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Havering
LONDON BOROUGH

CHILDREN & LEARNING OVERVIEW & SCRUTINY COMMITTEE AGENDA

7.00 pm	Tuesday 19 November 2013	Town Hall

Members 14: Quorum 6

COUNCILLORS:

Sandra Binion (Chairman)	Nic Dodin	Frederick Thompson
Gillian Ford (Vice-Chair)	Robby Misir	Melvin Wallace
Wendy Brice-Thompson	Pat Murray	Keith Wells

CO-OPTED MEMBERS:	**Statutory Members representing the Churches**	**Statutory Members representing parent governors**
	Phillip Grundy, Church of England, Jack How, Roman Catholic Church	Julie Lamb, Special Schools, Anne Ling, Primary Schools, Garry Dennis, Secondary Schools

Non-voting members representing local teacher unions and professional associations: Margaret Cameron, (NAHT), Keith Passingham (NASUWT), Ian Rusha, (NUT)

For information about the meeting please contact:
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lorraine.hunterbrown@havering.gov.uk

What is Overview & Scrutiny?

Each local authority is required by law to establish an overview and scrutiny function to support and scrutinise the Council's executive arrangements. Each overview and scrutiny committee has its own remit as set out in the terms of reference but they each meet to consider issues of local importance.

They have a number of key roles:

1. Providing a critical friend challenge to policy and decision makers.

2. Driving improvement in public services.

3. Holding key local partners to account.

4. Enabling the voice and concerns of the public.

The committees consider issues by receiving information from, and questioning, Cabinet Members, officers and external partners to develop an understanding of proposals, policy and practices. They can then develop recommendations that they believe will improve performance, or as a response to public consultations.

Committees will often establish Topic Groups to examine specific areas in much greater detail. These groups consist of a number of Members and the review period can last for anything from a few weeks to a year or more to allow the Members to comprehensively examine an issue through interviewing expert witnesses, conducting research and site visits. Once the topic group has finished its work it will send a report to the Committee that created it and it will often suggest recommendations to the executive.

Terms of Reference

The areas scrutinised by the Committee are:

- School Improvement (BSF)
- Pupil and Student Services (including the Youth Service)
- Children's Social Services
- Safeguarding
- Adult Education
- 14-19 Diploma
- Scrutiny of relevant aspects of the LAA
- Councillor Calls for Action
- Social Inclusion

AGENDA ITEMS

1 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS

(if any) - receive.

2 DECLARATION OF INTERESTS

Members are invited to declare any interests in any of the items on the agenda at this point of the meeting. Members may still declare an interest in an item at any time prior to the consideration of the matter.

3 CHAIRMAN'S ANNOUNCEMENTS

The Chairman will announce details of the arrangements in case of fire or other events that might require the meeting room or building's evacuation.

4 TEENAGERS SEXUAL HEALTH AND SUBSTANCE MISUSE (Pages 1 - 48)

Report presented by Daren Mulley, Public Health Commissioning Manager and Deborah Redknapp, Health Improvement Contracts Specialist.

5 SPECIAL EDUCATIONAL NEEDS AND CHANGES ARISING FROM THE CHILDREN AND FAMILY BILL 2013

Presentation by Mary Pattinson, Head of Learning and Achievement.

6 COMMISSIONING SCHOOL PLACES STRATEGY (Pages 49 - 58)

To note that the attached Cabinet Report from the Council's Continuous Improvement Model is due for review subject to agreement by the Committee.

7 APPROVAL OF SCOPING DOCUMENT FOR CHILDREN'S HEALTH TOPIC GROUP (Pages 59 - 60)

8 FUTURE AGENDAS

9 URGENT BUSINESS

To consider any other item in respect of which the Chairman is of the opinion, by reason of special circumstances which shall be specified in the minutes, that the item should be considered at the meeting as a matter of urgency.

Andrew Beesley
Committee Administration Manager

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London Borough of Havering Children's Trust

Children & Young People's Plan 2011-14
Teenage Pregnancy Review

Key areas of progress and development in 2012-13

Purpose of Report: **To inform the Trust of the key progress and developments in the Council's response to preventing teenage pregnancy**

Date of Report: **July 2013**

Author: **Daren Mulley**

Contact: **daren.mulley@havering.gov.uk**

Post: **Young People at Risk Commissioner**

Directorate: **Social Care & Learning**

1. TP Conception & Abortion Figures

1.1 Looking across two years at the table below, it is very pleasing to note that Havering continues to experience a steady reduction in the rate and number of teenage conceptions:

Under 18s	2011					2010				
Area of usual residence	Number of Conceptions	Conception rate per 1,000 women in age group	Maternity rate per 1,000 women in age group	Abortion rate per 1,000 women in age group	Percentage of conceptions leading to abortion	Number of Conceptions	Conception rate per 1,000 women in age group	Maternity rate per 1,000 women in age group	Abortion rate per 1,000 women in age group	Percentage of conceptions leading to abortion
Havering	**131**	**28.0**	**10.9**	**17.1**	**61.1**	**156**	**33.5**	**10.9**	**22.5**	**67.3**
Bexley	**138**	**28.4**	**11.9**	**16.5**	**58.0**	**138**	**30.7**	**11.6**	**19.2**	**62.3**
Swindon	**118**	**30.8**	**16.7**	**14.1**	**45.8**	**106**	**30.0**	**13.8**	**16.1**	**53.8**
Kent	**871**	**31.0**	**16.7**	**14.4**	**46.3**	**975**	**35.3**	**17.8**	**17.5**	**49.6**
Essex	**730**	**28.3**	**13.5**	**14.8**	**52.2**	**745**	**29.2**	**12.6**	**16.7**	**57.0**

Figure 1: Havering's Under 18 Conception Figures (2010 & 2011)

1.2 Looking at the table below, it is of some concern that Havering continues to experience a relatively higher rate of under 16 conceptions. Though this has fallen slightly in 2011, the research study (see Section 4, page 7) has been asked to investigate this rise and produce recommendations to reduce the rate:

Under 16s		2009-2011			2008-2010	
Area of usual residence	Number of Conceptions	Conception rate per 1,000 women in age group	Percentage of conceptions leading to abortion	Number of Conceptions	Conception rate per 1,000 women in age group	Percentage of conceptions leading to abortion
Havering	99	**7.4**	67.7	103	**7.7**	68.9
Bexley	90	**6.8**	68.9	107	**8.2**	68.2
Swindon	**55**	**5.1**	**61.8**	**62**	**5.9**	**72.6**
Kent	**525**	**6.4**	**57.9**	**545**	**6.7**	**57.2**
Essex	**425**	**5.7**	**64.5**	**426**	**5.6**	**68.3**

Figure 2: Havering's Under 16 Conception Rate (2008-2011)

1.3 The most recent figures released by the Office for National Statistics are for the first quarter of 2012. These figures show a modest increase in this quarter with 38 conceptions which leads to the rolling average increasing from 28.0 per 1,000 girls to 32.0 per 1,000 girls (The Council's target is to reduce the conception rate to 35 per 1,000 by 2013).

2. Young People's Sexual Health Survey 2012 Findings

2.1 In 2010, the Havering TP Board committed the YP Lead to undertake a consultation project with young people aged 13 – 19 years old. The TP Board was eager to conduct a research project so that young people's views can develop our local understanding of young people's sexual health needs. The survey had two main aims:

1) To seek the views of young people aged 13-19 years about their experience of the delivery of sexual health information and contraceptive services in Havering.
2) To learn from young people living in Havering what would help to improve access to sexual health information and contraceptive services.

2.2 The survey takes the form of a questionnaire and has been designed to elicit both quantitative and qualitative information on young people's views and experiences. The questions developed for the survey cover a number of themes, including:

- Basic demographic information
- Accessing sexual health information
- Accessing sexual health services
- Contraception
- Sexual activity

2.3 In its third year, the Sexual Health Survey was completed on-line between November 2012 and March 2013. In total, 433 local young people (60% female) responded to the survey during this period. Some of the findings include;

a) **Accessing Information:** Friends, Internet and TV are the most popular sources of sexual health information. Almost 6 in 10 young people have told us that they prefer to access information through websites.
b) **Age of First Sex:** 1 in 2 young people reported that they had had sex with the majority reporting that they have had sex under the age of 16. Those young people who have had sex under the age 16, 1 in 3 reported regretting their decision.
c) **Condom Use:** 1 in 2 sexually active young people told us that they "always" or "usually" use condoms. However, almost 1 in 5 young people told us that they "never" use condoms.
d) **Alcohol & Drug Use:** 5 out of 10 sexually active young people told us that they have had sex whilst under the influence of alcohol. 3 out of 10 young people told us that they have had sex whilst under the influence of drugs.
e) **Pressure to have sex:** 4 out of 10 young people agreed with the statement that, "There is a big pressure in society to have sex before the age of 16".
f) **Relationship Issues:** Young people have told us that when it comes to issues around sex and relationships, how they feel about their body is their main concern (followed by getting/becoming pregnant and becoming infected with an STI).
g) **Ideal Location for Contraception:** Young people told us that their GP practice is their ideal location for accessing contraception (followed by their college and their local clinic).
h) **Sex Education:** 9 out of 10 young people reported that they had received sex and relationships education (SRE) at school. 2 out of 3 young people said that the SRE was either "Good" or "OK".
i) **Exposure to Sex on the Internet:** 4 out of 10 young people have told us that they see sexual images or films on the internet every week.
j) **Pornography:** 1 in 2 young people have told us that they think that pornography is affecting relationships with 4 out of 10 young people telling us that they think the government should help parents block internet pornography.
k) **Sexual Exploitation:** 1 in 6 young people told us that they know of someone who has been sexually exploited in the last 12 months.

