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CHILDREN AND YOUNG PEOPLE'S TRUST

Date: Friday 15 June 2012

Time: 9.30 am

Venue: Warspite Room, Council House

Please ask for: Mrs Amelia Boulter

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Time	WELCOME, APOLOGIES, MINUTES OF THE LAST MEETING AND MATTERS ARISING	Author & Pages
9.30	1.1. Welcome	Chair
	1.2. Apologies	Chair
	1.3. Minutes and action from the meeting held on 9 March 2012	Chair (Pages 1 - 6)

Time	INFRASTRUCTURE AND GOVERNANCE	Author & Pages
9.40 – 10.00	<p>2.1. Ofsted Inspection of Child Protection Arrangements</p> <p>Purpose of the item: To alert partners to the new Ofsted Framework for the inspection of local authority arrangements for the protection of children.</p> <p>To elicit ongoing support in preparation for inspection and the ongoing drive for excellence.</p>	Joy Howick and Claire Oatway (Pages 7 - 30)

Time	SERVICE IMPROVEMENT AND INTEGRATION	Author & Pages
10.00 – 10.45	<p>3.1. Early Intervention and Prevention Framework</p> <p>Purpose of the item: To receive the Draft Early Intervention and Prevention Framework as part of the consultation process.</p>	Fiona Fleming (Pages 31 - 60)

10.45 – 11.00	<p>3.2. Families with a Future</p> <p>Purpose of the item: To update on progress with Families with a Future and sign-up to the Government's Troubled Families programme.</p>	Pete Aley (Pages 61 - 72)
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Time	REFRESHMENTS	Author & Pages
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Time	MONITORING PERFORMANCE	Author & Pages
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11.15 – 11.25	<p>4.1. CAMHS - Performance Update</p> <p>Purpose of the item: To review progress against the Task and Finish Group on Children and Young People's Emotional Wellbeing and Mental Health Action Plan; and to receive an update on the findings and recommendations of the Plymouth CAMHS External Review.</p>	Paul O'Sullivan (Pages 73 - 84)
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11.25 – 11.45	<p>4.2. Children and Young People's Plan - Year One Update</p> <p>Purpose of the item: To provide a performance update against the first year of the Children and Young People's Plan 2011-14.</p>	Claire Oatway and Alan Knott (Pages 85 - 98)
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11.45 – 12.00	<p>4.3. Report from the Chair of the Plymouth Safeguarding Children Board</p> <p>Purpose of the item: For information and action as necessary</p>	Jim Gould and Simon White (Pages 99 - 104)
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Time	INFORMATION / AOB	Author & Pages
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12.00	<p>5.1. The Board to note the dates of future meetings for the municipal year 2012/13 -</p> <p>Friday 14 September 2012 Friday 14 December 2012 Friday 15 March 2013</p>	Chair
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**MINUTES OF THE
PLYMOUTH CHILDREN AND YOUNG PEOPLE'S TRUST BOARD
MEETING OF
9 March 2012**

**Present:**

Cllr Sam Leaves (Cllr SL) - Chair	Portfolio Holder for Children and Young People, Plymouth City Council
Gareth Allen	Parent and Carer Representative
Phil Davies	Principal, City College Plymouth
Maggie Carter	Assistant Director for Education, Learning and Families, Plymouth City Council
Dr Sumrana Chaudhary	Clinical Lead for Children & Young People
Dr Alex Mayor	Medical Director, Plymouth Hospitals Trust
Alison Mackenzie	Public Health Consultant
Simon Mower	Headteacher, Chaddlewood Primary representing PAPH
Jenny Rudge (JR)	Chief Executive, Connexions Cornwall and Devon
Cllr David Stark (Cllr DS)	Councillor, Plymouth City Council
Steve Waite	Chief Executive, Plymouth Community Healthcare

Apologies:

Morvean Maclean	Parent and carer representative
Andy Birkett (AB)	Chair of Plymouth Association of Secondary Head Teachers (PASH) and Headteacher of Hele's School
Cllr Sally Bowie (Cllr SB)	Councillor, Plymouth City Council
Chris Eastwood	Devon and Cornwall Police
Adrian Kemp (AK)	Trustee Stonehouse Play Space Association, Voluntary and Community Sector
Debra Laphorne (DL)	Director of Public Health
Kerri Nason (KN)	Senior Probation Officer, Devon & Cornwall Probation
Paul O'Sullivan (POS)	Director of Joint Commissioning
Diane Simpson	Director of Services, Young Devon
Carole Burgoyne	Director for People, Plymouth City Council

In Attendance:

Fiona Fleming (FF)	Commissioning Manager Plymouth City Council
Claire Oatway (CO)	Head of Service, Performance & Policy, Services for Children & Young People, Plymouth City Council
Jeffery Kenyon	Economic Development Co-ordinator, Plymouth City Council
Mark Looker	Worklessness Co-ordinator, Plymouth City Council
John Bale	14 – 19 Adviser, Plymouth City Council

Minute	Item	Action
Part I I.1	Welcome Dr Sumara Chaudhary, Clinical Lead for Children and Young People, Phil Davies, Principal, City College Plymouth and Alison Mackenzie substituting for Deb Laphorne.	

Minute	Item	Action
	<p>Maggie Cater read out a message from Carole Burgoyne, Director for People. It was reported that Carole was very much looking forward to working with the Children's Trust Board as the new Director for People and looked forward to seeing everyone at the next meeting and gives her full commitment to this board.</p>	
1.2	<p>Apologies</p> <p>Apologies were received from Carole Burgoyne, Adrian Kemp, Andy Birkett, Kerri Nason, Deb Laphorne, Paul O'Sullivan and Diane Simpson.</p>	
1.3	<p>Minutes of the last meeting, held on 9 December 2011</p> <p>Minutes were agreed.</p> <p>Matters arising:</p> <ul style="list-style-type: none"> • page 4 - 750 complex families. It was reported that it would not be appropriate to circulate the names of the families. A verbal update to be given to the board later in the agenda under the troubled families item; • Page 3 - Growth Board to be invited to the next meeting. The Growth Board will give the board an update on Youth Unemployment later on in the agenda; • Page 4 - Community Budget, moved into Troubled families agenda; • Page 4 – It was reported that MT and CS would pick this up. SM did meet with a GP to look at the health service and how we fit with a focus on linking with education in the locality. It was also reported that Headteacher representatives were involved in the commissioning of children services; • page 6 - Under the smile – AB circulate after this meeting and comments added to this agenda. PCH report at the end of March all Children have been seen or a plan in place to ensure they're no further breaches. Waiting list issues – health workers – multi disciplinary team – parent choice at the end Feb. 	
<p>Part 2 2.1</p>	<p>Plymouth Hospitals Foundation Trust</p> <p>Dr Alex Mayor gave a presentation to the board. It was reported that the hospital were applying to become a foundation trust and it was important for the hospital to engage with partners and obtain views on the plans. Here to ask for your support and to make this a real success asking for feedback. Cllr of Gov is important part of the governance structure and how we operate and response to the needs of the community.</p> <p>Outcomes were not featured in the vision. It was reported that the vision was still not worded right and would feed this back.</p>	

Minute	Item	Action
	<p>Greater explanation needed on why the Foundation Trust would bring benefits. There would be much less top down control, policy is delivered to us from London, which causes frustration. If we do not become a Foundation Trust we will be taken over by another trust. We want our hospital in Plymouth to be run locally and controlled by Plymouth.</p> <p>Would hope to achieve Foundation Trust and have the necessary elements in place, we are focussing on quality and any deviation from quality could jeopardise the application.</p> <p>Recommended – The Children and Young People’s Trust Board put forward the need for a Children’s Champion to be appointed to the Foundation Trust Board.</p> <p>Peninsula Medical School Update</p> <p>Plymouth and Exeter University have agreed they can no longer collaborate and will become separate medical schools. There is a concern for Plymouth on whether 75 students is sustainable and discussions were taking place to resolve the issues.</p>	
2.2	<p>Troubled Families</p> <p>Fiona Fleming attended the meeting on behalf of Pete Aley. Fiona reported that Louise Casey had been appointed the new Head of Troubled Families Unit. Plymouth had received a letter outlining a new programme to be launched to turnaround troubled families. This is a national programme of work for all local authorities and there is a requirement for a lead senior co-ordinator to undertake this role and Pete Aley had been identified for Plymouth to undertake this role.</p> <p>The programme of work is to focus on 3 key performance indicator’s –</p> <ul style="list-style-type: none"> - crime and social behaviour; - worklessness; - children not in school. <p>It has been identified that are 745 troubled families in Plymouth and the next stage is to identify those families by undertaking a needs analysis data. It was also reported that further guidance is expected on this very challenging agenda.</p> <p>Agreed – The Board to receive an update on Troubled Families and how the programme will roll out at the next meeting in June.</p>	Pete Aley

Minute	Item	Action
2.3	<p>Working Together Better for Children and Young People</p> <p>Cate Simmons, Interim Head of Children’s Services, Plymouth Community Healthcare gave an update on the progress made to ‘Working Together Better for Children and Young People: A Transformation Strategy 2011 – 14’.</p> <p>The recent consultation there were 9 formal responses and 3 informal responses. The strategy describes the transforming of community services for children delivered by Plymouth Community Healthcare (PCH). The next stage is for the PCH Board to approve the strategy and to share and develop a transition phase</p> <p>In responses to questions raised, it was reported that –</p> <p>Locality working had been difficult. Health currently working in 5 localities and education working in 4 localities. Geographically there are 6 localities as agreed by Plymouth 2020 and this is what we have been trying to work through on how we distribute staff across these 6 localities. A task and finish group to be set up to work through a system that is going to work.</p> <p>Outcomes for children would be better than they were 4 years ago. We now request in services and children are being seen. By placing a cluster of staff to respond to a child as a team and provide a better service much more quickly.</p> <p>Expect Health visitors and school nurses to work together, delivering across the entire city in a consistent manner. FNP is similar to the CAMHS team and this is a service that will have to be delivered centrally from one place.</p> <p>Recommendation agreed –</p> <p>That the Children and Young People’s Trust Board accept the proposed amendments to <i>Working Together Better for Children and Young People</i> such that a final version may be created for endorsement and approval by Plymouth Community Healthcare Board on the 19 April 2012.</p>	Cate Simmons
Part 3 3.1	<p>Report from the Chair of the Plymouth Safeguarding Children Board</p> <p>The trust board noted the report and were requested to submit any questions to Amelia Boulter for a response.</p>	All
3.2	<p>Youth Unemployment Workshop</p> <p>At the request of the board due to previous meeting concerns raised on youth unemployment, the Growth Board were invited to give an update to the Board.</p>	

Minute	Item	Action
	<p>It was reported that the Economic Development Team work with businesses to locate in Plymouth and working with existing businesses, looking at the 18+ year age range. The Growth Board originated from the Plymouth 2020 vision.</p> <p>It was reported that Plymouth is higher than the SW average but on target with national target. The board undertook a short exercise exploring the barriers for young people trying to find employment.</p> <p>The board expressed that any positives experiences would also be helpful for young people and it was reported that there were some positives and would ensure this was fed back to the appropriate person to address this.</p> <p>Employers across the city had been very generous to support our learners and we are now starting to make some real headway. There were good examples of partnership working across the city for providing experiences for 14 – 16 year olds.</p> <p><u>Raising the participation age</u></p> <p>It was reported there is a legal move to support young people to continue education beyond 16 years and this would affect the current cohort years 9 and 10. This does not mean they have to stay on in school.</p> <p>There were 32 apprenticeships engaged with the PCC and Plymouth is the highest performing in the South West for young people undertaking an apprenticeship. As far as the UTC is concern we are in negotiation with the UoP and the College for the UTC to be in place for 2013.</p> <p>There is however more joining up to do and we now started to get a handle on youth unemployment and we can start to build on this. It was also reported that a Youth Unemployment Task and Finish Group is being set up by the Growth and Prosperity Overview and Scrutiny Panel.</p> <p>Action – findings from the task and finish group to be reported back to the board. Future presentations from the Growth Board on Youth Unemployment and the Growth agenda.</p>	<p>Claire Oatway</p>
<p>Part 4 4.1</p>	<p>Date of next Children and Young People’s Trust Board Meeting</p> <p>The next meeting will be held on Friday 15 June 2012.</p>	
<p>4.2</p>	<p>Background Papers</p> <ul style="list-style-type: none"> - Progress Update to Children and Young People’s Scrutiny Panel. 	

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Meeting	Plymouth Children and Young People's Trust Board
Date	15 June 2012
Title	Ofsted Inspection of Child Protection Arrangements
Responsible Officer	Claire Oatway and Joy Howick
Purpose of Item	<p>To alert partners to the new Ofsted Framework for the inspection of local authority arrangements for the protection of children.</p> <p>To elicit ongoing support in preparation for inspection and the ongoing drive for excellence.</p>
Recommendations	<p>This is the primary external judgement for the effectiveness of partnership arrangements. To ensure that the inspection reflects the full picture of Plymouth's work it is critical that;</p> <ul style="list-style-type: none"> • Board members understand and disseminate guidance throughout their organisation and sector groups if appropriate • Requests for engagement and information are treated as priority requests by partners • Intelligence or feedback is provided to the responsible officers
Consultation Record	Guidance has been shared with the Children's Trust Executive group, internal management teams and initial multi-agency preparation groups.
Impact on Child Poverty	In preparing for an unannounced inspection we are self-assessing against key judgement criteria. This will inform senior manager and commissioners in strengths and gaps, for example in early intervention support for families.
Meeting Notes:	

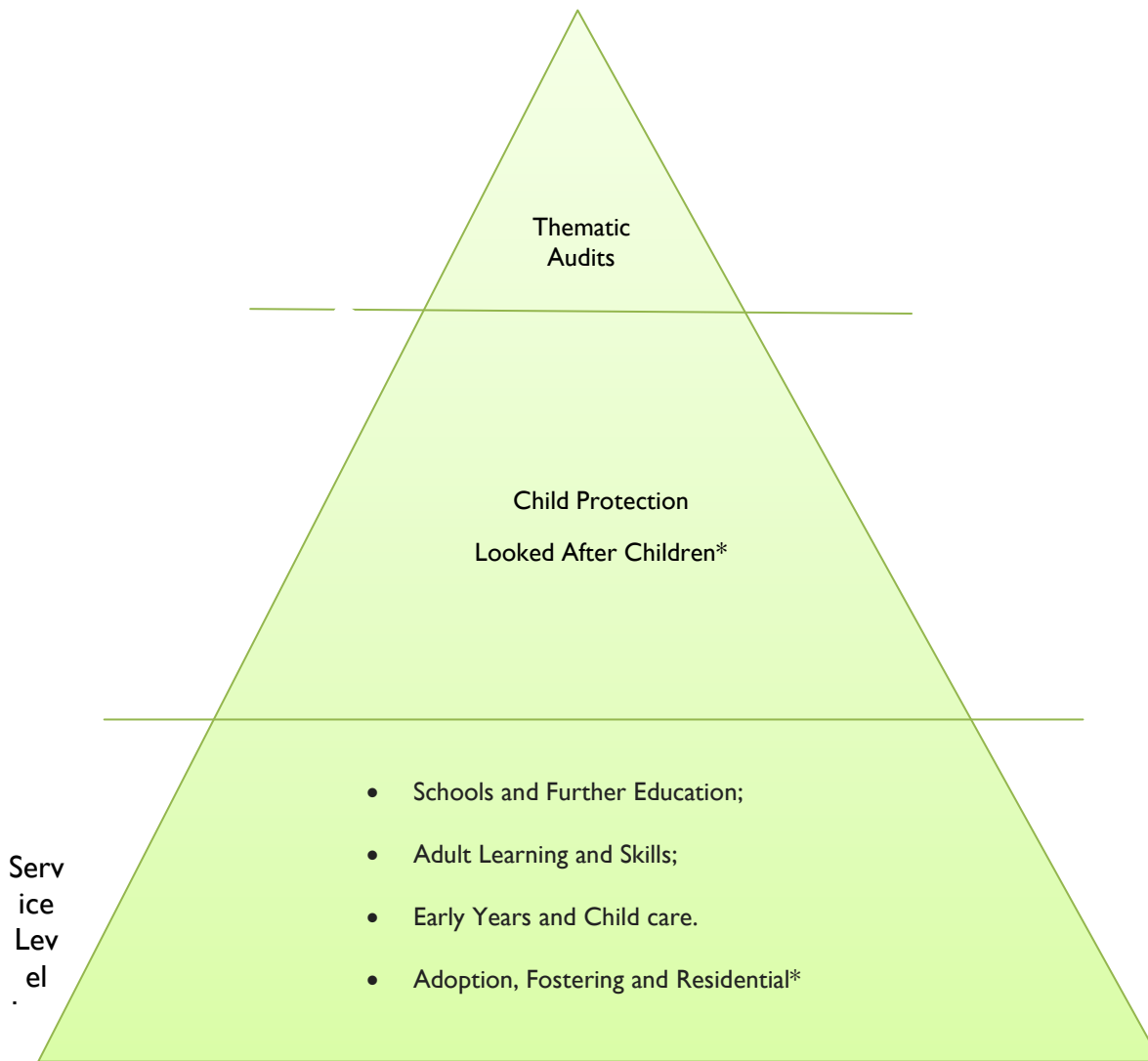
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**OFSTED INSPECTION OF LA
ARRANGEMENTS FOR THE
PROTECTION OF CHILDREN**



INTRODUCTION

New arrangements for unannounced inspections of child protection arrangements came into effect on May 1st 2012 as one of a range of inspection types. It replaces part of the former announced Safeguarding and Looked After Children inspection.



* At present, adoption, fostering and residential settings are subject to on-going separate inspection. Ofsted plan to combine outstanding elements from announced Safeguarding and Looked After Children services with adoption and fostering elements into a single Looked After Children inspection. Consultation is expected to start in June 2012 with implementation from April 2013.

The unannounced inspection will consider how effectively the local authority leads partnership working, and how effectively local services contribute to the protection of children and young people.

This is an interim framework pending introduction of a joint framework during 2013/4 to incorporate:

- the Office for Standards in Education, Children’s Services and Skills (Ofsted),
- the Care Quality Commission,
- Her Majesty’s Inspectorate of Constabulary,
- and Her Majesty’s Inspectorate of Probation (with, where appropriate, Her Majesty’s Inspectorate of Prisons)

How likely are we to be inspected?	<p>Not absolutely clear, not all authorities will be inspected during this interim period. Ofsted are planning to introduce another new regime from 2013 and will only be testing a sample of authorities.</p> <p>The selection of local authorities for inspection will take account of: previous inspection outcomes; information from other sources, such as whistleblowing referrals, complaints, and serious case reviews; and any other relevant information.</p> <p>Based on this there is a low – medium risk that we will be inspected. However, preparations are well underway to ensure we are inspection ready regardless.</p>
How much notice will there be?	All inspections will be unannounced. The local authority will be notified on day one of the inspection (normally a Monday) that the lead inspector will be arriving on site that day to begin the inspection
How long will inspectors be on-site?	The full inspection will be contained within a two-week period.
How will the inspection be organised?	<p>The lead inspector will arrive on day one to begin the inspection.</p> <p>On day two, two additional inspectors arrive on site to focus on the point at which the child is referred to children’s social care because they are believed to be at risk of, or actually suffering, harm. During this first part of the inspection, inspectors will evaluate: the timeliness and management of referrals; the effectiveness of assessment and risk management; the provision of immediate help where required; the extent of focus on the child or young person’s needs; and the effectiveness of multi-agency work at the point of, and immediately following, referral.</p> <p>The lead inspector will then (with the support of an extra two inspectors) focus on all other aspects of the child’s journey.</p>
What is the scope of the inspection?	<p>The inspection will consider key aspects of a child’s journey through the child protection system, focusing on the experiences of the child or young person, and the effectiveness of the help and protection that they are offered.</p> <p>The inspection will focus on the effectiveness of multi-agency arrangements: for identifying children who are suffering, or likely to suffer, harm from abuse or neglect; and for the provision of early help where it is needed. It will also consider the effectiveness of the local authority and its partners in protecting these children if the risk remains or intensifies.</p> <p>This includes:</p>

	<ul style="list-style-type: none"> • those children and young people identified by other services – such as adult social care, schools, police, health services and children’s centres – as at risk of harm, but who have not yet reached the significant harm threshold (the threshold of ‘suffering or likely to suffer significant harm’), and for whom a preventative service would reduce the likelihood of that risk or harm escalating • those children and young people referred to the local authority, including: those where urgent action has to be taken to protect them; those subject to further assessment; and those subject to child protection enquiries¹ • those who become the subject of a multi-agency child protection plan that sets out the help that will be provided to them and their families to keep them safe and to promote their welfare • those children and young people who are receiving social work services from the local authority where there are significant levels of concern about their safety and welfare, but these have not reached the significant harm threshold • those children and young people who have been assessed as no longer needing a child protection plan, but who may have continuing needs for help and support.
<p>What will the case file analysis involve?</p>	<p>Case file scrutiny and discussion will consider:</p> <ul style="list-style-type: none"> • the extent to which children and young people who may be at risk of, or who are already suffering, harm are identified, assessed and provided with appropriate help and protection • the effectiveness of the help given to children and young people at risk and their families at all stages of their journey: at the point where concerns are first raised; at referral to social care services; through risk assessment, assessment, planning, intervention and review; and, where appropriate, exit from the child protection system • the quality of practice, supervision and the focus on the needs of the child or young person • the quality of planning, management oversight and clear decision making in respect of the needs of children and young people • the extent to which agencies and professionals work together to help and protect children and young people, including the effectiveness of information sharing. <p>In most instances, case file analysis will consist of the following key elements.</p> <ul style="list-style-type: none"> • At least 50 cases will be selected by inspectors. Where available, managers and key workers will be invited to assist inspectors in their analysis of the selected cases. • In a sub-set of the sample, inspectors will seek to meet with children, young people, parents and carers, as appropriate, to seek their views of the effectiveness of the help provided. • Any case file audit activity undertaken by the local authority will be scrutinised and evaluated.
<p>What else will be considered?</p>	<p>The evaluation schedule for the child protection inspection sets out detailed descriptions of the areas covered:</p> <ul style="list-style-type: none"> • overall effectiveness, including areas for development

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| | <ul style="list-style-type: none">• the effectiveness of the help and protection provided to children, young people, and their families and carers• the quality of practice• leadership and governance. |
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Locally, Joy Howick and Claire Oatway are co-ordinating multi-agency preparation for the new inspection regime. This will ensure that practical and logistical arrangements are in place as well as carrying out a self-assessment against new grade descriptors. Briefings will be scheduled as appropriate.

