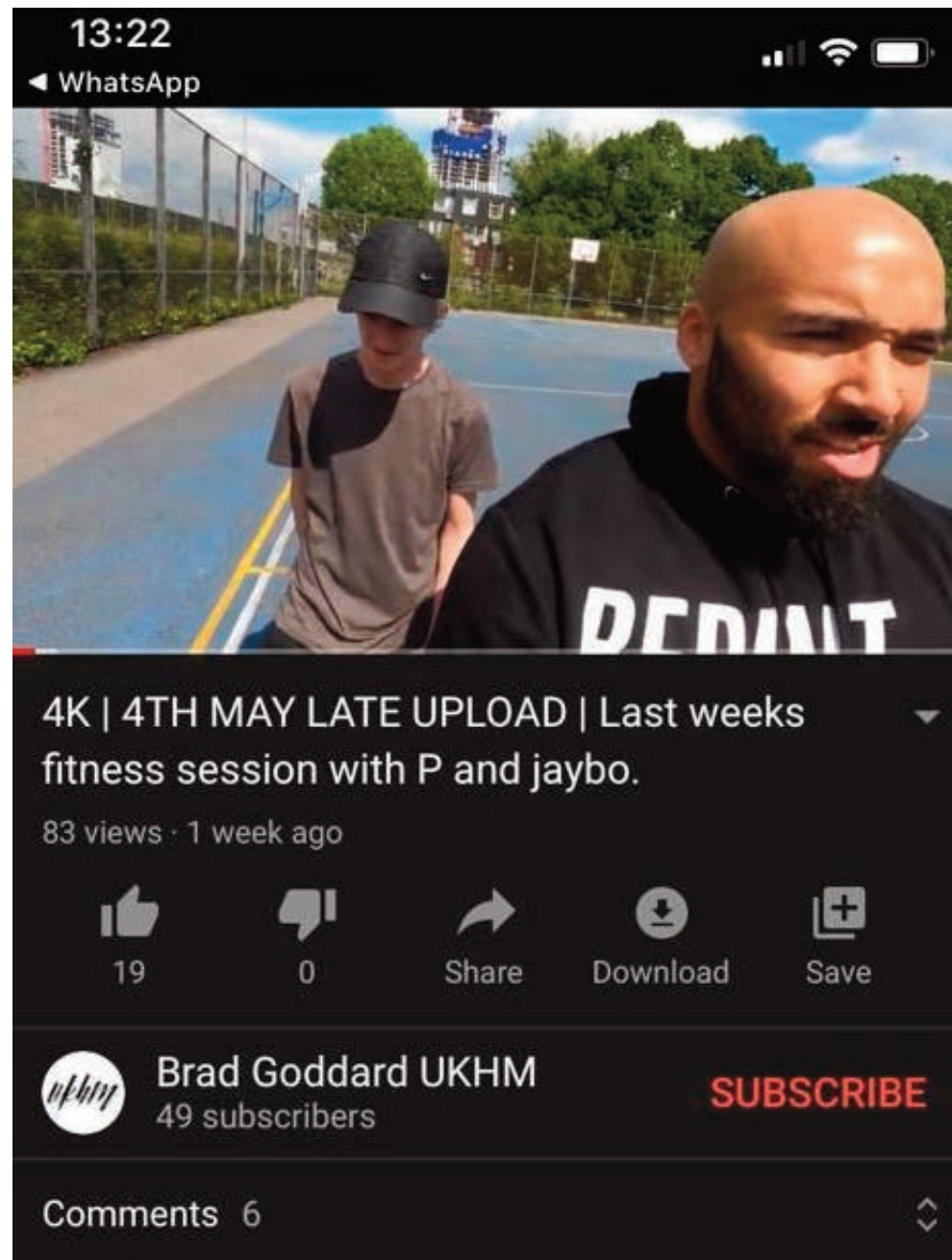
As a result of the Covid-19 lockdown, which had required social distancing, all interviews were conducted by telephone rather than face-to-face, whilst a video-conferencing application, Zoom, was used to deliver the focus group. The entire consultation/review exercise, including preparation, fieldwork and completion of the report, took place over a one-month period commencing in mid-July 2020.

Table 3.1: Topic list used for interviews and focus group with HCG delivery partners

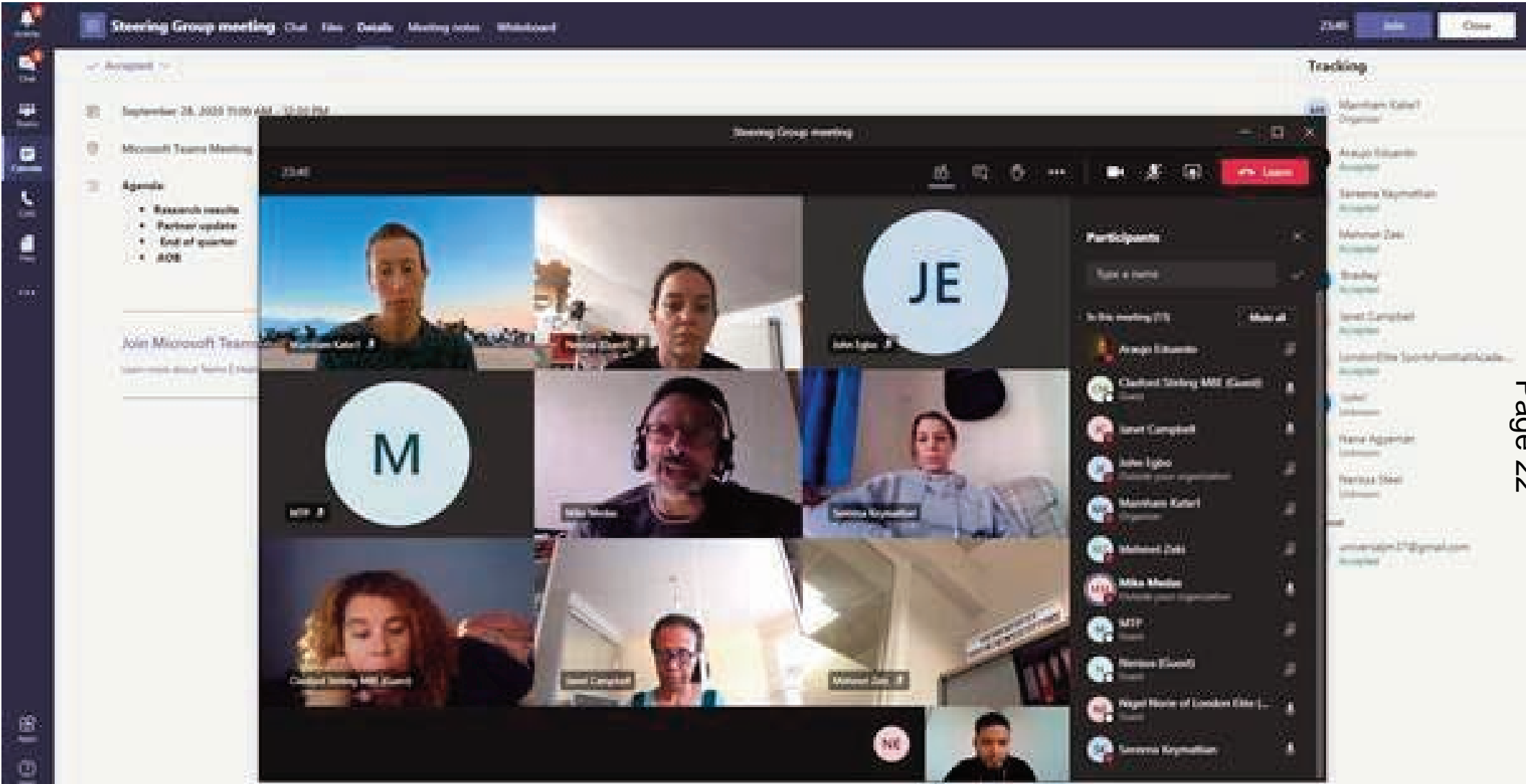
Topic	Detail
1	Your experiences of delivering HCG services prior to the lockdown
2	The impact of Covid-19 lockdown on your organisation - internally, externally and participant-facing - including service provision, access by young people, referrals, staffing
3	Whether any additional, new or different services have been needed.
4	Your future plans for project delivery and any reconfiguration or re-profiling needed.
5	The main opportunities and challenges that the lockdown presented for HCG.
6	Any lessons from the work of HCG to date - up to and including the lockdown – of which the GLA should be aware

4. Report Structure

The results of the study are presented in the following sequence. A review of the historical and policy background to the HCG programme is followed by an examination of findings on the quantitative and qualitative impacts of the lockdown, drawing on internal programme monitoring data as well as the results of interviews and the focus group with project partners. This is followed by a discussion and conclusion, after which recommendations are made.



Engaged, Inspired and Involved



5. Background to the HCG programme

5.1 The Young Londoners Fund and the HCG offer

The Mayor's Young Londoners' Fund (Young Londoners' Fund) is a programme of £45m in total size, that was set up 'to help children and young people to fulfil their potential, particularly those at risk of getting caught up in crime', and which focuses on those aged 10-21 (GLA, 2020a).

Applications for the first round of the Young Londoners' Fund, under which the HCG programme was funded, opened in May 2018 and closed in July 2018. The HCG application sought support for a £1.5m programme of activity lasting three years (2019-2022) and was developed by a consortium of nine voluntary and community sector-based providers plus the local authority, the London borough of Haringey (LBH), which upon partners invitation, led the application. The programme aimed to deliver services to 6000 young people in Haringey. According to the application, the 'breadth of interventions' aimed to 'match young people's need' and would include 'promoting awareness of the impact of gangs, improving employability, offering pre-employment training, developing youth leadership, designing diversionary activities and enabling mental health well-being' (HCG, 2018). The application was approved by the

GLA in November 2018, and internally by LBH in March 2019 (LBH, 2019). This meant that whilst the formal start date of the programme from a contractual perspective was the beginning of January 2019, delivery on the ground did not start until the second quarter of 2019, i.e. from April onwards. In explaining its approval decision, it was noted by the LBH cabinet that the programme had been developed in response to 'significant levels of youth violence in the borough' and that 'the successful bid demonstrated a clear need for a community based and long-term approach to addressing serious youth violence' (LBH, 2019).

The HCG programme was a significant one in terms of its size and structure, particularly in the context of pre-existing youth-facing provision available at the time. In comparison to the total LBH youth service budget for the year 2018-2019, which was £768k (Berry, 2019), annual HCG resources of £500k represented an additional 65% per year in total, within which the element delivered by the LBH outreach team alone represented a 23.2% increase on the youth service budget. From the perspective of the LBH outreach team, HCG was 'an expansion of the offer that already existed', which was especially valuable as prior to HCG there had been 'only one youth club in Tottenham' which for various reasons was not able to meet the needs of all young people (LBH outreach team, HCG). The impact of this additional resource is particularly important given that UK local authorities had faced a decade of austerity and reduced resources in

the decade following the 2008 recession, as exemplified by the 49.4% decline in the LBH youth service budget from £1.5m in financial year 2011-2012, to £768k, in the year during which HCG started, 2018-2019 (Berry, 2019).

In terms of resources, the HCG programme stood out in the context of other Young Londoners' Fund-funded projects across London, in that

- (a) it represented the largest single award in round one; and
- (b) HCG's average cost per head for its 6,000 beneficiaries of £411 was 40% lower than the median cost per head of the 351 other Young Londoners' Fund projects, which was £250 (GLA, 2020b).

This evidently reflected the economies of scale and added value enabled by a large consortium of providers able to deliver tried and tested, cost-effective services and with the ability to provide substantial match funding .

The structure of the HCG programme was also significant in a qualitative sense, in that it was innovative in the context of local, youth-facing provision for a programme of this size to be developed and delivered by a predominantly community based, third-sector consortium, all of whose partners had 'significant track records in working with disaffected young people in Haringey' (HCG, 2018). This approach aimed to address needs that were not easily met by statutory services alone. The application stated that its core offer would involve 'community-based detached and outreach youth workers to be deployed flexibly to areas of greatest need', as this approach would 'have the capacity and capability to engage young people most at risk, especially those who often feel most disengaged from services' (HCG, 2018). It went to note that 'feedback from recent engagement with young people in the borough' had highlighted 'the low confidence among some young people and their families in the police, the Council and other statutory bodies' (HCG, 2018). In terms of the offer to young people, HCG beneficiaries would in theory be recruited and registered either by the LBH outreach team or directly by one of the other HCG delivery partners and then be referred based on their preferences to take part in a specific programme of activity offered by any one of ten delivery partners. Each beneficiary could also participate in up to three programmes run by different delivery partners. Direct recruitment as well as internal referral were therefore integral elements to the HCG programme.

5.2 HCG and YLF in the context of youth work

According to Cooper (2018), there is no single agreed definition of the practice of 'youth work' either in the UK or internationally, therefore youth work is better defined a 'pluralistic occupation' which may take place in a range of institutional and contextual settings, may be funded by a variety of sources and informed by a variety of theoretical models.

Despite these variations, some common aims found across many forms of contemporary youth work in Europe have been identified as

- (a) 'creating spaces for young people' that may not exist in areas such as education, training or labour markets and
- (b) providing 'bridges' in young people's lives by enabling social integration, particularly for those facing social exclusion (European Youth Work Convention (EYWC), 2015, p59).

Within the UK, youth work has also been particularly associated with informal education and a 'voluntary principle' that informs the extent to which young people may choose to participate (St. Croix, 2019).

Given the range of youth work methods in use, one of the requirements of the YLF Programme was that each project funded would measure its impact on anticipated outcomes using a 'theory of change' (TOC) validated by the Centre for Youth

Impact, a body set up by the Cabinet Office of the UK Coalition government during 2014. The TOC model has been criticised in that it requires providers to 'predefine outcomes they want to achieve and establish a relationship of cause and effect', an approach that 'can be problematic in a complex field such as youth work, where diverse outcomes emerge from a non-linear, youth-centred process' (St. Croix 2019, p420). More broadly, it has been argued that outcome-based youth work challenges critical and transformative youth work practice in that it is informed by a 'deficit model' that assumes young people to be 'in need of rehabilitation' (Cooper, 2012, p66). However, as the recent expansion of outcome-based youth work has occurred during a period of increased austerity for UK public services, it may represent an inevitable feature of the funding landscape faced by providers. The key question for the HCG partnership therefore will be whether the existing approach to measuring outcomes is able fully to capture the benefits delivered by HCG to young people before, during and after the Covid-19 lockdown.

Against this background, the UK-wide Covid-19 lockdown in March 2020 presented major challenges to young people and to organisations working with them . A national survey of 235 organisations working with young people at the end of March 2020 indicated widespread concern about risks anticipated around mental health, isolation, lack of safe spaces, family relationships, online pressure and increased risks around various forms of harmful behaviour (UK Youth, 2020). Following the first three months of lockdown, an online survey of 1,274 people aged 16-24 across the UK published in June 2020 indicated that the Covid-19 lockdown had led to

significant disruption and challenges to the economic, educational, social and healthcare situations faced by young people (Crosby et al, 2020). Besides this, evidence also emerged in 2010 that BAME communities in the UK were disproportionately at risk of being diagnosed with – and dying from - Covid-19 (Public Health England, 2020). This suggested that young people from BAME communities, who made up the majority of the demographic served by HCG, could be disproportionately likely to be affected by illness or bereavement within their families even if their own age status put them in a lower risk group.



Haringey Council's Covid-19 Food Distribution Center

6. Findings

6.1 The baseline prior to lockdown

In order to consider the immediate impact of Covid-19 on the HCG programme, it is important to identify a baseline, both quantitatively and qualitatively, that represents the state of delivery prior to the lockdown. As indicated earlier, the programme officially started on 1st January 2019, although delivery was not able to start until the April-June quarter.