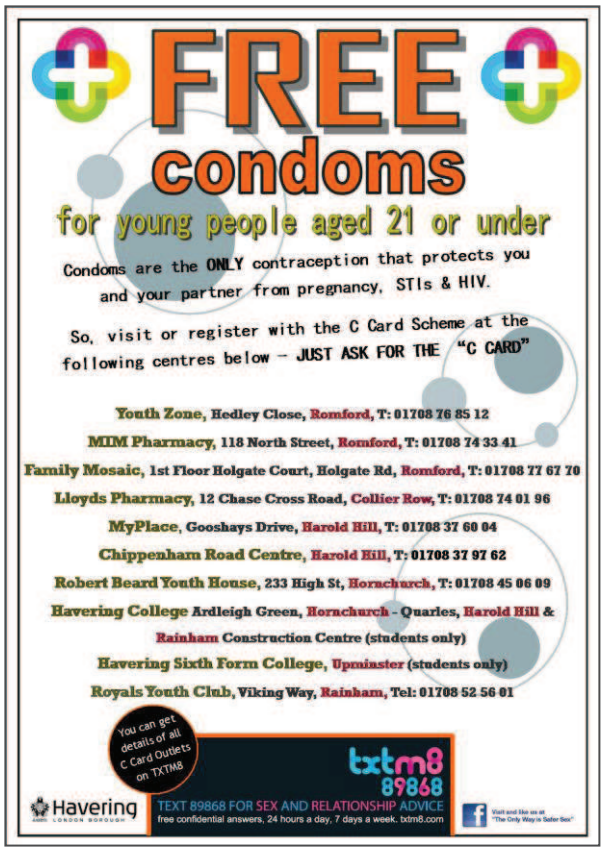
2.4 Findings from the survey have been shared with the teenage pregnancy research team and will therefore shape and inform the analysis and recommendations from the research study.

3. Teenage Pregnancy Prevention Services

Condom Card Scheme

3.1 The scheme in Havering is part of a pan-London scheme which began operating in April 2010 and is known as the, "C Card" scheme. The C-Card is a free and confidential scheme, providing free condoms, advice and information targeted at young people under 21 who live or study in Havering. The C-Card scheme aims to make condoms more accessible to young people and to provide them with support and information about sexual health and how to use condoms correctly.

3.2 On its launch in 2010, six London boroughs had signed up to running the scheme and by April 2013, this had grown to 25 London boroughs. In Havering, the Integrated Youth Service is commissioned by the to coordinate a network of scheme providers across many of our towns in Havering including;



- MIM Pharmacy (Romford)
- Lloyds Pharmacy (Collier Row)
- Havering Sixth Form College
- Havering College (across the four campuses)
- Chippenham Road Children's Centre (Harold Hill)
- MyPlace Youth Centre (Harold Hill)
- Youth Zone (Romford)
- Family Mosaic (Romford & Harold Hill)
- Robert Beard Youth House (Hornchurch)
- YMCA (Romford)

This year there are plans to roll out the scheme across all Children Centres and GP Practices located in Havering's TP Hotspots (Harold Hill, Rainham & Romford).

3.3 With regards to the scheme's performance, Since April 2010, Havering is in the top quartile of best performing schemes in London in terms of registrations (6th) and revisits (3rd) with males accounting for 63% of users. In addition, the service user survey (sample population; 60) shows:

a) The majority of young people surveyed were introduced to the scheme by Friends (55%) Youth Workers (16%), Teachers/Lecturers (11%). Siblings, leaflets/posters, Connexions and the internet accounted for 18% of introductions to the scheme.
b) 92% of young people surveyed have recommended the scheme to their friends.
c) 20% of young people surveyed reported that they had not used condoms before registering with the scheme.
d) Since registering with the scheme, nearly 30% of young people surveyed reported that they use condoms, "every time I have sex" with 33% reporting that, "I now use them more often". Another 17% of young people reported that they feel more confident using condoms
e) Just over 28% of young people surveyed reported that they accessed more than one provider to access condoms.
f) Avoiding pregnancy and protection against STIs are the two main reasons for registering for the scheme at 21% and 20% respectively followed by Protections against HIV (16%), Condoms being free (16%) and just over 10% hadn't used condoms before.

Targeted Sexual Health Service

3.4 Youngaddaction, the young people's substance misuse service provider, is commissioned to deliver this service which is staffed by a single part-time worker. Based at Romford Youth Zone, the service works with under 19s and has been operating since October 2012 and provides the following services:

- Work with schools and key services working with vulnerable young people in order to identify young people in need of sexual and relationships advice, support and information.
- Provide both one-to-one and group interventions with young people, using outreach as a key method in engaging young people across key children and young people's services and other community settings in Havering.
- Provide young people with advice and support on STIs and full range of contraceptive choices as well as onward referral and signposting (to local and national services).
- Assess young people in order to identify and measure their level of need and risk including onward referrals to key services to meet these needs, including drug and alcohol services.
- Offer Chlamydia screening and promote condom registration and distribution with the local C-Card Scheme in Havering.
- Provide advice, support and referral for pregnancy choices and support access to termination of pregnancy services.
- Promote and support best practice in sexual health promotion (supplying local and national resources to local services), sex & relationships education and the national 'you're welcome' quality criteria.

3.5 Looking at the service's data set (October 2012 - March 2013), the service has:

- Received 36 referrals (69% female; 83% under 16) from its target cohort of schools and services[1]
- Majority of referrals are triggered by concern that young people are having unprotected sex or require sexual health advice and information.
- Significant number of young people referred to the service live in the Borough's "TP Hotspots", namely Harold Hill, Rainham and Romford.
- Provided 91 one-to-one sessions with young people over the six month period.

[1] Bower Park, Sanders Draper, Drapers, Marshalls Park, Chaffords , Brittons, Birnam Wood, Motorvations, BEP, Children's Services 12+ Team, YOS, Youngaddaction Drugs Service, Phoenix

- Delivered 31 education workshops[2] to groups of pupils (Yrs 9-11) and young people.

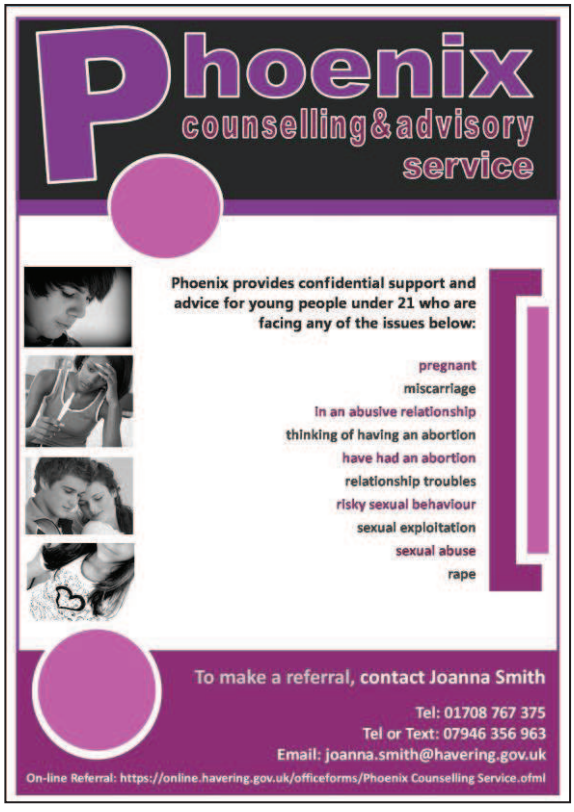
Specialist Service: Phoenix Counselling Service

3.6 The case for a quick access counselling service for young people in Havering is compelling. Phoenix's client group cannot be put on a waiting list which is usually the experience of young people referred to counselling services in Havering. Many of them need immediate support in making decisions about pregnancy/abortion.

3.7 Phoenix Teenage Pregnancy Counselling Service is a free service for young people under 21 and is based at Youth Zone in Romford. Phoenix has one counsellor who has an HE Diploma in counselling and is a member of the British Association of Counselling and Psychotherapy (BACP). The service is currently funded for 24 hours a week.

3.8 Working in partnership with other agencies is crucial for the delivery and effectiveness of Phoenix Service. During the last three years, the service has promoted and developed referral and care pathways with key CYP agencies across Havering including Children's Services, Police, Schools and CAMHS.

3.9 The service works with some of the most vulnerable young people who reside in the most deprived areas in Havering. In 2012-13, the service's data set shows:



- The service supported 103 young people (90% female; 33% aged 15-16, 34% aged 17-18).
- Harold Hill, Romford and Rainham accounted for 76% of the total cohort of referrals.
- The majority of referrals were for young women being pregnant (35%), risky sexual behaviour (19%), pre and post abortion (15%) and teenage relationship abuse (13%).
- 33% of clients were in full-time education followed by 29% clients who were NEET.
- Provided 290 counselling sessions to support young people.
- On discharge, clients had received sexual health information (62%), reported improved confidence and self-esteem (63%), improved relationships with their family (48%) and attended the contraception clinic or midwifery service (42%).
- The service worked with 19 different services in Havering in 2012-13.

[2] Workshops focus on condom use, contraception, STIs, healthy relationships and on-line safety.

4. TP Strategy – Beyond 2013

4.1 The TP Strategy is in its final year and requires a level of scrutiny and consultation to identify strengths and weaknesses in order to ensure that the Council has adopted the most effective priorities. With funding and support from the Council's Public Health Team, a research consortium has recently been commissioned to conduct a research study. The study aims to:

a) Widen the Council's knowledge and understanding of the issues and factors facing all young people at risk of teenage pregnancy (i.e. up to age 18), but will specifically broaden the Council's knowledge of influencing factors in respect of under 16 conceptions.
b) Enhance the Council's understanding of the current prevention activities and services that are being provided in terms of their quality, accessibility and communication.
a) Make recommendations to inform and improve the local Teenage Pregnancy Strategy, the commissioning of future projects and determining priorities to meet national and local targets

4.2 The study was held between May and July with a number of one-to-one and group interviews being held with key stakeholders during this period, including;

Council Chief Executive	Director of Children, Adults & Housing
Head of Children's Services	Head of Learning & Achievement
NELFT Director of Children's Services	Troubled Families Coordinator
BHRUT Sexual Health Service Manager	School Nurses Team Manager
Youngaddaction Havering Manager	Early Help / Tier 3 Team Manager
Youth Council Members	Havering Young Leader

4.3 Late Summer, the report will make recommendations to the Health and Well-being Board to recognise and respond to the findings and recommendations of the report.