For more information on the framework:

Ofsted framework: <http://www.ofsted.gov.uk/resources/framework-for-inspection-of-local-authority-arrangements-for-protection-of-children>

Evaluation framework: <http://www.ofsted.gov.uk/resources/inspections-of-arrangements-for-protection-of-children-evaluation-schedule-and-grade-descriptors>

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Inspections of arrangements for the protection of children

Evaluation schedule and grade descriptors

This evaluation schedule sets out the arrangements for inspections of local authority arrangements for the protection of children, including the effectiveness of early identification and help for children, young people, and their families and carers.

These inspections will focus on the effectiveness of the local authority's arrangements for protecting children, and the local authority's leadership of strategic partners in their shared work to help and protect children and young people who are suffering, or likely to suffer, harm from abuse or neglect.

Age group: 0–18

Published: January 2012

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Introduction

1. This evaluation schedule outlines the main aspects of an inspection of local authority arrangements for the protection of children. It sets out the areas that inspectors will evaluate and the grade descriptors they will use to arrive at their judgements.
2. The evaluation schedule for the inspection of arrangements for the protection of children inspection can be summarised as:
 - Overall effectiveness, including areas for development.
 - The effectiveness of the help and protection provided to children, young people, and their families and carers.
 - The quality of practice.
 - Leadership and governance.
3. This document should be read alongside the *Framework for the inspection of local authority arrangements for the protection of children*.¹

Scope of inspection

4. The inspection will consider key aspects of a child's journey through the child protection system, focusing on the experiences of the child or young person, and the effectiveness of the help and protection that they are offered.
5. The inspection will focus on the effectiveness of multi-agency arrangements: for identifying children who are suffering, or likely to suffer, harm from abuse or neglect; and for the provision of early help where it is needed. It will also consider the effectiveness of the local authority and its partners in protecting these children if the risk remains or intensifies.

This includes:

- those children and young people identified by other services – such as adult social care, schools, police, health services and children's centres – as at risk of harm, but who have not yet reached the significant harm threshold (the threshold of 'suffering or likely to suffer significant harm'), and for whom a preventative service would reduce the likelihood of that risk or harm escalating
- those children and young people referred to the local authority, including: those where urgent action has to be taken to protect them; those subject to further assessment; and those subject to child protection enquiries²

¹ *Framework for the inspection of local authority arrangements for the protection of children* (110132), Ofsted, 2012; www.ofsted.gov.uk/resources/110132.

² The Children Act 1989, section 47; www.legislation.gov.uk/ukpga/1989/41/contents.

- those who become the subject of a multi-agency child protection plan that sets out the help that will be provided to them and their families to keep them safe and to promote their welfare
- those children and young people who are receiving social work services from the local authority where there are significant levels of concern about their safety and welfare, but these have not reached the significant harm threshold
- those children and young people who are assessed to no longer needing a child protection plan, but who may have continuing needs for help and support.

Overall effectiveness

6. Inspectors will consider evidence and judgements from across the evaluation schedule before arriving at the overall effectiveness judgement. They will take into account the extent to which the local authority and its partners:
- are protecting children effectively
 - are providing effective help to children and young people and their families, at the point where concerns are first identified, and at and after the point of referral to children's social care, leading to improved outcomes
 - are providing help based on an understanding of both the population of children, young people and families that require help and the experience and individual needs of children, young people and families
 - ensure that practice is child-centred and focused on identifying and protecting children and young people at risk of harm, through robust risk management and decision making at all points in the child's journey
 - demonstrate strategic leadership and governance that improves the help and protection offered to children and young people
 - are continuously learning, including learning from feedback from children, young people, families and carers, and from practitioners.

Grade descriptors: Overall effectiveness

<p>Grade 1: Outstanding</p>	<p>Overall effectiveness is likely to be outstanding when the following apply.</p> <ul style="list-style-type: none"> ■ Work with children, young people and families is consistently of a high quality, delivering measurably improved outcomes for most children and young people, including for those from hard to reach groups. ■ Leadership and governance drives improvement across the child protection system and is visible and effective in sustaining high-quality child protection services, including early help services, for all children and young people. Services are responsive to changing need and change is consistently implemented effectively
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	<p>and delivers clear benefits to children, young people and families.</p> <ul style="list-style-type: none"> ■ Effective and continuous learning, challenge and aspiration ensure help and protection for children and young people that deliver improved outcomes for the most vulnerable and hard to reach children. There is effective and continuous learning that impacts positively on practice.
Grade 2: Good	<p>Overall effectiveness is likely to be good when the following apply.</p> <ul style="list-style-type: none"> ■ Practice is focused on the needs and views of children, young people and their families and their views inform the help that they experience. The quality of practice experienced by children, young people and families is adequate in nearly all cases and good in most. This is leading to improved outcomes for most children, including some hard to reach groups. Help and protection are delivered through a coordinated multi-agency response. ■ A well coordinated multi-agency early help offer is available to meet the diverse needs of the local population. Leaders have a track record of understanding the strengths and weaknesses of their services, tackling the issues and delivering improvement. ■ The views and experiences of children, young people and their families are at the centre of service development and strategic thinking. A learning culture is well embedded and ensures that opportunities for learning and improvement at individual and strategic levels are taken.
Grade 3: Adequate	<p>Overall effectiveness is likely to be adequate when the following apply.</p> <ul style="list-style-type: none"> ■ There are no systemic failures that lead to children failing to be protected. Practice is child-centred and based on sound risk management that ensures that children and young people are protected and children receive some help at all stages of their journey. Early help prevents some children's situations escalating into child protection concerns. The views of children, young people and their families inform the help that they experience. ■ Leadership and governance arrangements ensure that children and young people are protected and that they receive some help at all stages of their journey. Early help and intervention services are available and accessible. Leaders know and understand the strengths and weaknesses of their services and those in the partnership, and are taking action to improve where appropriate. Performance information is used effectively to inform learning and development. ■ Opportunities are taken for learning and the development of practice, although this might not be systematically embedded.
Grade 4: Inadequate	<p>The overall effectiveness judgement is likely to be inadequate if it fails to meet the requirements for an adequate judgement, or if there are significant systemic failures and, as a result, children and young people are inadequately protected and/or at risk of significant harm.</p>

The effectiveness of the help and protection provided to children, young people, and their families and carers

7. To make their judgement, inspectors will evaluate the extent to which:
- children and young people are protected, risks are managed and the help provided reduces the risk of, or actual, harm to them
 - children, young people and their families feel that they have been effectively helped
 - children, young people and their families understand the intentions of the help and protection they receive
 - the help and protection received is responsive to the child, young person and family's ethnicity, culture, religion, language or disability
 - there is an early help offer that reflects the needs of the population and is accessible
 - the help and protection of children and young people is well coordinated between agencies, proportionate, meets children's needs and is provided early in the emergence of a problem at any stage in their lives
 - the help given is proportionate to risk; children and families are not subjected unnecessarily to formal child protection processes.

Grade descriptors: The effectiveness of the help and protection provided to children, young people, and their families and carers

<p>Grade 1: Outstanding</p>	<p>The effectiveness of help and protection is likely to be outstanding if the requirements for a good judgement are met and, in addition, there are examples of highly effective help and protection, such as the following.</p> <ul style="list-style-type: none"> ■ Children and young people at risk of harm are identified and protected and, in all cases, their needs are responded to in an effective and purposeful way. ■ Early help is effective in identifying and improving outcomes for particularly hard to reach groups. ■ Innovative practice leads to significantly improved outcomes for children and young people. ■ Multi-agency working is of an exceptionally high quality and ensures that children, young people and families can easily access coordinated help that makes a significant difference. ■ There is evidence of sustained positive outcomes and a significantly reducing need for further intervention for children and young people, as a consequence of the help and protection they receive.
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<p>Grade 2: Good</p>	<p>The effectiveness of the help and protection is likely to be good if all the requirements for an adequate judgement are met and some of those requirements are exceeded, in addition to the following.</p> <ul style="list-style-type: none"> ■ Children, young people and their families clearly understand the intentions of the help they receive. ■ Most children, young people and their families feel that they have been effectively helped. ■ Multi-agency services are effective in offering help and working together to protect children. ■ The help and protection given to children and young people is equally accessible and robust, irrespective of the ethnicity, culture, religion, language or disability of the child, young person and family. ■ Services are well coordinated, proportionate, and are provided early in the emergence of a problem at any stage in their lives. ■ There is a diverse and wide ranging early help offer that is accessible and reflects the needs of the population. ■ Early help enables children and young people to develop in line with their peers and to access similar life experiences, such as maintaining attendance and learning at school.
<p>Grade 3: Adequate</p>	<p>The effectiveness of the help and protection judgement is likely to be adequate if the following apply.</p> <ul style="list-style-type: none"> ■ Children and young people at risk of harm are identified and protected and, in the majority of cases, their needs are responded to in an effective and purposeful way. ■ Risks are well assessed and well managed. ■ There are no cases identified in which children are currently at risk of, or suffering, significant harm as a result of systemic deficits in practice or management. ■ The majority of children, young people and their families feel that they have been effectively helped. ■ Early help is available and accessible. ■ The help and protection received is sensitive and responsive to ethnicity, culture, religion, language or disability. ■ As a consequence of the early help offered, circumstances have improved and, in some cases, the need for targeted services has reduced or been avoided. ■ Agencies work together effectively to provide help to children and young people in need of protection. ■ The help given is proportionate to risk; children and families are not subjected unnecessarily to formal child protection processes.

Grade 4: Inadequate	<p>The effectiveness of the help and protection judgement is likely to be inadequate if it fails to meet the requirements for an adequate judgement, or there are significant failures in the effectiveness of the help and protection provided and, as a result, children and young people receive ineffective early help and/or are inadequately protected.</p>
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The quality of practice

8. To make their judgement, inspectors will evaluate the extent to which:
- children and young people who are the subject of concern are consistently seen and seen alone by a social worker who builds an effective relationship with the child
 - children and young people are listened to and heard, and practice is focused on their experiences, including their feedback about the effectiveness of the help at all stages of their journey
 - universal services, including those providing early help, make appropriate referrals for children and young people to social care
 - social work expertise and advice is available to other professionals to support them in determining whether a referral should be made to children's social care
 - management oversight of social work practice includes supervision that is effective, robust, systematic, challenging, and recorded
 - thresholds for access to services are clear, understood and implemented locally by all professionals working with children, young people and families
 - there is an effective and timely response to referrals and contacts, including out of hours
 - section 47 enquiries are thorough and timely and always carried out by a qualified and suitably experienced social worker; findings in relation to significant harm are clear
 - assessments, including common assessments, are timely, effective and result in a direct offer of help or appropriate protection where appropriate
 - help and protection is the subject of a clear, outcome-focused plan that is shared with, and understood by, the family and regularly reviewed
 - decision making within children's social care is undertaken by suitably qualified and experienced social work staff and/or managers, as appropriate, and those decisions are recorded effectively
 - case recording is coherent, timely, reflects the work undertaken and the outcomes achieved, and includes an up to date case chronology

- information sharing between agencies and professionals is timely, specific and effective
- multi-agency case conferences, strategy meetings and core groups are effective
- children, young people and families have access to the services of an advocate where appropriate.

Grade descriptors: The quality of practice

<p>Grade 1: Outstanding</p>	<p>The quality of practice judgement is likely to be outstanding if all the requirements for a good judgement are met or exceeded, in addition to the following.</p> <ul style="list-style-type: none"> ■ In almost all cases, practice is consistently of a high standard and exceptionally child-centred. ■ There are a range of instances of highly effective practice that contribute to significantly improved protection outcomes for children and young people. ■ Social work practice is confident and secure, and is well informed by evidence, learning from practice, and contemporary theory research. ■ Management oversight is consistently challenging and results in reflective practice and learning.
<p>Grade 2: Good</p>	<p>The quality of practice judgement is likely to be good if all the requirements for an adequate judgement are met and some of those requirements are exceeded, in addition to the following.</p> <ul style="list-style-type: none"> ■ Social workers develop effective and ongoing relationships with children and young people as the medium for their work. ■ Thresholds are well embedded and are reviewed and updated regularly. ■ Children, young people and families are kept informed about all actions and decisions being taken. ■ There is effective management oversight, monitoring, risk assessment and decision making in almost all work with children and families. ■ In almost all cases, assessments are timely, of high quality, and result in a direct offer of help or appropriate protection where appropriate. ■ Almost all case recording is coherent, timely, reflects the work undertaken, is clear about the reasons for decisions, including decisions not to take actions, and includes an up to date case chronology. ■ Recording clearly demonstrates outcomes for children and young people. ■ Plans are dynamic and change in the light of emerging issues. ■ Most multi-agency case conferences, strategy meetings and core groups are consistently attended by key participants and are effective forums for information sharing, planning, and informed and risk-based decision making.

	<ul style="list-style-type: none"> ■ Children, young people and families have access to the services of an advocate where appropriate.
<p>Grade 3: Adequate</p>	<p>The quality of practice judgement is likely to be adequate if the following apply.</p> <ul style="list-style-type: none"> ■ Children who are the subject of concern are consistently seen alone by a social worker. ■ Practice is focused on the experiences of children and young people, and informed by their wishes and feelings. ■ Work with children and families is explained to, and understood by, them in the majority of cases. ■ Social work staff receive regular and effective supervision that is focused on their work with children, young people and families. ■ There is effective management oversight, monitoring, risk assessment and decision making in most work with children and families. ■ Locally agreed thresholds for access to services for children in need of protection are understood across agencies. ■ Social work expertise and advice is available to other professionals to support them in determining whether a referral should be made to children's social care. ■ Universal, preventative, and non-social care refer children and young people to social care in a timely and effective manner. ■ There is a timely response to referrals, which enables children and young people to get the help and protection they need. ■ The management of, and response to, referrals concerning children and young people who live in households where at least one parent or carer misuses substances or suffers from mental ill health, or where there is domestic violence, is timely and facilitates early help and protection. ■ Section 47 enquiries are thorough and timely and always carried out by a qualified and suitably experienced social worker. Findings in relation to significant harm are clear. ■ In the majority of cases, assessments (including common assessments) are timely and result in a direct offer of help or appropriate protection where appropriate. ■ Assessment and planning addresses children's physical, social, emotional and/or educational needs, including supporting their attendance and progression at school and their capacity to learn. ■ Planning is outcome-focused and the progress and impact is measurable and reviewed. ■ Decision making is undertaken by suitably qualified and experienced social work staff and/or managers, as appropriate, and those decisions are recorded effectively. ■ The majority of case recording is coherent, timely, reflects the work undertaken, is clear about the reasons for decisions, including decisions not to take actions, and includes an up to date case chronology. ■ Information sharing between agencies and professionals is timely,

	<p>specific, effective and, where necessary, is the subject of consent to that sharing by the family concerned.</p> <ul style="list-style-type: none"> ■ In the majority of cases, multi-agency case conferences, strategy meetings and core groups are consistently attended by key participants and are effective forums for information sharing, planning, and informed and risk-based decision making. ■ Response to children and young people at immediate risk of harm is effective at all times, including out of normal office hours.
Grade 4: Inadequate	The quality of practice judgement is likely to be inadequate if it fails to meet the requirements for an adequate judgement, or if there are significant failures and, as a result, children and young people are inadequately protected and/or at risk of significant harm.

Leadership and governance

9. This encompasses leadership and governance within the local authority, through both elected members and officers, and at both corporate and departmental levels, and through the Local Safeguarding Children Board (LSCB). It will evaluate how effectively the local authority leads partnership working in relation to early help and child protection, and the effectiveness and capacity of leadership in achieving and sustaining improvement.
10. To make their judgement, inspectors will evaluate the extent to which:
 - local strategic leaders prioritise, identify and implement ambitious strategies in relation to the provision of child protection services, including early help services
 - there is an effective shared local strategy to help and protect children and young people
 - there are clear accountabilities and responsibilities between the LSCB, the Director of Children's Services, the Chief Executive, the Lead Member for Children's Services, and all other partners
 - the LSCB meets its statutory duties and is effective
 - performance management and evaluation is effective
 - the local authority and its partners understand their key strengths and areas for development and take appropriate action
 - senior and middle managers exercise robust management oversight and are effective in tackling weaknesses and overcoming barriers to improvement
 - staff, at all levels, work in a culture of challenge, support and improvement
 - feedback from children, young people, families and front line staff, both individually and collectively, is taken into account and, where appropriate, impacts on strategy, service development and design

- there is effective and continuous learning from a range of sources, including complaints, serious case reviews and audits, peer review and challenge, inspection findings and research
- there is effective workforce planning, including planning to meet the needs of the local community and to reflect its diversity.