A review of HCG's internal monitoring data for the first five quarters, i.e. from the start of January 2019 to the end of March 2020, indicates that up until a point one week after the lockdown started, the programme had achieved over 75% of profiled starts and 15% additional completions against profile, as indicated in Table 6.1. In this context, a 'start' refers to the registration of a young person within the overall HCG programme whilst a 'completion' refers to the successful completion by that beneficiary of a specified programme of activity within the overall HCG offer, whether the activity was delivered by the partner who

registered the beneficiary or by referral to another partner. This suggests two things. Firstly, the late start of the programme meant, unsurprisingly, that fewer beneficiaries than planned had started an activity over the first five quarters. However, the marked over-achievement of completions against profile indicated that the 'conversion rate', the proportion of beneficiaries starting an activity who would go on to complete the activity, was 38.8%. This was over 50% higher than the profiled conversion rate of 25% for all years, which had assumed that 1500 out of the 6000 beneficiaries starting an activity would complete it.

Table 6.1

Indicator	Project quarter							
	Q1 2019 Jan-Mar	Q2 2019 Apr-Jun	Q2 2019 Jul-Sep	Q4 2019 Oct-Dec	Q1 2020 Jan-Mar	Total before lockdown	Q2 2020 Apr-Jun	Total to date
Starts (profile)	150	250	800	800	527	2527	1054	3581
Starts (actual)	-	181	869	314	537	1901	158	2059
Completions (profile)	25	75	150	250	138	638	276	914
Completions (actual)	-	78	130	101	428	737	121	858
% of actual starts vs. profile	0	72.4	108.6	39.3	101.9	75.2	15.0	57.5
% of actual completions vs. profile	0	104	86.7	40.4	310.1	115.5	43.8	93.9
Conversion rate (% actual starts/ actual completions)	0	43.1	15	32.2	79.7	38.8	76.6	41.7

It provides a strong indication that the innovative practice model of Haringey Community Gold had exceeded even than its own expectations in raising retention levels of young people, by effective methods of engagement. In short, the programme was demonstrably attractive to its target participants.

A qualitative view of first five months of delivery prior to lockdown is offered by the direct experience of delivery partners. It was the view of the LBH outreach team that 'we hit the ground running', particularly as 'it's a new programme, it hasn't been done before, it's not something that is off the shelf, that is quite an innovative way of doing things, that is bottom up rather than top down' and that that despite a late start, 'we had a cracking first couple of months where we... probably engaged... around 4-500 young people' (LBH outreach team, HCG). The added value of HCG as a joined-up programme was contrasted to the previous situation in which there had been 'lots of opportunities run by lots of different organisations but quite a lot of the time people don't know about them' (LBH outreach team, HCG)).

This positive start experienced by HCG was echoed by a delivery partner, who explained that 'the programme... used to have sessions with 10-14-year-olds... training them up in interests that they had... that was going really well. We had 96 sign up, up until that point... we were going to get more... but then that's when lockdown came in'. (Delivery partner A, HCG). Similar views were expressed by other

partners, who indicated that 'it's well documented that we were packed out. I mean the programme served its purpose, which was 'off the streets less heat'. Get as many as we can off the street and there'll be no heat' (Delivery partner B, HCG) and that prior to lockdown 'it was going really well... we had a lot of young people coming through the door that wanted out support... so for us the referrals and the other people that we engage with were much, much higher before the lockdown (Delivery partner C, HCG).

Another positive feature of the HCG programme prior to lockdown was that the demand for access to programme activities from young people was so high that in some cases it exceeded the capacity of existing partners to provide places, which led to the commissioning of additional provision from providers outside the consortium in order to address specific needs of HCG beneficiaries: 'Four hundred young people said they would like to find a job... we've got two employment providers... they can't process 400 people, so we had to create external partnerships, where... those 400 would be referred to any services that are available' (LBH outreach team, HCG).

In terms of the HCG referral model, several partners indicated that the majority of their beneficiaries had been directly recruited prior to lockdown, while internal referral had happened mainly via the LBH outreach team acting as a gateway into the programmes offered by the other partners. In terms of the

relative lack of referrals between partners other than those emanating from the outreach team, one partner felt that this was because there had not been a 'publicised version of what each group does (Delivery partner B, HCG)'. Another partner expressed the view that there had been a lack of incentive for internal referrals due to the risk of double counting, although it was emphasised by the LBH outreach team that beneficiaries could in fact take part in up to three activities run by different partners after they were registered. Despite these observations, it seems clear from the figures on output achievement discussed earlier that the level of internal referrals did not impact on HCG's ability to meet its targets prior to lockdown.

6.2.1 Immediate impact of lockdown

When the impact of the Covid-19 lockdown is considered, there was an immediate quantitative effect on project activity. Actual starts and completions for the second (April-June) quarter of 2020 fell from being 101.9% (starts) and 310.1% (completions) against their respective profiles in the previous quarter to only 15% (starts) and 43.8% (completions) against profile. However, the conversion rate of actual starts to actual completions fell only slightly from 79.7% in Jan-March 2020 to 76.6% during April-June, as seen in Table 6.1.

These figures reflect the severe challenges faced by programme partners in recruitment for beneficiaries during the first three full months

of the nationwide Covid-19 lockdown, i.e. April-June 2020. Conversely, the relative consistency of retention and conversion rates for beneficiaries who had already started activities clearly shows the strength and attractiveness to young people of the engagement models used by HCG partners.

Unsurprisingly, cumulative progress against profile for all quarters to date now fell, from 75.2% of profiled starts and 115.5% of profiled completions by the end of March 2020, to 57.5% of profiled starts and 93.9% of profiled completions by the end of June 2020 (see Table 6.1). However, this is still a significant achievement, firstly because cumulative completions were only 6.1% below profile and secondly because the cumulative conversion

rate of starts to completions, at 41.7%, was still two thirds higher than the rate of 25% that was originally profiled across the life of the HCG programme.

Looking forward to the remainder of the HCG programme, at the end of June 2020, there remained 3941 starts and 642 completions of profiled HCG outputs across the remaining seven quarters between July 2020 and December 2021. The three scenarios identified in Table 6.2 illustrate potential risks faced in terms of meeting these outputs. (The underlying calculations used to produce these figures are shown in Appendix 1).

Table 6.2: Possible output scenarios under Covid-19

Scenario	Assumptions about effects of lockdown in immediate future	Average number of starts needed per quarter to meet profile post-lockdown	Average number of completions per quarter to meet profile post-lockdown	Conversion rate of starts to completions required post-lockdown	Risk
1	None	657	107	16.3%	Required number of quarterly starts is over 50% above that achieved to date by HCG
2	Starts & completions stay at same levels seen in Q2 of 2020 for Q3 of 2020 only	757	104	13.8%	
3	Starts & completions stay at same levels seen in Q2 of 2020 for Q3 & Q4 of 2020	906	100	11.1%	
4	Starts for all remaining quarters assumed to be 316	317	107	31.6%	Starts will not meet current HCG profile

Although scenarios 1-3 would need a much lower conversion rate of starts to completions than has been achieved so far by HCG, the real challenge is that the average number of starts per quarter so far has only been 412 overall, or 475 prior to lockdown, falling to 158 in the quarter entirely affected by lockdown, April-June 2020. Yet the first three scenarios require on average over 600 starts per quarter. In Scenario 4, the number of quarterly starts for the remainder of the programme is set conservatively at an average of its April-June level (158) and the cumulative level prior to that (475), which makes it 316.5. The required conversion rate needed to achieve the remaining number of profiled outputs would then be above the rate assumed by the original HCG profile (25%), but below that achieved to date (41.7%).

All of three scenarios suggest that the existing profile of starts may be hard to achieve, arguably due to the cumulative effect of a late programme start during 2019 and the impact of Covid-19 in 2020. Whilst results to date suggest there is far less risk in meeting the profile for completions (see Table 6.1), a shortfall on starts would mean that fewer young people than planned would have the opportunity to experience HCG activities, whether or not they went on to complete the activity. Possible options to redress such a shortfall could include: (a) reducing the number of profiled starts, (b) providing additional resources to HCG.

Qualitative responses of the HCG delivery partners on the immediate impact and challenges as well as opportunities faced as a result of the Covid-19 lockdown can be

grouped into four main themes, which are as follows:

- Effects on services of losing face-to-face access to young people
- Effects on health and well-being of young people, families and delivery teams
- Effects of transitioning to alternative modes of delivery (phone and online)
- Emerging opportunities to deliver new or altered services to meet needs

6.2.2 Effect of losing face-to-face access

The loss of face-to-face access by HCG partners to young people caused by the lockdown affected all partners. For the LBH outreach team, this meant they had to 'shut down a lot of settings - football, basketball, studio time' and that 'a similar instruction was given to all the partners' (LBH outreach team, HCG).

While all partners made efforts to maintain contacts with young people via phone and online, the immediate impact of the loss of face-to-face access on HCG partners was illustrated by the view that 'our work is based on building rapport with young people, so it was not an easy transition', which meant that the biggest challenge posed by lockdown was 'managing disillusioned and bored youths'. (Delivery partner D, HCG). This was echoed by another partner, for whom the biggest

challenge became 'engaging people', not in terms of 'getting numbers' but in persuading them to 'get to the session', especially once the activity was being delivered online, and the equipment available to deliver the session was 'not up to standard of online media that young people are used to' (Delivery partner E, HCG). Similarly, for a partner delivering access to employment, the key challenge became 'keeping them available... getting through to them [by phone]- one - and secondly retaining their interest (Delivery partner C, HCG)'. The general picture seemed to be that the immediate effects of losing face-to-face contact were challenging, although as subsequent sections will show, the picture would change again in the light of the transition to alternative modes of service delivery and the development of new or altered services.

6.2.3 Effects on health and well-being

The impact of lockdown also led to concerns about health and wellbeing both for young people and for HCG delivery staff. For one partner, this challenged the output-driven programme requirement to sign up new beneficiaries. 'Instead of concentrating on all the new young people, we've got a lot of traumatised young people... they've just been through an experience that doesn't make sense to them... what they have walked away with is a lot of anxiety, being behind with their schoolwork.'

Just before lockdown we were working with two young boys who were on the verge of being excluded from school, and they're still in limbo (Delivery partner A, HCG)'. Moreover, an online survey of programme beneficiaries during lockdown had also indicated that 'about 80 to 90% of the young people admitted to having stress and anxiety ... children don't use the word depression [but] it sounds like a lot of children are falling into the depression category (Delivery partner A, HCG)'.

The health of HCG delivery teams was also affected directly. For one partner, 'one of the major problems for me was that I was ill from March onto Mid-May. I had quite severe Covid symptoms. So that's a long time, it impacted our project (Delivery partner F, HCG)'. There were also on psychological well-being. 'In April... personal losses started to happen. People were starting to get news of people that

were... starting to get Covid... it started to get a little bit more real... I think everybody's mental health and their own kind of circumstances and their own worries and anxieties became quite high (LBH outreach team, HCG)'. One of the results for both staff and young people was that 'by May, we had an elevation of referrals to mental health. Not only with staff ... but also the young people (LBH outreach team, HCG)'. For HCG staff, despite these challenges, 'people kind of got round the idea of we have to continue no matter what anyway' and 'things did start again' (LBH outreach team, HCG). However, for some partners, the transition to new working methods also brought challenges for staff health and wellbeing in that 'an overload of time online is affecting people's mental health (Delivery partner F, HCG)'. These experiences confirm that the health impacts of the Covid-19 lockdown had been psychological as well as physical; and had affected the health of individuals (a) directly; and (b) indirectly, when relatives and/or friends had become ill.

6.2.4 Effects of transitioning to alternative modes of delivery

Once face-to-face access by young people to HCG services had stopped, partners had mixed experiences on the use of online communications via applications such as Zoom and Microsoft Teams. For one partner, 'with Teams [our staff] used it... but when it comes to young people, a lot of the time what we got

was 'I don't have a laptop... someone else is using it'... it was more difficult in trying to get them to respond and to engage with us.... to be honest they always preferred a phone call... (Delivery partner C, HCG)'.



Steel Warrior's Summer Programme

Conversely, another partner found that ‘the technologies that we were using were... quite effective... but in normal times they would be much more effective’, due to the point that ‘if you’ve got... social unrest... [and] a hike in crime... with regards to the demographic that we were dealing with, those factors were also impacting the young people as well (Delivery partner G, HCG)’. Here again, the accessibility of communications technology was not the same for all, even amongst those young people who did have online access, as ‘we gradually realised that a lot of these young people had different learning styles... for a lot of them, it’s slightly more difficult to engage... purely just due to attention span... we found that even with the ones who did really benefit from using the technology, there’s nothing better than face-to-face (Delivery partner G, HCG)’. Overall, it would appear that the transition to alternative modes of delivery meant that the extent and quality of access to services by young people could not be predicted in advance and would need to be understood by partners on the basis of emerging experience. It was equally clear, however, that alternative modes delivery also presented new opportunities for HCG partners, therefore these are discussed in the next section.

6.2.5 Emerging opportunities to deliver new or altered services

Amongst the unexpected impacts of the Covid-19 lockdown were a number of opportunities that emerged for HCG partners. For many, the need to contact beneficiaries by telephone in order not to lose touch had unexpected benefits, in that ‘the good thing for me as a provider is the fact that you get to hear their stories. What ails them, what’s the problem, what they need help with...they confided in me in terms of what’s going on... a lot of interaction on the phone... which normally, because they always come here every day...wouldn’t happen... it brings a little bit of closeness... you get to know them.’ (Delivery partner B, HCG)’.

This was echoed by another partner, who indicated that ‘I am getting to know them a bit better, because stuff comes out (Delivery partner E, HCG)’. Similarly, for a partner delivering employment-related training, prior to lockdown ‘the majority of sessions were always done as a group’, however in the light of ‘the young people only being reachable by phone’ this had meant that ‘it allows us to really tailor to just that one person (Delivery partner C, HCG)’.

The economic effects of Covid-19 on young people and their families also led to opportunities for the HCG programme to help both young people and their families. ‘We started thinking of ... a particular focus around

those who are more vulnerable than most... those young people that we might be worried about... we started contacting them regularly... by Easter we were calling... actually getting through to 80 young people. We started to identify things like food poverty and isolation... and we started to address it (LBH outreach team, HCG)’. Similar activities were started by several of the HCG delivery partners, who ‘started handing out food to families of the young people who attended...sometimes young people would come in and collect food for their families, or their parents would come in...(Delivery partner A, HCG)’. Besides providing material support to families, the provision of food by HCG partners also ‘allowed us to constantly see young people even if it was on their doorstep...(LBH outreach team, HCG).

For one partner delivering employment related provision, there were also opportunities created by the transition to online delivery. ‘What it’s opened up...from a business perspective, it’s the fact that... we’re not stuck as an organisation to one particular area of provision. We can provide services now all across the world, Scotland, Wales, etc ... what you will find is a lot of the service providers in the consortium...we’re all going to get an increase in demand because, unfortunately... there will be a hike in unemployment [and]... a greater demand for our services ...(Delivery partner D, HCG)’.

For another partner dealing with a younger age group, the transition opened up an opportunity to develop a 'digital youth club' based on the suggestions of existing beneficiaries in which young people would be 'set challenges' for which they could win prizes ... (Delivery partner D, HCG)'.

It seemed clear from experiences of HCG partners that these opportunities were realised because partners and/or the HCG programme generally, were able to adapt relatively quickly to address a dynamic and changing situation, despite the challenges faced by all. As will be discussed in the next section, more work will be needed to ensure that the programme can continue to address evolving needs during and after the ongoing Covid-19 pandemic whilst meeting its contractual targets.