5. Additional Teenage Pregnancy Work 2012-13

5.1 **SRE Grant Scheme:** A SRE Grant Scheme funded 5 secondary schools in Havering (Harold Hill, Rainham & North Romford) to support and enrich their Sex and Relationships Education including:

- External SRE workshop provider
- Theatre Group
- Educational DVDs
- Teaching SRE Guide
- Male & Female Reproductive Models
- Condom Training Kits

- Puberty Awareness Displays
- Sexual Exploitation Teaching Resource

5.2 **"TXTM8" service:** The free 24hr sexual health information and advice text service for young people was commissioned for a one year period (May 2012 – May 2013). Estimate data from the provider showed that 548 young people used the service with 95 texts leading to signposting to local services. Sex, bodies, pregnancy, STIs and condoms were the most popular enquiries.

5.3 **Z Card:** With 10,000 in circulation, a new edition of the Z Card information mini booklet is being designed for a launch later this Summer. The Young Leader, Deputies and Youth Consultants will be consulted on the design ahead of the relaunch. Additional information on the Z Card includes:

- Teen Relationship Abuse
- Sexual Exploitation Checklist
- New C Card Outlets
- CEOP's young people's on-line safety website

5.4 **Sexual Health Workforce Training:** 80 professionals working across 20 agencies (including Schools, Colleges, Youth Service and Children's Services) attended the 2012-13 programme. This year, courses included:

- Skills to speak with young people about sex
- Confidentiality, sex, the law and young people
- Working with young men
- Contraception & sexually transmitted infection
- Alcohol, sex and young people
- Working with LGBT young people
- Sex and relationships work with young people with learning disabilities
- Pornography and young people

5.5 **"Only Way is Safer Sex" Facebook campaign**: Set up in June 2012, this page attracts an average of 70 visitors a day. In total, the page has been "liked" by 900 young people (54% female). Recent posts on the page have included links to video and website content including:

- New C Card outlet at Lloyds Pharmacy in Collier Row
- NSPCC Sexual Exploitation Video
- Women's Aid Teen Relationship Abuse Video
- Government's "This is Abuse" Website
- CEOP On-line Safety Video
- Sexually Transmitted Infections Article

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London Borough of Havering

Annual Assessment 2012-13
Young People & Substance Misuse

Key Findings Report

Havering
LONDON BOROUGH

“Don't ever tell a teenager not to do something - they will obviously do that thing after you tell them not to, just for kicks. I hate how bad drinking is in Essex - the party lifestyle has been sensationalised and the majority of teenagers want to conform to it because they think that that is what they are supposed to do”.

Index

Introduction

There is clear and convincing evidence that young people's substance use contributes to a wide range of other serious problems experienced by teenagers that impacts on their education and achievement, family relationships, employment opportunities, increases the likelihood of their involvement in crime and anti-social behaviour, becoming a victim of crime, teenage pregnancy, mental health problems as well as risks of accidents, injury, overdose and future drug dependency in adulthood.

The Government recognises that substance misuse can prevent children and young people from achieving positive outcomes - of living in a safe society and lead healthy, enjoyable and rewarding lives. In December 2010, the coalition government published its drug strategy, *Reducing demand, restricting supply, building recovery: supporting people to live a drug-free life.* The strategy makes a number of pledges towards reducing drug and alcohol misuse in young people in particular.

First, it has a distinct focus on early intervention and support for vulnerable young people and families through local authority funding, including the creation of a single Early Intervention Grant, worth around £2 billion by 2014-15. Youth justice services will also be incentivised to find innovative ways to reduce the number of young people who commit crime, including tacking drug or alcohol misuse where this was the reason for their offending. Financial support will be made available to the most disadvantaged young people to allow them to remain in training or education up to the age of 18.

"Havering is a place where all children and young people are valued and safe, feel good about themselves and each other, enjoy life to the full and are given every opportunity to achieve their full potential, and encouraged to contribute positively to their community".

Havering Council

The strategy also proposes to provide young people with high quality drug and alcohol education to allow them to actively resist substance misuse. This will be the responsibility of schools, which will also be empowered to tackle problem behaviour with wider search and confiscation powers. Schools will be expected to work with local voluntary organisations, the police and others to prevent drug or alcohol misuse.

Finally, those at risk or already showing signs of dependency will have rapid access to specialist support that tackles their misuse as well as the wider issues they face.

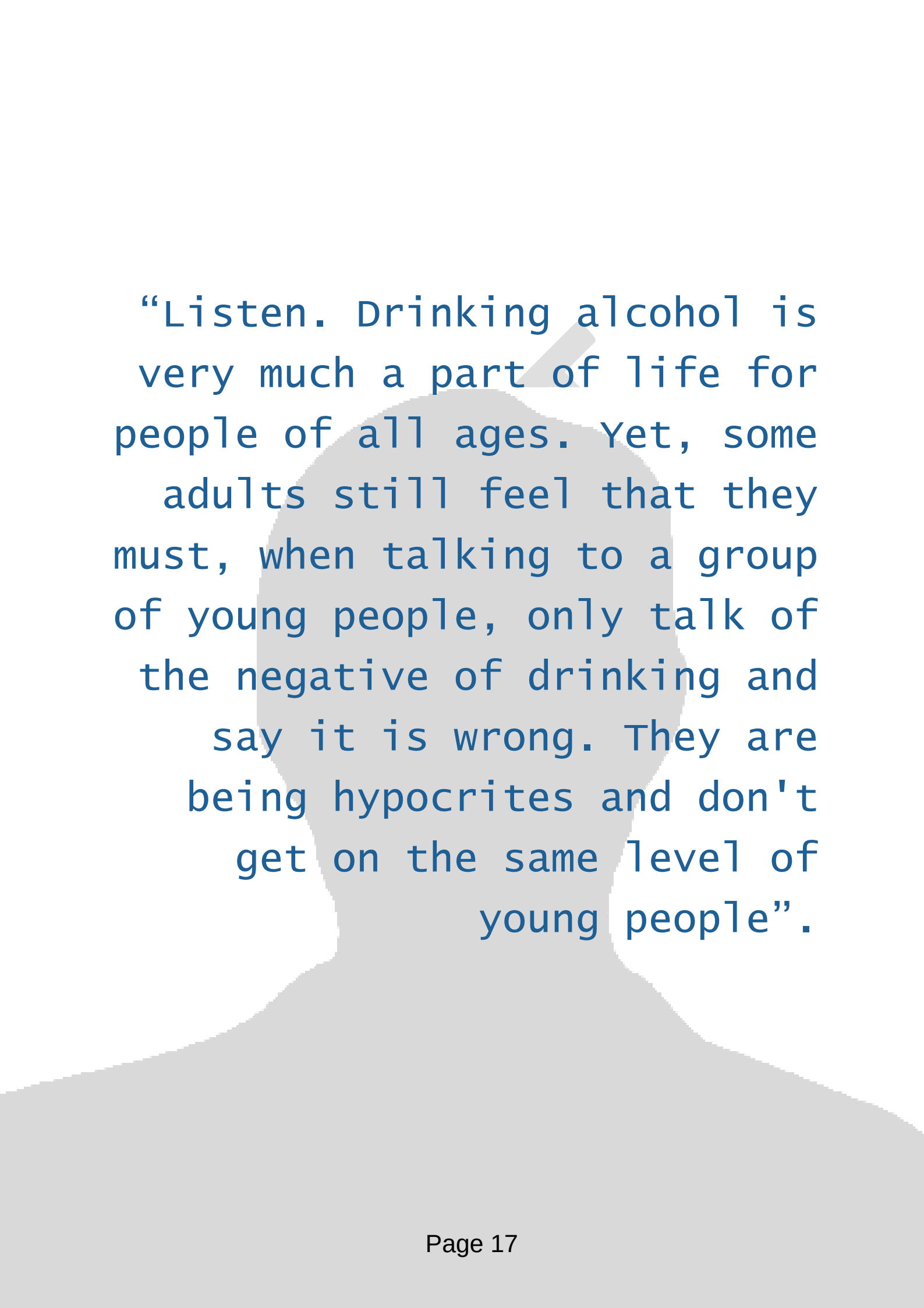
As part of our commitment to the wider agenda of ensuring positive outcomes for local young people, the Council's annual needs assessment continues to monitor local substance misuse among young people. It therefore provides vital information for local partners, stakeholders and policymakers for identifying and responding to the local needs of young people.

"Those who are truanting or excluded from school, looked after children, young offenders and those at risk of involvement in crime and anti-social behaviour, those with mental ill health, or those whose parents misuse drugs or alcohol - need targeted support to prevent drug or alcohol misuse or early intervention when problems first arise."

HO, Reducing Demand, Restricting Supply, Building Recovery: *Supporting people to live a Drug Free life*, 2010

Summary

- Across England in 2012, the prevalence of illegal drug use was at its lowest since 2001 and alcohol use also continues a downward trend since 2001.
- In Havering, the majority of teenagers have never tried a drug. In contrast, the majority of teenagers have tried alcohol.
- In Havering, almost half of all teenagers have not tried smoking. Those who have, tried smoking under the age of 16.
- 60% teenagers in Havering have been offered a drug in the last 12 months.
- 40% teenagers had reported trying drugs. Cannabis, ecstasy , legal highs and cocaine were the preferred drugs.
- 25% of young people have not received drugs education in schools.
- The number of young people referred into the local service remains stable at just over 125 in 2012-13.
- In 2012-13, the overwhelming majority of young people were seeking support for their cannabis and alcohol misuse.
- Almost half of young people referred into the service in 2012-13 were aged 15-16 and lived in Harold Hill, Rainham and Romford.
- Clients receiving early interventions in 2012-13 were more likely to report being drug free whilst specialist clients were more likely to report reduced use.
- 100% of professionals surveyed reported that they would recommend the service to other professionals and parents/carers.