Grade descriptors: Leadership and governance

<p>Grade 1: Outstanding</p>	<p>The leadership and governance judgement is likely to be outstanding if all the requirements for a good judgement are met, in addition to the following.</p> <ul style="list-style-type: none"> ■ The effectiveness of the local authority's leadership is recognised by partners as driving improvement across the whole system. ■ There is clear evidence of a shared priority to delivering effective help and protection to all children at risk of harm, given by all agencies and services, and this is translated into action. ■ There is a shared and effective approach to performance management and improvement across all agencies. ■ All agencies and services work together as a single system to drive improvement in the effective protection of and help for children and young people and in improving outcomes for them.
<p>Grade 2: Good</p>	<p>The leadership and governance judgement is likely to be good if all the requirements for an adequate judgement are met and some of those requirements are exceeded, in addition to the following.</p> <ul style="list-style-type: none"> ■ There is active and visible leadership and commitment from the Leader or Mayor of the Council, from the Chief Executive, and from the Lead Member for Children's Services. ■ Leadership, at all levels, is active and visible. ■ Senior managers personally scrutinise and audit practice on a regular basis. ■ The local authority and its partners have a consistent track record of sustained improvement and are able to sustain those improvements. ■ There is a robust and up to date joint strategic needs assessment, which informs effective strategic commissioning, both by the local authority and through joint commissioning. ■ The strategy includes a clearly articulated and deliverable early help offer. ■ The LSCB provides effective challenge to all partner agencies, which drives improvement. ■ Elected members champion the needs of children and young people and respond proactively and effectively to their needs. ■ The local authority can demonstrate that feedback from children, young people and families, and from staff, both

	<p>individually and collectively, impacts appropriately on strategy, service development and design.</p> <ul style="list-style-type: none"> ■ Effective workforce planning addresses staffing requirements to meet the needs of the local community and to reflect its diversity. ■ Resource deficits are understood and risk assessed and appropriate action is taken. ■ Leaders are effective in tackling weaknesses and overcoming barriers to improvement. ■ Management information is used effectively and the local authority is responsive to changes and challenges; this is demonstrated in the priorities set and the progress made. ■ There are systematic mechanisms in place to feed back, act on, and evaluate the impact of learning from all sources. ■ There is effective and continuous learning from feedback from children, young people, families and carers, and from practitioners, and a range of other sources, including complaints, serious case reviews and audits, peer review and challenge, inspection findings and research. ■ Knowledge, learning and development are well embedded and demonstrate that staff increase their skills to effectively help and protect children and young people.
<p>Grade 3: Adequate</p>	<p>The leadership and governance judgement is likely to be adequate if the following apply.</p> <ul style="list-style-type: none"> ■ Leaders prioritise, identify and implement strategies in relation to the commissioning and provision of child protection services, including early help services, which are clear about priorities and identify what needs to be done to secure improvement. ■ The shared local strategy: is based on established local need; includes the provision of a range of services for early help; is appropriately resourced; and is focused on the effectiveness of help that is provided and the difference that it makes to children and young people's lives. ■ There are clear accountabilities and responsibilities between the LSCB, the Director of Children's Services, the Chief Executive and the Lead Member for Children's Services, to ensure that sufficient and focused attention is given to children and young people who are suffering, or likely to suffer, harm from abuse and neglect. ■ The LSCB has been effective in improving the quality of child protection practice across the system, and all key partners are committed to its work. ■ The LSCB ensures that multi-agency training is available and effective in improving the protection of children and young people. ■ Performance management and evaluation is established within the local authority and in partner agencies, and leads to

	<p>improvements in keeping children and young people safe from harm, and in outcomes.</p> <ul style="list-style-type: none"> ■ There are effective mechanisms in place for feedback from children, young people, families and front line staff, both individually and collectively. ■ There is an adequate supply of suitably experienced and competent social work and other staff, and effective arrangements for their training and development. ■ The local authority and its partners have an accurate understanding of their effectiveness and their key strengths and areas for development. ■ Staff feel supported, challenged and motivated to improve. ■ The authority can demonstrate some learning from the range of sources available.
<p>Grade 4: Inadequate</p>	<p>The leadership and governance judgement is likely to be inadequate if it fails to meet the requirements for an adequate judgement, and deficits in leadership and governance contribute to failure to provide effective help and protection for children.</p>

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Meeting	Plymouth Children and Young People's Trust Board
Date	15 June 2012
Title	Early Intervention and Prevention Framework
Responsible Officer	Fiona Fleming Commissioning Manager
Purpose of Item	The Children and Young People's Trust Board are requested to receive the Draft Early Intervention and Prevention Framework as part of the consultation process.
Recommendations	<p>Recommendations are for the Children's Trust to:</p> <ul style="list-style-type: none"> Consult on the Early Intervention framework Agree to further work to develop the Programme Plan to deliver this. Agree to partnership commitment to drawing together the necessary resources to align to the framework
Consultation Record	<p>Children's Trust Executive Children's Clinical Commissioning Group HAD Joint Commissioning Partnership</p>
Impact on Child Poverty	<p>This framework will seek to develop greater co-ordination and capacity in Early Intervention and Prevention services to meet the needs of children and families earlier and to offer effective targeted and intensive work with families with significant complexity. The Strategy will also set out sufficiency in the offer of specialist services such as Domestic Abuse and Alcohol services for parents.</p>

Meeting Notes:	
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EARLY INTERVENTION AND PREVENTION FRAMEWORK

For Children, Young People and Families



I BACKGROUND

I.1 Aim

This Early Intervention Framework sets out Plymouth's ambition for the development of early intervention services. Aiming to improve outcomes for vulnerable children and young people and families and to create savings in high cost specialist services by intervening earlier when issues arise. The Framework has been produced in response to the national policy context and the local needs analysis.

Prevention and Early Intervention are critical. We will provide the right help at the right time – to ensure the needs of children young people and families who are vulnerable to poor outcomes are identified early. (CYPP 2011-14)

This Framework defines what we mean by early intervention in Plymouth and sets out the principles that underpin early intervention services. Key to this has been the design and commissioning of services to meet this agenda to date, in line with the key priorities of The Children's Trust.

It is designed to provide the framework within which all partners can co-operate, prioritise and co-ordinate their collective efforts. It will help to provide a coherent service system that can identify and respond flexibly to potential difficulties and ensure wherever possible children and families can thrive.

We aim to ensure that the needs of children, young people and families who are vulnerable to poor outcomes are identified early and that those needs are met by agencies working together effectively and in ways that are shaped by the views and experiences of children, young people and families themselves.

Finally the framework describes existing commissioning and sets out future commissioning and resource intentions.

I.2 Definitions

Prevention is defined as interventions for the whole population, or at groups and individuals who may have characteristics that identify them as vulnerable or at risk, to stop or limit specific needs that may arise without intervention. Prevention is key to Public Health strategies that seek to ensure activity is targeted to address the determinants of poor health.

This strategy does not seek to encompass the wide ranging approaches to prevention, but focuses on early assessment and intervention that prevents further escalation of need and by default, the necessity for high cost interventions. In health definitions this would encompass secondary prevention and tertiary prevention (aimed at early detection and intervention) but not primary prevention (population based activities).

Early intervention is defined as responding as soon as possible with children, young people and their families where difficulties are emerging or have already emerged prioritising families from populations most at risk of developing problems. This type of intervention is below the threshold

of specialist services and is a process and may occur at any point in a child or young person's life. Early intervention will minimise harm, prevent escalation of need and improve outcomes for families. (Adapted from Grasping the Nettle, C4EO 2010)

Research is clear that certain circumstances, such as family conflict, parental ill health or chaotic patterns of behaviour, and poverty are risk factors to positive outcomes for children and young people. There are also significant protective factors¹, such as emotional and social competence, school attendance and achievement, positive relationships with a significant adult.

Early intervention aims to reduce risk factors and increase protective factors before the need escalates and problems become engrained. It therefore happens across a wide spectrum of need from where a problem may be just emerging and requires a short term remedy to where a child or their family have multiple and complex needs which require a longer term, multi-agency intervention.

Further definitions for this document are contained in the glossary in appendix I.

1.3 The target populations for the early intervention

The Children and Young Peoples Plan identifies vulnerable groups of children and young people in the City this strategy aims to ensure that services are accessible and targeted to children in these populations in need of support. The CYPP also sets the priority to provide early support for young people and families with multiple problems, putting an emphasis on hidden harm and domestic abuse. (CYPP 2011-14)

Children and young people:

- with alcohol, drug and substance misuse issues or those living with a parent or carer who has alcohol, drug and substance misuse issues
- who are affected by domestic abuse
- engaged in anti-social behaviour, in receipt of a police reprimand or on the edge of criminal activity and or with a with a parent or carer in prison
- who have an identified mental health problem or whose parents or carers have mental health issues
- families experiencing severe or persistent poverty or whose families are homeless or long term unemployed.
- at risk of entering or re-entering Children's Social Care
- teenage parents and pregnant teenagers
- missing education
- young carers
- with disabilities or special educational needs (SEN)
- asylum seekers and refugees
- those with past trauma and low resilience
- families where parenting capacity is limited

¹ Youth Justice Board, 2005 Risk and Protective Factors

1.4 Outcome indicators for the effective Early Intervention

In order that we measure the impact of the early intervention framework delivery the following indicators will be considered. Firstly impact indicators from the CYPP performance framework:

- Increase the rate of participation in education, training and employment by 16-18 year olds
- Reduce gap in attainment at key stage 4 between the most and least deprived neighbourhoods in the City.
- Narrow the gap in the lowest achieving 20% in Early Years Foundation Stage.
- Increase the take up of child related benefits previously unclaimed
- Reduction in the number of hospital admissions caused by unintentional and deliberate injury to children and young people
- Reduce number of families with children in temporary accommodation.
- Reduce domestic abuse
- Reduce the % of children and young people who are persistently absent in secondary school
- Reduce first time entrants to the criminal justice system
- The reduction in the rate of teenage pregnancies

(CYPP Indicators)

In addition the following will be considered for this framework:

- Reduction of those persistently absent and at risk of exclusion in primary school
- Reduction in number of children at risk of school exclusion
- Reduction in household worklessness (Troubled Families payment by results indicator)
- Reduction in crime and anti-social behaviour (Troubled Families payment by results indicator)
- Increase the number of children benefiting from an early years place
- Reduce the number of inappropriate contacts made to Children's Social Care
- Monitor the number of children requiring statutory child protection intervention
- Reduction in acquisitive crime and anti-social behavior
- Improve chances for families to engage in work to improve their future
- Improve health through take up of immunization, breastfeeding and weight management.
- Increase choice and personalization for disabled children and their families.
- Reduce harmful effects of mental ill health by increased access to psychological therapies (IAPT) for children, young people and families

1.5 Partnership Working

Accelerating progress in early intervention not only requires local partnerships to take action, but to take coordinated comprehensive and prolonged action to ensure delivery of substantially better outcomes. Ofsted said the Children's Trust partnership working in Plymouth is outstanding at both the strategic and operational level (Ofsted 2010). This has been achieved through a strong track record of collaborative working with key organisations: Primary and Secondary Schools, Public Health, NHS Plymouth, Plymouth Hospitals Trust, Plymouth Community Healthcare, GP's,

Police, Voluntary and Community Sector and the Local Authority adults and children's services. There is a strong commitment from all partners to continue to collaborate to improve outcomes for children and all partners have a significant contribution to make to achieve this ambition.

1.6 Principles of Early Intervention

United Nations Convention on the Rights of the Child asserts that every child in the world has rights to survival and development, to protection, to health and well-being and to be active participants in all things that happen to them, including all decisions that affect them. Unless their needs are met, they will be denied a childhood and the opportunity to develop their full potential. Those needs will not be met unless adults take responsibility for providing the necessary conditions for their fulfillment.

Quality early intervention gives every child the best start in life and ensures they develop resilience and reach their full potential. These principles are integral to the priorities of the Children and Young People's Plan 2011-14.

- ensure that children and young people are effectively safeguarded by all of the agencies and staff that work with them
- adopt a whole family approach, whilst keeping the child or young person firmly at the centre of any intervention.
- use evidence-based, child centered practice to inform planning for future service provision
- ensure children, young people and families will be supported to participate ensuring that the views and experiences of children, young people and families inform and influence the design and delivery of services
- work together to reduce duplication in areas such as the assessments of need
- ensure the needs of children, young people and families are met within the system of provision, eradicating gaps in service provision
- commitment to work collaboratively with partners, including schools, GP's and the police.

2 THE EVIDENCE BASE FOR EARLY INTERVENTION

2.1 National Policy Context

During 2010 and 2011 the government initiated a number of reviews that have resulted in a series of recent major reports. These include:

The Foundation Years: preventing poor children becoming poor adults" (December 2010) by Frank Field MP - A review of Child Poverty and

Early Intervention: The Next Steps (January 2011) by Graham Allen MP. – A review of Early Intervention Services

Both these reports highlight the importance of the first years of a child's life and the need to ensure secure strong foundations for child's cognitive, language and social and emotional development. They emphasise the correlation between exposure to parental poverty, mental ill health (including postnatal depression), addiction and violence in the first five years of life with negative outcomes for young people including to poor examination results, higher rates of teenage pregnancy, lower rates of employment, higher rates of depression and suicide and substance misuse.

Allen (2011) also identifies the need to use evidence-based interventions throughout the lifecycle of a child's first 18 years to intervene early before problems escalate and become more expensive to cope with, and difficult, or impossible, to remedy. Early intervention therefore should offer opportunities to intervene as soon as need is identified, at any point in the child's development.

The Munro Review of Child Protection by Professor Eileen Munro (May 2011) also recommends early help is provided to both prevent abuse or neglect and improve the life chances of children and young people and is clear about the critical part this plays in child protection. She emphasizes the need for co-ordination of early help and ensuring clear mechanisms to identify children suffering or likely to suffer harm.

The Child Poverty Act 2010 creates a duty for Local Authorities and their partners to cooperate to tackle child poverty in their area. They are required to prepare and publish a local needs assessment and also to prepare a joint local child poverty strategy.

These principles have underpinned Government funding directives, for example:

The guidance for the Early Intervention Grant gave flexibility for local authorities to secure Early Intervention services. The aim is to have greatest impact and secure better results in the long term for children, young people and families, whilst promoting flexibility the guidance recommends key areas of spend:

- Free early education for disadvantaged 2-year olds
- Short breaks for disabled children
- Maintaining the existing network of Sure Start Children's Centres
- Supporting vulnerable young people to engage in education and training, intervening early with those who are at risk of disengagement
- Preventing young people from taking part in risky behaviours, like crime or teenage pregnancy
- Supporting families facing the poorest outcomes who pose the greatest cost to local services

The Green Paper regarding Special Educational Needs and Disability (March 2011); highlights the stress caused to children and their families where need is not identified early. Key aspects are early identification and intervention, single assessment process and reduced duplication between agencies working with the child. This enables more young people to lead successful and independent adult lives.

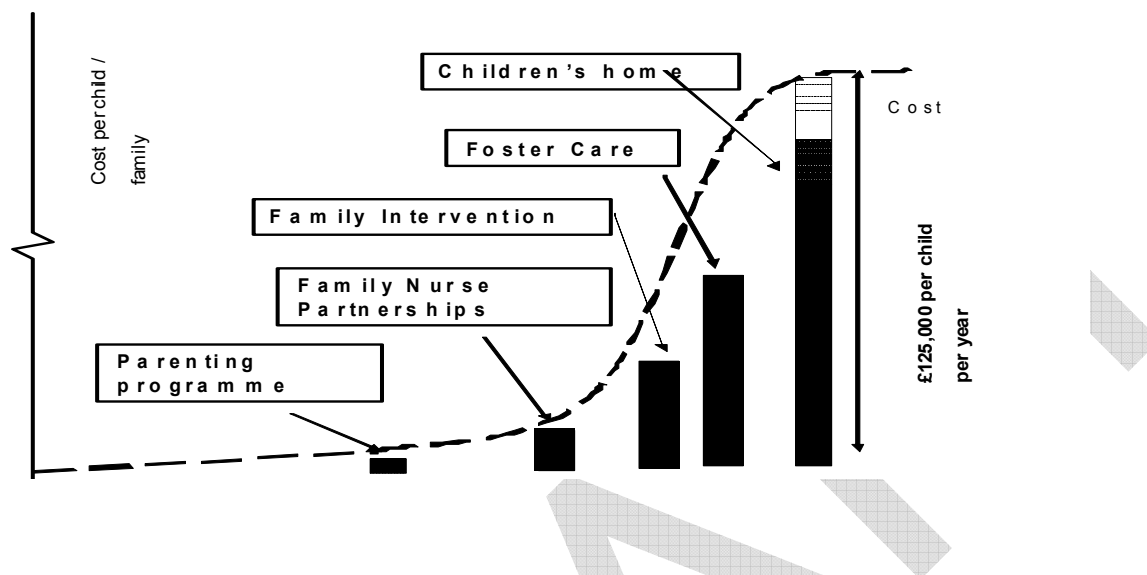
The subsequent National Child Poverty Strategy 2011- 2014 sets out a key ambition of early intervention support to improve life chances, breaking the cycle of deprivation.

The Healthy Child Programme 2009 is the early intervention and prevention public health programme that lies at the heart of universal services for children and families. It provides an invaluable opportunity to identify families that are in need of additional support and children who are at risk of poor outcomes. The programme covers three areas of work, pregnancy and early years, the 2 year old review and 5-19 year olds, setting out a range of services and activities that can have a positive impact upon children's health.

As well as making several changes to the NHS, The Health and Social Care Act 2012 Act introduces new Health and Wellbeing Boards who will be responsible for leading on the Joint Strategic Needs Assessment; developing a new joint health and wellbeing strategy to inform local commissioning plans; developing agreements to pool budgets.

The Governments “Troubled Families” agenda is focused on families who are engaged in crime or antisocial behaviour, whose children are not in school and who are out of work. This agenda has been developed with the learning from Family Intervention Projects and other initiatives. Changes to the trajectory of families so that outcomes improve result in fewer high cost service interventions. As need escalates families require more intensive, longer term interventions. Intervening differently or earlier can prevent or reduce use of these resources.

Diagram I, taken from presentations by the DfE, illustrates this escalating cost.



Finally the new Ofsted Inspection Framework for local authority arrangements for the protection of children has integrated a number of inspection criteria relating to Early Intervention, including the quality of interagency working and the use of the Common Assessment Framework (CAF)

As can be seen the impact on the outcomes for children and families are significant in getting the right support at the right time to prevent problems escalating. Further that the impact on the resources available for families can achieve greater reach when directed earlier in the system. The Governments policy direction clearly indicates that with reducing resources to public services it will be critical to release savings and achieve re-investment in the longer term.

2.2 Cost Benefit

There is considerable evidence indicating early intervention is cost effective and when delivered in a timely and effective way, will help transform the lives of vulnerable young people, families and communities. It is an important investment in the future of children, families and the community as *'later interventions are considerably less effective if they have not had good foundations'*. (The Marmot Review : Fair Society, Health Lives 2010)

Studies also illustrate the cost benefits

- an Incredible Years parenting programme with children diagnosed with disrupted behaviour costs an average of £1,344 over a six month period to improve a child's behaviour. Without intervention, it is estimated that an individual with conduct disorder costs an additional £60,000 to public services by the age of 28 Early Intervention: (Securing Good Outcomes for all Children and Young People, DCSF2010)

- the cost of poor literacy is estimated to be between £5,000 and £64,000 for each individual over a lifetime, with the vast majority of these costs due to lower tax revenues and higher benefits. In comparison, the cost of the Reading Recovery programme is approximately £2,609 per pupil, with evidence that 79% of children who participate will be lifted out of literacy failure
- the cost of permanently excluding a child is £300,000, which includes educating the child elsewhere and the bill from deploying services such as social care, benefits and the probation service. The estimated cost to the individual ranges from a reduced chance of securing stable employment the risk getting into substance abuse. (The National Behaviour and Attendance Review, Interim Report Sept 2007)

In *Grasping the nettle* several characteristics emerged as common to successful examples of intervention strategies. These were identified as the five *golden threads*: the best start in life, language for life, engaging parents, smarter working with better services, knowledge is power requiring effective data analysis and information sharing. (Grasping the nettle: early intervention for children, families and Communities C4EO 2010)

2.3 Overview of Children and Young People's Need in Plymouth

Child Poverty

The Health Profile of Plymouth highlights that deprivation is higher than average in Plymouth with 11,100 children living in poverty (DH 2011). There is a strong correlation between deprivation, poverty, poor mental health, substance misuse and domestic violence. Evidence clearly demonstrates these factors in families contribute to very poor outcomes for children.²

There is a disparity between differing neighborhoods within Plymouth, with the greatest number of children and young people living in poverty in Devonport, Stonehouse, North Prospect and Weston Mill and the City Centre³.

Safeguarding

Final audit on 2011/12 Social Care figures yet to be done however early indications suggest;

- There was 15-20% increase from 2010/11 in referrals to Social Care Advice and Assessment
- There was approx 6% increase from 2010/11 in numbers on CPP - but greater throughput keeping outturn stable
- There was approx 4.5% increase in Children coming into care - however national trend increase (confirm national trend). Plymouth below national trend.
- Approximately 50% of Children subject to a Child Protection Plan are aged 0-5
- In 2010/11 325 families were subject to CAF plans, this increase to 557 families in 2011/12

The main problems facing families with children subject to a Child Protection Plan were; Domestic Abuse (31%), Unsafe Parenting (25%), Drug Misuse (13%), Alcohol Misuse (11%), Sexual Risk from an Adult (8.5%) and Parental Mental Health Problems (8%).

² Think Family (2008): Improving the life chances of families at risk: Cabinet Office Social Exclusion Task Force.

³ Child Poverty 2009, Plymouth Informed

Despite increase in CAF assessments and plans there are still considerable number of referrals at Advice and Assessment. Information from the threshold manager indicates many referrals coming to Advice and Assessment are for families without a CAF.

The increase in Child Protection Plans has meant that the social care have worked to ensure a child protection plans are closed as soon as possible. This requires the service offer below the threshold of social care needs to be robust enough to continue work with families and continue to support de-escalation of need.

Domestic Abuse

There are over 2000 domestic abuse incidents per year in Plymouth where children are present. This figure may include the same children over several incidents. Local evidence from parental classifications for child protection plans show that 30% of all domestic abuse cases include alcohol as a significant factor. We can use this to estimate that at least 600 incidents per year are alcohol related.