6.3 Wider impacts of lockdown

This section addresses the implications of the ongoing Covid-19 pandemic for the successful continuation and completion of the HCG programme and how the impacts of lockdown may inform the future needs to be addressed by HCG and levels of resources that will be required to do so. In support of that aim, particular reference is made to the collective reflections of HCG partners (a) on their experience of the Covid-19 lockdown; and (b) on their experience of the HCG programme as a whole, as expressed within the focus group conducted as part of this study.

The first practical impact of the lockdown was that time was lost. This occurred not only because of the impacts discussed in the last section of halting face-to-face work, experiencing ill health and having to alter service delivery, but also because of organisational challenges faced by partner internally. These challenges included staff illness, staff being furloughed following lockdown and other resource challenges. As expressed by one partner, 'we are a month to six weeks behind in our delivery programme from where we would be... it's not that we weren't working but it's having to work in a completely different way. And that has taken time to get used to, which is a challenge... also, if it took a month to six weeks to work in this way, I think it's going to be equally as long to go back (Delivery partner F, HCG)'.

The next point to observe is that despite time being lost out of HCG's planned delivery, the needs that HCG was set up to address did not diminish because of lockdown. As explained by one HCG partner, 'the challenges are still there... I'm very concerned, because... lockdown doesn't mean anything to the people, the young people especially who's on the road (Delivery partner B, HCG)'. This was echoed by another partner, who indicated that 'even if they lock down the whole country... these young people still need support and they still need help with rehabilitation for serious youth violence (Delivery partner G, HCG)'. For the LBH outreach team, this provided a note of

warning about the transitioning to new modes of delivering services, in that 'it's great that we're able to deliver a service by Zoom but that doesn't mean the recipients of that service will have capacity... to actually take on that service, and join in and take some benefit from it. (LBH outreach team, HCG)'. This point was placed within the context of long-term challenges faced by some young people. 'One of hardest arguments that I personally have to bring across is this idea that a child that... is neglected for 15 years, they are not going to automatically change their outlook and what they've seen in life just by meeting one of us two or three times. That's not the way that it works (LBH outreach team, HCG)'.

The lockdown period had also highlighted new and emerging needs with implications for the type and level of service to be provided. One of these was the need to engage families, which had been thrown into sharp focus after venues were closed and communications with parents became essential, for safeguarding reasons, in order to contact younger beneficiaries.

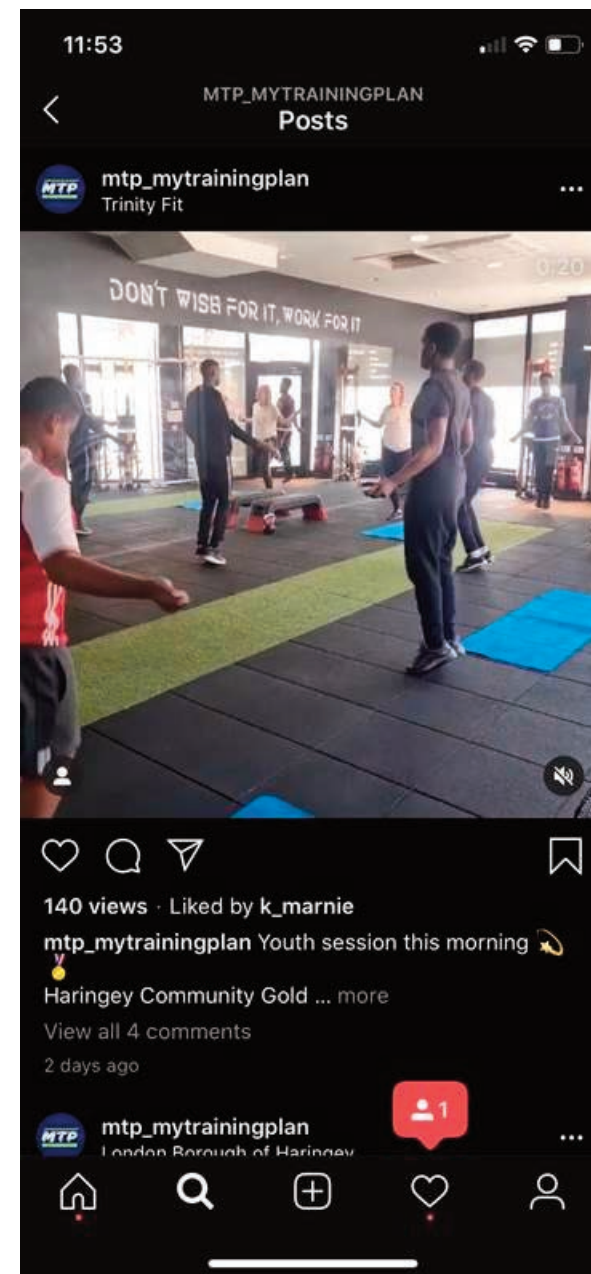
'The mentor will contact parents, and go through the parents to reach the young person... this engagement probably would not have happened if we were in an establishment and the young person was turning up... we are seeing a change... it's helped the dynamic as to how the young person changed...when it comes to any form of engagement with these young people, it's much more effective when you engage the parents as well (Delivery partner G, HCG)'.

This experience was echoed by another HCG partner who had organised a support group during lockdown for parents of teenagers. 'Unless change happens with the parents, it's very difficult for children to maintain change in any of the... investment that you're putting into them. That's been our experience (Delivery partner F, HCG)'. These experiences pointed to a need for a more holistic model of youth-facing provision, one which was already informed the practice of Haringey partners but which was not specifically resourced as part of HCG's funded activity, or embraced by all statutory services, possibly because 'the social work model that is created is around harm to children by parents [but] we're working with harm... in society...harm from peers, harm from neighbourhoods, harm from school environments, and that's a completely different model (LBH outreach team, HCG)'.

As with the emerging need to engage families, one partner expressed the view that both prior to lockdown and once face-to-face services

were able to resume, the Young Londoners' Fund's in-built restriction to work only with young people aged 10-21 might indirectly exclude those young people most at risk of involvement in crime, because 'the street is not just young people...there's the older young adults that they mix and blend with, they're the ones who run it. If they don't come in, the others won't come in. So if I can get them inside as well, then we've done a good job (Delivery partner B, HCG)'. Although this was not a new challenge triggered by lockdown, it is included here to underline HCG's experience that successful engagement with a target group of young people aged 10-21 who are at risk may also require engagement with others who fall outside that group.

Another need experienced by many HCG partners was the need to manage the continuing effects of lockdown, whether psychological, social or economic, on existing or former HCG beneficiaries, even after the funded activity in which a beneficiary had participated was over. As expressed by one partner, 'there's a whole piece of work that needs to be done with the young people who have come through our programme...going back and having that face-to-face time with them again. Almost rewinding the project and then slowly bringing in new people. Even though I know there's a need... we can't just leave people behind at a time where it's been quite stressful for them (Delivery partner A, HCG)'.



My Training Plan (MTP) Covid-19 Bootcamp Sessions

All three of these expanded needs, the need to work with families, to work with older young people and the need to provide extended support to existing HCG beneficiaries, would have resource implications for the HCG programme, as none were anticipated by the existing structure and contract.

Moreover, there had been a loss of delivery time from the programme immediately following lockdown. HCG partners expressed the view that both time and material resources would be required in future to adjust as needs evolved during and after lockdown. 'For me and I think for the programme, we need to be given the time to learn and reflect. Because we've had to change the way that we are working. It isn't a tick-box. We had a model, this is what we thought would work, Covid has come in, and we as a programme, we need time to reflect and test the new way of working, if they want to see an impact, if they want to see the change. So give us the time. And with giving us the time, that also impacts on resources, additional resources. Because we're testing the model (Delivery partner F, HCG)'. This view was echoed by another partner, who indicated that 'we've had to be innovative, we've had to reconfigure and there are still some limitations... it's a new way of working, it's not perfect and it is dynamic, it's continuously evolving... in light of some of the restrictions, despite our innovation... they have to look at what they originally expected us to do.... and modify accordingly (Delivery partner H, HCG)'

HCG partners were however emphatic in

reflecting that their collective response to the Covid-19 lockdown had brought out strengths. 'Sometimes it takes something like this to sort of wake everybody up and to make everybody... rise towards their potential, because there's a hell of a lot of potential in the consortium, there always has been... certainly we've proved that we can work through these circumstances (Delivery partner C, HCG)'. For the LBH outreach team, the experience meant that 'we can see... fruits of the work that we've done last year... when we got hit with Covid, the consortium was very, very close in the sense of people just willing to... try to find solutions... to be out there and being supporting young people whether that was through food banks or even that phone calls at ten o'clock at night. So there's definitely a joined-up spirit in terms of getting solutions for our young people (LBH outreach team, HCG)'. Another strength observed following lockdown had been an increase in internal communications between HCG partners. To build on this collaboration as well as improving the capacity for internal referrals, it was explained by the LBH outreach team that ideally the partnership required 'a client management system' to which all partners had access, to prevent 'the possibility that young people will fall through the cracks'. (LBH outreach team, HCG)'.

In summary, the wider impacts of the Covid-19 lockdown on the HCG partnership have included a loss of programme time, the persistence of existing needs for young people at risk and the emerging of widened needs around family support and re-engagement with existing clients. A consensus exists among partners that additional time will be needed to

reflect, adjust and consolidate the transition in services that is already under way and that additional resources will be needed to accommodate the widened needs experienced. This qualitative finding complements the quantitative finding of section 6.2.1, in which a scenario analysis showed that a shortfall in profiled programme starts would need to be addressed either by reducing the current profile or providing additional resources to HCG.

7. Discussion and conclusion

It was established earlier (in section 5) that the Haringey Community Gold programme was introduced in response to ‘significant levels of youth violence in the borough’, in response to which it had offered ‘a community-based and long-term approach’ (LBH, 2019). It was also shown that the programme represented significant value added, both quantitatively and qualitatively, in the context of existing youth-facing provision in the London borough of Haringey as well being relatively cost-effective in the context of all YLF projects across London. In terms of the expected effects of the Covid-19 lockdown, national research had indicated serious risks were likely to be faced by young people, which might be compounded by the known disproportionate effects of Covid-19 on BAME communities, who made up the majority of HCG beneficiaries (and also the majority of HCG staff).

This means that the ‘baseline’ prior to the Covid-19 lockdown – in a qualitative sense – was characterised firstly an innovative, recently-enhanced model of youth-facing provision and secondly, a significant level of youth need that was expected to become greater as a result of lockdown. Quantitatively, HCG’s baseline prior to lockdown had shown significant over-achievement against profiled numbers of programme completions and conversion rates of starts to completions, indicating that anticipated needs had been more than met to date.

Against this background, it was shown in Section 6 that HCG experienced a major fall in recruitment of young people against profile, as a result of the lockdown, during the April-June quarter of 2020. There were also significant qualitative impacts associated with the loss of face-to-face access by young people to the programme, the health impacts of Covid-19 and the need to transition to non-physical modes of services delivery. Despite this, it was shown that cumulative programme completions and conversion rates had only fallen marginally. The major challenge then identified from the scenario analysis was a possible shortfall in programme starts, for which possible solutions would entail either increasing programme resources or reducing the profiled 6000 programme starts. Qualitatively, the response to lockdown by HCG partners had included the realisation of unexpected opportunities around the mode and content as services were adapted to meet emerging needs.

The wider impacts on the HCG programme of the Covid-19 lockdown were shown to include the persistence of existing needs for young people at risk and the emerging of widened needs around family support and re-engagement with existing clients. Along with the effects of losing time out of programme delivery and engaging fewer beneficiaries during the first full quarter of lockdown, this was seen to indicate that the HCG programme would need adjustment time as well as additional resources in order to fulfil its aims.

The use of an outcome-based approach to measure change delivered for young people, which was open to criticism within current discourse around youth work, required that outcomes were pre-defined before project approval. The findings suggest that one disadvantage of this approach might be that outcomes identified as necessary for HCG’s effectiveness following the Covid-19 lockdown, such as engagement with families and re-engagement with existing clients, would not have formal value or specific resources within existing HCG contracts.

What can be concluded about the impact of Covid-19 and the ensuing UK-wide public lockdown on the HCG programme during 2020? Firstly, these events had a series of unanticipated consequences both on the delivery partners and on the young people for whom the programme exists. They challenged the method of face-to-face delivery that had been at the core of HCG and youth-facing provision generally, although they left intact the commitment of partners to maintain close rapport with beneficiaries whilst adapting their delivery methods. The lockdown brought challenges around the physical and psychological health of HCG partners and young people, the transition to non-physical service delivery and expanded needs experienced by existing and new programme beneficiaries. At the same time, the lockdown enabled the realisation of opportunities around meeting some of these expanded needs, reaching a wider target group via online services and building deeper bonds with beneficiaries and their families over the telephone. Most importantly, the lockdown appears to have strengthened the model of the HCG consortium by increasing collaborative work and mutual learning.

8.

Recommendations

1.

That the GLA considers the recommended expenditure and output reprofile (attached at Appendix 2) as a revised template on which to support the successful continuation and completion of the HCG programme, based on the findings of this study on the effects of Covid-19 on the HCG programme.

2.

That the findings of this report are used to inform future programmes of youth-facing provision by LBH and the GLA.



9. List of references

BBC News, 24.3.20. Coronavirus: Strict new curbs on life in the UK announced by PM. Available at: <https://www.bbc.co.uk/news/uk-52012432>

Berry, S., 2019. London's lost youth services 2019 – A report by Sian Berry AM, Green Party Member of the London Assembly. Available at: https://www.london.gov.uk/sites/default/files/sian_berry_am_london_youth_services_2019.pdf

Coronavirus Act 2020. (c.7). London: The Stationery Office.

Cooper, C., 2012. Imagining 'radical' youth work possibilities – challenging the 'symbolic violence' within the mainstream tradition in contemporary state-led youth work practice in England. *Journal of Youth Studies*. 15(1), pp.53-71.

Cooper, T., 2018. Defining youth work: Exploring the boundaries, continuity and diversity of youth work practice. In *The Sage handbook of youth work practice*. London: Sage Crosby et al, 2020. You-COPE – Disruptions experienced by young people aged 18-24 during the first months of the Covid-19 lockdown. Available at: https://www.ucl.ac.uk/child-health/sites/child-health/files/ppp-youcope-briefing-disruptions_2020-06-23.pdf?fbclid=IwAR0j229WS_eK-

Z8lqm4zPFgrwzE0Y70Gp637MeylXk-IDR0BDQPGdvxhvKE

European Youth Work Convention, 2015. 2nd European Youth Work Convention: Similarities in a world of difference. Available at: <https://pjp-eu.coe.int/documents/42128013/47262187/EYWC2015+Final+report+booklet.pdf/9acd00c0-0c25-4e44-a96d-e7ee324c84ed>

Greater London Authority, 2019. Young Londoners Fund – Round 2 Prospectus, May 2019 – Available at: https://www.london.gov.uk/sites/default/files/yf_round_2_prospectus.pdf

Greater London Authority, 2020a. Mayor's Young Londoners' Fund (web page) Available at <https://www.london.gov.uk/what-we-do/education-and-youth/young-londoners/mayors-young-londoners-fund>

Greater London Authority, 2020b, Young Londoners Fund projects (spreadsheet). Available at: <https://data.london.gov.uk/dataset/young-londoners-fund-projects>

Health Protection (Coronavirus, Restrictions) (England) Regulations 2020. (SI 2020/). Available at: http://www.legislation.gov.uk/ukxi/2020/350/pdfs/ukxi_20200350_en.pdf

Greene, J. C., Caracelli, V. J., and Graham, W. F., 1989. Toward a conceptual framework for mixed-method evaluation designs. *Educational Evaluation and Policy Analysis*. 11, pp. 255-274.