“Listen. Drinking alcohol is very much a part of life for people of all ages. Yet, some adults still feel that they must, when talking to a group of young people, only talk of the negative of drinking and say it is wrong. They are being hypocrites and don't get on the same level of young people”.

Section One

The National Picture

1.1 The National Picture: Drug Use
(Source: NHS)

The *Smoking, drinking and drug use among young people in England* survey (NHS, 2013) is the latest in a series designed to monitor smoking, drinking and drug use among secondary school pupils aged 11 to 15 (in Havering there are 14,300 children aged 10-14, Census Data 2001). Information was obtained from 7,589 pupils in 254 schools throughout England in the autumn term of 2012. Key findings include:

- In 2012, the prevalence of illegal drug use was at its lowest since 2001 (when 29% reported that they had ever taken drugs), when the current method of measurement was first used. 17% of pupils had ever taken drugs, 12% had taken them in the last year and 6% in the last month.

- The prevalence of ever having taken drugs increased with age from 7% of 11 year olds to 31% of 15 year olds. There were similar patterns for drug use in the last year (from 4% to 24%) and in the last month (from 2% to 13%).

- 75% of pupils who had taken drugs in the last year reported only having taken one type of drug, and 25% had taken two or more.

- As in previous years, cannabis was the most widely used drug among 11 to 15 year olds; 7.5% of pupils reported taking it in the last year. This figure is similar to that seen in 2011 (7.6%), but continues the overall downward trend in prevalence of cannabis use since 2001.

- Boys were more likely than girls to have only taken cannabis in the last year (50% and 41% respectively). Conversely, girls were more likely than boys to have only used volatile substances (26% and 20% respectively). Other differences between boys and girls in patterns of drug use over the last year were not significant.

- Class A drug use remained relatively rare among pupils; 2.2% reported taking one of the eight Class A drugs asked about in the last year. From 2001 to 2009, this proportion was around 4% but fell to 2.4% in 2010 and has remained at a similar level since.

- Use of volatile substances, such as glues, gases, aerosols and solvents, was

reported by 3.6% of pupils in 2012, a similar proportion to 2011 (3.5%).

- Pupils who said they had taken drugs in the last year were asked on how many occasions they had taken drugs and how often, if at all, they usually did so. Figures for 2012 were broadly similar to those reported in previous years; 3% of all pupils said they had only ever taken drugs on one occasion, 3% said they had taken them on two to five occasions, 1% reported they had taken them on six to ten occasions, and 2% reported having taken drugs on more than ten occasions.

- Pupils who had ever truanted or had been excluded from school were more likely to report usually taking drugs at least once a month than those who had never truanted or had never been excluded (10% compared with 1%). Also, pupils who had ever played truant or been excluded were more likely to report taking Class A drugs in the last year (9%) than those who had never truanted or been excluded (1%).

- Pupils were most likely to get helpful information from teachers (66%), parents (63%) or TV (60%). As in previous years, helplines were the source least likely to be found helpful by pupils (15%).

- 28% of pupils reported ever being offered any drug, a similar proportion as in 2011 (29%). Boys were more likely than girls to say they had been offered any drugs (30% of boys compared with 27% of girls).

1.2 The National Picture: Alcohol Use
(Source: NHS)

The *Smoking, drinking and drug use among young people in England* survey (NHS, 2012) is the latest in a series designed to monitor smoking, drinking and drug use among secondary school pupils aged 11 to 15 (in Havering there are 14,470 children aged 11-15, Census Data 2001). The 2011 survey achieved a sample of 6,519 pupils aged between 11 and 15 in 219 schools. Key findings include:

- 45% of pupils said that they had drunk alcohol at least once. This was at the same level as in 2010, and maintains the downward trend since 2001 when 61% of pupils had drunk alcohol.

- Boys and girls were equally likely to have drunk alcohol. The proportion who had drunk alcohol at least once increased with age, from 11% of 11 year olds to 74% of 15 year olds.

- 12% of pupils had drunk alcohol in the last week. This continues a decline from 26% in 2001, and is at a similar level to 2010, when 13% of pupils reported drinking in the last week.

- Similar proportions of boys and girls had drunk alcohol in the last week. The proportion who had drunk alcohol in the last week increased with age from 1% of 11 year olds to 28% of 15 year olds.

- The reported frequency of drinking continues to decline. In 2011, 7% of pupils said they usually drank at least once a week, compared with 20% in 2001. Pupils aged 11 to 15 who drank in the last week drank a mean amount of 10.4 units and a median amount of 7.0 units.

- More than one in five (22%) of those who had drunk in the last week, drank 15 units or more. Boys were more likely than girls to report drinking at this level (25% of boys, compared with 18% of girls). This high intake was most common among older pupils, with 25% of 15 years olds having drunk 15 units or more in the last week, compared to 12% of 11 to 13 year olds.

- The most popular type of drink was beer, lager or cider, which accounted for around half pupils' mean weekly intake (5.2 units). Boys were more likely than girls to drink beer, lager or cider; girls drank more wine and alcopops than boys.

- Most pupils (69%) who drank in the last week had done so on one day only. As in previous years, pupils were most likely to have drunk alcohol at the weekend; 41% said they had drunk on Friday, 64% on Saturday and 19% on Sunday, compared with 6% on each of the other days of the week

- Drug use in the last year was associated with recent drinking. Compared with those pupils who had never taken drugs, those who had taken drugs in the last year (not in the last month) and those who had taken drugs in the last month had increased odds of having drunk alcohol.

- Compared with those pupils who have never truanted, pupils who had ever truanted from school had increased odds of having drunk alcohol in the last week.

“Do not talk to them like they are children; talk to them like they are your equals (nobody likes to be talked down to - especially if you are trying to get them to not do certain things). Don't tell them simply to not drink - I have never met anyone else who does not drink alcohol my age apart from me. Accept that teenagers will experiment with things, but always provide support for them”.

Section Two

The Local Picture

2.1 Drug & Alcohol Use in Havering (Source: Havering Council)

In order to deepen our understanding of the local picture of young people's substance use in Havering and enlarge the data available to the annual needs assessment, the Council conducts an annual survey to seek the views of young people aged 13-19 years about their experience of using drugs, alcohol and tobacco use. Now in its second year, the survey, completed on-line, was conducted between June and September 2013 and, in total, 324 young people responded to the on-line survey during this period.

Drugs

- **Accessing Information:** Young people reported that they get their information about drugs and alcohol from the following sources; friends (54%), Internet (48%), TV (46%), Parents and Teachers (35%) and leaflets (25%).

- **Seeking Support:** Young people reported that they would go to the following people if they wanted information about drugs and alcohol; friends (62%), parents (28%), boy/girlfriend (15%), brother/sister (14%) and FRANK, the national drugs campaign (12%).

- **Age of first use:** The general trend across all the reported categories for frequency of use below show that first use increases as young people get older, for example from 12yrs of age (5.9%) to 15 yrs of age (21.6%).

- **Information Preferences:** Young people reported that they would prefer to get their information from the Internet (62%), Facebook (22%), Apps (22%), Texting (17%) and Telephone (7%).

- **Drugs in the community:** 74% of young people reported that drugs were easy to get hold of in their local area and 59% of young people reported that they had been offered drugs. 29% of young people responded that they had been offered drugs in school.

- **Drugs Prevalence:** Young people reported that the most prevalent drugs in their local community were cannabis (90%), cocaine (62%), ecstasy (53%), ketamine (41%), legal highs (28%), crack (27%), heroin (25%), steroids (25%), and speed (24%).

- **Drug Use & Reasons:** 40% of young people reported that they had tried

drugs. In order, cannabis, ecstasy, cocaine, ketamine, legal highs, speed and LSD were the most tried drugs. 'For the feeling', 'Peer Pressure' and 'To impress friends' and 'Curiosity' were considered to be the top four reasons for why young people use drugs.

- **Drug preference:** young people reported that cannabis (90%), ecstasy (22%), legal highs (10%) and cocaine (9%) were their preferred drugs. 36% of young people reported using their preferred drug 'a few times a year', 22% 'everyday', 5% 'once a week', 10% once a fortnight and 12% once a month.

- **Spend:** 54% of young people reported spending up to £10 a week on drugs with 14% spending up to £20 a week and 17% spending up to £50 a week on their preferred drug.

- **Consumption & Sexual Activity:** 53% of young people reported having sex whilst under the influence of drugs with 34% of young people reporting that they had had sex whilst under the influence of alcohol.

- **Parental Awareness:** 52% of young people reported that their parents did not know that they used drugs. 18.6% of young people reported that their parents 'don't like me using drugs' with 14.7% of young people reported that their parents 'don't mind me using drugs too much' with 13.7% reporting that their parents 'don't mind'.

- **Drugs Education:** 76.3% of young people reported receiving drugs education at school with most of the drugs education taught in Year Groups 7,8 and 9. 50% of young people felt 'satisfied' with their drugs education, 15.2% felt the education was 'excellent', 17.8% were 'very satisfied' whilst 40.8% were 'satisfied'. 26.2% of young people rated their education as 'inadequate' or 'poor'.

Alcohol

- **Age of use:** 20% of young people reported drinking for the first time aged 11 or under, 11% at the age of 12, 21.2% at the age of 13, 12.6% at the age of 14, 8.9% at the age of 15, 7.8% at the age of 16 and 1.8% at the ages 17-18. 15.2% of young people reported never having had a drink.

- **Frequency of drinking:** 30% of young people reported drinking 'a few times a year', 18.8% reported drinking 'about once a fortnight', 18.8% reported drinking 'about once a month', 13.4% reported drinking 'about once a week'

and 8.5% reporting drinking 'about twice a week'. 10.2% of young people reported drinking 'every day' or 'almost every day'.

- **Feeling drunk:** 26.8% of young people reported that they had never felt drunk. 23.2% of young people reported feeling drunk last week, 19.6% felt drunk during the last month. 10.7% reported feeling drunk within the last 24 hours.