The impact of domestic violence on children is reported to be:⁴

- Children and young people are likely to experience a range of emotional and behavioural responses including fear, anxiety, worry, anger and aggression;
- Children may feel isolated and stigmatised while many have to take on caring responsibilities;
- The risk of psychological harm is high for those who also experience other forms of abuse and neglect.

This impact differs by developmental stage:

- Infants may show delayed development, sleep disturbance, temper tantrums, and distress;
- School-age children may develop conduct disorders and difficulties with their peers and find it hard to concentrate;
- Adolescents often experience depression, delinquency, and aggression.

Parental Substance Misuse

Evidence clearly demonstrates that children whose parents drink too much can suffer a range of physical, psychological and behavioural problems as a result of living in such an environment.⁵

Key risks experienced by children are⁶:

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

⁴ Stanley, N (2011) Children Experiencing Domestic Violence: A research Review, Research in Practice

⁵ Velleman, R. (2002). *The children of problem drinking parents: an executive summary*. Executive Summary Series; Centre for Research on Drug and Health Behaviour, Executive Summary 70,1 -5.

⁶ Hidden Harm issues for professionals working with parents who misuse alcohol (2006). Alcohol Concern / Parenting Fund.

The Plymouth Safeguarding Board Hidden Harm Needs Assessment undertaken in 2008 highlighted that between 3,900 and 6,500 children are affected by significant parental alcohol misuse.⁷ This covers parents who have an alcohol dependency and parents who are involved high harm high risk binge drinking at weekends.

When a snapshot of need was undertaken by Harbour in February 2011 40% of parents with children with a child protection plan have never been seen by the service because they were not referred or did not attend Harbour.

Research evidence shows that domestic violence abuse is more likely than not to occur within intimate partner relationships where one partner has a problem with alcohol or other drugs⁸ In 2009/10 53% of all young people in treatment were themselves the children of adults who had significant alcohol or drug problems.

Child and Adolescent Mental Health

Prevalence⁹ figures suggest 3866 (10%) of children and young people in Plymouth will have an emotional wellbeing or mental health need.

In 2010/11, at the high end of this need, the CAMHS Outreach service received 154 appropriate referrals for emergency assessments, 111 of these were for self harm. There were a further 587 appropriate referrals for non emergency assessments.

Approximately 530 referrals were made to CAMHS whose need did not meet the threshold of requiring a specialist intervention.

Recent analysis of the waiting list for CAMHS has highlighted that many of the young people referred to CAMHS have had involvement with social care in the past and have experienced complex family problems, such as domestic abuse, parental substance misuse or parental illness.

There is therefore a potential to ensure earlier intervention with these young people before they present with complex needs that have escalated with time.

School exclusion

Nationally it is estimated that 0.8% of the population of children and young people are educated out of mainstream school of which:

- 75% have special educational needs (62% without statements; 13% with statements);
- 91% are aged 11-15
- 69% are boys¹⁰.

In 2011 schools were asked what they felt were the presenting issues causing most problems for children and young people. Whilst this information needs verifying, schools identified that the top

⁷ Analysis of Need (2008): Plymouth Safeguarding Children Board Hidden Harm Working Group.

⁸ Galvani, S. (2010) Grasping the nettle: alcohol and domestic violence. 2nd Edition. London: Alcohol Concern (forthcoming)

⁹ Research by the Child and Maternal Intelligence Unit

¹⁰ Back on Track: A Strategy for Modernising Alternative Education DCSF 2008

main concerns were Social/Emotional Issues, Parenting Issues, Behaviour Problems, Mental Health, Attendance and Communication¹¹.

Youth Offending

Numbers of children and young people engaged in the Youth Offending Service have declined (*insert final numbers when available*). Assessment information indicates the needs of young people in the Criminal Justice System are increasingly complex.

This may indicate that the early intervention offer for those with less need is impacting upon numbers who would previously been referred to YOS.

However the offender profile for serious acquisitive crime indicates that whilst more crimes are being reported, less are being detected. This could indicate that some young people's crime is not being detected and they are therefore not receiving an appropriate criminal justice intervention.

Special Educational Needs

In January 2011 there were 3573 children and young people recorded as having a Special Educational Need. The top five categories of need were: Behaviour, Emotional and Social Difficulties (28%); Speech, Language and Communication Needs (24%); Moderate Learning Difficulties (14%) Autistic Spectrum Disorder (11%) and Specific Learning Difficulties (7%).

Forecasts of need based on the trend over the last 5 years and the increased population of children and young people indicate an increasing number of children with these needs.

2.4 Plymouth Children Young Peoples Trust

Improving services for children and young people has been a key priority for Plymouth. Our achievement in improving services to this end was recognised by Ofsted inspection report in 2010 which particularly praised Plymouth's 'outstanding' partnership working and leadership. More recently 2011 Ofsted Fostering and Adoption inspections have produced two more "Outstanding" judgements.

At the heart of this service improvement has been the clear commitment to ensure children and young people are enabled to fulfill their potential and achieve positive outcomes. The principle of ensuring early support to meet need before it escalates and significant difficulties for children and young people develop is clearly outlined in The Children and Young People Plan 2011-2014. This plan articulates a clear strategy to develop models of early intervention to meet the additional needs and build resilience across all age ranges.

¹¹ School Audit of Priority Need

Children & Young People's Plan 2011-14		
P2020/council priorities	C&YP Plan feeder priorities	What this means across services for children and young people
Deliver growth	Equip young people with skills, knowledge and opportunities to make a successful transition to adulthood	<ul style="list-style-type: none"> ▪ Maximise engagement opportunities with employers, especially for vulnerable 14-19 year olds. ▪ Develop high quality apprenticeships for young people. ▪ Encourage enterprising skills among young people. ▪ Commission Independent Advice and Guidance to ensure young people are supported to make informed choices, particularly for young people vulnerable to being Not in Education Employment or Training (NEET). ▪ Excite and prepare young people for transitions, particularly the transition to secondary school, and from children's to adult's services.
Raise aspiration	Improve levels of achievement for all children and young people	<ul style="list-style-type: none"> ▪ Improve educational achievement levels, particularly in Maths, English and Science. ▪ Improve the educational achievement of vulnerable groups, including young carers and children in care. ▪ Build self-confidence and promote the well-being of children and young people especially through a sense of belonging and inner confidence
Reduce inequalities	Tackle child poverty	<ul style="list-style-type: none"> ▪ Make child poverty everybody's business. ▪ Reduce the number of children living in workless households. ▪ Reduce housing related child poverty. ▪ Reduce the inequalities that have the most negative impact on children's life chances. ▪ Improve young people's capability to manage finances sensibly.
	Provide all children with the best possible start to life	<ul style="list-style-type: none"> ▪ Improve the physical and mental health and wellbeing of children and young people. ▪ Strengthen multi-agency child protection across the city. ▪ Provide early support for young people and families with multiple needs, with an emphasis on hidden harm and domestic abuse.
Provide value for communities	Tackle risk taking behaviours through locality delivered services	<ul style="list-style-type: none"> ▪ Deliver intensive youth support to meet the needs of vulnerable young people aged 11-19yrs. ▪ Promote citizenship and volunteering opportunities ▪ Enable young people to take responsibility and to make safe and informed decisions through the provision of timely and appropriate information and guidance.

To support the delivery of this strategy services are commissioned to be able to respond effectively. The ethos of working being that families consent to interventions and engage in finding their own solutions. That families are empowered to problem solve and to address issues early seeking the right help themselves and that services withdraw from intervention as soon as possible ensuring families have the right skills to access help when needed if a future problem arises. This promotes independence and resilience, rather than dependence and passive consumers of multiple interventions. Providers are commissioned to collaborate to de-escalate need.

3 FRAMEWORK FOR RESPONDING TO THE NEEDS OF FAMILIES

3.1 Defining Need

Children, young people and their families have different levels of need and their needs often change over time depending on their circumstances. Plymouth has agreed an arched model to enable a common understanding of levels of need, illustrated and described in Plymouth's "Threshold of Need" guidance. The guidance was accepted by The Children's Trust in February 2010 and describes the types of need in more detail and where the use of the Common Assessment Framework (CAF) to manage the required multi-agency response to this need.

This model identifies four levels of need.

Level 1: This describes a level of need where children and young people's health and development is age appropriate and their family circumstances are stable. These children and young people represent the majority of and are able to go through their childhood needing only the support of their family, their community, their school and other universal services to which all children are entitled, such as schools and GP.

Level 2: This describes a level of need where the children and young people are experiencing difficulties with development, health, behaviour, emotional wellbeing and family relationships. For example they could be living with family poverty, witnessing domestic abuse, have developmental delay, absconding from school or not reaching their educational potential.

Level 3: This represents a level of need that is more complex or they have multiple needs. A child or young person may be experiencing more chronic ill health impacting upon education attendance and achievement, or they may be engaging in substance misuse or other risk taking behaviour such as crime or anti-social behaviour. There may be parental problems with mental health, substance misuse domestic abuse or patterns of family offending.

Level 4: This represents a level of need that is ongoing, entrenched or escalating. Children and young people may be experiencing significant harm and in need of child protection processes, risk taking behaviours may be prolific or well-established or they may pose a risk to themselves or others.

3.2 Coordinated response to need through the Common Assessment Framework

In his speech on 16 December 2011 David Cameron pledged more targeted support to families with multiple and complex needs. He identified that where families have a number of needs they often encounter a disjointed and uncoordinated response from "string of well-meaning, disconnected officials".

The Common Assessment Framework (CAF) implements a common framework for assessing the holistic needs of the child and their family across level 2 and 3 need. It implements a coordinated response for agencies to intervene with the family, ensuring consent to share information between agencies and allowing an integrated service response to improve outcomes for the child and family.

Identification and assessment of need

When difficulties emerge the needs of the child and family should be screened, to ensure a holistic view of family need. Children can show behaviour problems or absenteeism that are caused by parental mental illness or family violence. Very often the service response is to the presenting issue with the child and does not address the cause in the family. This has two effects, sustained family change is not achieved and the child develops a sense of the problems being caused by them. Both of these effects see ongoing intervention from services into adulthood. Addressing root causes as well as the individual identified need is critical to effective intervention. (The Marmot Review, 2010, *Fair Society, Health Lives* (accessible at <http://www.ucl.ac.uk/gheg/marmotreview/>)

The pre- CAF assessment process enables professionals to think about all of the difficulties and vulnerabilities facing the family and to decide whether their service can respond to all of the needs, whether they can be met with the involvement of another single agency or whether a full CAF multi-agency process is required.

A full CAF assessment is implemented when the family has multiple needs that will require interventions from a number of services. The assessment is based upon the Framework for Assessment for children in need and their families (2000) and is undertaken with the child, young person and family. The CAF assessment does not replace the need for specific assessments for defined need, such as drug screening, but allows the family practitioner initiating the CAF to identify what need they have and who should be involved in an initial planning meeting.

Team around the child

The initial CAF meeting is designed to bring together children and their families with key professionals. The purpose of the meeting is to draw up a plan with child and family to develop a range of solutions to meet their needs and improve outcomes. In this way the professionals working with the child and family become a virtual “team around the child”.

This approach is based upon the needs of the child whose difficulties prompted a CAF assessment response. The child or young person is at the centre of this process. This framework was designed nationally to prevent early intervention models from focusing solely on the needs of adults at the expense of the needs of children. Areas with strongly embedded and effective CAF processes have been able to moved to family CAFs.

Team around the Family approach

The research undertaken by the DfE Families at Risk division has identified a basket of indicators, including parental substance misuse, long term unemployment, parental mental health problems, that affect the resilience insight and capability to overcome problems. Children from these families

Development Areas:

Areas of under reporting for CAF activity

Some agencies are not actively using the CAF processes and the Team Around the Child to co-ordinate a multi-agency response.

Quality Assurance on the effectiveness of the CAF to improve outcomes

Trouble Shooting TAC where there are significant complexities of need.

Co-ordination of thresholds and access to specialist services

Develop capability in commissioned services to manage high levels of risk through CAF/TAC techniques.

Move to a Family CAF

are 10 times more likely to be in trouble with the police and eight times more likely to be suspended from schools.

This level of chaos and family need, by the very nature of the fact there are a range of individuals within the family unit, will effect a range of cross cutting outcome targets across departments and agencies. Such as homelessness, emergency presentations at hospital, the numbers of children in care, crime and anti-social behaviour.

However the initial presentation of family members with complex needs is often as an individual requiring specific intervention or support e.g. substance misuse; school exclusion, crime; mental health. In most cases presentation to a service by an individual may be initially motivated by the impact behaviour is having on the individuals own health and well being.

Traditionally this type of presentation has led to an intervention focused on the individuals, often adult's needs. It cannot be assumed that intervening with the presenting issue for a single family member will automatically reduce the impact on all other family members. However, in most cases only when the risk to others in the family is high, such as child protection or domestic violence, is the impact on other family members considered.

Often these families experience ongoing crisis and present at a range of different services within the City. Intervention can stabilise and de-escalate need but often this is only a short period or only whilst agencies are involved. These families can move in and out of interventions regularly and in some cases the presenting issues for these families have become inter-generational.

Family based interventions have provided a clear evidence base that delivering packages of support to the whole family, co-ordinated through a key worker, produce longer term change and impact on outcomes for all members of the family can be achieved. This provides a clear driver for an approach to developing closer alignment of the system of services around the families needs to meet a wide range of outcomes. Plymouth has already begun this journey to a more family approach to addressing need.

Good Practice in moving to a “Team around the Family” approach

The Plymouth Family Intervention Project has achieved good outcomes with families using a full family assessment and care planning approach.

Operation Encompass implements an approach where Police are notifying a key person within the school setting when a child has experienced domestic abuse in the home so that support can be offered the following day.

Significant work has been done in Drug and Alcohol Services to ensure that if an individual accesses the service to address their own need, this acts as a gateway to an assessment of the needs of the children. Adult substance misuse workers are supported to fully consider the impact of the parental needs on the child. This, in turn, can lead to the need to instigate a multi-agency response to the family.

Professional Collaboration

Professionals are trained to adopt a discipline based view of their clients with strong theoretical and discipline based frameworks. This can encourage narrow interventions where professionals only view clients through own way of working.

In order to be able to deliver coordinated care for families with multiple needs there is a need to shift from these professional boundaries and activity engage with and respect the perspectives and skills of other professionals. Within this the perspective and views of the family should remain central rather than becoming overwhelmed by professional approaches.

Successful joint working relies on four key principles

- Sharing responsibility, decision making, planning of services and intervention
- Partnership – constructive relationships between professionals that relies of trust and respect and valuing contributions in pursuing common goals
- Interdependency – when children, young people and families needs are complex, each professional relies on the others contribution and expertise to achieve improvement in family outcomes
- Power – is shared by all those in partnership, this enables and empowers the family and achieves the best contribution from all workers.

Integrated Teams/ Systems

Learning from best practice, research and local services evidenced that where co-ordination of response is built into the design of services responses are more effective. During 2010/11 a range of integrated teams or integrated responses have been designed and implemented. Whilst the CAF process should be the most efficient method of responding to need services are often designed with very narrow specialisms and therefore a more integrated approach within similar disciplines creates a further efficiency. This has also been key principle in organising Children's Support services into integrated locality teams. These services should meet additional need across the spectrum of level 2 and 3 with integration ensuring improvement in service communication, information sharing and coordination of support between universal (in particular schools and GP's) and targeted services.

This service model supports clearer mechanisms and routes for referral from universal services, supporting access to targeted services, as well as ensuring less duplication of support. In this way support is more available through early intervention before needs escalates as well as allowing a system to provide consistency of support as need de-escalates.

Development Areas:

Integration of Community Health Services with Locality Children's Support Services

Integrated Youth Support Services

Audit CAF activity at the threshold of specialist services to establish diversion capability.

Look at lead professionals consider best practice for key workers from Family Intervention Project and other models such as Youth Service Intensive Support Team

Development of further integrated teams and systems for further efficiency.

Good Practice in Integrated Working and Professional Collaboration

The Excellence Cluster implements Multi-Agency Support Teams (MAST) with police, educational psychology, counselling and therapy professionals.

The Integrated Teams are Integrated Disability Team, implements multi-agency care for children with disabilities

The Youth Offending Service integrates professionals from youth justice, the police, education welfare, and mental health services to better enable multi-agency support

Children's Centres act as a hub for Early Years Services; developing multi-agency delivery with health services, early year's nursery settings as well as closer collaboration with specialist services such domestic abuse and drug and alcohol services

The Lead Professional

The Lead Professional for the CAF acts as a single point of contact for the child and family and coordinates the delivery of actions agreed by all of the professionals involved. Their role will be important in reducing duplication and ensuring a consistent approach.

System Coordination

Professionals report difficulties in coordinating the right support for families. Improved communication and service briefings alongside developments in the Plymouth Online Directory and the Family Information Service have improved this. However further coordination is needed.

Integrated teams have implemented streamlined referral processes through single points of contact such as SPOC for children with a disability and the single point of contact for the CAMHS service. These systems have significantly improved service responsiveness to families. However they remain separate and responding to single service offers.

Proposals to improve this service were developed during the last year and included implementation of the Multiagency Safeguarding Hub (MASH) and an Early Intervention or Gateway service.

The MASH model of system coordination for safeguarding is based on examples of good practice in other local authorities, for example Exeter, where key services such as the Police, Health and Local Authority work together to share information and plan for children and families where there are child protection concerns.

Development Areas:

Implementation of Multi-Agency Safeguarding Hub (MASH), to enable a coordinated collaborative response to Safeguarding

Implementation of an Early Intervention Gateway, to review CAF plans not meeting need

The Early Intervention Gateway was proposed as another mechanism, prior to Safeguarding concerns being raised, to review plans where family need was escalating and outcomes not being achieved despite CAF plans being in place. Based on the successful Single Multi-Agency Panel for children with Special Educational Needs, it is proposed that this panel would examine what additional resources could help the family plan and act as a gateway for some services, such as the Family Intervention Project.

Due to delays in the MASH the Early Intervention gateway has also delayed alongside proposals to develop an Early Intervention Panel to coordinate CAF responses where risk in families was very high. These proposals stemmed from feedback from agencies that they did not feel equipped to respond to high levels of risk and there was therefore a reluctance to use the CAF process to coordinate care. Feeling they were left holding the risk. This resulted in dispute in responses from Social Care.

Services have subsequently been commissioned to have expertise to respond at high levels of risk and to deploy staff to TAC's where expertise is needed. As this is still developmental a co-ordination of the threshold responses and collaborative and co-ordinated care plans need to occur. The solution posed was a panel to oversee intake to key services and to unblock where outcomes are not achieved for families.

Appendix 2 illustrates the proposed model for system coordination

4 COMMISSIONING AND DESIGNING SERVICES TO MEET NEED

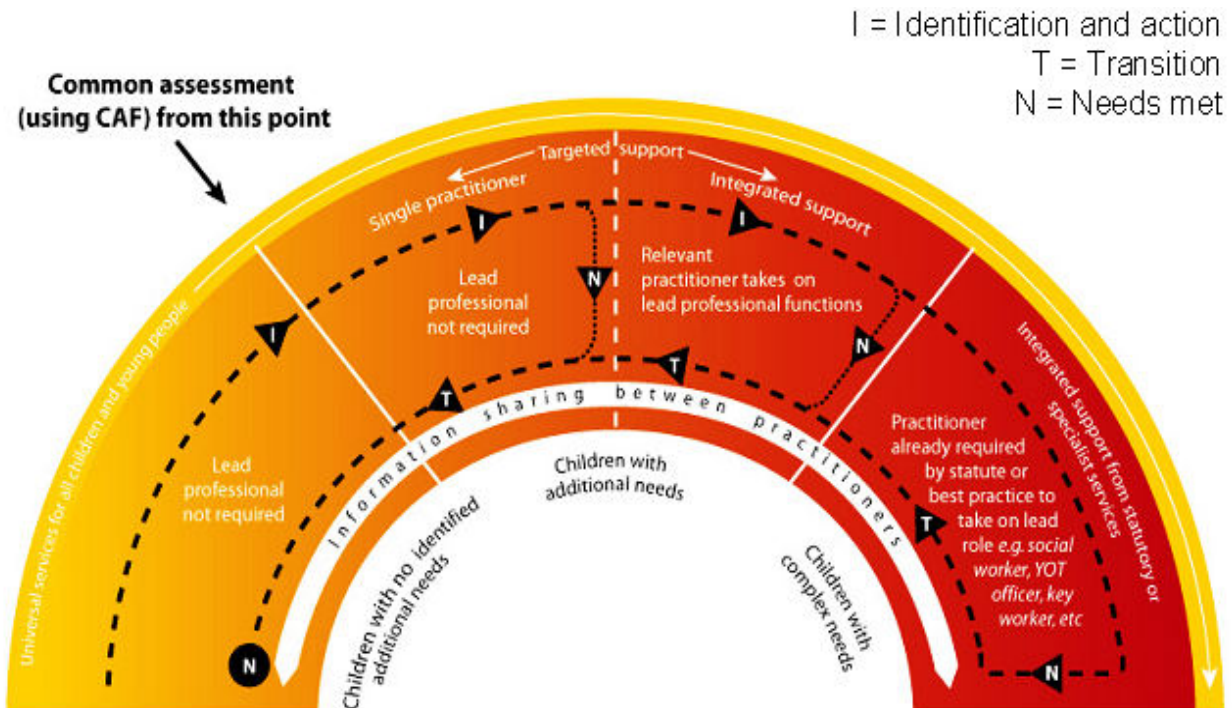
As can be seen from the above the need in families can rarely be met by a single service offer and often presents as a range of individuals with a range of individual complexity that when amplified by being within one family can result in significant harm, chaos, criminality, and vulnerability.