London borough of Haringey, 2019. Minutes of the meeting of the cabinet held on Tuesday, 12th March, 2019, 6,30pm. Available at: <https://www.minutes.haringey.gov.uk/documents/g8736/Printed%20minutes%2012th-Mar-2019%2018.30%20Cabinet.pdf?T=1>

Public Health England, 2020. Beyond the data: Understanding the impact of COVID-19 on BAME groups. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf

St Croix, T., 2019. Youth work, performativity and the new youth impact agenda: Getting paid for numbers? *Journal of Education Policy*. 33(3), pp. 414-438.

UK Youth, 2020. The impact of Covid-19 on young people and the youth sector. Available at: <https://www.ukyouth.org/wp-content/uploads/2020/04/UK-Youth-Covid-19-Impact-Report-External-Final-08.04.20.pdf>

Appendix 1: Scenario analysis – supplementary calculations

Table A.1: Calculations used to produce scenario analysis in Table 6.2

	Achieved to date 2019-20	Profile Jul-Sep 2020	Profile Oct-Dec 2020	Profile Jan-Mar 2021	Profile Apr-Jun 2021	Profile Jul-Sep 2021	Profile Oct-Dec 2021	Total (all years)
Scenario 1:								
Starts	2059	657	657	657	657	657	656	6000
Completions	858	107	107	107	107	107	107	1500
Scenario 2:								
Starts	2059	158	757	757	757	755	755	6000
Completions	858	121	105	104	104	104	104	1500
Scenario 3:								
Starts	2059	158	158	907	906	906	906	6000
Completions	858	121	121	100	100	100	100	1500
Scenario 4:								
Starts	2059	316	316	316	316	316	316	3955
Completions	858	107	107	107	107	107	107	1500

Appendix 2: Recommended reprofile for HCG programme

Table A.2.1: Original and new profile for all outputs in quarters 3 and 4 of 2020

HCG Quarters 3 (Jul-Sep) and 4 (Oct-Dec), 2020– All reprofiles combined (excluding BRT, We Care Homes and Access UK)				
	ORIGINAL	NEW	Reduction	Reduction
Output Measure	Tot. outputs	Tot. outputs	Number	Percentage
Number of unique participants YP who started activity	974	632	342	35.16%
Number of unique participants YP who completed an activity	326	210	-116	-35.58%
Number of training opps provided to YP	234	153	-81	-34.62
Number of YP gaining employment (p)	54	35	-19	-35.19%
No. of YP completing an accred/unaccredited course or qualif (p)	134	85	-49	36.57%
Number of YP accessing Ment. Health Spptt via HCG (p)	49	29	-20	-40.82%
Number of jobs created through the YLF fund(p)	4	3	-1	-25.00%
Number of unique participants Prof who started activity	0	0	0	N/A
Number of unique participants Prof who completed an activity	4	0	-4	-100.00%
Number of unique participants Prof Trained receiving 2hrs supervision	1	0	-1	-100.00%

Table A.2.2: Comparison of aggregate reprofile with original profile for Q3+Q4 according to GLA return

	Original target on GLA return Q3 + Q4	Original target on GLA return Less 35%	Outputs reprofiled to date by 7 HCG partners	Shortfall
Number of unique participants YP who started activity	1,055	686	632	54
Number of unique participants YP who completed an activity	277	180	210	-30 (over profile, so no shortfall)

Table A.2.3: Indicative budget for reprofiled expenditure in Q3 and Q4 of 2020

Reprofiled expenditure for 7 of 10 HCG partners				
Capital	£	Revenue	£	£
Description	Amount	Description	Amount	Total
Mobile phones and credit	4,057	Staff training	1,100	
Laptop computers	6,940	Sports coaching	1,380	
Tablet computers	1,600	Outreach workers	415	
Audio visual equipment	2,400	Boxing sessions	5,000	
Gaming equipment	600	Youth Advisory Board costs	500	
Sports equipment	375	Online events	7,500	
Catering equipment	500	Wifi and teleconferencing costs	1,350	
Miscellaneous	88	Healthy eating consumables	720	
		Venue hire	540	
Sub-total of reprofiled expenditure	16,560		18,505	35,065
Original budget for Q3 & Q4 for the partners shown above				185,980
Original budget for Q3 & Q4 – all partners				250,000
Average percentage of Q3 & Q4 budget reprofiled per partner to date				18.9%
Maximum recommended percentage of budget for Q3 & Q4 of 2020 to be reprofiled to accommodate further changes in provision informed by Covid-19 lockdown				35-50%

For further information

Community Information and Research Unit (CIRU) is a division of NLPC Ltd

For a copy of this report (free as a PDF) and other publications ; send email to publications@nlpcld.org.uk.

Read more summaries at <http://nlpcld.com/community-information-research/>

Other formats available

ISBN 978-1-9162597-0-6

CIRU

c/o NLPC Ltd

The NRC

177 Park Lane

London N17 0HJ

Tel 020 8885 1252

email: publication@nlpcld.org.uk or

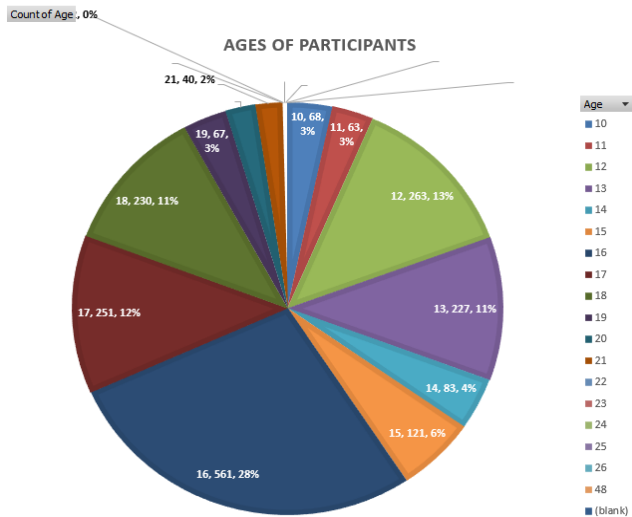
john.egbo@nlpcld.com



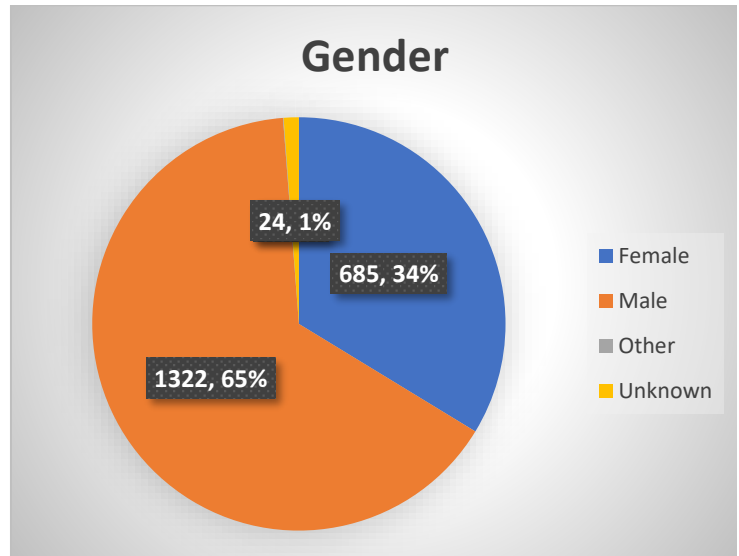
Community Information and Research Unit



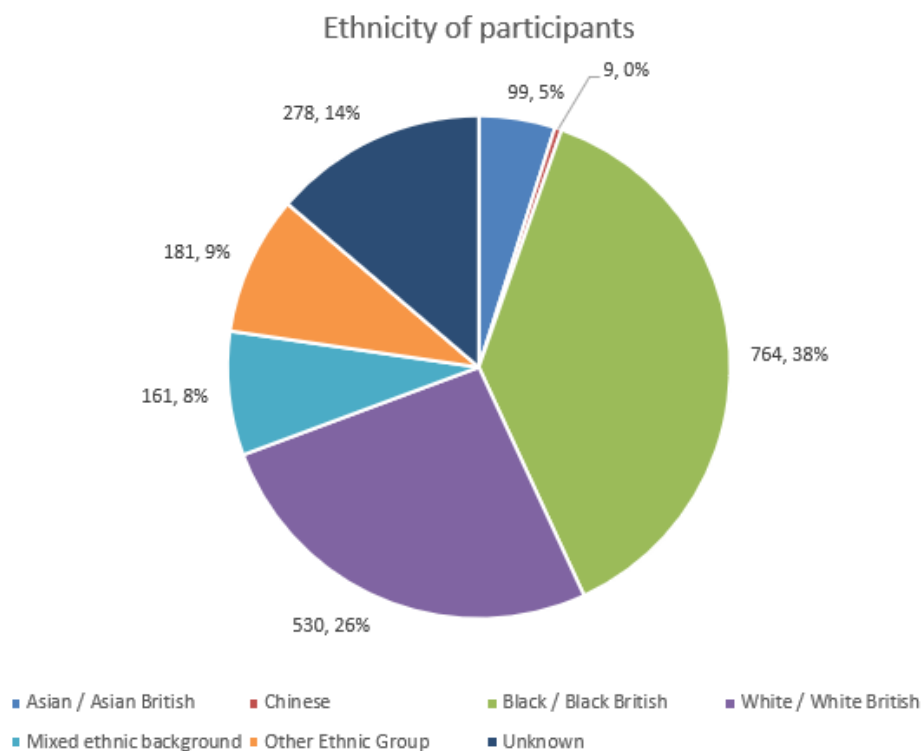
Appendix 2 – 2020 Haringey Community Gold participants



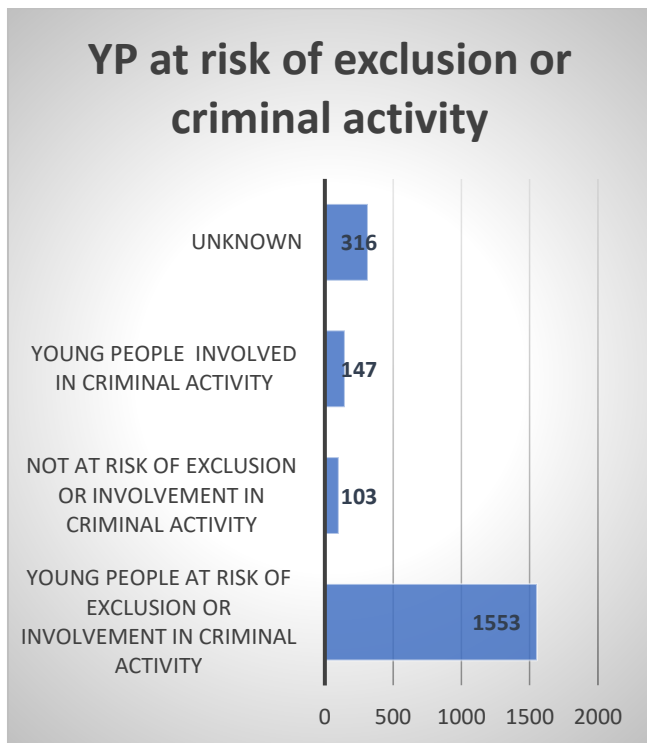
Graph 3 – shows most participants are aged 16 to 18 (1042) and 12 to 13 (490)



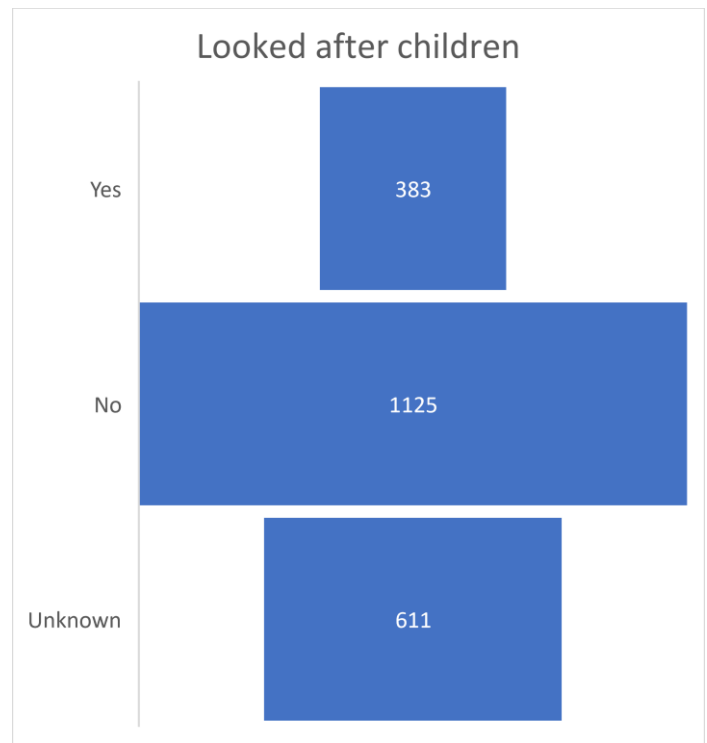
Graph 4 – demonstrates the gender of participants, 65% (1322) are male.



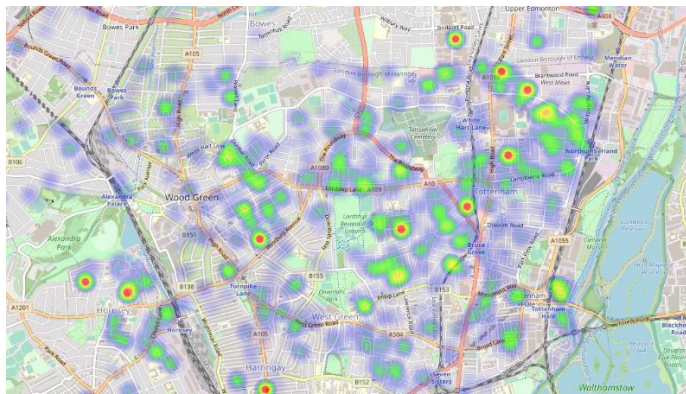
Graph 5 – the highest percentage 38% of participants are from Black / Black British (764) followed by White / White British (26%). The large number of unknowns (278) is due to those who participated in online exercises not declaring it.