- **Alcohol purchase:** 25.9% of young people reported that they had never purchased alcohol. 43.3% of young people reported that it is 'very easy' to purchase alcohol with 20.1% reporting that it was 'fairly easy'. Young people reported buying alcohol from off licences (25.5%) supermarkets (21.1%), friends (13%), pub or club (13%) and parents (8.7%).

- **Drink Preference:** Young people reported their favourite drinks as Vodka (20%), Cider (19.8%), Lager/Beer (19.4%), Wine (12%), Alcopops (9.2%) and Whiskey (8.3%).

Tobacco

- **Tobacco use:** 46.3% of young people reported that they had never smoked whilst 10.8% reporting that they had tried it only once. A further 10.4% said that they had given up smoking. 3.3% reported smoking between one and six cigarettes a week whilst 18.8% reported smoking more than six cigarettes a week.

- **Age of first use:** The majority of young people have tried smoking under the age of 16. 10% of young people reported trying smoking aged 11 or under, 10.8% aged 12, 9.1% aged 13, 9.5% aged 14, 7.1 aged 15 and 5.4% aged 16.

- **Tobacco Purchase:** Young people reported purchasing cigarettes from Off Licences (44.8%), Small Local Shop (29.9%), Supermarket (27.6%), and Member of the Public (11.9%).

- **Smoking Cessation:** 39.9% of young people reported trying to give up smoking.

“Keep communication open and develop more of a relationship so that they will feel comfortable approaching you if they have a problem. Don't lecture people but don't be too flippant about it either. Also, perhaps teach people how to spot young people who may potentially have a problem and encourage them to confront it rather than ignore it”.

Section Three

Investigating Met Needs

3.1 Commissioned Service
(Source: Havering Council)

The quarterly monitoring data set was developed in 2007 for the commissioned young people's substance misuse service. Since 2008, this service has been operated by Addaction, the national drugs charity. In Havering, it is known as "Youngaddaction Havering".

The data set is an important means by which the substance misuse services can evidence and demonstrate how they meet their targets and how their interventions contribute to supporting and improving young people's lives in Havering. It provides the most detailed data set for young people's substance misuse services, exceeding national requirements captured by Public Health England. Findings for this needs assessment period (2012-13) showed that:

- **Young People:** Youngaddaction received 129 referrals *(in 2011-12; 128)*, assessing 83 young people and retaining 80 young people on caseloads. 85% of young people referred were reported as White British followed by Black African/Caribbean and Mixed White-Black Caribbean.

- **Ages:** Highest proportion of young people referred to the service was between the ages of 15-16 (49%), though there was a significant minority of 17-18 year olds (29%). Young people aged 13-14 accounted for 20%.

- **Referrals:** Highest proportion of referrals (29%) into the service came from Schools *(in 2011-12 the figure was 27%)* followed by the YOS (20%) *(in 2011-12, the figures was 21%)*, Children's Services (13%) *(in 2011-12 the figure was 16%)* and parents (7%) and self-referrals (9%). Service received a number of referrals from agencies such as A&E (4%), CAMHS (4%), and YISP (3%) in Havering.

- **School Referrals:** Overall, though referrals from schools were high, 55% of secondary schools did not refer into the service. These were Hall Mead, Gaynes, Royal Liberty, Redden Court, Bower Park, Brittons, Sacred Heart, Campion, St Edwards, Frances Bardsley & Coopers. Chaffords School in Rainham was the highest referrer with 8 clients followed by Sanders Drapers (6). Also, both pupil referral units referred into the service in 2012-13.

- **Postcode Data:** Referrals are continuing to come from the key local areas of social deprivation, in order Harold Hill (23%; *25% in 2011-12*), Rainham (22.5%; *11% in 2011-12*), Romford (21.5%; *20% in 2011-12*), Collier Row (11%) and South Hornchurch (12%; *17.5% in 2011-12*), North Hornchurch (6%; *17.5% in 2011-12*). Together, the above postcode areas account for 96% of young people referred into the service.

- **Engaging Young People:** Referral to assessment data shows that the services is engaging and retaining a 68% of young people *(in 2011-12 the figures was 74%)*.

- **Types of substances used:** Closely aligned with national data set trends, namely that client's primary drug of choice is cannabis (68%; *71% in 2011-12*) followed by alcohol (27%; *17.5% in 2011-12*) with stimulants ecstasy and ketamine forming a smaller proportion (4%; *11.5% in 2011-12*) of usage. Alcohol is the most preferred secondary substance of use followed by cannabis, cocaine and ecstasy.

- **Outcomes:** a significant proportion of clients (95%; *72% in 2011-12*) reported reducing (47%; *44% in 2011-12*) or stopping (47%; *56% in 2011-12*) their use on leaving the service. Targeted clients were more likely to report being drug free whilst specialist clients were more likely to report reduced use. A small number of young people (15) either declined or dropped out of the service in 2012-13.

- **Partnerships:** the service undertook onward referrals and joint casework with 17 other children and young people services across Havering during 2012-13.

- **ETE Status:** a significant proportion of young people were in full-time (under 16) education (64%), followed by young people not in education, employment or training (17.5%) and full-time further education (13%).

3.2 Professional & Client Feedback Surveys
(Source: Youngaddaction)

Set up in 2012, these two on-line surveys were designed to elicit feedback from professionals and young people about their experiences of using the commissioned service. In total, 29 professionals and 21 young people were invited by the service to complete the survey. Findings reveal:

Professionals

- 44.8% of professionals heard about Youngaddaction from a colleague followed by 20% through training. Other ways of hearing about the service included the client, leaflet and the Council's intranet.

- 69% of professionals had previously referred a client before 2012. The preferred method for making a referral were the on-line referral pathway (51%), email (25.9%), phone call (18.5%) and post (3.7%).

- 92% of professionals reported that their referral was acknowledged within 3 day agreed service standard with 72% of professionals reporting that they received monthly updates on their client's progress.

- 88% of professionals reported that Youngaddaction had contacted them upon discharging the client from the service. 92.3% of professionals reported that they were either "Very Satisfied" (61.5%) or "Satisfied" (30.8%) with the service they received from Youngaddaction.

- Overall, 100% of professionals reported that they would recommend the service to professionals and parents and would use the service again. Comments left by professionals were positive and were typical of this comment, "All staff have vast knowledge in their field. They are very professional as well as being easy to talk to for advice/support. They call back if I have left messages, a very very good provision".

- Professionals were invited to make suggest on how to improve the service. In total, there were 15 responses and included offering more group-work sessions, marketing the service and expanding to include an outreach service.

Clients

- 81% of clients reported that they had reduced their drug use. When asked how the service had supported them in reducing their use, clients reported that increased knowledge about the effects and risks had helped them make changes in their use.

- Overall, clients rated their experience of the service as “excellent” (28.6%), “very good” (47.6%), OK (19.0%) and poor (4.8%).

- Young people rated their relationship with their keyworker as either “excellent” (33.3%), “good” (33.3%) or “OK” (33.3%). All the clients felt that they had been listened to.

- In terms of the information that they received, clients felt that it was either “excellent” (28.6%), “good” (57.1%) or OK (14.3%).

3.3 AUDIT Screening Tool
(Source: Youngaddaction)

The AUDIT[1] was introduced in Havering in 2010 in response to NICE Guidance (June, 2010) that recommended that health professionals, 'Complete a validated alcohol screening questionnaire with young people […] In most cases, AUDIT (alcohol use disorders identification test) should be used [*and to*] Focus on key groups that may be at an increased risk of alcohol-related harm' (2010:16).

Though NICE guidance suggested that young people aged 16-17 should be screened, the Council and Addaction agreed that all young people with alcohol as their primary substance of use would be invited to complete an AUDIT tool. Following a successful three month pilot late 2009, the tool was rolled out for 2010-11. The summary of data below is a three month extract of completed AUDIT tools from 2012-13. In total, 42 AUDITs were analysed:

- In total, 52% of young people scored above 8 on the AUDIT tool, the threshold by which the screening should trigger concern in both the young person and the service.
- 35% scored between 8 and 15. Scores between 8 and 15 are considered by the WHO guidance as most appropriate for simple advice focused on the reduction of hazardous drinking.
- 9% scored between 16 and 20. The WHO advises that scores between 16 and 19 indicate a need for brief counselling and continued monitoring.
- 7% of young people scored above 20, a score the WHO advises warrants further assessment for alcohol dependence.
- 28% of young people reported drinking 2 to 4 times a month with a small minority (10%) reporting drinking 2 to 3 times a week. Just 2% reported drinking 4 times or more a week.
- 21% of young people reported drinking 3 or 4 drinks containing alcohol whilst 28% of young people reported drinking 10 or more drinks "on a typical day". 14% of young people reporting drinking 7 or more drinks. 30% reported drinking 10 or

[1] **In 1982 the World Health Organization (WHO) asked an international group of investigators to develop a simple screening instrument. Its purpose was to identify persons with early alcohol problems using procedures that were suitable for health systems in both developing and developed countries. Since the AUDIT was first published in 1989, the WHO has reported that, 'the test has fulfilled many of the expectations that inspired its development. Its reliability and validity have been established in research conducted in a variety of settings and in many different nations'**

more alcoholic drinks. Just 7% of young people reported drinking less than 3 drinks.

- When asked how often they drink six or more drinks on one occasion, 33% reported drinking “daily or almost daily” with 14% reporting monthly and weekly. 30% reported having six or more drinks less than monthly.
- 10% of young people reported that they had failed to do what was “normally expected” of them because of drinking.
- Two young people reported the need to have a drink “in the morning to get yourself going after a heavy drinking session”.
- A significant proportion of young people (30%) reported that had experienced a feeling of guilt or remorse after drinking during the last year.
- A significant proportion of young people (47%) reported being unable to remember the night before as a result of their drinking.
- 19% of young people reported that a relative or friend had shown concern about their drinking and had suggested reducing consumption.
- 14% of young people reported that they or someone else had been injured as a result of their drinking during the last year.

3.4 Client Outcomes Tool
(Source: Youngaddaction)

The Client Outcomes Tool (known as the 'COT') was developed in Havering in 2010 and is a multi-dimensional self reporting index that measures the outcomes that substance misusing clients experience as a result of their engagement with the local commissioned substance misuse service.