The principles behind the CAF/TAC processes are that they are the most efficient way of responding early to need. They rely on the services within the system self organising to only respond to appropriate need and to only bring together the right services in a multi-agency response at the right time. It has therefore been important for a partnership response to commission services and deploy resources and staff to have this role and to be clear on the time and the way they respond at levels of need.

This supports the right interventions to meet need and achieve positive outcomes for children. The Children's Trust have been collaboratively designing service provision to meet known need at levels 2 and 3.

Diagram 1 represents the types of categorisation of early intervention services to improve outcomes at these levels of need.

Diagram 1: Plymouth Multi-agency Thresholds of Need



Children, young people and families may move between services depending on their needs, but the emphasis is one of continuous and planned care, with agencies across the spectrum working together to ensure that children and young people stay within universal services.

4.1 Early Support

Families with need that requires an early support response have either an emerging issue or where a fast effective solution from a single agency or two agencies working in partnership will de-escalate the problem. An example maybe where parental separation has triggered absenteeism with a child. A brief period of family support from the parent support advisor in the school or from a counseling/ family mediation service could resolve this short term problem. If this intervention identifies ongoing instability in the family for example in housing or adult mental health the lead agency may determine that a multi agency response is required. As the assessment of the vulnerability of the family increases so too will the effective co-ordination of the multi-agency response.

Pastoral support systems in schools provide a key role in early support. Developing an understanding of the range of needs experienced by children and young people is important to enable schools to be creative in developing pastoral support roles.

Early Support also describes how a service will respond. Services are commissioned to provide short term intervention and to sign post families to support and help with families equipped with the skills to self help.

Development Areas:

- Increased capacity in Relationship and Sex Education in schools
- GP awareness and coordination of interventions
- Incredible Years and Strengthening Families Parenting Programmes
- Childcare for disadvantaged two year olds
- Review of workforce capacity to respond and further training opportunities

A key development area has been and continues to be to support universal services to identify when a family may need an intervention. This has been done through commissioning a range of training, provided by the CAF team, the Child and Adolescent Mental Health Service, Harbour Drug and Alcohol Services and Safeguarding Children's Board.

Staff have been up-skilled but also are provided with ongoing consultation support from specialist services to respond appropriately to this level of need, for example through the Emotional Literacy Support Assistants programme.

Many expert or specialist services work alongside universal services to respond to this level of emerging and additional need. A universal service such as the Youth Service may receive consultation support from Specialist Drug and Alcohol Services to provide a brief intervention with a young person.

Similarly a universal service for Early Years such as a Children's Centre may receive consultation support from a Primary Mental Health Worker in CAMHS service to support a mother with post natal depression or a child with an emerging mental health difficulty.

Examples of Early Support Services Commissioned and Provided:

Targeted Mental Health in Schools Project: provides training and consultation to schools. This includes developing school capacity to support mental health need through developing Teaching Assistants and School Pastoral Staff to become Emotional Literacy Support Assistants and Secondary Age Mental Health Supporters.

The employment of a range of pastoral support workers in schools to provide timely interventions

Excellence Cluster Learning Mentors, school bases counsellors and arts therapists; providing additional support for those struggling to achieve

Short Breaks (direct access) for Children with Disabilities provide child focussed activities

Children's Centres act as the hub for Early Years Services and aim to identify problems early and offer relevant support

Health Visitors and School Nursing Service assess the needs of children and families and offer additional support to those who need it.

4.2 Targeted Support

At the higher end of the spectrum of need, level 3 upwards, specific interventions and services targeted to meet specific need will be required.

Targeted services are characterised as those that are more intensive, often implementing evidence based interventions that can require specific skills and training.

It is expected at this level of need, services will be coordinated through a CAF process. However families with complexity which triggers this level of response do not always recognise the escalation of the issues or wish to receive support. An example being problematic substance misuse with children regularly not attending school, where the family are not always able to provide for their own basic needs and financial difficulty is leading to vulnerability with tenancy arrangements. The Education Welfare Officer (EWO) may initiate a CAF. However the family may not consent to the CAF process. It is then critical for the professionals involved singly with the family, for example the GP, School and the EWO, to establish an engagement plan. Without this the single issue maybe temporarily addressed i.e. child's absence addressed without the underlying issues resolved.

Some services have been commissioned to have greater clarity in their role to coordinate or lead engagement of a family, for example Careers South West and Children's Centres. The lead service for intervention may not be the service who can achieve engagement.

Another key area of development has been for the commissioned Drug and Alcohol Services to take a whole family approach. When providing interventions with adults who are parents as part of the change plan addressing the harm and impact of alcohol on their parenting and their children. The provider is also acting as the lead engagement service.

Where need remains below the threshold of statutory intervention and consent to a CAF is not achieved services implement a consultation approach to ensure professionals working with the family are enabled to support need as far as possible. In this way a "Team around the Professional" is developed, with a view to eventually engaging the family in the CAF process. Consent is ideal but does not prevent coordination of interventions.

Development Areas:

Earlier responses for families who are victims of domestic abuse and perpetrator programmes

Sexual Health, earlier responses in schools and youth settings.

Violence in young relationships

Substance Misuse Respond to emerging drug trends "legal highs" and access to drugs through the internet for example diazepam.

Reducing alcohol harm in families

Examples of Targeted Services Commissioned and Provided:

A wide range of services provide Targeted Support including:

- The Youth Service for 11-19 year olds,
- Locality Children’s Support Teams,
- The Excellence Cluster
- Children’s Centre’s, who provide targeted outreach services as well as targeted centre based support services
- Careers South West are commissioned to deliver Transition support for vulnerable young People into Education, Employment and Training
- Targeted Mental Health in Schools and Talking Therapies for Young People

Plymouth was identified as best practice for targeted parenting programmes in “How is parenting style related to child anti-social behaviour” (DfE)

4.3 Intensive Support and specialist services

When need escalates or presents at level 4, specialist services undertake a specific and more in depth assessment of need and risk and allocate a worker to manage a multi-agency care plan. These services can involve coercion to engage through a legislative framework that implements sanctions to personal rights. (E.g YOS, Children’s Social Care, FIP)

However it is clear that some families do not fall easily into the categories described in this model and move quickly between the levels of support in response to crisis or changes in circumstances. These families can respond well to interventions from specialist services, however on exit they maintain stability for a period of time but present again to specialist services quickly following a further crisis.

To meet the needs of these families a more intensive level of support is needed. Evidence from projects working with this level of need, such as Family Intervention Projects suggests that the implementation of a “key worker” role to coordinate services and support the family is essential to support change. As with the Lead Professional, this role provides a single point of contact, but also lengthy, sustained and assertive outreach and involvement with complex families. Importantly, as children and families move in and out of specialist services, these roles remain in contact with the child, young person and family, providing continuity for and supporting them to maintain changes made through specialist interventions.

Diagram 2 below illustrates where on Plymouth Multi-Agency Thresholds of Need arc intensive support is delivered

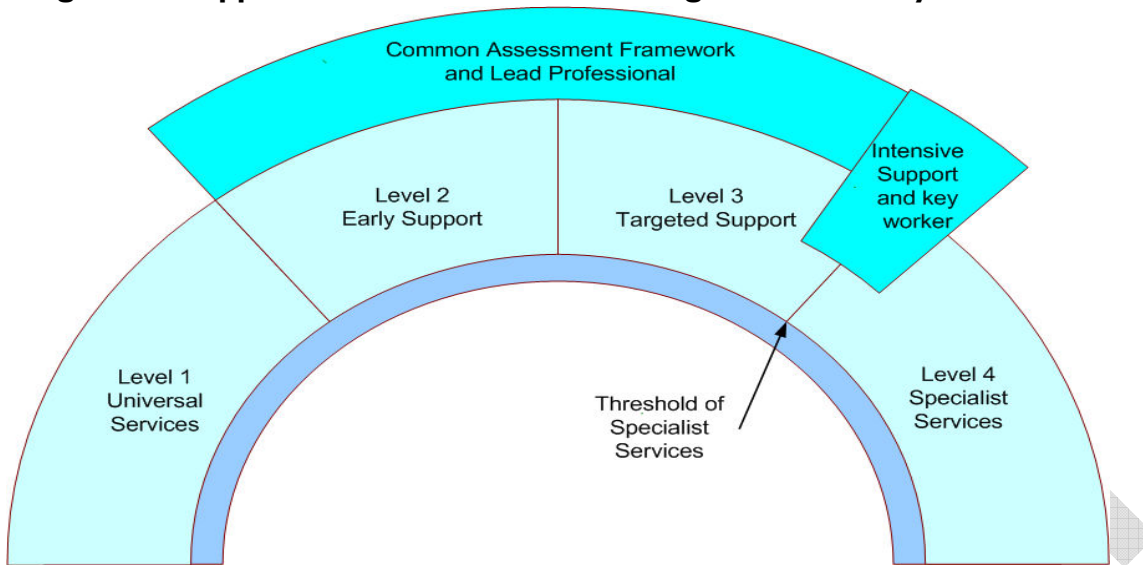
As it has been stated outcomes for children can be significantly improved by providing the right intervention earlier before vulnerability and need escalate. The cost of specialist services intervening is significantly greater than early intervention.

Development Areas:

The role of child and family key worker is not yet specifically commissioned in any of the services for 5 – 11 year olds (primary school age children).

Learning from services implementing this role is: workforce development to support staff, develop the skills to work with this level of need and appropriately manage the related risk.

Development of a plan to address the needs of family identified under the Families with a Future programme.

Diagram 2: Support available to meet differing levels of family need

Another area of commissioning at this level of need has been to increase the availability of specialist interventions for families whose needs are at risk of escalating. For example Family Group Conferencing is now available to vulnerable families at this level of need rather than just those with Child Protection Plans.

A key area for development is our local response for Families with a Future. To intervene with families with multiple vulnerabilities and a history of crime and worklessness and whose children are not attending school. With the aim to reduce vulnerabilities and break intergenerational cycle of poor outcomes.

Examples of Intensive Support services commissioned and provided:

- FIP (for families with high levels of complex need)
- Intensive Support Team (Youth Service)
- Intensive Transition Support Service for Young People (Careers South West)
- The Family Nurse Partnership (for teenage parents)

Examples of Interventions commissioned and provided to meet need at or just below the threshold of specialist services

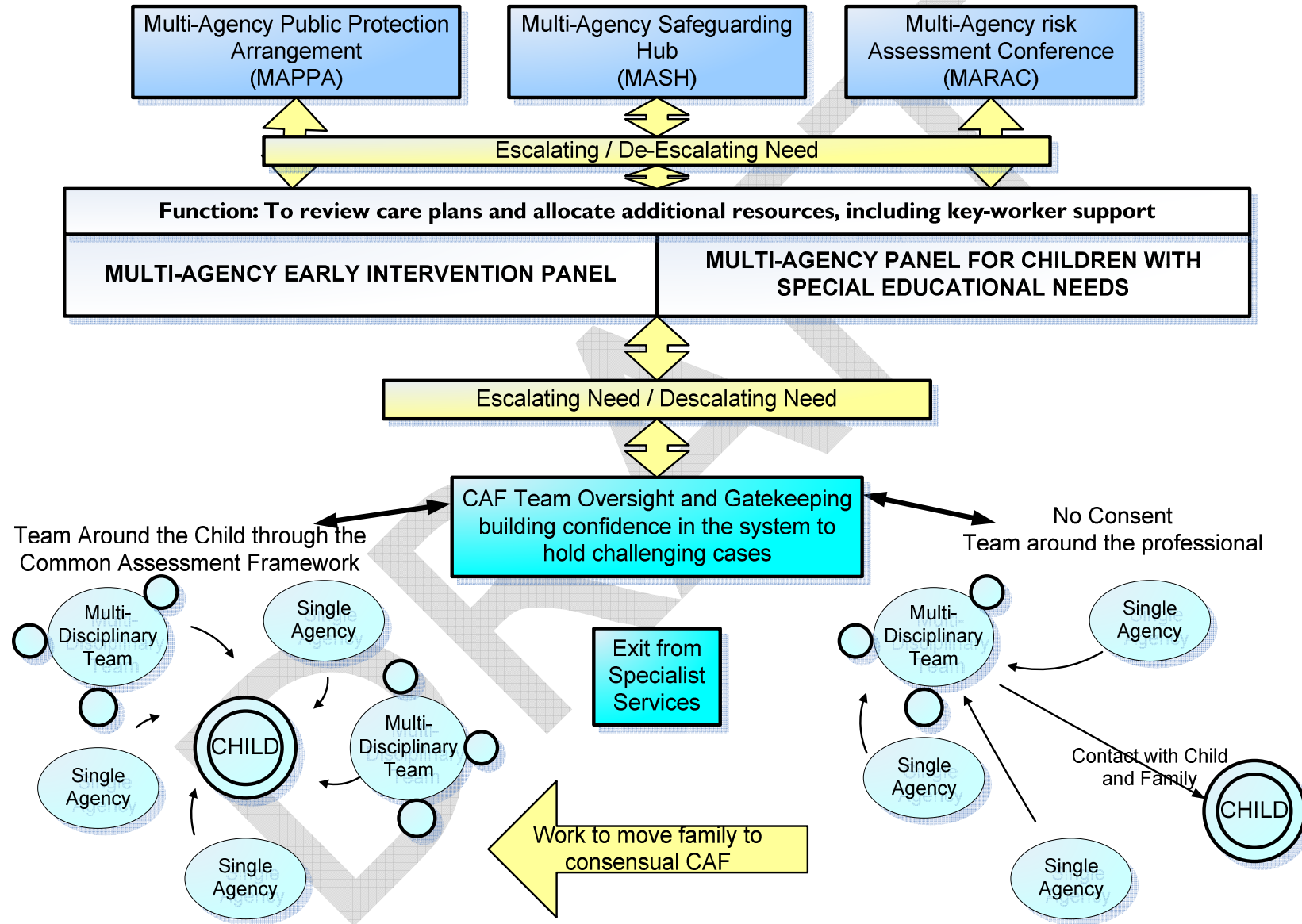
- Family Group Conferencing
- Parent Alcohol Interventions
- Domestic Abuse Perpetrator Programme

Appendix 3 Illustrates the system of services designed to meet need across levels 2 – 3/4 Plymouth Multi-Agency Thresholds of Need

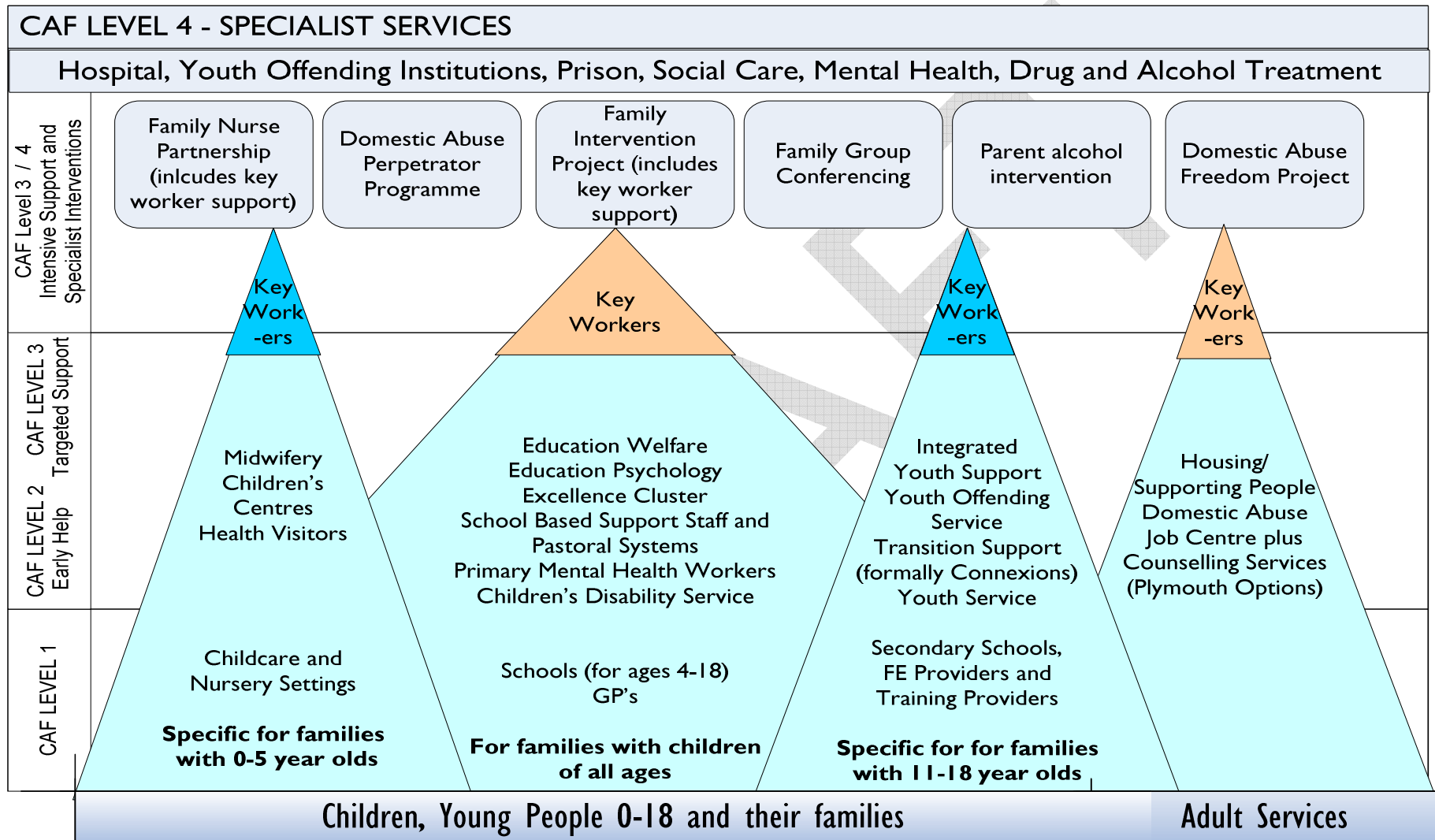
Appendix I: Glossary

Children	Anyone below the age of 18 years unless stated otherwise.
Children in Care	Children who are looked after by a local authority in accordance with section 22 of the children act 1989(b).
Child Poverty	Townsend definition - children in Britain can be said to live in poverty when they live in families which lack the resources to enable their children to participate in the activities and have the living conditions and amenities which are customary, or at least widely encouraged or approved.
Early Years Services	Services aimed at families from children who are pre-birth to aged 5
Families	Children and their parents or carers and people self-defined by these people to have significant role in their lives
Intensive Support	Case work with individuals and their families who have high levels of need and need concentrated period support to maximise engagement.
Lead Professional	The person responsible for coordinating the actions identified in the (common) assessment process, who acts as the single point of contact for children and Young People with additional needs being supported by more than one practitioner e.g. the careers South West Advisor.
Key Worker	The professional identified as the single point of contact for the family, who coordinates the assessment and care plan as works intensively with the family over a significant period of time to ensure they achieve positive outcomes
Mental Health	“state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community.” World Health Organisation
Multi-Disciplinary Team	Teams with members who have a variety of professional backgrounds and differing skills working together and managed by same manager / organisation
Inter-agency Team	Teams with members who come together from differing professions and agencies to deliver a package of care for the family.
Parents	Mothers, fathers carers and other adults with responsibility for caring for a child
Resilience	Universal capacity which allows a person, group or community to prevent, minimize or overcome the damaging effects of adversity
Trauma	An event or situation that causes great distress and disruption which can lead to substantial, lasting damage to the psychological development of a person
Transition	Period of significant change in universal service provision, particularly related to ages when children move from early years to primary school, primary school to secondary school and secondary school to further education, training or employment.
Young People	Any child aged between 11 and 19.
Young Carer	Young People under 18 who provide regular and ongoing care and emotional support to siblings, parents or other family members who are physically or mentally ill, disabled or misuses substances. The term does not apply to the everyday and occasional help around the home that may often be expected of or given by children in families.
Universal Services	Services open to all children, young people and families, regardless of need

Appendix 3: Proposed System Operational Coordination



Appendix 3: System of services designed to meet need across levels 2 – 3/4 of Plymouth’s Multi-Agency Thresholds of Need



NB Key workers within services for children 5-11 or Adult Services have not yet been identified, except within the Children’s Integrated Disability Service

This framework does not mean to replicate action plans help within related strategy documents and overseen by related groups. These are:

Alcohol (2020 Alcohol Champions Group)

Domestic Abuse (Safe and Strong)

Anti-social Behaviour (Safe and Strong)

Emotional wellbeing and mental Health (Children's Trust)

Child Poverty (Children's Trust)

Worklessness (Growth)

Teenage Pregnancy and Sexual Health (Children's Trust)

Carers Strategy

Disability Strategy (Children's Trust)

14-19 Strategy Group (Wise)

Early Years Partnership (Children's Trust)

Housing Strategy

Healthy Child Programme (Children's Trust)

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Meeting	Plymouth Children and Young People's Trust Board
Date	15 June 2012
Title	Families With a Future
Responsible Officer	Pete Aley
Purpose of Item	To update on progress with Families with a Future and sign-up to the Government's Troubled Families programme.
Recommendations	The Board are requested to endorse the approach outlined in this report.
Consultation Record	Agreed by Executive & Families With a Future Group.
Impact on Child Poverty	The Families with a Future programme will support families towards positive outcomes regarding work, crime reduction and school attendance, which will have a positive impact on child poverty.
Meeting Notes:	

1. Introduction

1.1 This report provides an update on progress with Families with a Future and sign-up to the Government's Troubled Families programme.