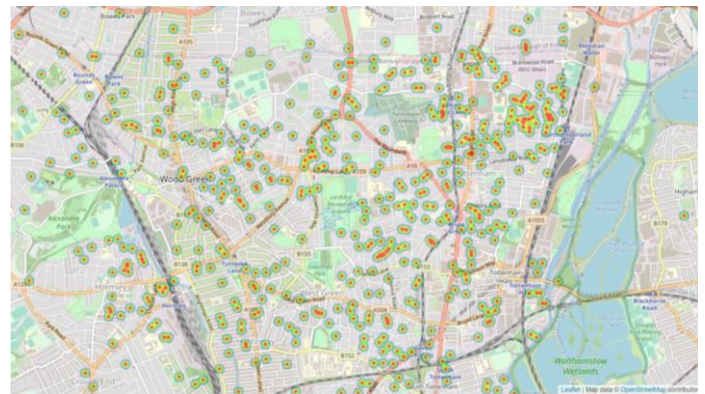
Graph 6 – Risk profile of young people engaged



Graph 7 – Number of looked after children (self-declared)



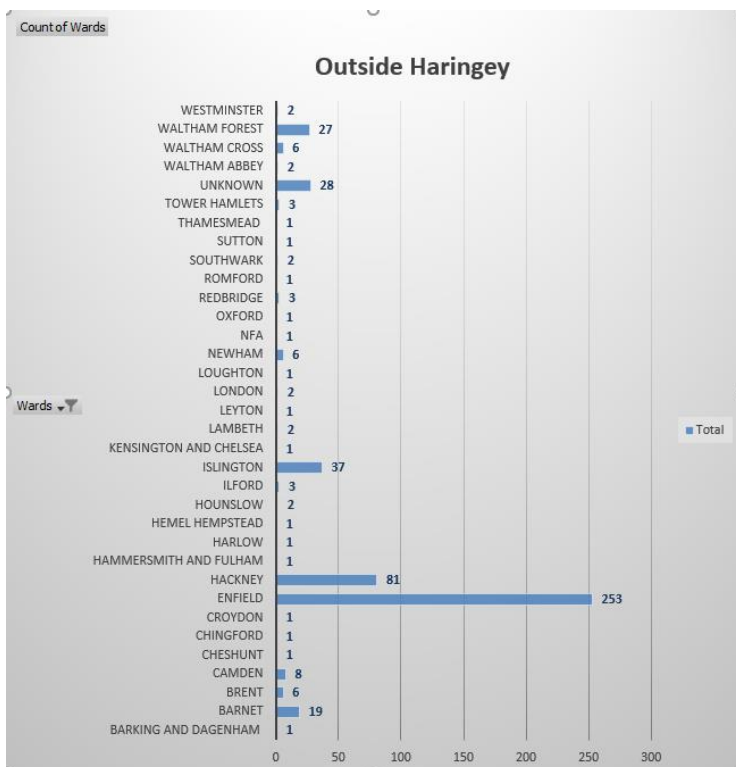
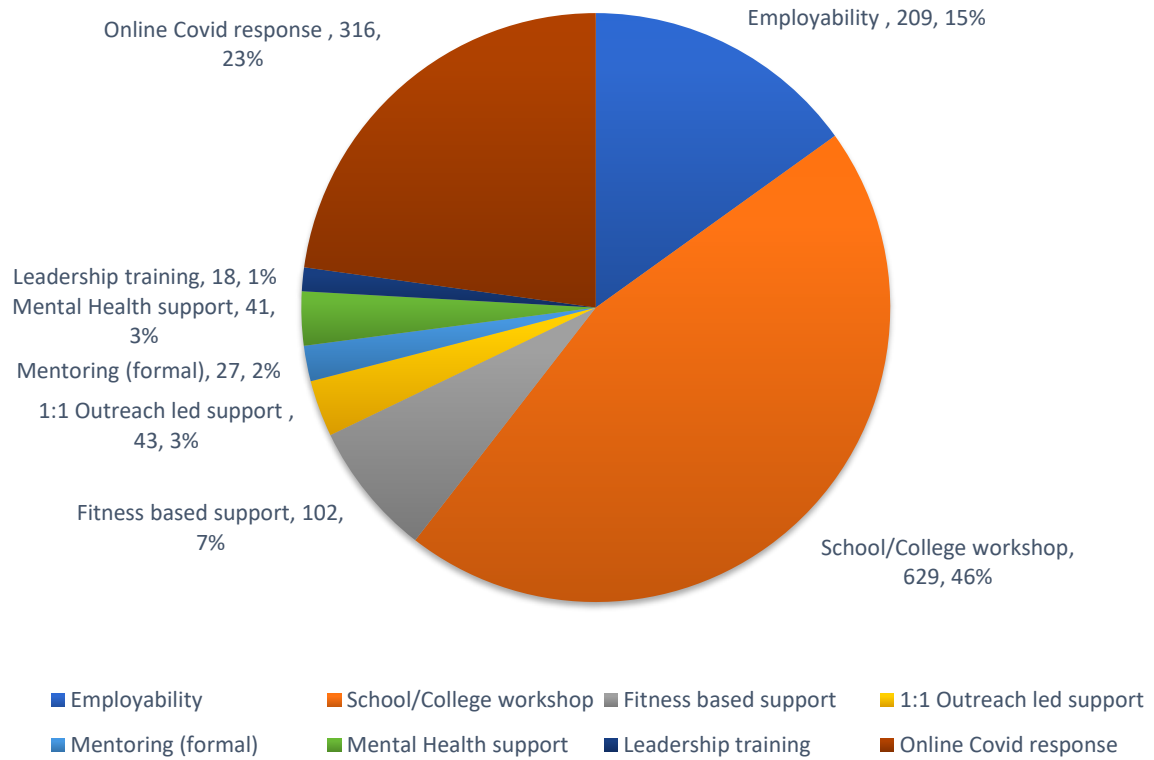
Heatmap 1 – Engagement heatmap in 2019



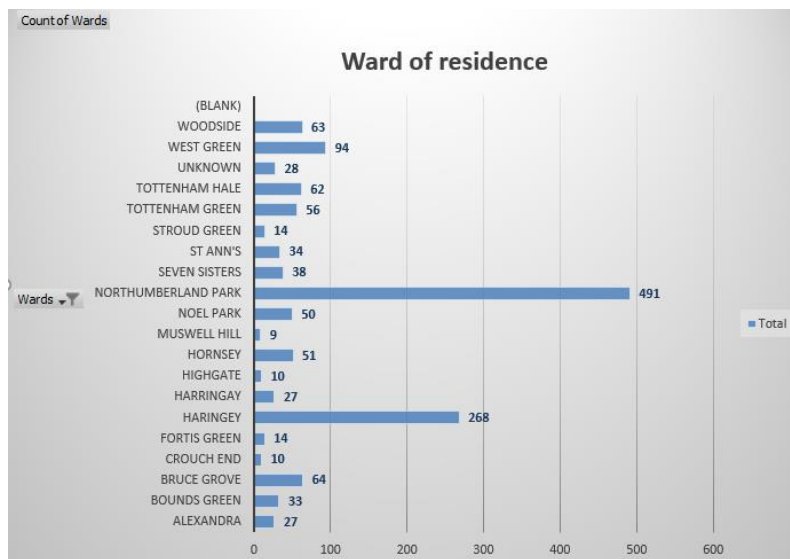
Heatmap 2 - Engagement heat map 2020

Engagement heatmaps demonstrate the shift from a north east focus in 2019 to boroughwide in 2020.

Activities YP engaged with 2020



Graph1 - Out of those who live outside the borough the great majority (334) live in Enfield and Hackney, followed by Islington and Waltham Forrest.



Graph 2 – represents the Haringey ward participants live and shows most participants live in Northumberland Park Ward.

HCG evaluation plan update (Feb 2021)

The evaluation plan has evolved with the programme as we have worked with partners to understand the most effective ways to collect outcome indicators within the resources available and within the practical constraints of lockdown. Our approach to the evaluation incorporates: pre and post outcome surveys; data tracking; wider programme measures; and a process study.

1) Pre and post outcome surveys:

The aim of these measures is to assess the 'distance travelled' by YP in certain outcome areas and with certain partners (those with specific interventions where young people consistently attend for a period and therefore where we might reasonably expect to be able to detect a change on relevant outcomes). The outcomes measured link to the individual Theories of Change produced with partners at the outset of the programme. The young people surveyed and the outcomes measured include:

- a) Participants in the Exodus programme – these are the YP identified by the youth outreach team as at highest risk of involvement in youth violence and/or criminal exploitation. Outcomes are measured using a bespoke Outcome Star developed by the Exodus programme. These outcomes focus around changes in attitude on a range of areas such as victim awareness, personal safety, health and wellbeing, positive choices around life and future among others.
- b) Participants in the current round of NLPC leadership training – the survey combines the following standardised outcomes measures: Civic Attitudes Scale (measures civic attitudes related to participation in community service i.e. the extent to which youth are willing to assume responsibility to help others solve societal problems). Social self-efficacy scale (measures the ability to relate to and communicate effectively with others) and the Rosenberg Self-esteem scale.
- c) YP attending the weekly group run by HarPA using the Child and Youth Resilience Measure (CYRM) developed by the Resilience Research Centre to measure the impact of participation on the group on young people's resilience.

Current progress:

Data has been collected by the Exodus programme and the baseline surveys have been completed for the NLPC leadership programme. It has not been possible for HarPA to implement the CYRM because of the changes to their delivery forced by the pandemic. However, we hope to collect data from young people returning to the programme post lockdown, which also represents a clear time point to collect a baseline measure.

2) Data tracking

To complement the data collected by the Exodus on the impact of their programme on young people's awareness and attitudes we will also be looking at council held data on educational

attainment and youth justice outcomes for those young people completing the programme. As mentioned previously this cohort represents the YP identified by the youth outreach team as at highest risk of involvement in youth violence and/or criminal exploitation.

3) Wider programme measures

The above measures cover a small cohort of those participating in the programme as a whole. The decision to focus on these cohorts was taken based on a) feasibility of collecting data and b) the available evaluation resource. To improve our understanding of the impact of HCG on a broader range of young people the evaluation will also look at:

- Basic outcome measures, such as the number of YP gaining employment captured through the ongoing routing project monitoring.
- Analysis of case studies with follow up telephone surveys for a random sample of up to 50 young people supported by the outreach team, designed by the Bridge and conducted by the Youth Outreach apprentice team (currently in progress).
- Select case studies provided by partners on an ongoing basis (note that as case studies are selected by the partners, introducing sampling bias, data will be illustrative only)

4) Process study

This part of the evaluation aims to explore learning around the practical implementation and delivery of the programme, based on:

- a) interviews with partners at the end of each delivery year
- b) documentation review
- c) attendance at key meetings

Data collection is ongoing, with annual interim reports produced (March) and a final evaluation report anticipated within 3 months of the programme ending (March 2022).

Haringey Community Gold

Young Londoners Fund

SUPPORTED BY
MAYOR OF LONDON

DMT - 24 February 2021

HCG Progress and Evaluation

CYP Scrutiny Panel on 8 March

- Introduction
- Achievements in 2020
- Breakdown of participants
- New image
- Evaluation
- Feedback
- Questions

Borough Plan 2019 - 2023

Outcome 12 – A safer borough

- Improving community confidence and reduce fear of crime
- Reduce number of victims and perpetrators of crime and reduce the serious harm experience by victims
- Reduction in the number of young people entering the criminal justice system



Young People at Risk Strategy
2019-2023



Young People at Risk Strategy 2019 - 2023

- Commitment to reducing youth violence
- Multi-agency VCS led response
- Cuts across the five strategy areas



Haringey Community Gold

Haringey Community Gold continues to support Haringey young people at risk of exclusion and those involved in or on the periphery of criminality.

A network of connected community programmes catch and respond to young people at various stages in the cycle of serious harm / exclusion / criminality.

Using a tailor-made dedicated outreach service and a range of community-based agencies, we reach disenfranchised youth on the streets, in the home, at education establishments or in prison.

The strengths-based approach creates practical, tangible pathways and maximises opportunities for young people to achieve their potential and turn their lives around.

Haringey Community Gold includes dedicated support for BAME young people. For example, Access UK offer a bespoke BAME careers and employment service and Off The Streets Less Heat offers a sport provision to young people on Broadwater Farm estate, the majority of whom are BAME.

FIVE key outcomes

Outcome 1: Young people feel and are safe from violence at school, at home and in their community

Outcome 2: Young People have healthy relationships with their family, peers and trusted adults

Outcome 3: Young people are happy and confident, enjoying their lives with positive aspirations for the future

Outcome 4: Young people confident in the Police and civic institutions

Outcome 5: Young people access help when problems arise and are confident to do so

HCG delivery (YLF targets)

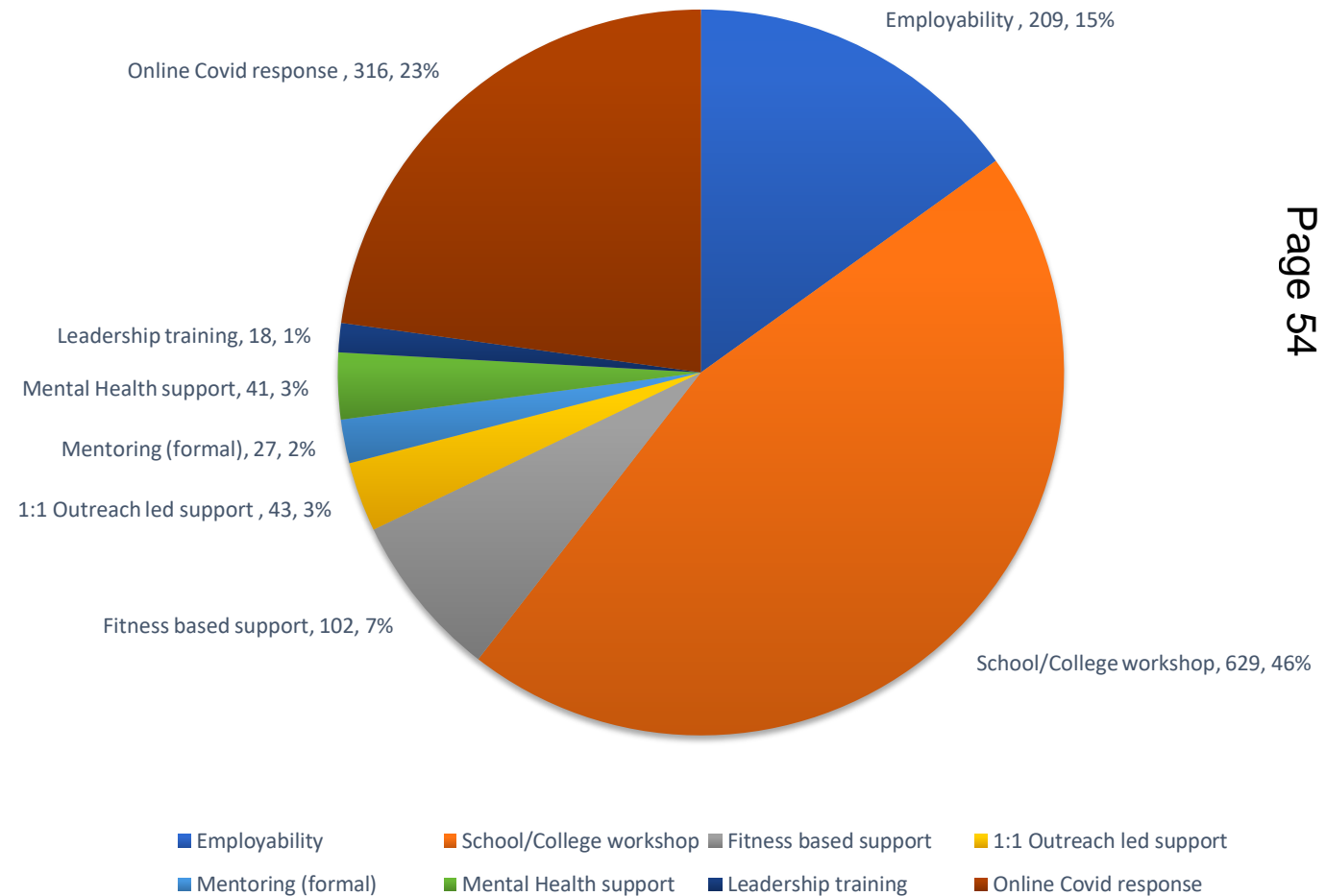
2119 engaged (2000)

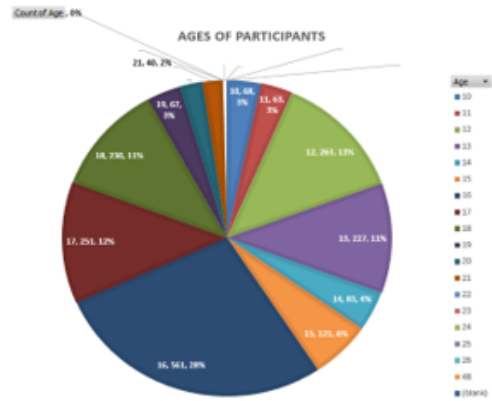
809 individuals completing activity (500)