The COT uses a conceptual framework that consists of 5 outcome domains, most of which are based on the previous ECM outcomes (e.g. Being Healthy & Staying Safe). This tool measures a total of 11 outcome indicators on a scale: 0 = no harm or effect to 5 = severe harm or effect.

The COT, along with the TOP, are important means by which the substance misuse services can evidence and therefore demonstrate how their interventions contribute to supporting and improving young people's lives. Based on data extracted from a selection of completed tools in 2012, the analysis found:

- **Substance Use:** On average, clients reported that "others" viewed their substance use as more harmful (4.3) than they viewed and reported it as harmful (2.1). Both outcomes showed that clients reported less harm from their substance use on exiting the service. In terms of rating harm, this dropped on average from 2.1 to 0.3 *(in 2011, harm was reduced from 2.1 down to 0.7).*
- **Being Healthy:** On average, clients rated a score of 1.9 regarding physical harm as a result of their substance use (*in 2012 the figure was 1.8*). On exit, clients rated 1.1 for their physical health. Clients rated substance use harm on their mental health as 2.3 on starting their intervention. On exit, this dropped to 1.0. (*in 2011, harm fell from 1.5 to 0.7*).
- **Economic Well-Being:** Client group reported positive change (from 2.2 to 1.0; *in 2011 the figures dropped from 2.1 to 0.9*) in how they managed their money. In terms of education, training and employment, clients group reported positive changes (from 2.6 to 0.8; *in 2011, the figure dropped from 1.4 to 0.8*).
- **Staying Safe:** In terms of their relationship with their family, clients reported a modest reduction (from 1.5 to 0.8; *in 2011, the figure fell from 1.9 to 1.0*) in the harm their substance use was causing their family relationships.
- **Enjoying & Achieving:** Client group reported a small reduction in the harmful effects of their substance use on their friendships (from 0.4 to 0.07;

in 2011, the figures fell from 0.5 to 0.4). With regards to enjoying leisure activities, harm fell from 1.9 to 0.6 (*in 2011, the figures dropped from 0.6 to 0.3*). Clients reported that the intervention had a positive impact on their criminal or anti-social behaviour which had fallen from 2.0 to 0.3 on exiting the service (*in 2011, the figure fell from 2.1 to 0.6*).

“The government should stop the media from glorifying drug or drink intake. They should try and stop a binge-drinking society by showing it is not fun to be drunk. They should tell parents to be aware of drugs and drink when bringing up their children”.

Section Four

Qualitative Data

4.1 Case Studies

(Source: Youngaddaction)

Targeted Service

Background

During a 1-1 session a Youngaddaction client made a disclosure to Youngaddaction that they had used Ketamine in school with a couple of year 10 students, YP refused to disclose the other pupils. Youngaddaction informed her that confidentiality would need to be breached and that school and parents would need to be informed. She was very distressed however did speak to her father on the telephone and parents agreed to engage in some family sessions.

Youngaddaction called and informed school. She was spoken to by school and CCTV footage was reviewed and school were able to identify pupils. Pupils were referred to Youngaddaction and this case study is about one of these students.

Interventions

Assessment: The comprehensive assessment identified that the she had never used ketamine before. She admitted to binge drinking alcohol a few times and trying cannabis a couple of times. She did not smoke cigarettes. The young woman was a very articulate who was achieving well academically.

Parental Support: Youngaddaction contacted parents and offered ketamine education, parents were given harm reduction information over the phone and ketamine leaflets were sent home. Website information and support numbers were also sent home. Parents were given contact information for counselling service Daybreak should they wish to receive some further support.

School: The School placed a lot of restrictions on the pupils including not being able to leave school at break, being on report for every class and she had to meet with a mentor in school every week with the school holding meetings with parents held every 4 weeks.

1-1 sessions: supported the pupil's awareness around the risks involved in using ketamine, alcohol and cannabis as well as identifying other support needs. One to one sessions looked at how the pupil could improve her reputation with school. Sessions also looked at doing voluntary work. The pupil was referred by Youngaddaction to HAVCO and became a volunteer at the PDSA and now helps out every Saturday.

Group work sessions: drug education, harm reduction strategies, challenge myths and help girls develop some positive goals. Sessions covered risks and dangers and other possible outcomes of using ketamine in school. ER was able to demonstrate a good understanding of ketamine and its dangers. Session covered Blood Bourne Virus BBV and recommended that she have a test even though the risks were very low. She attended Queens Hospital with mum and had a BBV test which was negative.

School: The pupil completed her six months "on report" and had a governors meeting to determine if she could continue at school. The pupil had to write a report for the Governor's meetings and Youngaddaction supported her write this. Youngaddaction also wrote a progress report and attended the Governor's meeting with her. They agreed that she

had made a mistake and accepted her return to school.

Outcome

The pupil completed the drug education and advised that she would never use Class A drugs again. She also reported that she was now drug free. She completed the alcohol education and advised that she would be making much healthier choices. She also completed her mentoring programme in school.

Specialist Service

Background

A young man initially came into contact with Youngaddaction after the service received a phone call from a concerned parent. The parent advised that over the Christmas period and following a relationship break-up he was drinking daily up to nine – ten beers.

In the session he also disclosed occasional cocaine use with friends and had completed one cycle of steroid use as he was unhappy with his body shape. He felt his use was 'out of control' and wanted to stop. Protective factors identified were that he was very focused on his college course, he was very passionate about sports and had a very supportive family.

Interventions

Assessment: the client appeared very withdrawn and unhappy. He advised that his confidence was at an all time low following a relationship break up. He was looking for a quick fix and found that alcohol and cocaine would give him a boost in social situations. When he was not using he would get angry and frustrated and his mum had stated that if the situation did not improve his place at the house was at risk. He stated that he had been a keen sportsman competing in kickboxing and hockey events. He advised that he had begun to put on weight and sought the solution in steroids as it was a 'quick' solution.

Harm minimization alcohol/ Alcohol Diaries and Unit Calculator: This information allowed the client to understand how alcohol is processed by the body and how it may effect his physical and mental health. He made a plan that he would stick to no more than two single measure drinks on a Friday/Saturday night with his friends. This later developed to a period of eight weeks abstinence until his 18th birthday as he was training for a fight. Harm minimisation around injecting use and BBV given.

Safer Sex Information: Sexual health awareness information was given around STI's and pregnancy. The client became aware of places to go in the local community to receive sexual health interventions namely Youth Zone, Harold Hill Information Shop and Queen's Hospital. He also went for a full sexual health screen (including BBV testing) at Queens Hospital.

Referral to Is This Fun For Everyone: Referral to this diversionary programme was completed to help with some of the social issues the client was facing. This project helped the client find alternatives to his use via sports and mentoring. The client began to engage with the service and he began training hard and looking at his diet. Working very closely with this diversionary programme meant that the service could focus on substance misuse and developing discrepancies between his use and his GOALS. He began training hard and stopped using cocaine and steroids.

Exploring Triggers/Cravings: The comprehensive assessment identified that the client had being using alcohol as his main coping strategy. Triggers and high risk scenarios were explored and identified with alternatives being sought. His diet and fitness interests made this process easier to develop discrepancies between behaviour and GOALS.

ITEEP Maps: Proved successful as a tool to guide the client's key-work sessions.

Outcome

The client's confidence began to return and within five months he was drug free, drinking alcohol once a week or less (no more than four units), passes his driving test, was insured on his Mum's car, had begun a new relationship, passed his exams, taken part in two competitions for kickboxing and had returned to competitive hockey competitions. He reached his GOAL weight and had a high muscle to fat ratio which he gained from hard work at the gym, healthy eating and reducing his alcohol use significantly.

Targeted Sexual Health Service

Background

Client was referred to the Targeted Sexual Health Service (TSHS) by the Childrens Services 12+ team. Client had been previously sexually active with an older male.
Client comes from a large family which is on a CIN plan.

Client has a sister that was placed in foster care and returned home during this case study period. Client lives with mum, three sisters in which one has a baby that also lives with them, two brothers and her Nan. Client reported drinking alcohol occasionally and smoking cannabis previously with her ex-boyfriend. Client stated that she was forced into this by him. The client reported that one of her brothers attacked the ex-boyfriend and was taken to court and issued a £350 fine. A referral was also made to colleagues for drug and alcohol support.

Interventions

Assessment: A comprehensive assessment was completed and a programme of education and support was offered. Client was already working with Relateen at school. She had been sexually active with a previous boyfriend which she revealed was unprotected. She stated he begged her for sex and then when he broke up with her told her he only was with her for sex.

Sexual health screening: Client attended Queens with her Mum for screening for STIS and was given the all clear.

Internet Safety Education: Client stated that she was still being contacted by her ex-boyfriend. He was contacting her via Facebook under different names. Client was advised about internet safety and how to block the ex-boyfriend on Facebook.

Safer Sex Education: Client disclosed that she had had unprotected sex with her current partner and was in enough time to obtain emergency contraception. Client did not want to get this; she stated that she would like to become a mother and has not discussed getting emergency contraception with current partner. The service explored consequences of not getting emergency contraception and pregnancy with the client. She was adamant she would not be getting emergency contraception. Her pregnancy test came back negative.

Contraception Education: Client attended a session on contraception and discussed all forms of contraception. Client stated that she would like to go on the implant.

Support to access LARC: With client's consent, the service made an appointment for client to attend Queens Hospital and had the implant fitted.

Sexually transmitted infections education: Client attended a session on sexually transmitted infections, symptoms, transmission and treatment.

Accessing HIV testing: Client reported that she had had unprotected sex with someone that they believe is HIV +. With the client's consent, the service organised an emergency appointment at Queens. She attended this with the worker and her mum. The HIV test came back negative.

Condom Card Scheme Registration: Client was signed up for the C Card free condom distribution scheme.

Outcome

The client received STI Education, Contraceptive Education, Safer Relationship Education and the client was supported to obtain the LARC and HIV testing.