2. Background

2.1 The Government describes a troubled family as one that has serious problems - including parents not working, mental health problems, and children not in school - and causes serious problems, such as crime and anti-social behaviour. Using such criteria, it has identified 120,000 troubled families in England, costing £9bn annually, of which 745 are in Plymouth. We are expected to identify these families using local data.

2.2 The Troubled Families programme is described as a "step change" based on a locally-run plan of action for dealing with each family. It is a payment-by-results model to incentivise local authorities and partners to turn around the families' lives by 2015.

2.3 Plymouth City Council has agreed to sign up the programme (subject to formal approval of cabinet on 12th June) including:-

- A commitment to oversee and engage with 745 identified families and to the payment by results model
- A figure for the number of families we will work with in year 1
- Agreement to work closely with European Social Fund (ESF) Work Programme providers
- A commitment to taking part in learning & evaluation
- Identification of a "top quality" co-ordinator.

2.4 Plymouth is recognised as being ahead of the game, with well-established multi-agency work by children's services, the Family Intervention Project (FIP) and others, cited by government as good practice in dealing with families.

3. Success criteria

3.1 Success indicators within the families cover:-

- Adult into Work;
- Children at School (exclusions); and
- Reduction in crime and ASB.

Each has a detailed definition and to receive payment we will be required to meet either the adult into work indicator *or* the indicators covering school absence *and* crime / ASB. Success only needs confirmation from the council's Internal Audit.

4. Funding

4.1 The Government is offering payment by results, treating input by local areas as match-funding. Payment by results will be 40% of the assumed average cost of dealing with each family. This cost is identified as £10k, meaning a possible payment of £4k per family but only for 5 out of every 6 of our families. The rest are assumed to be dealt with via the ESF Work Programme and we need to identify these families separately. There is an upfront “attachment fee” - 80% of the maximum payment by results in the first year, reducing in subsequent years. In addition the Government is offering funding for a Coordinator.

5. Co-ordinator & Group

5.1 Pete Aley has been appointed as our Coordinator. Council services and partners are engaged via a multi-agency group which reports to the Children’s Trust.

6. Data

6.1 The process for identification of families meeting the Government criteria has consisted of the following:-

- **In Receipt of Benefit** – Families in receipt of JSA, IS, IB or ESA. Data extrapolated from PCC’s Revs and Bens database. Data relates to addresses where one or more family members claim Job Seekers Allowance, Income support, Incapacity Benefit or ESA(Employment and Support Allowance). Data amalgamated and a unique household identified.
- **Absence from Schools** – Pupils who are: Persistent Absence, have been subject to a Permanent Exclusions or a Fixed Term Exclusions (more than 3 times); pupils in ACE (Children who are currently receiving an alternative educational experience); and children who are educated ‘at home’. Data extrapolated from the DfE’s Schools Census return relating to Persistent Absence. Local data provides; Permanent Exclusions and Fixed Term Exclusions where the child has had 3 or more episodes of exclusion in a 12 month period, and ACE. Data amalgamated and a unique household identified.
- **Crime and Anti Social Behaviour** – ASB, YOS. Data extrapolated from PCC Anti Social Behaviour unit. Individual partaking in ASB who’s offending has reached a level that requires multi agency intervention and PCC’s Youth Offending Service. Together these datasets broaden CRIME in include both children and adults. Data amalgamated and a unique household identified.

6.2 This search included consideration of a wide variety of data sets, resulting in identification of 645 families. Details are in appendix I.

6.3 We have agreed to work with 206 families in year 1 of the programme under our Families With a Future initiative. These will include families who meet all 3 government criteria, those with the most persistent problems, those with child protection plan, those with a sibling in care and families concentrated in geographical areas.

7. Next steps

7.1 We now developing a service model to support families, consisting of eg enhanced key workers, mental health provision and alternative education. Details are in appendix 2. Partners are now working to develop these areas.

7.2 Although there are clearly risks associated with delivery, our Families With a Future programme also presents opportunities to deliver local priorities such as diversion from care and homelessness. It is important that this, as well as national requirements, is part of our delivery.

Appendix I – Families With A Future data

The Government suggests that the initial analysis should identify households that meet two of the three criteria. The initial analysis of these households finds that:

60 households meet 3 Criteria
 585 households meet 2 criteria
 Giving a total of 645 households.

Breakdown of the 645 Households.

	Households	%
3 Criteria	60	9.3%
2 Criteria	585	90.7%
Total	645	100%

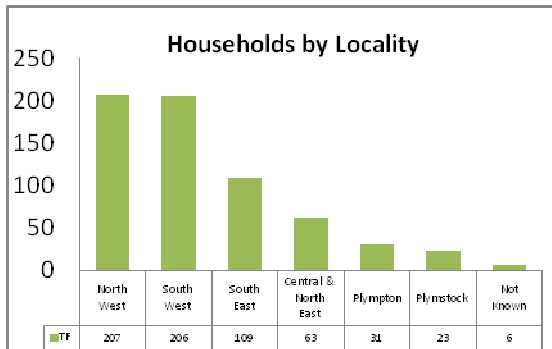
	Households	%
2 Criteria		
IROB + Absence	405	69.2%
IROB + Crime	82	14.0%
Absence + Crime	98	16.8%
Total	585	100%

Cross Reference of discretionary Households from other Service cohorts.

Description	Total Families/Households	Households Already Known in "Core"	% Already Known from Cohort
Households meeting the Governments' Troubled Families Initiative Criteria. "Core Dataset"	645	645	100%
Local Discretionary Data comparison. Cohort Characteristics 'Known' within the 645			
Family intervention project	221	70	32%
Intensive support team	217	42	19%
Children in the community	183	31	17%
Child protection Plan	416	44	11%
Common Assessment	684	62	9%
Housing Waiting list	301	28	9%
Children's disability Team	304	27	9%
Looked after Child	434	26	6%

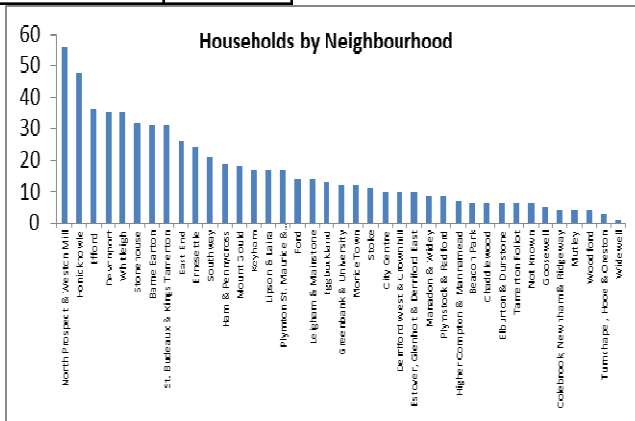
Households by Locality

Locality	TF
North West	207
South West	206
South East	109
Central & North East	63
Plympton	31
Plymstock	23
Not Known	6
Grand Total	645



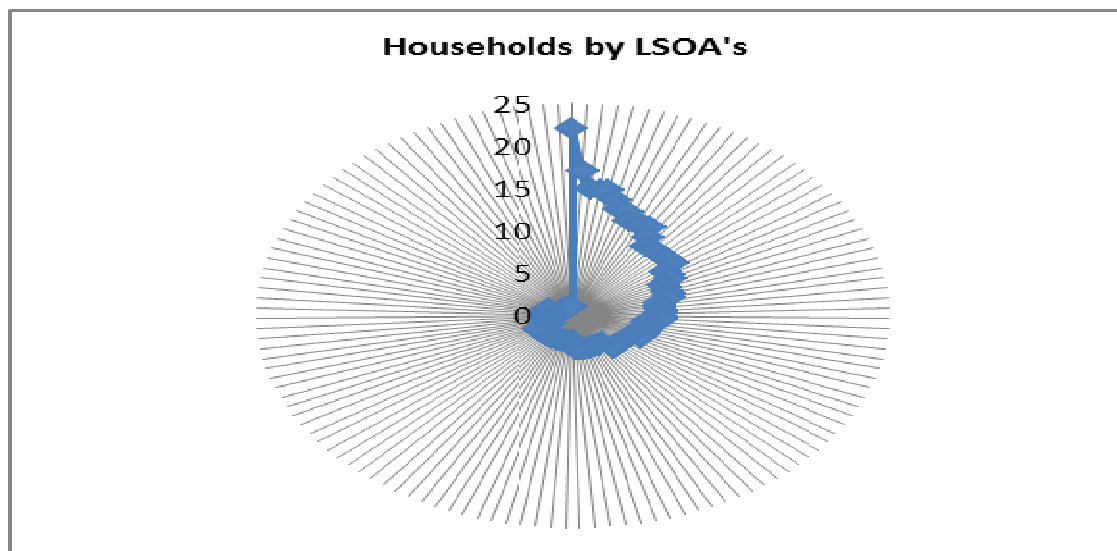
Households – top 10 Neighbourhoods

Neighbourhood	TF
North Prospect & We	56
Honicknowle	48
Efford	36
Devonport	35
Whitleigh	35
Stonehouse	32
Barne Barton	31
St. Budeaux & Kings T	31
East End	26
Ernesettle	24



Households – Top 10 Lower Super output Areas

Lower Superoutput Areas	TF	Neighbourhood	Locality
E01015080	22	North Prospect & Weston Mill	South West
E01015087	17	Honicknowle	North West
E01015088	15	Honicknowle	North West
E01015145	15	Barne Barton	North West
E01015146	15	Barne Barton	North West
E01015078	14	North Prospect & Weston Mill	South West
E01015046	13	Devonport	South West
E01015069	13	Eggbuckland	Central & North East
E01015058	12	Efford	South East
E01015072	12	North Prospect & Weston Mill	South West



Households – Top 10 Schools

School	Households
Lipson Community College	41
Stoke Damerel Community College	39
ACE(3-9 + 10-11)	31
Sir John Hunt Community Sports College	26
Ridgeway School	25
Eggbuckland Community College	24
Mount Tamar School	22
Mayflower Community School	19
Tor Bridge High	18
Marine Academy Plymouth	13

Ages

- All the families has children of secondary school age

Secondary school age only	43%
Secondary and primary school age	40%
Secondary, primary and early years	17%

Additional needs over and above school absenteeism, crime and worklessness:

- 86% had presenting issues including chaotic lifestyles, domestic abuse, parental mental illness, parental substance misuse alongside risk taking behaviour in children / young people.
- The remaining 14% the main presenting issues were adolescent mental illness, risk taking behaviour and perceived threat to younger siblings.

Appendix 2

FAMILIES WITH A FUTURE

Service Model and Resource Recommendations

Introduction:

These recommendations are an initial draft following high level discussions and initial case analysis of need in the cohort of children, young people and families. This is not intended to be an exhaustive service model.

The partnership group are asked to review and endorse the principles of these recommendations and allocate personnel to ensure stakeholder involvement the next stage of these proposals.

Definitions:

Key Worker: Professional employed specifically to be the single point of contact for the family, they coordinate the family assessment and care plan and work intensively with the family over a significant period of time to ensure they achieve positive outcomes

Lead Professional: Professionals with a pre-existing job who are identified as responsible for coordinating the actions identified in the (common) assessment process.

Alternative Provision: Provision where pupils engage in timetabled, educational activities away from school³ (not Pupil Referral Units).

Recommendation 1: Increase the number of key-workers

Rationale:

- At the early stages of this project it was identified that family assessment and key working support are key methods for delivery
- Families with more complex problems identified through social worker and youth offending assessments may require significant ongoing support once these shorter term interventions are complete
- 46% of the whole cohort do not appear to have had a family assessment⁴. Work will be required to engage the families, assess need and set up care plans, ensuring allocation of a Lead Professional or key working support as appropriate

Next Steps:

- Analyse cohort for first year and identify key working needs
- Determine existing resources available and join up with similar agendas, e.g. positive futures
- Determine key worker model and numbers required
- Develop final business case for approval

³ DfE 2012 “Improving Alternative Provision”

⁴ from Youth Offending Service, Social Care, Family Intervention Project, Intensive Support Service or via the CAF

Recommendation 2: Develop collaborative approach to workforce development of key worker role

Rationale:

- Current developments in youth work, children's centres, disability service etc. in ensuring skilled key workers is happening in 'silos'
- Skills required are similar across all areas

Next Steps:

- Establish service manager group to work with workforce development training co-ordinator
- Design multi-disciplinary workforce development programme

Recommendation 3: Increase the range of quality alternative provision able to meet the needs of the most vulnerable children and young people.

Rationale:

- Key outcome of the programme is *"Each child in the family has had fewer than 3 fixed exclusions and less than 15% of unauthorised absences in the last 3 school terms"*
- Consistent feedback from service managers identifies a the need for a range of options of creative alternative provision for the most vulnerable children in this cohort
- Plymouth has a diverse provider sector that are able to provide this type of provision, including Hamoaze House, The North Prospect Garage Project, Barbican Theatre, TR2 and Plymouth YMCA.
- There is a need to ensure the quality of this provision meets standards as per the 2011 (national) Ofsted inspection of alternative provision and the DfE recommendations in "Improving Alternative Provision" 2012. This includes recommendations to ensure:
 - Providers should be thoroughly quality assured and contracted to carry out the work.
 - Commissioning and quality assurance is best done locally and jointly by schools, LAs and PRUs.
 - Alternative provision is able to provide bespoke, well-planned interventions and decide what support is required on an individual basis.

Next Steps:

- Further analysis of need in this cohort and development of business case and resource allocation in partnership with Schools, ACE Service and Education and Learner Support

• **Recommendation 4: Develop model for emotional wellbeing and mental health support to parents**

Rationale:

- Consistent feedback from service managers that parent/child attachment and parental ability to nurture children is significantly impacted upon by their own experiences of poor parenting/nurturing, trauma and abuse in families presenting with complex issues.
- Mental health support in Plymouth that currently works with parents below the threshold of specialist adult mental health services, with a clear outcome to improve parent/ child relationships includes: Infant Mental Health team for 0-5 year olds; family therapy options from Excellence Cluster and Family Matters. Capacity of these services is limited.
- Many families are not ready to enter traditional forms of therapy.
- Many traditional forms of therapy for adults do not measure progress on the basis of improvement in parent /child relationships

Next Steps:

- Explore options and models with NHS Plymouth Commissioners and key stakeholders
- Develop service model and business case

Recommendation 5: Mitigation of the impact of changes in housing entitlement through supplementing discretionary funds

Rationale:

- Changes to housing entitlements will significantly impact upon families with large numbers of children and those who have non-dependant adults living in the household
- This could significantly impact upon family stress and crisis

Next Steps:

- Analysis of families in the cohort who will be significantly negatively affected by benefit changes
- Analysis of risks for these families – e.g. youth homelessness
- Develop business case to supplement discretionary funds

Further considerations:

- Development of volunteer mentoring schemes for both parents and young people
- Community based approaches to families living in same area

Operational management and coordination will also be needed to: ensure existing multi-agency plans are enhanced to achieve the outcomes of the FVAF agenda; provide additional case advice to existing key workers and lead professionals; provide case supervision to any new key working workforce; ensure appropriate monitoring records are kept to track outcomes



	Agenda item	
Meeting	Plymouth Children and Young People's Trust Board	
Date	15 June 2012	
Title	Response to recommendations from the Task and Finish Group on Children and Young People's Emotional Wellbeing and Mental Health and update on Plymouth CAMHS External Review	
Responsible Officer	Paul O'Sullivan, NHS Plymouth	
Purpose of Item	<p>The Board :</p> <ol style="list-style-type: none"> 1. Review progress against the Task and Finish Group on Children and Young People's Emotional Wellbeing and Mental Health Action Plan; and 2. Receive an update on the findings and recommendations of the Plymouth CAMHS External Review. 	
Recommendations	<p>The following recommendations are made:</p> <ol style="list-style-type: none"> 1. Progress against the Task and Finish Group on Children and Young People's Emotional Wellbeing and Mental Health Action Plan is noted and further actions agreed; and 2. The Board approves monitoring of the Plymouth Community Healthcare action plan developed in response to the Plymouth CAMHS External Review to be undertaken the CAMHS subgroup of the NHS Plymouth PCH Contract and Performance Monitoring Meeting. 	
Consultation Record		
Meeting Notes:		

Response to recommendations from the Task and Finish Group on Children and Young People's Emotional Wellbeing and Mental Health and update on Plymouth CAMHS External Review

1. Background

- 1.1 On 9 December 2011 the Children's Trust accepted the recommendations of the Overview and Scrutiny Task and Finish Group on Emotional Wellbeing and Mental Health. An action plan was developed and the responsibility for this plan was delegated to NHS Plymouth as the lead partner for this service area. Additional coordination will be provided through PCC's Children's Commissioning team.
- 1.2 The Action Plan is attached with a full report on progress to meet the recommendations (Appendix One).
- 1.3 A report was submitted to Cabinet on 26 March 2012, with the request that Cabinet agree recommendations from Scrutiny Task and Finish and request Children and Young People Overview and Scrutiny Panel to continue to monitor progress against the action plan.

Summary of key areas of progress:

2. Waiting times and service improvement for specialist intervention

- 2.1 NHS Plymouth have worked with Plymouth Community Healthcare (PCH) to ensure compliance with the national standard of no more than an 18 week wait between referral and treatment in the Plymouth Child and Adolescent Mental Health Service (CAMHS).
- 2.2 PCH achieved this standard by the end of March 2012 and have maintained compliance for the service overall to date. However, it should be noted that there is variation in performance at sub-specialty level, as follows:

Team	% treated < 18 weeks (April 2012)
Plymouth MDT	94%
CAMHS Neurodevelopmental	79%
Primary Mental Health Workers	100%
CAMHS Outreach Team	100%
Early Years (Infant Mental Health)	100%
Children in Care CAMHS	100%
Severe Learning Disability CAMHS	100%

- 2.3 It was agreed that Plymouth Community Healthcare would commission an external review of the service, by the high performing Oxford Health NHS Foundation Trust, to examine the model of service delivery including aspects of clinical practice, and sustainability. The external review report was circulated to NHS Plymouth and PCC Commissioners on 25 May 2012. The review had been reported back to the members of the CAMHS teams by the Oxford team and a programme commenced within the organisation prior to sharing the recommendations with commissioners. PCH is taking forward an action plan in response to the external review recommendations and will be reporting to commissioners on a monthly basis, against elements of the plan.
- 2.4 Part of the terms of the review were to identify if the overall resource available was sufficient for the current demand and whether the current model of delivery maintained children within the service for longer than other comparable services. It is important to note that the report concluded that [paraphrase] 'there is sufficient resource within

Plymouth CAMHS but that the service cannot meet demand if it continues in its current form. There are some patients being seen for overly long periods which is having a considerable impact on capacity within the service [and] the framework that the service is operating within is not appropriate for a specialist CAMH Service.'