Outcomes

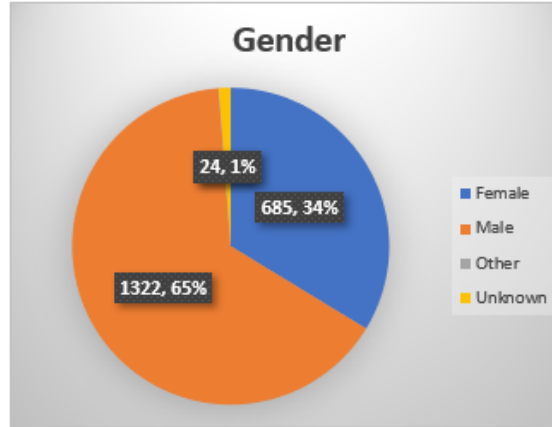
- Increased engagement 809 individuals completing activity
- 629 Improved behaviour & Improved attainment
- 209 completed employability training
- 265 completed accredited/non-accredited training
- 193 Improved wellbeing
- 37 gained employment
- 41 accessed Mental Health services
- 1314 completed activities (number of individuals completed more than one activity)
- YAB - 18 signed up, 15 active, 12 paid
- Programme & Apprentice shortlisted for Haringey Awards

Activities
YP engaged with 2020

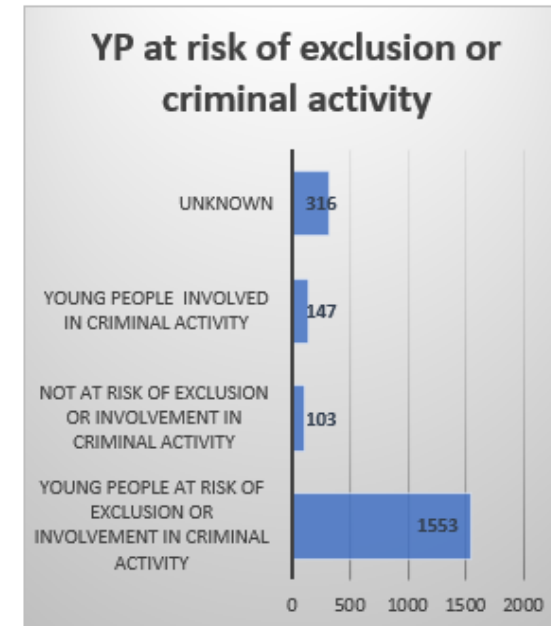
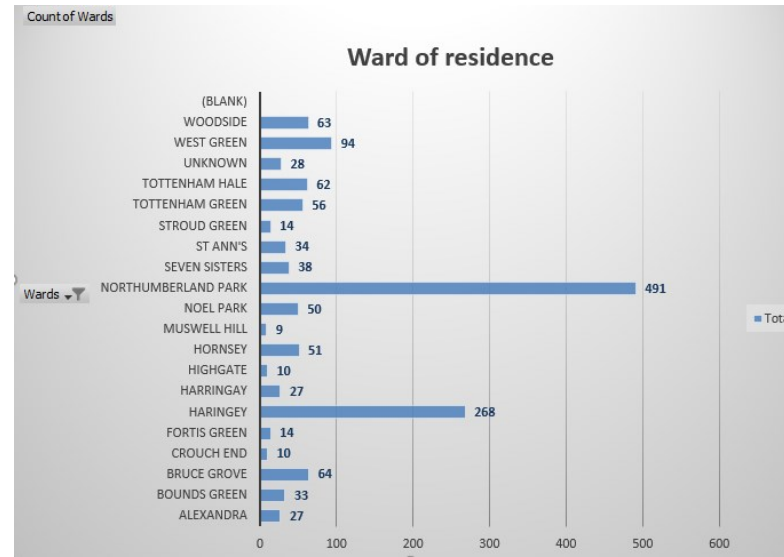




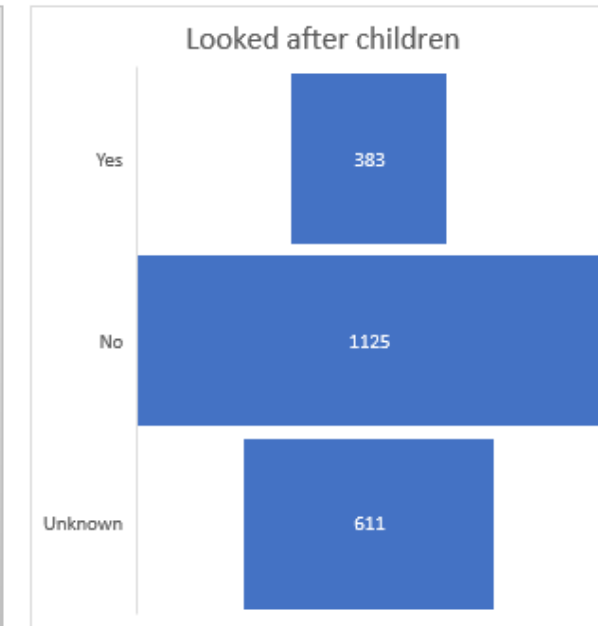
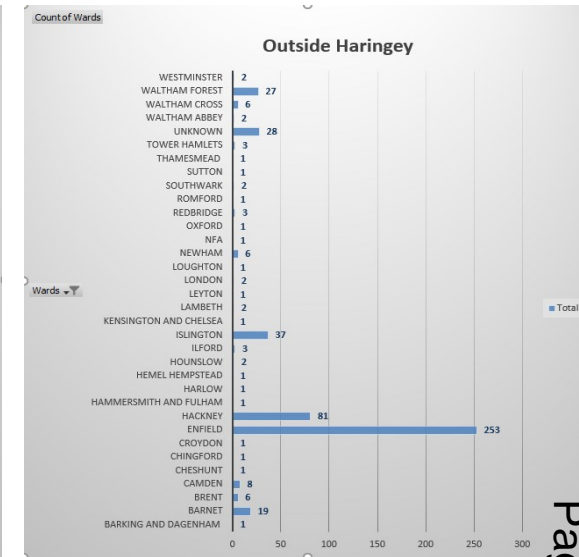
Graph 3 – shows most participants are aged 16 to 18 (1042) and 12 to 13 (490)



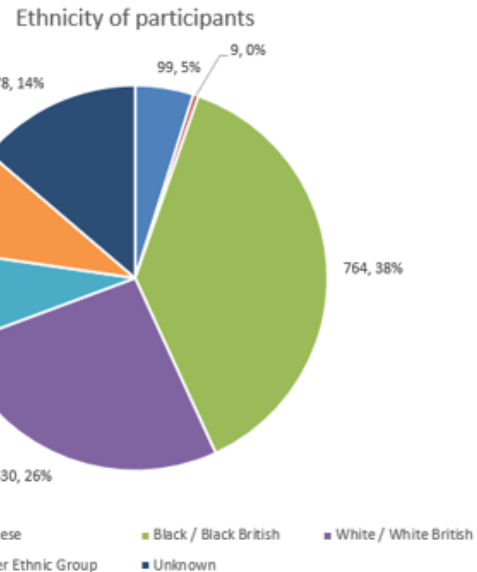
Graph 4 – demonstrates the gender of participants, 65% (1322) are male.



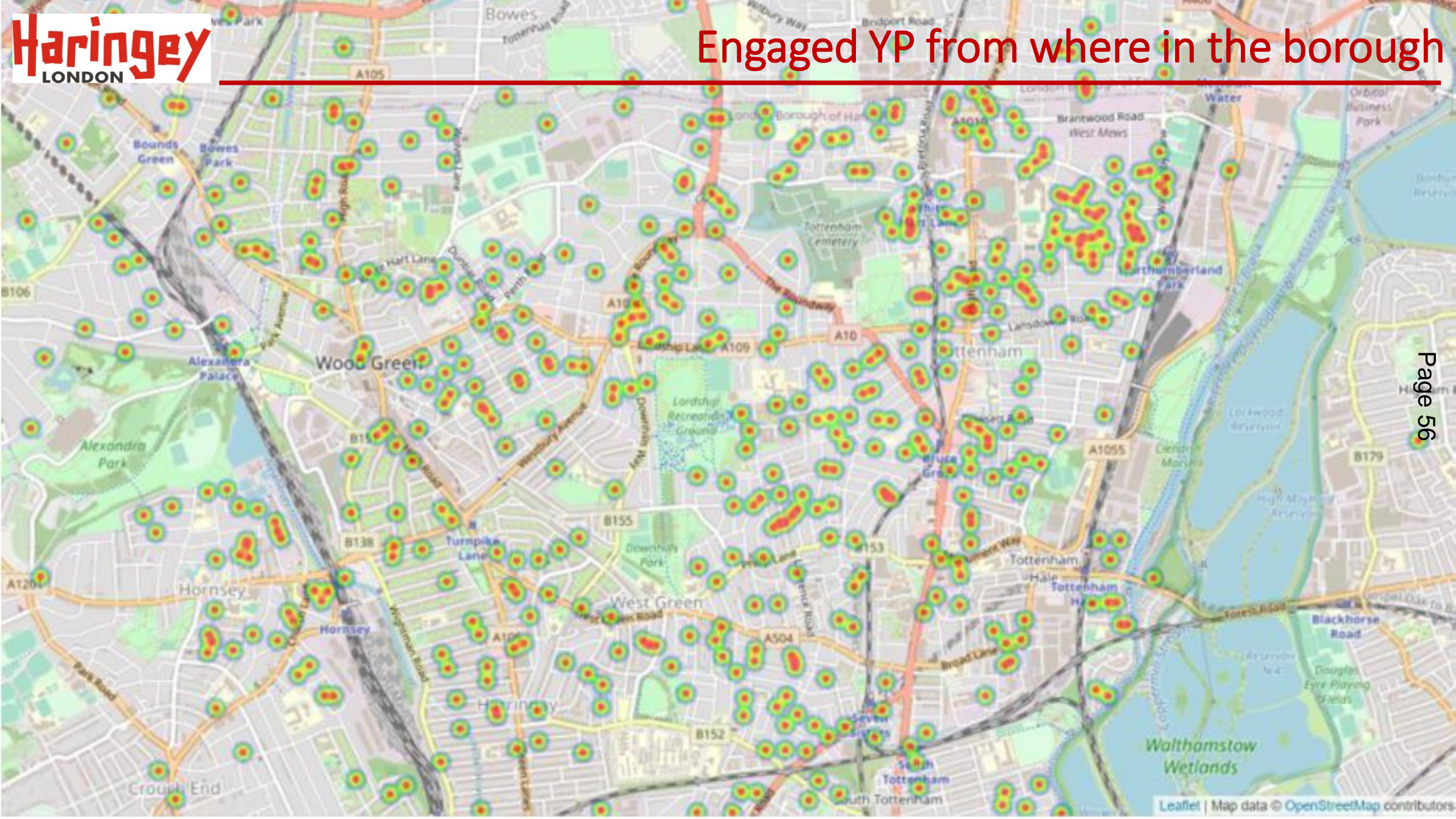
Graph 6 – Risk profile of young people engaged



Graph 7 – Number of looked after children (self-declared)



Graph 5 – the highest percentage 38% of participants are from Black / Black British (764) followed by White /White British (26%). The large number of unknowns (278) is due to those who participated in online exercises not declaring it.



HARINGEY COMMUNITY GOLD

IN THE COMMUNITY

ENGAGING YOUNG PEOPLE

Through Street Outreach, Schools, Youth Spaces

BUILDING RELATIONSHIPS

Through One to Ones and Satellite Youth Hubs

INTRODUCTION TO NEW OPPORTUNITIES

Bespoke according to young persons interests

FIND OUT MORE & REGISTER



WEB

www.youthspace.haringey.gov.uk/hcg

EMAIL

hcg@haringey.gov.uk

PHONE

07967 442 443

Our partners

Joined up grass-roots community and voluntary organisations using their combined strengths, recognising roles each plays and the difference each make each day.



Programme management and Outreach team engaging young people in the community including, parks, town centres, estates, schools, community centres, libraries



Managing Agent and Future Leaders accredited leadership programme for developing young leaders to advocate in the community. Delivered through training, internships/placements and employment



Haringey Play Association local positive activities to enable social and emotional wellbeing. Delivered through pop-up play and an adventure playground in the heart of north Tottenham



Exodus and mentoring clinics ground-breaking trauma informed interventions focussing on reducing vulnerability to youth violence, gangs, county lines and child criminal and sexual exploitation



Off The Streets Less Heat late night universal sport provision on the Broadwater Farm Estate



My Training Plan light and heavy weight circuit training with a purpose, facilitating training and diet plans and active mentoring



Bespoke BAME careers and employment service



Employability and upskilling service for young people from all different walks of life. Delivering tangible avenues that lead to sustainable careers



Thinking Space are safe spaces where individual stories, feelings and thoughts can be shared, and insight developed



Evaluating the programme through tools including peer research mechanisms

SUPPORTED BY
MAYOR OF LONDON



www.youthspace.haringey.gov.uk/hcg
hcg@haringey.gov.uk
07967442443



SUPPORTED BY
MAYOR OF LONDON



www.youthspace.haringey.gov.uk/hcg
hcg@haringey.gov.uk
07967442443



SUPPORTED BY
MAYOR OF LONDON



- Programme delivery experience (with RAG assessment)
- Centre for Youth Impact (Project Oracle) BRT-led
 - Bronze achieved (year1)
 - Registering Level 2
 - Impact tracking of cohorts Exodus and HarPA
 - Mystery shopping (randomised calling)
- End of year 2 BRT programme evaluation pending (estimated March 2021 completion)
- YAB peer-programme review (feeding through to BRT report)
- Warwick-Edinburg evaluation severe impacted in March 2020 (exercise redesigned)
- COVID 19 impact assessment
 - Schedule update March/April 2021
- End of year 1 – BRT Evaluation



SUPPORTED BY
MAYOR OF LONDON



Where are we at?

Roadmap of Success

Key milestones

- Launch programme
- Monitoring systems
- Compliance and Safeguarding

Key milestones

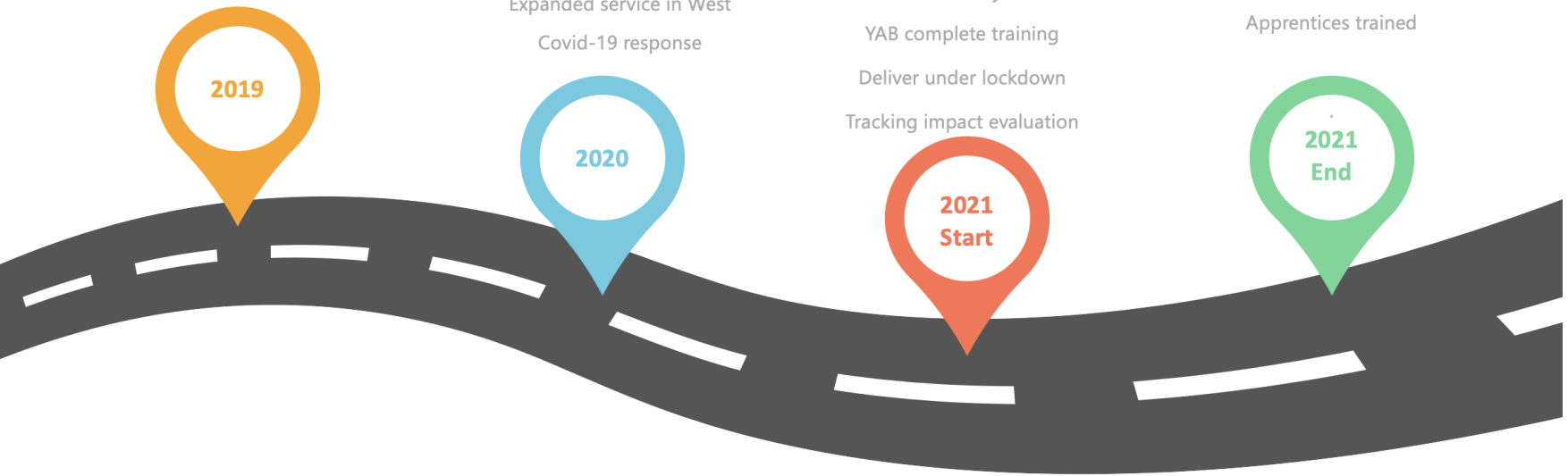
- Working model
- YAB
- 3 Apprentices
- Expanded service in West
- Covid-19 response

Key milestone

- Met 2020 GLA targets
- Online delivery focus
- YAB complete training
- Deliver under lockdown
- Tracking impact evaluation

Key milestone

- GLA target met
- Alternative funding
- YAB established
- Apprentices trained



COVID-19 Readiness Level

Readiness Level

R

What does this mean?