4.2 Voice of Young People
(Source: Havering Council)

The annual local drug and alcohol survey asked young people two open-ended questions that invited them to write their ideas, views and opinions about substance misuse. The response was overwhelming with too many comments to be able to include this report. As a result, a small number of young people's comments have been selected and presented in this report.

How could drugs, alcohol and tobacco education, information and advice be improved for young people?

"People who have experienced problems with alcohol and drugs should go into school to tell them there story of how bad it really can be. so people can hear it from someone who understands what they are talking about"

"Show the diverse affects of it on organs, example brain liver lungs, also say how it can affect u having a baby how much you would regret it once you have a family."

"The teachers should take the lessons more seriously and go more in depth with the stories and teaching about consequences of drugs."

"By having people come into their school and tell them why its wrong 2 smoke and drink etc."

"Meeting and hearing the story of a recovering drug addict really opened mine and many fellow students eyes. I can't stress enough how important organising things like that are".

"Less of the, "OH YOU WILL DIE" and more scientific-based, qualitative education. The internet offers a more balanced and informative understanding of drugs than drugs education ever could."

"Teach it from a young age, for example from the start of secondary school right through to year 11."

"The problem I have is that schools do not 'educate' kids on drugs, but rather express their hatred for drugs and drug users. I remember being taught that 'drugs are bad' and 'drugs kill' and as I've grown, although these statements are correct, I have learned that drugs aren't all bad (there are some that can be used for medicinal purposes etc), I was being fed a bias all along - which caused me to be incredibly naive. How is that fair on the future generations?"

"Make it more interesting instead of sitting loads of kids down and saying in a really boring tone. don't smoke/take drugs etc".

"There needs to be way more awareness on it. Its ridiculous and quite shocking how little information teenagers receive on it".

"There is only a negative view on drugs; maybe if the children understood why people do drugs they wouldn't be so curious to try them."

"Give hard facts about both the 'positive' and negative implications of drug use. Provide through teenage platforms such as social media, Facebook and Twitter".

“The advice and guidance needs to be given by someone from a neutral perspective in order to educate every aspect of a particular drug, rather than just relay all the 'negative side-effects' and show pictures of someone that has continuously used for a long period of time (this is often used as a deterrent that never works). Because as I have learned, if you tell a child not to do something, he is naturally rebellious, therefore: "Don't do drugs" = "Oh, what the hell?"

“Leaflets and posters with CORRECT UNBIASED information - Audience targeting (teens won't waste their time finding out what the drug they are about to take can do to them, teens don't know that the majority of street drugs are cut, teens don't care, so help and advice needs to be pushed in their faces for their own benefit and knowledge).”

What advice would you give to adults (parents, teachers) when speaking with young people your age about their drug and/or and alcohol use?

“Don't scream at them, be understanding and get through it in a calm way”.

“Just don't be pushy towards any side of for drugs or against then they will think your not being hypocritical and give you a chance what you have to say - give a balanced argument”.

“You need to make sure that the child can trust you first if they are going to tell you stuff about what they do when they are out and that you won’t gossip about them to other people”.

“Be very serious and crack down on it when you notice a change in behaviour and or obvious highs, drunkenness and if they or their clothes smell smokey”.

“Make them feel like their speaking to a friend, not someone who will get angry with them”.

“Warn them of the dangers of substance abuse but also tell them that it is their choice and that if they do decide to take drugs, that they will not support them when they get into trouble and only start supporting them when they decide to come clean”.

“Don't talk down to them, make it seem like your advising them instead of telling them off, tell them that they have a choice on how to live their life's and the best way to live it is to stay drug and alcohol free. Parents and teachers need to know that young people like having choice and we like to make our own choices”.

“It's your choice whether or not to take drugs but do it from an informed standpoint. Reminders that taking drugs affects your power to choose”.

“To be more accepting and less judgmental, not to get angry or shout at the children if they admit they have done drugs”.

“Don't scare them too much because they could have parents with that problem just let them see the danger”.

“To discuss the reasons why people turn to drugs and alcohol not just because of peer pressure”.

“If you have a child that does drugs, kicking them out of the house, which i have seen happen more than once, is not the answer. It is ignoring the problem and guaranteeing that they continue to use drugs”.

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Glossary of Terms

AUDIT	Alcohol Use Disorder Identification Tool
BCS	British Crime Survey
CAMHS	Children & Adolescent Mental Health Service
CIN	Children in Need
CYPP	Children & Young People's Plan
DAAT	Drug & Alcohol Action Team
DfE	Department for Education
ECM	Every Child Matters
HAS	Health Advisory Service
HO	Home Office
ITEP	International Treatment Effectiveness Project
JSNA	Joint Strategic Needs Assessment
KPI	Key Performance Indicator
LAC	Looked After Children
NDTMS	National Drug Treatment Monitoring System
NTA	National Treatment Agency
ONS	Office of National Statistics
TOP	Treatment Outcome Profile tool
TYS	Targeted Youth Support
YAH	Youngaddaction Havering (current non-youth justice treatment provider)
YOS	Youth Offending Service

This report is produced by the

Public Health Team

12th Floor, Mercury House, Mercury Gardens, Romford

The Team is responsible for carrying out the work of the London Borough of Havering and for coordinating the actions to achieve the objectives and actions outlined in their annual treatment and action plans. In addition, the Public Health Team provides information and advice on local substance misuse services, collects and analyses local and national data, commissions services to reduce substance misuse and provides training resources and programmes for professionals, adults users, their carers and young people in Havering.

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CABINET REPORT

11 July 2012

Subject Heading:	Commissioning School Places Strategy 2012/13 – 2016/17
Cabinet Member:	Cllr Rochford
CMT Lead:	Sue Butterworth Group Director of Children's Services
Report Author and contact details:	John Farry Commissioner Capital & School Places 01708 431706 john.farry@havering.gov.uk
Policy context:	The Strategy has implications for all wards in the borough.
Financial summary:	No financials implications from approving the strategy however significant costs and issues may arise as additional places are implemented. £9.9m is currently approved within 2012/13 Education Capital programme for this purpose – detailed review of financial implications to be undertaken once schemes for delivery become clearer.
Is this a Key Decision?	Yes
Is this a Strategic Decision?	Yes
When should this matter be reviewed?	July 2013.
Reviewing OSC:	Children's Services

The subject matter of this report deals with the following Council Objectives

Ensuring a clean, safe and green borough	[]
Championing education and learning for all	[x]
Providing economic, social and cultural activity in thriving towns and villages	[]
Valuing and enhancing the lives of our residents	[x]
Delivering high customer satisfaction and a stable council tax	[x]

SUMMARY

By 2020 there will be around 21% more primary age children than in 2010 across the country. By 2015 all regions in England are projected to increase their primary aged population compared with 2010. Projected growth ranges from 10% to 15%, the rate for London.

In Havering the birth rate has grown substantially. This has begun to have implications for the sufficiency of places in primary schools, especially in the first year of entry (Year R). This report sets out our strategy to address this. In addition, while the Council retains statutory responsibility for ensuring there are sufficient school places to meet the needs of the population in the area, there is now an expectation that local authorities will introduce Free Schools and Academies as new providers in areas of demographic growth, and that the Council will therefore become a commissioner of additional places.

This strategy is intended to update the Cabinet on the latest school places data and set out the proposed approach to meet that growing demand for the next five years, in the context of new national expectations about this changing roll. The strategy is also intended to:

- help the school community understand the longer term population trends and the implications for their schools
- let parents and the wider community of Havering know what changes are planned and how their views and preferences have contributed to key planning decisions
- outline to potential sponsors of new schools, such as Academies and Free schools, contextual information about Havering's changing school population.

RECOMMENDATIONS

That Cabinet:

1. Approve the draft Commissioning School Places Strategy 2012/13-2016/17 (CSPS)

2. Approve the circulation of the draft CSPS for consultation to all stake holders in school place planning

3. Delegate the determination of the final CSPS, to the Cabinet Member for Children Service's and the Group Director for Children's Services.

4. To note that a further report will be going to Cabinet in September 2012, which will set out the details of each expansion scheme, the consultation process and indicative costs and funding for each scheme.

REPORT DETAIL

1. **Introduction**

1.1 By 2020 there will be around 21% more primary age children across the country compared to 2010. Between 2010 and 2015 all regions in England are projected to increase their primary aged population between 10% to 15%.

1.2 In Havering the total number of primary pupils needing a school place is expected to increase by 2,833 (15%) between 2011/12 and 2016/17

1.3 At secondary level the pattern is different with a downward trend until 2015/16 and a rising roll from 2016/17. Due to this dip in secondary numbers there are currently no plans to expand secondary schools. Further discussions may be needed at a later date once the primary growth has moved through the system.

1.4 This substantial change in primary population requires an agreed plan to enable the Council to continue to meet its responsibility for ensuring there are sufficient school places in the area.

2. **Primary Places**

2.1 The factors that have contributed to the rise in primary pupil numbers have been identified as the:

- substantial increase in the number of births within the borough
- increase in the cohort growth between those born in Havering and those entering Reception as a result of pupils moving into the borough
- increase in the cohort growth across all primary year groups as a result of pupils moving into the borough

2.2 By 2016/17, it is projected that the number of Reception pupils will exceed available places by 521. However, as these pupils are spread out across the Authority, further analysis shows that there is a projected need for 21 additional Year Reception (Year R) classes across Havering in order that Reception age children do not have to travel exceptionally long distances to school.

2.3 This does mean that not all classes will be full, i.e. with 30 pupils at the beginning. However, based on the 30 pupils-per-class rule, if projected future demand for any given year group exceeds 30 pupils, it is necessary to create an additional class. This will then leave capacity to accommodate any additional pupils in year.

2.4 On the basis of seven year groups across Primary education, 21 Reception classes will eventually mean that 147 additional classrooms will be needed by 2023. Although most of this shortfall will require new classrooms some demand will be met by bringing spare accommodation back into a suitable teaching space.