- 2.5 The comments in the conclusion of the review support a full redesign of the service, taking into account the various recommendations provided.
- 2.6 The findings of the report have been instrumental in informing how service performance may be improved by PCH, along with changes to the service model and clinical practice. These recommendations will be acted upon, with the involvement of other partner agencies and organisations as appropriate. However, the findings have raised concerns for commissioners about performance in the service and therefore the improvement action plan will be subject to regular reporting and monitoring of progress by commissioners. The key findings of the report and associated recommendations can be summarised as follows:

Finding	Recommendation
Lack of referral management processes	Single point of access for referrals should be implemented, with clearly developed thresholds and eligibility criteria put in place.
An “overly complicated” service model.	Service model should be revised (this would include a skill mix review and changes to the existing clinical management structures).
Capacity and demand modelling within the service (based on the Choice and Partnership (CAPA) approach) has not been wholly effective.	The operationalisation of CAPA should be reviewed as a matter of urgency.
Absence of performance management framework at service level.	A performance assessment framework should be developed to support management of the service.
A requirement to review the current clinical governance arrangements within the service.	The implementation of an Operational and Clinical Governance group, bringing together managers and clinicians.
A requirement to review case management and clinical practice.	Strengthening of caseload management arrangements, to include: <ul style="list-style-type: none"> • Implementation of a clinical assessment and risk management tool in all areas of clinical practice; and • Implementation of a supervision and case management model for all professionals.

- 2.7 In April 2012, a bid was submitted by the Plymouth, Devon and Torbay cluster to join the National Children and Young People’s Increasing Access to Psychological Therapy (IAPT) programme. This programme aims to improve treatment options through training of CAMHS staff and implementing outcome based approaches to treatment. The bid has been successful in the first round and is seen as a mechanism for supporting transformational change in relation to the delivery of CAMHS for children and young people in the city.

3. Communication

- 3.1 PCH has developed a communications strategy to ensure practitioners and referring agencies are kept informed about service developments. PCH wrote to all referring agencies on 6 January and 8 February 2012 to update them on the waiting list position and on the other mental health services they deliver for children and young people.
- 3.2 PCH also wrote to schools in November 2011 informing them of the support available through the Targeted Mental Health in Schools (TaMHS) project, commissioned using Early Intervention Grant funding. Further communication was sent by the Council by the end of February 2012 informing schools and youth services about a new counselling service (see 4.2)

4. Review of roles of statutory and non-statutory provision and Early Intervention

- 4.1 The requested Framework document has been developed. This outlines the requirements in respect of Children's Emotional Wellbeing and Mental Health for NHS Plymouth, Local Authorities and schools. Requirements in relation to Public Health are to be added once confirmed. This document also maps commissioned resources specific to Children's Emotional Wellbeing and Mental Health against the level of need for preventative services, early intervention, targeted early intervention, and specialist services.
- 4.2 PCC and NHS Plymouth have commissioned a new pilot for an early intervention therapy service targeted to meet the needs of vulnerable 11-16 year olds, including those experiencing significant family problems, such as domestic abuse and parental substance misuse and those in vulnerable groups, such as unaccompanied asylum seekers and young carers. Delivery against this contract started at the beginning of March 2012 and evidence from this pilot will be used to develop future business cases.
- 4.3 Improvements in co-ordination of preventative support and increased capacity to meet need early have formed the key components of the Children's Services early intervention planning and framework. In turn this ensures diversion from specialist high cost services.
- 4.4 PCC and NHS Plymouth have developed and negotiated new schedules for activity and quality reporting with PCH. Contract management will also include a sub group to the NHS Plymouth PCH Contract and Performance Management Meeting; the intention is for the sub group to provide a forum for more detailed discussions in relation to quality and performance management of the service.

5. Next steps

- 5.1 The action plan in relation to R8 states that "A Joint Commissioning Plan to be developed during 2011/12 for approval with view to implementation in financial year 2012/13". On 21 March 2012 Children's Trust Executive agreed that:
 - 5.1.1 Commissioned services outlined in the Children's Emotional Wellbeing and Mental Health Framework document continue to be commissioned during 2012/13.

- 5.1.2 During 2012/13 performance of these services in relation to evidence of output, outcomes, quality, and value for money will be reviewed; further analysis will be undertaken to review any potential gaps in services to meet need.
 - 5.1.3 This review forms the basis of a Commissioning Plan that will be developed in autumn 2012 for 2013/14 onwards.
- 5.2 The commissioning response to the external review report of the CAMHS provided by PCH is currently being developed. A meeting between NHS Plymouth and PCC is taking place on 11 June 2012 to agree the action that will be taken. A meeting with PCH will then take place on 19 June 2012; any contractual implications arising from the external review report will be addressed through the NHS Plymouth PCH Contract and Performance Management Meeting later that month.

APPENDIX I: EMOTIONAL WELLBEING AND MENTAL HEALTH - Task and Finish Report Recommendations

	Recommendation	Action Required to Deliver Recommendation	Lead	Update as at 20/02/12	Date to be Completed by
R1	The panel extends its congratulations to members of the Youth Cabinet for their work in carrying out the survey of attitudes towards mental health that is referenced in this report	Prepare letter on behalf of Chair of CYPOSP	Claire Oatway, Policy, Performance and Partnership Manager PCC	Letter sent	31/01/2012
R2	Representatives of Children and Young People Overview and Scrutiny Panel attend the Youth Cabinet to feedback on the report and recommendations following task and finish review	Arrange session for feedback to the group	Claire Oatway, Policy, Performance and Partnership Manager PCC	Attendance originally scheduled for February has been rescheduled due to availability (Youth Parliament elections and preparation) Meeting re-scheduled for 22 nd February 2012.	31/01/2012
R3	The Council should consider the use of social media networks to promote consultation initiatives	To include within design of PCC consultation framework	Giles Perritt, Head of Performance, Policy and Partnerships PCC	Agreed that social media and other online channels be included within consultation framework and associated communications. Work has started to refresh PCC consultation framework due for completion in Spring 2012.	Complete
R4	The Children's Trust allocates responsibility to a lead agency to develop a framework that clearly identifies the roles of statutory and non-statutory agencies and	Children and Young People's Trust Executive identify staff team to produce framework document of services responding to differing levels of need and available at both	Paul O'Sullivan, Director of Joint Commissioning NHS Plymouth &	All commissioned services have been mapped against statutory responsibilities and role of prevention, early intervention (2 levels of need) and specialist intervention. Resources from	Framework document to be presented to Children's Trust Executive

APPENDIX I: EMOTIONAL WELLBEING AND MENTAL HEALTH - Task and Finish Report Recommendations

	Recommendation	Action Required to Deliver Recommendation	Lead	Update as at 20/02/12	Date to be Completed by
	the resources available both in prevention and early intervention work with regard to mental health among children and young people	locality and city wide level, including those provided by the statutory and non-statutory sector. This framework to be used to support action in respect of R 8.	Fiona Fleming, Commissioning Manager PCC	Dedicated Schools Grant, Early Intervention Grant, PCC and PCT revenue funding are clearly identified in document.	on 21/03/2012
R5	The Children's Trust review reasons for non-attendance of key professionals at Common Assessment Framework meetings, and make recommendations to ensure that such meetings are timely and properly resourced, with particular attention being paid to the role of Educational Psychologists and communication interaction professionals.	Common Assessment Framework team prepare a review of attendance issues to be reported to the Children and Young People's Trust Executive	Amanda Paddison, CAF Manager	The issue of non attendance at CAF meetings by key agencies was discussed at the Children's Trust Exec on 18/01. All partners agreed to ensure through commissioned and provided services staff would prioritise attendance to CAF meetings. Maggie Carter has reported that Educational Psychologists and communication interaction professionals will attend meetings where appropriate. Further work has been progressed to ensure CAF meetings are properly resources and attendance monitored closely. Children's Trust Executive will continue to monitor.	Complete
R6	Plymouth Community Healthcare (PCH) prepare a communications strategy with respect to children and young people's mental health and revise content of media as	To ensure partners and young people are made aware of the services that are available to them and how those services are developing	Jacqui Gratton, Communications Manager PCH Michelle Thomas, Director of Operations PCH	Communications strategy developed and submitted. PCH sent letters to all referring agencies on 6 th January and 8 th February 2012 to update them on the waiting list	To be presented to Children's Trust Exec on 21/03/2012

APPENDIX I: EMOTIONAL WELLBEING AND MENTAL HEALTH - Task and Finish Report Recommendations

	Recommendation	Action Required to Deliver Recommendation	Lead	Update as at 20/02/12	Date to be Completed by
	appropriate.		Cate Simmons, Interim Head of Children's Services PCH	and on the other mental health services they deliver for children and young people.	
R7	The Panel commends the Excellence Cluster for their flexible approach to the delivery of services and the best practice demonstrated in their work.	Letter to be drafted for sign off by Chair	Claire Oatway, Policy, Performance and Partnership Manager PCC	Letter sent	30/11/11
R8	PCC and PCT commissioners review the range of early intervention services available and assess the value for money of the range of options.	Joint Commissioning Plan to be developed by PCC and NHS Plymouth to maximise use of available resources for commissioning appropriate and effective services early intervention services. Draft Joint Commissioning Plan to be developed during 2011/12 for approval with view to implementation in financial year 2012/13	Paul O'Sullivan, Director of Joint Commissioning NHS Plymouth (Commissioning officers from PCC and NHS Plymouth) & Fiona Fleming, Commissioning Manager PCC	PCC/PCT additional pilot for counselling services targeted to CYP with significant family problems – such as domestic abuse, substance misuse and vulnerable groups such as young carers and unaccompanied asylum seekers A range of small grants have been awarded through Localities Small Grant Commissioning to 4 voluntary and community sector projects to increase capacity for prevention and early intervention. Review of services underway which will inform the Joint Commissioning Plan for 2012/13	31/03/2012

APPENDIX I: EMOTIONAL WELLBEING AND MENTAL HEALTH - Task and Finish Report Recommendations

	Recommendation	Action Required to Deliver Recommendation	Lead	Update as at 20/02/12	Date to be Completed by
R9	The Council ensures that key universal services including schools and youth services are notified of alternative counselling services available within the city.	Communication to be prepared	Maggie Carter, Assistant Director - Learner & Family Support PCC	Schools were informed by PCH of support available through TaMHS, commissioned through Early Intervention Grant, on 21 November Communication sent by PCH to all referring agencies as reported in R6. Follow up communication to be sent regarding of contract for counselling service by the end of February.	Further communication drafted and ready to be sent by 28/02/2012
R10	The Council to update the Panel regarding the impact of new multi-disciplinary locality teams on children's emotional wellbeing and mental health services in six months	Schedule update to CYPOSP	Maggie Carter, Assistant Director - Learner & Family Support PCC / / Alan Fuller, Principal Educational Psychologist PCC	To be included in CYPOSP forward plan.	30/04/12
R11	An urgent summit meeting to be arranged between strategic leads from CYPOSP, PCC, PCT and PCH regarding the findings of this report	Meeting took place 26 th October 2011.		Complete – full report made to CYPOSP on 5/1/2012	Complete
R12	PCH review the cost effectiveness of participation support services for young people using mental health	Director of Finance to work with the Chief Executive of Routeways	Dan O'Toole, Director of Finance PCH	Completed in conjunction with Routeways.	31/12/2011

APPENDIX I: EMOTIONAL WELLBEING AND MENTAL HEALTH - Task and Finish Report Recommendations

	Recommendation	Action Required to Deliver Recommendation	Lead	Update as at 20/02/12	Date to be Completed by
	services				
R13	The Children's Trust investigate and report on ways in which the work of clinicians and other children's professionals can be better co-ordinated with respect to mental health support	Learning from the current multi disciplinary review underway of the cases waiting for CAMHS assessment will be used to inform how professionals can improve coordination at both an early intervention stage and during treatment with particular reference to use of CAF (R5). The framework document (R4) and Joint Commissioning Plan (R8) will incorporate this.	Cate Simmons Interim Head of Children's Services PCH Paul O'Sullivan, Director of Joint Commissioning NHS Plymouth	Options appraisal in development following lessons learnt from waiting list review. This will implement coordination in information gathering and referral. Initial discussions held at Children's Trust Board providing additional feedback and support from across the sector. See Appendix 5	Referral routes and options to improve co-ordination to be presented to Children's Trust Exec for approval 21/03/2012 Incorporation in Joint Plan 31/03/2012
R14	The Children's Trust establishes a clear and transparent process for the identification, monitoring and escalation of issues such as those identified in this report	Mechanism for reporting of performance through Children's Trust Executive and Board to be reviewed and refreshed	Claire Oatway, Policy, Performance and Partnership Manager PCC	To be incorporated into Plymouth 2020 governance review and partnership working guide.	31/03/2012
R15	Commissioners from the Children's Trust provide interim updates to CYPOSP on the response to these recommendations.	Progress report to be reviewed by Children and Young People's Trust Exec and dates for reporting to CYPOSP to be agreed with Chair.	Paul O'Sullivan, Director of Joint Commissioning NHS Plymouth & Fiona Fleming, Commissioning Manager PCC	Action plan and progress reports reviewed at Children's Trust Executive on 21/03/2012 Update to be provided in September	31/12/2011

APPENDIX I: EMOTIONAL WELLBEING AND MENTAL HEALTH - Task and Finish Report Recommendations

	Recommendation	Action Required to Deliver Recommendation	Lead	Update as at 20/02/12	Date to be Completed by

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Meeting	Plymouth Children and Young People's Trust Board
Date	15 June 2012
Title	Children and Young People's Plan 2011-14
Responsible Officer	Claire Oatway
Purpose of Item	To provide a performance update against the first year of the Children and Young People's Plan 2011-14.
Recommendations	<p>Members to note progress and disseminate key messages within own organisation and through sector groups as appropriate.</p> <p>Detailed plans are being developed for the second phase of the plan. Representatives are requested to engage in the development of the delivery plans.</p> <p>Representatives are asked to reflect continued joint priorities within their own strategic planning frameworks and to provide on-going mutual support and challenge to areas for development.</p>
Consultation Record	Based on quarterly performance updates to the Children's Trust Executive
Impact on Child Poverty	Tackling child poverty continues to be reinforced as priority within the Children and Young People's Plan. Good initial progress has been made in this area but additional leadership and commitment is sought from partners at the Children's Trust Board and in other strategic partnerships.
Meeting Notes:	

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**PLYMOUTH CHILDREN AND
YOUNG PEOPLE'S PLAN 2011-14**

Year One Progress



PLYMOUTH
CITY COUNCIL

INTRODUCTION: A YEAR OF CHANGE

The context for the first year of the new plan was one of opportunity and change. Every element of the Children and Young People's Trust has been affected by policy and fiscal disturbance. Reforms to safeguarding, funding and expectations of education, policing, youth provision, health and social care and access to welfare are spreading across the system. Slowly throughout the year, policy statements have been supported by additional guidance but agencies are continuing to explore and understand the impact of changes on local families. In addition, families continue to struggle in the face of the economic climate. There has been an acute focus on the levels of youth unemployment in the City but we are also experiencing the impact of recession through increased substance misuse, domestic abuse and crime.

Locally, priorities cascaded through the Plymouth 2020 partnership cemented partners around four major areas:

- Deliver Growth
- Raise Aspirations
- Reduce Inequalities
- Provide Value for Communities

The new plan demonstrated how the Children's Trust partners would work together, and across major partnership areas, to ensure that the needs of children, young people and families were met in this local strategic framework. This has led to positive developments in cross-partnership working, for example in the relationship between education providers and employers, this will continue to be a focus in the coming year.

There have been a series of budget reductions and organisational changes within the Children's Trust membership, most notably with the introduction of the new Plymouth Community Healthcare provider and strengthening role of the clinical commissioning group led by GPs.

The political landscape of the City has shifted to Labour run and a new Lead Member of Children's Services appointed. The Council itself has undergone a significant transformation with the development of a new Directorate for People. This provides an excellent opportunity for greater alignment and collaborative working between services aimed at children and young people and those designed for adults.

OUR PROGRESS IN 2011-12

In May 2011, the Children and Young People's Trust set out a series of priority actions to continue to work towards the vision to help all our children to live, grow, achieve and exceed in their hopes for the future. Work has steadfastly continued with a series of innovations and strong examples of joint working across each of the priority areas.

I. Equip young people with skills, knowledge and opportunities to make a successful transition to adulthood.

We pledged to:

- Maximise engagement opportunities with employers, especially for vulnerable 14-19 year olds
- Develop high quality apprenticeships for young people
- Encourage enterprising skills among young people
- Commission independent advice to ensure young people are supported to make informed choice, particularly for young people vulnerable to being not in education, employment or training
- Excite and prepare young people for transitions, particularly the transition to secondary schools and from children's to adult services.

Throughout 2011-12, we have undertaken a series of initiatives citywide to boost apprentice numbers: Chamber of Commerce 100 in 100, Third Sector apprentices, Plymouth City Council apprenticeship. This includes the development of apprenticeship ambassadors and multi-media promotional materials to raise awareness of Raising Participation Age requirements and apprenticeships.

We have organised a range of business / education activities across the city for February's Apprenticeship week and built on strong collaboration between businesses, education providers and the Council to map enterprise and employability provision.

We have prepared for changes in the responsibilities for information, advice and guidance. The Local Authority Contract for 2012-13 is a youth contract focussing additionally on Raising Participation Age requirements

We have strengthened transition support to vulnerable groups. Participation adviser projects: those linked to the Teenage Parents Project and the Special Schools Project have been successful, with evidence of impact on engagement of young people in education, employment and training. New transition paperwork from year 9 to year 13 to support information sharing across all agencies involved with the young person. The plan incorporates person centred planning to enable the young person to be at the centre of transition. Pilot with 3 schools has been very successful.

Improved

NEET's. 6.1% (2011/12).

Significant improvement against previous year albeit target of 5.3% was not met. Changes to counting rules for next year will mean automatic rise in numbers (where you live as opposed to where you studied). E.g, if new counting rules applied this year NEET's would be 8.1%.

Worsened

Increase the number of Plymouth 16-18 year olds "Starting" an apprenticeship during the year. (Latest Data 2009/10 – 829).

Apprenticeships reduced last year due to issues with providers. The latest data is not available yet but expectations are that the target has the potential to be achieved.

2. Improve levels of achievement for all children and young people.

We pledged to:

- Improve educational achievement levels, particularly in maths, English and science
- Improve the educational achievement of vulnerable groups, including young carers and children in care
- Build self-confidence and promote the well-being of children and young people especially through a sense of belonging and inner confidence

During 2011-12 the council reorganised its school improvement service to reinforce a clear focus on this priority area. Every school has a Plymouth Leadership Adviser who supports the schools agenda for improvement and provides appropriate challenge for raising standards. The changing educational landscape has required a fresh approach to some areas of our work with schools and there is a need to co-construct future activity so that best use is made of available resources. The LA is a strategic partner within the Teaching School. Good use has been made of National Leaders of Education and other elements of school to school support. LA courses on reading, writing and maths are well received but too early to gauge impact. The number of schools below floor standards at primary will be significantly reduced this year. A STEM4Plymouth Action Plan has been created which enables local partners and schools to work both strategically and operationally together.

Achievement at end of KS2 remains a cause of considerable concern. This is not exclusively related to levels of funding or resource with improvements needed to the quality of teaching and learning and leadership in Primary Schools. Leadership attention needs to be focused on the standards agenda. An enhanced programme of interventions is in place in the academic year 2011-2012. This focuses on core curriculum areas. During the year we have secured extra capacity for those schools that require support and tailoring support to the most challenged schools. This includes tailored CPD activities to underpin the core curriculum. The PAFC Study Centre will provide targeted but flexible support that will boost each school's ability to reach floor standards. Citywide events are also being used to champion achievement and raising aspirations.

In addition, we are running a very comprehensive widening participation programme of activities for Year 6 to Year 11 in partnership with the University College of St Mark & St John and Plymouth University.

Support to vulnerable groups has had a continued focus. The number of migrant children coming into schools in the city has continued to increase since September 1st and the Ethnic Minority Achievement (EMA) Team is active in supporting schools to develop sustainable capacity in meeting the needs of black and minority ethnic pupils. The EMA team has recruited to increase capacity. Training and deployment of teaching and learning assistants has been carefully managed. Family welfare support for migrant families/schools has been commissioned through a managed SLA with Amber Initiatives.