** From 5th January 2021 we can confirm that the youth sector moves into RED in the readiness framework. **

RED

Online and digital youth services
Detached local youth services
1-2-1 sessions with vulnerable young people (indoors)
Support groups indoors and outdoors are permitted for vulnerable young people, max 15 per group + workers/leaders

Read the Full Guidance

(Version 4.2)

Over 25 case studies

B's case study

I was engaged with Haringey Community in October 2020. I was very happy to sign in with HCG. I got the support and empowerment I was looking for. Their partner, Work Works always listens and gives me the support and advice needed.

"I am very happy with my outreach worker. She called me every two weeks to see how I am progressing with my job search. She listened to me and reassured me things will be slow due to the Pandemic, but it will be OK."

I secured a job at M&S despite the competition for the role. I had listened and put everything in practice with my CV and interview. I worked for 4 weeks as a volunteer and 4 weeks paid. The work finished in December 2020.

Although this is not the kind of work I would like to do in the future it is allowing me to think of other options with the work experience I have gained.

I was able to review my experience with Work Works and consider moving to a branch closer to where I live.

I would like to take this time to say thank my outreach worker who listens to me and ensures I have all the support needed.

Overview of situation when young person was referred:

G was first encountered on street outreach by one of the HCG Outreach workers alongside Bradley from MTP. G was looking for ways to stay out of trouble, coming from an environment that was filled with a lot of opportunities to engage in antisocial behaviour. The young person has an older brother that used to have ties with a popular gang in Tottenham and he did not want to go down that same route so wanted to engage in positive activity that HCG offer.

Haringey Community Gold engagement:

G met with a Specialist Detached Outreach worker to attend his first MTP session and he continued to attend a couple sessions after in order to build his confidence. G also met one of the Outreach workers and attended Boxing at the Selby Centre before the lockdown was announced. Since he has engaged with HCG he has been attending positive activities whilst also actively searching for others on his own.



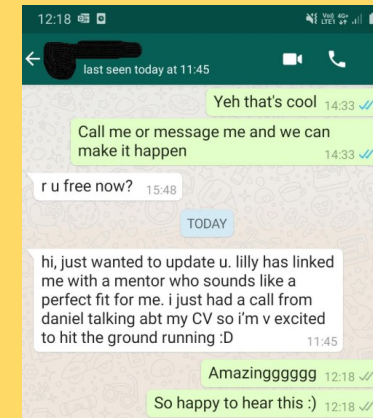
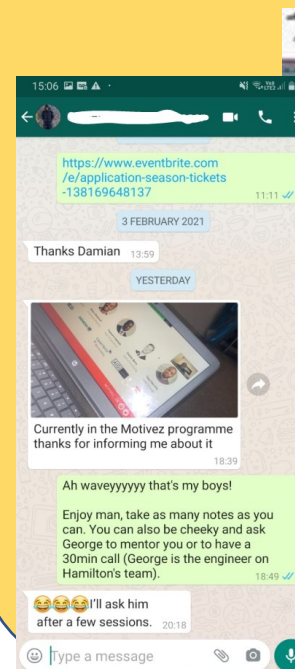
Apprentices

Charita (former Haringey L A Child) is almost finishing her apprenticeship and was the runner up for a Haringey Staff award

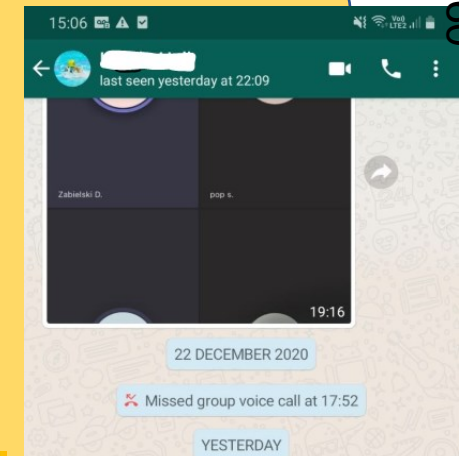
Two more apprentices who started in November 2020 are progressing well with the programme



Examples of feedback from a young people



Young persons feedback on volunteering:
"The week I had helping out in Tottenham Hale Station was very good.
The reasons why I enjoyed that week were that I was able to help people who didn't know what platform they should go to for their train, how to use the ticket machines etc. Meaning I was able to make people just a bit more happy after helping them and also for me I was interacting with people more than I had done since March which helped with my self esteem. I am very happy to do other work like this in the future."



The project was a great experience for as i believe it helped me understand the work and effort that goes into such an important service such as the CYPF drug and alcohol service when dealing with a lot of money and trust that they will be putting into a new provider. Also as an individual I feel I have learnt leadership by contributing many ideas to a project but also cooperation by helping to join ideas to create the best possible



This page is intentionally left blank



Haringey Child & Adolescent Mental Health and Wellbeing in the context of Covid-19

Date: Thursday 25th February 2021

Authors: Kathryn Collin, Head of Children's Commissioning, NHS North Central London CCG.
Andrew Smith, Project Manager, Children and Young People's Mental Health.

Senior leads: Charlotte Pomery, AD Commissioning, London Borough of Haringey.
Rachel Lissauer, Director of Integration, NHS North Central London CCG.

1. Introduction

This short summary paper sets out some background information ahead of a PowerPoint presentation to the Haringey Children and Young People Scrutiny Panel on Monday 8th March. This paper and the more detailed presentation focus on key three areas:

- What we know about the impact of Covid-19 both on children and young people's mental health and our local service offer
- How services have responded and adapted during Covid-19 to meet need.
- An update on the Haringey Trailblazer Project: its successes, challenges and how this has adapted during the pandemic and school closure

2. Background

The impact of the COVID-19 pandemic on council, health and education services, on communities, on families and on children and young people themselves cannot be understated and adds further difficulty to an already complex picture of rising demand and sustained pressure on our public sector finances and resources.

This document provides some high level information on how the Borough has responded to support the emotional health and wellbeing of our Children and Young People (CYP) in Haringey during the pandemic.

There has been significant partnership working across the system to respond to need across the universal, targeted and specialist need spectrum.

This document provides a summary of how partners across the Borough have together responded to support the emotional health and wellbeing of our Children and Young People (CYP) in Haringey during the pandemic. It includes work to promote self-help through our digital offer and telephone helplines to maximise early intervention opportunities through to our multi-agency work to support children and young people with the most complex mental health needs, many of whom have co-morbidities such as autism, ADHD and/or a learning disability, sometimes further compounded by challenging family circumstances. We know that the impact of the pandemic and its associated lockdowns and restrictions on the emotional health and wellbeing of children and young people has been profound.

Our approach has been to work together to address need on a number of levels ensuring that emotional mental health and wellbeing remains a high priority across our partnership.

The Child and Adolescent Mental Health Services (CAMHS) provided by Barnet, Enfield and Haringey Mental Health Trust (BEHMHT) and our main voluntary Sector Provider, Open Door (for 12-25 year olds) are an important part of our borough offer but they are complemented by wider work across the system which includes health visitors, school nurses, paediatrics, education staff, Early Help and voluntary sector providers such as MIND and Tottenham Hotspur Foundation. Haringey was also one of the first national Trailblazer sites to test Mental Health Support Teams (MHSTs) in schools. These were established in our most deprived eastern areas of the borough. When schools closed, staff working in the trailblazer teams were redeployed to a number of areas and it is the Trailblazer staff who have been operating a daily helpline for Haringey residents.

Our wider, pre-existing work (before Covid-19 when some business as usual had to pause) focused on developing a whole borough approach to emotional health and wellbeing. We are looking to move away from the traditional threshold-based model to a needs-led approach, with 'no wrong front door'. The THRIVE model provides a potential framework for this which we plan to explore further locally¹

3. Leadership

Children's emotional health and wellbeing is one of our priorities, monitored strategically at senior level through our Start Well Partnership Board (0-25 years). This group is chaired by our Director of Children's Services (DCS) with the CCG Director of Integration as vice-chair. Under this, CAMHS governance in Haringey is led by multi-agency, clinically informed Reference and Executive Groups which have continued to operate fully over Covid and have supported this programme of work.

There is a named experienced GP clinical lead for children and young people in Haringey and the CCG has prioritised funding for this post to ensure the GP has ringfenced time to support our CAMHS work.

The Start Well Partnership Board reports in to the Borough Partnership Executive, which is a Chief Executive and Director Level meeting bringing together all key partners in Haringey. All-age mental health and wellbeing has been one of the key areas of focus for this Board with both the Local Authority and CCG operational leads attending to give relevant updates.

4. High level Summary of Borough of some of the challenges and local response during the pandemic

- i. Prevalence of children and young people estimated to have mental health conditions has increased to 1 in 6 in 2020/21 - up from 1 in 10 in 2017/18. Covid and the effect of school closure and lockdowns will have been a significant contributing factor to this increase.
- ii. CAMHS Services have remained open throughout the pandemic, with clinical activity via telephone/video conferencing where safe/possible. Children and young people were RAG rated through multi-agency discussions to ensure the most vulnerable were prioritised.

¹ <http://implementingthrive.org/about-us/the-thrive-framework/>

- iii. There has been an increase in referrals and crisis presentations post schools reopening. The impact of this was seen three months after schools reopened in September 2020. The average monthly referral doubled in December 2020. We can therefore expect similar increases in May/June 2021.
- iv. Over the last 18 months mental health waiting lists have reduced due to the sustained CAMHS trailblazer project work. The CAMHS pathway has been redesigned to have a dedicated team for assessment and navigation to specific treatment teams. Waiting times for initial appointment was brought down to 4 weeks but because of impact of Covid on staff sickness and redeployment this can now take 4-6 months. All referrals are triaged according to clinical priority.
- v. Staff delivering services were impacted by Covid:
 - High sickness rates, absence for those directly affected by COVID-19 and/or shielding
 - Staff redeployment within community services to inpatient and other essential /crisis care services. This reduced capacity at the front end of pathways and has led to increased waiting times.
- vi. Impact on residents and staff mental health and wellbeing
 - Increased anxiety, depression and bereavement
 - Parental and child anxiety about school closures and reopening fed back through schools, families using the helplines and voluntary sector providers.
- vii. Impact on those with the most complex needs
 - Increased acute mental health inpatient admissions for Haringey CYP (late 2020 – Haringey had the highest figures in London with 13 inpatients) this has now reduced by half through intensive joint working across agencies which has included significant input from Heads of Service on individual cases to free up mental health beds for those who have a clinical need.
 - Increased crisis presentations with increased complexity and acuity. We successfully bid for winter pressures funding for the Adolescent Outreach Team (who intensively support young people at risk of inpatient mental health stays). For Haringey this has meant additional staff, but increasing complexity, staff vacancies and redeployments have all impacted on the impact of this resource.
 - A new out of hours crisis pathway has been implemented with 24/7 helplines for families and for professionals. This has improved family experience and reduced the need for long stays in A&E and admission to paediatric wards.
- viii. In the context of the above challenges, Haringey has made some substantial additional investment and service changes, many of which have focused on connections between mental health services, hospital services and social care. This has been very positive and has overcome some of the traditional organisational boundary issues which can impede joint working. We

have found services very flexible to meeting requirements to change under a time of great pressure. Some of these changes include:

Early Intervention Support and Universal Offers

- a. A focus on promotion of materials and resources online through the Haringey SEND Local Offer² and the establishment of a telephone support line for any child, young person or resident in Haringey who like some advice and support. This helpline operates 9am-3pm Monday- Friday and is staffed by the Trailblazer Mental health Support Teams (MHSTs) who would have usually been supporting children and school staff.
- b. Promotion of digital resources such as Kooth Online counselling³, NHS Go⁴ and Good Thinking⁵. Kooth is known to support young people who may not traditionally engage with traditional face to face therapy. In 2018/19, 19% of Kooth users identified as BAME, whereas in the overall population, only 10% of under 18- year olds identified as BAME. Local logins for Kooth increased from 403 in Q3 2019/20 to 1035 in Q2 2020/21.

Children with more complex needs

- c. Funding for new embedded CAMHS specialist posts in Early Help and children's social care, working closely with the disabled children's team to help children and young people with more complex needs to be supported close to home.
- d. Joint health and social care investment in building capacity and upskilling a small number of social workers who will manage the most complex children and young people with mental health problems.
- e. Plans are being developed to pilot the effectiveness of 2 adult social workers who would support case management of very complex vulnerable young people at transition to adulthood, particularly young people who have autism (without learning disability) and mental health or behaviour that challenges.
- f. Increased mental health crisis and liaison support to North Middlesex University hospital (NNUH)

Education and Community Support

- g. Increased investment in Educational Psychology, Hope in Tottenham⁶ and Open Door⁷ counselling for children and young people.

² <https://www.haringey.gov.uk/children-and-families/local-offer/covid-19-guidance#social-emotional-support>

³ <https://www.kooth.com/>

⁴ <https://nhsgo.uk/>

⁵ <https://www.good-thinking.uk/>

⁶ <http://hopeintottenham.com/what-we-do/>

⁷ <https://www.opendoorcounselling.org.uk/>

- h. Bereavement training for school staff, working with the Haringey Anchor Project⁸
 - i. Positive behavior support training for some special schools
 - j. Social workers in schools programme – allocation of dedicated social work support in specified schools
 - k. Parent education support to families in east Haringey in partnership with Enfield to reduce unnecessary visits to A&E and other pressured health services, particularly at North Middlesex Hospital.
- ix. There has also been work undertaken to support Children in Care through our joint complex care panels and through liaison with our First Step Service⁹
- a. First Step Service is an innovative pre-existing model to support social workers and provide clinical input to placement searches and clinical insight into meeting the needs of children in care. There has been increased liaison between Assistant Directors and Heads of Service at this time with First Step to support management of complex cases where there is a background of trauma, neglect or mental health needs. This service is well-respected locally with an excellent clinical manager who has shown flexibility to support us with cases on the edge of care where there is a priority need. First Step Plus, which is the more intensive model supports the professional network for children who have had three or more placement breakdowns in a short period of time.
 - b. Designated Doctor for Children in Care and Head of First Step attend fortnightly complex care to input on specific cases which has led to much more rounded, targeted actions

5. Additional Information and Scrutiny Slide Pack

Further data and information underpinning this summary document will be available through the presentation which will be made to the Scrutiny Panel. Officers and commissioners will be available to answer any questions and provide additional detail.