2.5 The result is that although 147 classrooms will have maximum capacity of 4,410 pupils, it is projected that 2,836 of this capacity (64%) will be used. As stated previously this is due to the fact that demand is not spread even across the borough, although we are very likely to reach the Audit Commission's overall occupancy level of 90% in the near future. It is important to note that this is a borough-wide figure and the levels to which individual classroom capacity is filled will vary between individual schools.

2.6 All indications are that the drivers for demand for primary pupil places will continue and it is prudent therefore to have significant additional capacity across the entire Havering Primary school system, to absorb potential further increased demand and also to more reliably satisfy parents' choice of school for their child(ren). It should be noted however that the schools may face financial difficulties if they have significant spare capacity as the level of funding attracted on a per pupil basis may not be sufficient to employ the required staffing levels. Contingencies have been provided by Schools' Funding Forum for this situation should it arise.

2.7 There is a need to provide some additional primary places by September 2012 and this is being done by providing sufficient 'bulge classes', temporary expansions of one class of 15 or 30 for one year, for each planning area of the borough. These schools have already been approached if they were located within the area of growth and had sufficient existing space to accommodate a single class and have all accepted a bulge class.

2.8 For September 2013 there is a projected need for 12 permanent Reception classes and 1 more for 2014. To meet this we propose to expand the capacity of a sufficient number of schools by 15 or 30 pupils, ie 0.5-1 form of entry to meet the need within growth areas.

2.9 Suitable schools are being selected for expansion according to the following criteria :

- that they are both popular and successful;
- they have sufficient site area for expansion;
- expansion will not lead to the school becoming too large;
- and the school is located within an area of growth.

- Work is currently underway to finalise this list of schools, together with a programme of works and detailed financial implications .A further report will be brought to the September Cabinet which outlines these proposals in more detail.

2.10 By 2016/17 there is likely to be a need to commission up to a further eight Reception classes. By this time there may be a more limited number of schools that will meet the criteria for formal expansion. Therefore alternative options such as new schools (possibly Academies/Free schools) may need to be considered.

2.11 The DfE will shortly be inviting expressions of interest from sponsors seeking to open new Free Schools or Academies from 2014/15 onwards. Havering's Officers are meeting with any potential sponsors and providing them, where appropriate, with the evidence they need of where there is a shortage of new places and any possible potential sites in the borough.

3. Secondary

3.1 The projected increase in primary pupils will transfer to secondary schools. As a result we are forecasting at secondary level (11-16) that the overall number of pupils will increase by 1,229 (8%) by 2020/21 and to continue to grow further into the future.

4. Next steps

4.1 Were Cabinet to approve the draft CSPS the Strategy would then be circulated for consultation with schools, the Dioceses and all other school place planning stakeholders. Following the end of the consultation period the Strategy would be revised appropriately and then subject to approval by Lead Member be circulated as the approved CSPS for the next five years.

Key milestones	**Date**
Cabinet decision on Draft CSPS	11 July 2012
Consultation period	July - September 2012
Decision by Lead Member and Group Director on Final CSPS	September 2012
Circulation of approved strategy	September 2012

REASONS AND OPTIONS

Reasons for the decision:

This decision is necessary to progress the strategy for ensuring there are sufficient school places in Havering to meet the rising pupil population.

Other options considered:

It was considered that the Council could proceed with the expansion programme without an agreed CSPS in place. However as the Council is in the leadership role for this major and long term expansion programme it should be consulting with stake holders on its proposed strategy for meeting the challenge of the rising school population and in so doing reduce the risk of these plans being unsuccessful.

IMPLICATIONS AND RISKS

Financial implications and risks:

Approval of the draft strategy does not give rise to any financial implications; however, clearly its implementation will have significant financial implications.

CAPITAL

Within the Council's Education Capital Programme for 2012/13 £5.5m has been approved to fund both the replacement of the Key Stage 1 (KS1) accommodation and provision of additional places at Branfil Primary School. The implementation of additional places at this school is dependant on final forecasts of expected need and a Council decision to expand the school, following statutory consultation.

A further £9,876,472 has been approved within the 12/13 Capital Programme for the provision of additional primary school places.. This was funded from a combination of basic need grant (£3.7m) and expected S106 monies (£6.2m). Since approval of this funding additional basic need grant of £4m was received for 12/13 and this has been used to replace the expected S106 monies in the funding programme in order to reduce the risk associated around forecasting the receipts of S106 monies.

The bulk of this funding will be required to fund a permanent increase in school places from September 2013 onwards but £180k has been allocated to fund works to facilitate the admission of bulge classes in September 2012. This leaves a balance of £9,696,472 to fund places required from September 2013 onwards.

High level indications were that this £9.7m would fund the provision of additional 40 classrooms. This is obviously substantially less than the 147 classrooms required but some spare accommodation already exists within our schools and the costs of bringing these back into teaching space is much less than providing a new classroom. It is expected that the remaining classrooms may be provided as follows:

- S106 contributions / Tariffs (actual and expected receipts are being reviewed)
- Contribution from the DSG as agreed by the Schools Forum (approx £1m)
- Further basic needs grant allocations from 2013/14 onwards (expectations are that further grant will be awarded from DfE based on pupil projections)
- Provision of places by Academies and Free Schools (not funded by the LEA)

The financial implications of the whole primary expansion programme will be kept under review as detailed plans for the delivery of additional classrooms becomes clearer. This will consider the estimated capital cost and funding sources plus the revenue implications of schools and the local authority. Any significant issues will be reported through the appropriate channels as necessary. An update will be provided to Cabinet in September.

REVENUE

Implications for Schools

The revenue implications for schools are that, in creating an additional class from September (eg Sept 12), additional resources will be incurred particularly for teaching and support staff. From the following financial year (eg 2013/14) the schools will receive additional funding through their budget shares as the pupils will be on roll at the date of the pupil census that is used to calculate funding. For the period September to March, however, additional resources will need to be provided. These will be met from a contingency held within the Schools Budget (funded by the Dedicated Schools Grant) as agreed by the Schools Funding Forum. As referred to above, the DSG will be increased from the following financial year as the Year R pupils are on roll; the bulk will be allocated to schools however there may be some available to fund LA services.

The contingency “pot” may reduce as a result of schools becoming academies and as such be insufficient to fund remaining schools for additional pupils.

It is proposed that from 2013/2014, the funding regime will be changing and contingency funds will be delegated to schools unless the schools forum approve otherwise. If a central contingency is not approved schools will be funded on the

basis of pupils on role in the previous January and will need to manage the in year financial consequences of any increase in admissions.

However, it should be noted that schools may face financial difficulties if they have significant spare capacity as the level of funding attracted on a per pupil basis may not be sufficient to employ the required staffing levels. At present there is a factor within the schools funding formula to allow additional funds to be allocated in these circumstances. However this will no longer be permitted in future .

Legal implications and risks:

The draft CSPS will be subject to consultation. It is critical to a sound consultation that it is meaningful, in other words the consultees must be given sufficient information and time to comment and their responses must be conscientiously taken into account by the decision maker before the decision is taken to finalise the CSPS.

The Council has a statutory duty to secure that efficient primary and secondary education are available to meet the needs of the population of their area. (section 13 Education Act 1996). It is clear that without a strategy to increase the provision within the Borough over the next few years the Council may fall into breach of its statutory duty.
Under Schedule 11 of the Education Act 2011 (1) If a local authority in England consider that a new school needs to be established in their area, they must seek proposals for the establishment of an Academy. The CSPS indicates that new schools are likely and as and when this arises officers will be provided with detailed legal advice.

Individual proposals will need to be submitted to Cabinet for all those schools requiring statutory approval to expand their accommodation to admit additional pupil numbers ie above 30 pupils or 25% of all school places. Detailed legal advice will be provided on individual cases as they arise.

Human Resources implications and risks:

As a result of a decision supporting the expansion programme, there is likely to be a need to recruit additional teaching and support staff within the relevant schools. These schools will directly manage the recruitment and selection process in accordance with the existing and relevant HR policies and procedures. Schools' HR support in relation to these processes will be provided as appropriate.

Equalities implications and risks:

An Equalities Impact Assessment has been conducted and the conclusion is that there would be no identified adverse impacts.

BACKGROUND PAPERS

- DfE Advice: Establishing a new school, Departmental advice for local authorities and new school proposers, May 2012

- Havering School Planning Data Pack Spring 2012

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HEALTH AND CHILDREN & LEARNING OVERVIEW AND SCRUTINY COMMITTEE: JOINT CHILDREN'S HEALTH TOPIC GROUP

SCOPING DOCUMENT

Overall Scope

To ensure that the Council and its partners are taking steps to address a number of key issues relating to children's health services.

Membership

Councillors Pam Light, Sandra Binion, Wendy Brice-Thompson, Paul McGeary, Ray Morgon, Pat Murray, Melvin Wallace and Margaret Cameron (co-opted member, Children & Learning OSC).

Specific Objectives

To scrutinise the work being undertaken by the Council and its partners in the following children's health areas:

- The relationship and joint working arrangements between children's health services and Children's Social Care at the Council to deliver the changes to services for SEND under the Children and Families Bill
- The introduction of personal budgets for children's health services.
- Review and reprovision of the Child and Adolescent Mental Health Services (CAMHS) contract for 2014/15 onwards
- The current lack of a dedicated children's commissioner at the CCG.

Witnesses to be called

- Children's Health/Social Care relationship – Joy Hollister, Group Director and Dr Mary Black, Director of Public Health and Dr. Deshpande, CCG
- Personal budgets for health service – Dr Deshpande, CCG plus Council representatives
- Review and reprovision of CAMHS contract –Dr. Deshpande, CCG and Kathy Bundred, Head of Children's
- Lack of dedicated Havering CCG children's commissioner – Dr. Deshpande, CCG

Visits

- Best practice area for CAMHS services (NELFT/CCG would need to advise).

- An area/s that might have already implemented personal budgets for children's services ahead of this being a statutory obligation?

Timescale

Approximately monthly meetings through to February then report to be presented to meetings of OSCs on 4 and 20 March 2014. If agreed, report to be submitted to Cabinet and Health Service decision making bodies as required.