⁸ <https://www.haringey.gov.uk/social-care-and-health/health/public-health/haringey-anchor-approach>

⁹ <https://tavistockandportman.nhs.uk/care-and-treatment/our-clinical-services/first-step/>

This page is intentionally left blank

Early Years Childcare and Education; key current issues

CYP Scrutiny – March 8th 2021



Early Years Childcare and Education in Haringey

Haringey's childcare and early education offer is delivered across a landscape that encompasses primary schools, nursery schools, children's centres, childminders, and private, voluntary, and independent sector providers. The sector plays a fundamental role in:

- Improving outcomes for all children – making sure gaps in attainment, access, and outcomes for the most disadvantaged groups of children are minimised
- Making available affordable and accessible childcare – supporting employment and pathways into employment for all residents
- Creating community capacity – growing community wealth through a localised offer meeting a range of local needs
- Building inclusive neighbourhoods – offering children and families with emerging developmental, disability and special educational needs support and respite

Type of provision	Number
Children's Centres	4
Childminders	186
Independent Schools	14
LA Nurseries	1
Nurseries	70
Nursery Schools	3
Playgroups	13
School Nurseries	56

Early Years Childcare and Education in Haringey

- The Childcare Act 2006 places a duty on the Council to ensure there is enough childcare within its area for working parents, parents who are studying or training for employment, for children aged 0-14 (or up to 18 for disabled children).
- In discharging this duty, the Council must undertake a childcare sufficiency assessment every three years, with an update to the lead member provided on an annual basis.
- Haringey's latest Childcare Sufficiency Report and Action Plan 2019-2022, was published in November 2019.
- An Annual Childcare Sufficiency update report will be taken to Cabinet in March, reflecting an assessment of Haringey's childcare market towards the end of 2020.

Early Years Childcare and Education in Haringey

- The impacts of the Covid-19 pandemic have been felt throughout the childcare sector, nationally, regionally and locally.
- During 2020, the importance of childcare provision was highlighted through its prioritisation for opening.
- The continuation of the free early education funding to LAs, and subsequently nurseries, throughout the pandemic has been part of the government's strategy for supporting the early years sector.
- During the Autumn term of 2020, we undertook a stocktake to understand the impact of the pandemic on providers of early education and childcare, as well as for their service users.
- A robust assessment of the future supply and demand for childcare is challenging as changes to family circumstances and a large increase in Universal Credit claims affecting the affordability of childcare for many households.
- The overall decrease in population across London during the course of the pandemic, currently standing at approximately 700,000 households.

Early Years Childcare and Education in Haringey

Take up of the 2,3 and 4 year old entitlement.

- To date, children's levels of attendance in early education and childcare settings have not reached 2019/20 levels locally or nationally.
- The table below gives an indication of the comparative changes seen in participation.

Spring term 2020

- 2-year-olds: 744
- 3- and 4-year-olds: 4021

Spring term 2021

- 2-year-olds: *587
- 3- and 4-year-olds: *3551

*These figures are provisional. Final take up numbers will be known at the end of the spring term.

Early Years Childcare and Education in Haringey

Emerging issues for our early years providers include:

- A decrease in demand in paid-for childcare owing to changing working environments/situations.
- Concerns from providers about their economic stability due to the decrease in demand across the borough, and more acutely in some wards.
- The impacts for childcare businesses when the Government furlough scheme comes to an end – both for their own workforces and for parents who may no longer be in work.
- They are working on lower capacity, smaller bubbles having a financial effect on the childcare business.
- Settings that are open and have staff isolating have hired agency staff which are expensive.
- Once furlough comes to an end some providers will consider redundancy if take up numbers do not increase.
- Extra costs related to cleaning materials and PPE.

Early Years Childcare and Education in Haringey

Emerging issues for parents and carers include:

- Concerns, fears or worries amongst some parents about their child/children taking up a childcare place when risk of transmission and infection remains high.
- Higher proportion of families claiming Universal Credit and able only to take up funded entitlement hours.
- Changing needs following lockdown, furlough scheme, redundancies and prevalence of working from home.
- Parents/carers of children with SEND, particularly affected by reduction in access to suitable childcare, including out of school and holiday.
- Increasing need for flexible childcare.
- Building the engagement amongst our most vulnerable children.

Early Years Childcare and Education in Haringey

Key areas of focus for 2021 include:

- Continue to track the changing demographics
- Increase the take up of the two year old funding
- Increase the take up of the 3 and 4 year old early education funding.
- Work with providers that are most at risk due to falling numbers
- Consider financial support for settings that serve areas of deprivation and policy priorities and where there is clearly a sufficiency need
- Social media marketing strategies to increase participation of childcare and monitor impact
- Ensure key partners are involved in supporting childcare sufficiency

Report for Children and Young People's Scrutiny Panel – 8 March 2021

Title: Work Programme 2020-21

Report authorised by: Ayshe Simsek, Democratic Services and Scrutiny Manager

Lead Officer: Robert Mack, Principal Scrutiny Support Officer
Tel: 020 8489 2921, e-mail: rob.mack@haringey.gov.uk

Ward(s) affected: N/A

**Report for Key/
Non Key Decision:** N/A

1. Describe the issue under consideration

- 1.1 This report updates the Panel on the progress of its workplan for 2020-21 and outlines the process for developing the workplan for the Panel for 2021-22.

2. Recommendations

- 2.1 That the Panel notes the work programme for 2020-21 and the process for developing the work plan for 2021-22.

3. Reasons for decision

- 3.1 The current work programme for Overview and Scrutiny was approved by the Overview and Scrutiny Committee at its meeting on 15 October 2020. The current meeting is the last of the year and this report updates the Panel on progress with the implementation of the work plan. In addition, it also outlines the arrangements for the developing the work plan for 2021-22.

4. Alternative options considered

- 4.1 The Panel could choose not to review its work programme but this could diminish knowledge of the work of Overview and Scrutiny and would fail to keep the membership updated on any changes to the work programme as well as the process of developing the new work plan.

5. Background information

- 5.1 A workplan for the remainder of 2020-21 was developed for the Panel and approved by the Overview and Scrutiny Committee at its meeting on 6 October. This is attached as **Appendix A**. The items within it comprised the following:
- Cabinet Member Questions for the two Cabinet Members whose portfolios fall within the terms of reference for the Panel;
 - Reports that the Panel had previously requested to come to future meetings;

- Matters that are routinely reported to the Panel, such as exam and test result and updates on the implementation of the recommendations of previous reviews; and
 - Scrutiny of the budget.
- 5.2 Consideration is now taking place of the Overview and Scrutiny work plan for the forthcoming year (2021/22), which will be the final year of this administration. To inform the development of work plans, the Committee and its Panels (including Children and Young People) will be undertaking consultation with representatives of the local community on the areas within their terms of reference. This will focus on getting their views on what the priorities should be in the work plans for the Committee and Panels.
- 5.3 Several matters have already been highlighted as potential areas for inclusion. These have come from the following:
- Responses to the on-line scrutiny survey that was undertaken in early 2020 as part of earlier work to develop a new work plan that took place before the pandemic; and
 - Outstanding matters from current work plans.
- 5.4 Views are being sought on which of these to give precedence to and if there are any additional matters that should also be considered. There is finite capacity within work plans and it will not be possible to cover everything within it in depth, hence the need to prioritise. However, there are a number of options for how matters can be addressed:
- In-depth reviews;
 - “One-off” reports to Panel meetings; or
 - Questions to Cabinet Members.
- 5.5 Following the consultation process, it is proposed that each of the Panels and the Committee meet informally to consider the feedback from the consultation and develop proposals for their individual work plans. Specific consideration will need to be given to items for the first meetings of 2021/22 so that officers have sufficient time to draft any reports that may be necessary for them to prepare. It is proposed that service officers and relevant Cabinet Members be invited to attend these meetings as well so that their input can be obtained. The meetings will be arranged to take place before the Annual Meeting of the Council. The workplans for the Committee and its Panels will be formally approved by the first Overview and Scrutiny Committee meeting of 2021/22.

Schools Review

- 5.6 The Panel has held two further evidence sessions – on 9th and 24th February - as part of its review on Schools. All the evidence received to date will now be reviewed to consider if there is a need for any additional evidence before it is possible to reach final conclusions and recommendations.

Virtual Meetings

- 5.7 The need to continue to hold meetings virtually means there will be some limitations on what is possible. It can be challenging to maintain focus for an extended period of time when meeting virtually and meetings will should therefore be kept short and focussed. In addition, the Panel may wish to receive evidence from people who do not have access to the necessary IT or be able to operate it. Certain evidence gathering activities may also not be possible at the moment, such as visits.

Forward Plan

- 5.8 Since the implementation of the Local Government Act and the introduction of the Council's Forward Plan, scrutiny members have found the Plan to be a useful tool in planning the overview and scrutiny work programme. The Forward Plan is updated each month but sets out key decisions for a 3-month period.
- 5.9 To ensure the information provided to the Panel is up to date, a copy of the most recent Forward Plan can be viewed via the link below:
- <http://www.minutes.haringey.gov.uk/mgListPlans.aspx?RP=110&RD=0&J=1>
- 5.10 The Panel may want to consider the Forward Plan and discuss whether any of these items require further investigation or monitoring via scrutiny.

6. Contribution to strategic outcomes

- 6.1 The contribution of scrutiny to the corporate priorities will be considered routinely as part of the Panel's work.

7. Statutory Officers comments

Finance and Procurement

- 7.1 There are no financial implications arising from the recommendations set out in this report. Should any of the work undertaken by Overview and Scrutiny generate recommendations with financial implications these will be highlighted at that time.

Legal

- 7.2 There are no immediate legal implications arising from the report.
- 7.3 In accordance with the Council's Constitution, the approval of the future scrutiny work programme falls within the remit of the OSC.
- 7.4 Under Section 21 (6) of the Local Government Act 2000, an OSC has the power to appoint one or more sub-committees to discharge any of its functions. In accordance with the Constitution, the appointment of Scrutiny Panels (to assist the scrutiny function) falls within the remit of the OSC.

- 7.5 Scrutiny Panels are non-decision making bodies and the work programme and any subsequent reports and recommendations that each scrutiny panel produces must be approved by the Overview and Scrutiny Committee. Such reports can then be referred to Cabinet or Council under agreed protocols.

Equality

- 7.6 The Council has a public sector equality duty under the Equalities Act (2010) to have due regard to:
- Tackle discrimination and victimisation of persons that share the characteristics protected under S4 of the Act. These include the characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (formerly gender) and sexual orientation;
 - Advance equality of opportunity between people who share those protected characteristics and people who do not;
 - Foster good relations between people who share those characteristics and people who do not.
- 7.7 The Panel should ensure that it addresses these duties by considering them within its work plan, as well as individual pieces of work. This should include considering and clearly stating;
- How policy issues impact on different groups within the community, particularly those that share the nine protected characteristics;
 - Whether the impact on particular groups is fair and proportionate;
 - Whether there is equality of access to services and fair representation of all groups within Haringey;
 - Whether any positive opportunities to advance equality of opportunity and/or good relations between people, are being realised.
- 7.8 The Panel should ensure equalities comments are based on evidence. Wherever possible this should include demographic and service level data and evidence of residents/service users views gathered through consultation.

8. Use of Appendices

Appendix A – Children and Young People’s Scrutiny Panel; Work Plan for 2020/21

9. Local Government (Access to Information) Act 1985

N/A

Children and Young People's Scrutiny Panel

Work Plan 2020 - 21

<p>1. Scrutiny review projects; These are dealt with through a combination of specific evidence gathering meetings that will be arranged as and when required and other activities, such as visits. Should there not be sufficient capacity to cover all of these issues through in-depth pieces of work, they could instead be addressed through a “one-off” item at a scheduled meeting of the Panel. These issues will be subject to further development and scoping. It is proposed that the Committee consider issues that are “cross cutting” in nature for review by itself i.e. ones that cover the terms of reference of more than one of the panels.</p>		
Project	Comments	Priority
Schools	<p>There are now a range of different types of school within the borough. These include:</p> <ul style="list-style-type: none"> • Community schools; • Foundation schools and voluntary schools; • Academies; • Free schools; and • Faith schools. <p>The resulting fragmentation presents challenges for local authorities. These include ensuring that all schools are providing a good standard of education and the planning and co-ordination of school places. In addition, schools are subject to varying degrees of local democratic control.</p> <p>The review will:</p> <ul style="list-style-type: none"> • Seek to identify the different categories of school that there are within Haringey and their characteristics as well as the diversity of curriculum and ethos offered by individual schools; 	In progress

	<ul style="list-style-type: none"> • Consider the ways that might be available to the Council to influence schools within the borough and, in particular, facilitate school improvement and co-ordination of school places most effectively; and • Look at practice in other local authority areas and what appears to have been most effective. <p>The review will then focus on how the Council might best respond strategically to the significant surplus in school reception places that there is within Haringey. These have serious budgetary implications for many primary schools due to the way in which schools are funded. Demand for school places is subject to fluctuation and there will also be a need for sufficient places to be available to accommodate future any increases in demand for places. As part of this, the review will consider:</p> <ul style="list-style-type: none"> • The role the Council has in working with schools to manage effectively the reductions in school rolls; • How a balanced range of school provision across the borough might best be maintained; and • What could be done to mitigate financial pressures on schools and ensure that any adverse effects on schools are minimised 	
Alternative Provision	<p>The review will look at Alternative Provision (AP) services provided to students who no longer attend mainstream education for reasons such as exclusion, behavioural issues, school refusal, short/long term illnesses as well as any other reasons. The main areas of focus will be:</p> <ul style="list-style-type: none"> • What are the reasons why children in Haringey enter AP? • Once entering alternative provision, what are their outcomes and attainment levels when compared to mainstream schools? • How many children going through the AP route later enter the youth justice system? • How many children enter alternative provision as a result of SEND needs and how many have a statement or a EHCP plan? • The demographics of children entering AP including ethnicity, gender, areas of the borough where children in AP are drawn from and levels of children receiving free school meals prior to entering AP; 	

	<ul style="list-style-type: none"> • What are the challenges schools and local authorities face and what can we do better to meet the needs of children so as to avoid AP altogether? • Are the outcomes from AP providers uniform within Haringey? • How cost effective is AP. 	
--	--	--

<p>2. “One-off” Items; These will be dealt with at scheduled meetings of the Panel. The following are suggestions for when particular items may be scheduled.</p>	
Date	Potential Items
2020-21	
17 September 2020	<ul style="list-style-type: none"> • School estates and action being taken to address maintenance issues • Recovery plan for education within the borough, including action being taken to enable children and young people to catch up on missed schooling and targeted action for disadvantaged communities • Cabinet Member Questions - Communities • Work Planning; To agree items for the work plan for the Panel for year
9 November 2020	<ul style="list-style-type: none"> • Terms of Reference • Cabinet Member Questions – Children and Families

	<ul style="list-style-type: none"> • Local Safeguarding Children’s Board Annual Report (April 2018 – September 2019) • Education Update, including the impact of Covid pandemic on tests and examinations, lost learning and action to address digital poverty
14 December 2020 (Budget Meeting)	<ul style="list-style-type: none"> • Budget scrutiny • Scrutiny Review of SEND – Update on Implementation of Recommendations • Cabinet Member Questions - Communities
8 March 2021	<ul style="list-style-type: none"> • Cabinet Member Questions – Children and Families • Effectiveness of new partnership arrangements for safeguarding – interim report. • Nurseries and the Two and Three Year Old Offer • Haringey Community Gold – Evaluation and Further Update • CAMHS – Evaluation of Trailblazer Project
To be arranged	<ol style="list-style-type: none"> 1. School exclusions data 2. NRPF: <ul style="list-style-type: none"> • Progress with implementing improvements identified as required by the practice audit undertaken on the work of the NRPF team in 2017; and

	<ul style="list-style-type: none"> • How families with NRPF are assisted in accessing good quality immigration advice so that they are better able to resolve their status quickly. <p>3. Transitions – Further Update (to be considered jointly with the Adults and Health Panel)</p> <p>4. Childhood Obesity - School Catering Contracts</p> <p>5. Improved support offer for care leavers and pathways for low level mental health support services for children and young people</p> <p>6. Social workers in schools – update on progress with scheme</p> <p>7. Planned major works to maintained schools.</p>
--	---

This page is intentionally left blank