The Young Carers Service has now been re-commissioned, the new service will move from the current service operated by Zone to Barnardo's for start 01 April 2012. The service will focus on higher levels of need, identify and support hard to reach young carers. Support for Children in Care has been further enhanced with increased focus and personalisation of intervention and outcomes are improving.

Excellent progress has been made with training staff to be more able to support emotional literacy with pupils so as to foster better mental health. Engagement with senior leaders has been good to ensure locality working is more coherent. We are currently promoting the Healthy Child Quality Mark - which has built into it a requirement for schools to evidence anti-bullying work. We have started rolling out a package of training on implementation and implications of the 2010 Equalities Act which will necessarily focus on challenging bullying behaviour.

Numerous citywide and national opportunities have been provided including attendance at the Scott Centenary in London and being presented to the Princess Royal. The opening of the Life Centre was another inspirational event that demonstrated that the city values its young people. HMS Heroes grows from strength to strength, with MPs and senior military officers promoting the positive impact of this group. There are now over 1600 members in Plymouth with 2 school due to join in January. In addition, 2 schools from other areas have joined and 4 more are about to. The Heroes affiliated with the Royal British Legion in December 2011 and there are plans for them to become the young people's arm of the Legion to develop greater harmony and understanding across the generations, plus keener support mechanisms for those who need it. Heroes have attended every city/civic event since May 2011 and have represented Plymouth in Devon and at Wootton Bassett.

Improved

Reduce the gap in attainment at Key Stage 4 between the most and least deprived neighbourhoods in the city. 21% (2011/12). Significant improvement in attainment mainly from most deprived neighbourhoods. This made a considerable contribution to narrowing the gap. Also noteworthy is the 'band' in the least deprived neighbourhoods who reported a drop in attainment levels from the previous year.

Worsened

Primary schools who exceed the escalating floor standard (currently at 60% of pupils gaining a L4+ in both English & maths as well as securing better than average expected progress in English and maths). 15 schools fell into this category this year missing the target. Also, there were more which exceeded this year than last. There will be even greater emphasis next year as the floor target is expected to

3. Tackle Child Poverty

We pledged to:

- Make child poverty everybody's business
- Reduce the number of children living in workless households
- Reduce housing related child poverty
- Reduce the inequalities that have the most impact on children's life chances
- Improve young people's capability to manage their finances sensibly.

Child poverty is being given strategic importance by a cross-party councillors working group and continued focus within the Council. In the last year, the Children's Trust has been actively involved in the establishment of a welfare reform group to assess the implications of major changes to the benefits system, successfully child poverty-proofing the housing plan 2012-2017, and undertaking two self-assessment workshops as part of the process to develop the citywide child poverty strategy development

A comprehensive Child Poverty Needs Assessment has been undertaken as part of the JSNA process with an additional remit around worklessness and troubled families. Carole Burgoyne (Director for People) has been appointed as the new Child Poverty champion. The timeline has been established to develop the Child Poverty strategy by July 2012 and a cross party working group will be set up in February to lead these process. Coordination of the South West regional Child Poverty network has been limited due to capacity issues.

The Housing Plan 2012-2017 has been developed and has a strong focus on child poverty and homelessness. Key target groups negatively affected by housing benefit changes have been identified and specific work relating to young people is being undertaken in the worklessness and homeless plans.

There has been a strong focus on reducing inequalities at an early age. Local involvement in a payment by results trial has included reporting against national measures around 'Parenting Support' and 'Sustained Contact' and these have now been included in the Children's Centre target setting process. 185 disadvantaged 2 year olds have received free early education in 2011/12 with funding secured to increase this to 410 in next financial year through the use of the Early Intervention grant. The 'Thrive' assessment tool is being trialled to give a more accurate assessment of social and emotional skills and early identification of need. Our early years settings continue to perform well with currently 92% judged as good or better by Ofsted.

Finally, the financial inclusion strategic group have met with Barclays Bank who offer a wide range of support services for young people. Plymouth Credit Union have agreed a target to double the number of school banks within a 3 year programme. A financial capability programme targeting young people in schools was launched at the end of 2011.

Improved

Increase the take up of Child Related benefits previously unclaimed. **Target is 19%. Whilst the target % was not actually achieved, the value has increased year on year for the last 3 years. The value of £1.6M was achieved this year. In year issues with a CRM system within the CAB service had a detrimental impact on the number of Quarter 2 benefit claimants.**

Worsened

Reduce the number of Families with Children in temporary Accommodation. Whilst the number of families in temporary accommodation has reduced, the number of children in these families has significantly increased. At year end (2011/12) there were 100 children in Temporary Accommodation in the city.

4. Provide all children with the best possible start to life

We pledged to:

- improve the physical and mental health and wellbeing of children and young people
- strengthen multiagency child protection across the city
- provide early support for young people and families with multiple problems, putting an emphasis on hidden harm and domestic abuse

There have significant performance concerns around access to CAMHS services in the city escalated through a variety of strategic bodies including the PSCB and the Children's Trust. Through active contract management, additional flexibility on the part of the provider and support from partners the waiting list has been reduced. A framework for support for mental health and emotional wellbeing has been refreshed and a peer quality review of the service has been conducted. Work continues to roll out SAMHS (Secondary Age Mental Health Supporters) training to youth services, secondary schools and voluntary sector to ensure up skilling of universal front line workers to intervene early to meet low levels and emerging need. In addition a targeted counselling service for vulnerable young people has been commissioned and implementation of referral process is in progress.

The Healthy Child Programme (HCP) 0-19 is a broad national framework that encompasses areas throughout the Children and Young People's Plan. Governance and accountability for the HCP 0-5 years is placed within the Early Years Strategic Partnership. Further work is needed to progress embed the work of the HCP within the new localities structure.

Locally, the health improvement coordinator for healthy weight is now in post and mapping of services for obesity prevention and intervention in the City has begun. Two age specific multi-agency groups have been established (antenatal / early years and school age / young person); Healthy Eating and Nutrition in the Really Young (HENRY) programme is being progressed in Plymouth and has been incorporated into the commissioning of both the 0-19 SCPHN service and Children Centres, core training has been delivered to a further 40 workers in this financial year, and 3 courses will be delivered in the next financial year and the first City Let's Get Healthy with HENRY parent group was completed in December. A HENRY project group is established to oversee the implementation of the HENRY programme which will contribute to the provision of a care pathway for younger children. The SHINE programme for teenagers is being reinvigorated and a SHINE project group has been established to oversee the implementation of this. It is expected to recruit participants in summer term for a programme starting in the autumn. A successful multiagency adult / child care pathway event was held in February and will inform further planning.

The maintenance of effective child protection relies heavily upon close working arrangements across agencies, and the assurance of effective information sharing and collaborative practice. Inter-agency training offers a significant vehicle for updating and adherence to contemporary priorities for practice. 2,470 practitioners and managers from 38 agencies have attended one of 14 inter-disciplinary courses in 2011-12, sustaining target figures of 2,000 per year for the past three years. The PSCB has co-written and accredited a single-agency level two e-learning training package in partnership with Hays Consultancy, now available to all settings, offering a standardised and accurate set of core procedures for child protection to all staff. In addition, the finalisation of pro-forma single agency child protection course (Level 2) for off-the-peg downloading and presentation offers all agencies with designated officers the opportunity to ensure compliance. The 2011-12 ambition for all single-agency child protection officers delivering training to be PSCB inspected and accredited has been tested and found to be impossible, due to the large numbers, constant changes in personnel, and insufficient resources to inspect all training delivery. The provision of standardised training packages is considered to be a more appropriate, cost-effective and sufficient method of ensuring inter-agency compliance child protection procedures and practice.

However, the numbers of children presenting and entering care is still high, though stabilising through better through put, and there is a strong national trend here linked to the economic situation. There has been a positive uplift in the number of CAF assessments being carried out across the City and good progress in setting a clear early intervention framework that ties together initiatives such as Troubled Families, Localities and Diversion from Care.

There has been good progress with commissioning services on alcohol abuse for parents with children with a protection plan. Capacity is now in place and referrals are commencing through Children's Social Care. The initial focus of referrals will be through Children in the Community with a planned increase of referrals to come from Advice and Assessment over the next 12 months. Work is ongoing to up-skill front line workers to meet low level and emerging mental health needs is also welcome. We have awarded a contract for services to ensure that children affected by substance misusing parents can access information, advice and support to meet their specific needs.

Operation 'Encompass' has now rolled out across Plymouth to ensure the Police, when attending a Domestic Violence incident, have completed a welfare check and contacted the school. Currently 91 schools are involved in project. In just over 14 months 754 children have been supported by

the project. The project has attracted national interest from Professor Eileen Munro and the Association of Police Officers are exploring the feasibility of national rollout.

Improved

Reduce rates of hospital admissions caused by unintentional and deliberate injuries to children and young people. This year's annual target has been achieved with less children being admitted because of unintentional or a deliberate injury this year than last.

Worsened

Reduce the % of incidents of Domestic Abuse where children are involved. (% of all incidents recorded where children were resident in the household). Target has not been achieved and more children have been involved in domestic incidents than last year. From 2011/12 the response officers attending an incident as the first responder now have a duty to check more closely on the welfare of the children present and be more diligent at filling out the I21As. As the year has gone on they have been reviewed more and more, this had been combined with the fact that I21As are now completed for unborn children.

5. Tackle risk taking behaviours through locality delivered service

We pledged to:

- Deliver intensive youth support to meet the needs of vulnerable young people aged 11 to 19 years old
- Promote citizenship and volunteering opportunities
- Enable young people to take responsibility and make safe and informed decisions by providing timely and appropriate information and guidance

Positive performance has been reported this year with a series of innovative activities targeting particular at risk groups in place. Youth workers are increasingly working in and alongside schools as early intervention locality working develops. Specific activities are aimed at diversion from risk taking behaviour, eg Summer Mix programme and the priority focus on alcohol misuse

Intensive Support Offer for 11-15 year olds supported by the IST has commenced through school and locality CAF access and is being managed to ensure priority is maintained for homeless 16/17 year olds. Arrangements to deploy Careers South West advisors into ACE, IST and high priority schools are underway and will improve Information, Guidance and Support to the most vulnerable groups of young people. Provision of 'Job Clubs' at all youth centres is currently being explored with Job Centre Plus in order to inform YPs decisions and support the current worklessness/employability concerns faced by YP across the city. The 16+ IST programme is under review utilising the C4EO validated practice framework and a local cost benefit analysis. 2011 annual performance highlights a 60.4% reduction in 16+ YP entering care compared to 2010.

Performance against youth volunteering opportunities continues to exceed this years target. Young people's involvement in decision making is also exceeding targets. Key developments include linking the Young Ambassadors to Plymouth University Student Volunteering programme and increased involvement of YP in funding decision making. The Youth Service is currently reviewing the Government's 'Positive For Youth' guidance and will be action planning to increase YP's participation particularly through developing 'Youth Inspectors' capacity. Early participation suggests that involvement in this years UKYP elections is strong with over 1500 votes already cast within secondary schools.

Work linking the Emergency Department to locality based services that can provide alcohol interventions is operational and linking well to the locality based youth work teams for ongoing support and guidance. The pilot project has proven to be effective and funding and support has been secured to extend this innovative project for a further 12 months. Alcohol advice centres have recently been established in each locality linking with the A&E development and Harbour services for young people, this offer is now operational with further IAG developments planned to build local access to information and support on MH, smoking cessation and worklessness/employability.

Work to develop integrated Sexual Health Services using the Zone as the 'hub' has commenced. Initial data shows a significant increase in young people using accessing contraception through this. New specification for community contraception service being completed. Training for primary care clinicians (provision of long acting reversible contraception) commences January 2012 . Work to develop integrated Sexual Health Services using the Zone as the 'hub' has progressed and has been launched. The next developments in IST include securing links to the PMH team and the deployment of a Family Support worker from the 'virtual team' into the IST team.

Improved

Every Performance measure has met its target in this priority this year.

Reduce the % of C&YP who are Persistently Absent in Secondary Schools. Good performance in this area has been maintained (3.6%), and our position nationally is second Quartile. However it should be noted that the DfE is changing the definition reducing the sessions missed from 20% to 15%. This has an immediate impact on Plymouth as many of our Persistently Absent pupils are at the higher level.

Narrowing the Teenage Conception gap between the most and least deprived neighbourhoods. The latest Official Data reports that Teenage conceptions has risen during the year and we have more Teenage Conceptions compared to last year. However, local proxy data suggests that the 'gap' between the most and least deprived areas of the city is reducing. The target has actually been achieved. It is evident that the numbers of young women in the most deprived neighbourhoods are conceiving less, whilst those in the least deprived have stayed much the same.

Reduce the % First time entrants to the Youth Justice system aged 10-17. Significant improvement during 2011/12 with a 62% reduction in the number of first time entrants into the youth justice system. The Police use of Youth Restorative Disposals (reprimands and final warning) has had a significant impact upon the number of first time entrants.

Worsened

None

NEXT STEPS

Priority champions are currently refreshing delivery plans for the remainder of the duration of the Children and Young People's Plan. Plans will be used as a basis for consultation with partners in

the coming weeks and will continue to be tracked by the Children's Trust Executive group in addition to organisational performance management systems.



CYPP 2011-14 Performance Framework

Quarter 4, 2011/12 - Overall RAG Rating

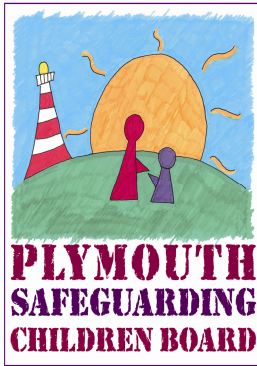
Priority/Outcome	Children's Trust RAG Overall	Locality - Performance Measure	2009/10	2010/11	Qtr1	Qtr2	Qtr3	Qtr4	Target 2011/12
Priority 1: Equip young people with skills, knowledge and opportunities to make a successful transition to adulthood.	Children's Trust rate this Priority as Amber	Reduce the % of young people aged 16 to 18 who are (NEET) NI 117	6.70%	7.10%	7.40%	7.70%	6.70%	6.10%	5.30%
		Increase the number of Plymouth 16-18 year olds "Starting" an apprenticeship during the year. (From 2008/09 Baseline) note:	991	829	Fore cast	Fore cast	Fore cast	Fore cast	909
		Increase the number (%) of 17 year old YP participating in education and training in line with the Raising the Participation Age Strategy (RPA). (Baseline Jan 2011 - 88.9%)	84%	87%	Fore cast	Fore cast	Fore cast	Fore cast	90%
		Increase by 50% the number of students, at any age, engaged in a higher education experience by 2020 (from 2009/10 Baseline).	8090	Due May	Fore cast	Fore cast	Fore cast	Fore cast	8900
Priority 2: Improve levels of achievement for all children and young people	Children's Trust rate this Priority as Amber	Ensure that all primary schools exceed the escalating floor standard (which currently stands at 60% of pupils gaining a L4+ in both English and maths as well as securing better than average expected progress in English and maths).	8	15	Fore cast	Fore cast	Fore cast	Fore cast	2
		Ensure that all secondary schools exceed the escalating floor standard (which currently stands at 35% of pupils gaining 5 A*-C GCSE grades including English and maths as well as securing better than average expected progress in English and maths).	1	0	Fore cast	Fore cast	Fore cast	Fore cast	0
		Children in care achieving 5 A*-C GCSEs (or equivalent) at Key Stage 4 (including English and Maths)	8%	8%	Fore cast	Fore cast	Fore cast	Fore cast	
		Reduce the gap in attainment at Key Stage 4 between the most and least deprived neighbourhoods in the city.	28%	20.3%	Fore cast	Fore cast	Fore cast	Fore cast	23%
Priority 3: Tackle Child Poverty	Children's Trust rate this Priority as Amber	Narrowing the gap between the lowest achieving 20% in the Early Years Foundation Stage Profile & the rest. NI 92	30.20%	30.90%	Fore cast	Fore cast	Fore cast	Fore cast	29%
		Increase the take up of Child Related benefits previously unclaimed	£1.007m 15%	£1.616 m 21%	21%	10%	23%	21% (YE16%)	19%
		Reduce the number of Families with Children in temporary Accommodation. (No of Children in brackets)	41	48	51 (84)	51 (94)	45 (83)	55 (100)	78 (Families)
		Housing decency - Number of Category I Hazards removed (Housing)		160	47	70	110	248	150
Priority 4: Provide all children with the best possible start to life	Children's Trust rate this Priority as Amber	Reduce rates of hospital admissions caused by unintentional and deliberate injuries to children and young people. (NI 070)	120.6 (603)	122.8 (614)	145 number not rate	283 number not rate	417 number not rate	558 number not rate	136.6 (683)
		Reduce the % of incidents of Domestic Abuse where children are involved. (% of all incidents recorded where children were resident in the house. hold) Baseline 2010/11		35%	40%	38%	40%	37%	tbs
		Increase the % of Common Assessments (CAF) completed (2009/10 baseline).	394	491	101	239	457	743	788
		Increase the Prevalence of Breastfeeding at 6-8 weeks (NI53)	34.2%	35.4%	39.7%	38.5%	Forecast	Forecast	35.2%
Priority 5: Tackle risk taking behaviours through locality delivered services	Children's Trust rate this Priority as Amber	Reduce the % of C&YP who are Persistently Absence in Secondary Schools. (NI087)	4.50%	3.60%	Forecast	Forecast	Forecast	3.60%	3.7%
		Narrowing the Teenage Conception gap between the most and least deprived neighbourhoods.(Proxy Data)	51	38.2	11.3	20	32.2	39.6	45
		Reduce the % First time entrants to the Youth Justice system aged 10-17 (NI 111)	312	300	64	117	156	188	Need to map target to way of reporting.
		Reduce the Rate of proven re-offending by young offenders (NI 019)	0.62	1.21	0.44	0.37	0.33	Fore cast	0.97

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Meeting	Plymouth Children and Young People's Trust Board
Date	15 June 2012
Title	PSCB Independent Chair's Report to the Plymouth Children & Young People's Trust
Responsible Officer	Jim Gould/Simon White
Purpose of Item	For information and action as necessary
Recommendations	It is recommended that the Plymouth Children & Young People's Trust note the content of the report and take any necessary action as required
Consultation Record	N/A
Impact on Child Poverty	-
Meeting Notes:	-

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PLYMOUTH SAFEGUARDING CHILDREN BOARD (PSCB)
PSCB INDEPENDENT CHAIR'S REPORT TO THE
PLYMOUTH CHILDREN AND YOUNG PEOPLE'S TRUST
MEETING – 15 JUNE 2012

I. INTRODUCTION

- 1.1 This is the tenth report from the Independent Chair of the Plymouth Safeguarding Children Board intended to inform the Plymouth Children and Young People's Trust Board (CTB) of national and local developments in safeguarding and areas for further developmental work by the Trust, in order to enhance the safety of children and young people.

2. PROGRESS ON CHALLENGES SINCE THE LAST REPORT

- 2.1 My previous reports identified challenges for partners of the Trust and I have included the following updates on progress to meet these challenges:
- 2.2 **Organisational changes within partner organisations and financial constraints.**
- 2.2.1 As in my previous report the recruitment of a Designated Doctor for Child Protection has not yet been successful but assurance has been given that contingency arrangements are in place to provide cover, and that a permanent appointment is still the aim.
- 2.2.2 As part of the consultation on the new proposals for safeguarding arrangements within the Police Service they have produced a set of nine design principles and are meeting with a number of focus groups throughout the Peninsula to discuss the framework of the review. Along with representatives from the PSCB I met with Police representatives from the Public Protection Unit on May 28th to discuss the rational and design principles for the review.
- 2.3 **Young Witness Support Scheme**
- 2.3.1 In my September and March reports to the CTB, I drew attention to the fact that the NSPCC were withdrawing from this scheme and the Trust Board established a task and

finish group to address this loss of provision. In my March report I also highlighted that the aim of the NSPCC to link nationally with the Victim Support Service had been confirmed and that Chairs of LSCBs had received a joint letter from the NSPCC and Victim Support giving advanced notice of the intention to jointly develop a new support service for young witnesses across England and Wales. The hope is for the service to be delivered by Victim Support in March 2013. I shared with the CTB my concerns with this timescale given that the scheme that has operated locally has now come to an end. There were local discussions between the Police and the NSPCC taking place but I am unaware of any progress being made and would again urge the CTB to explore if any resolution to this issue can be found.

2.3.2 Health and Wellbeing Board

In my last report I mentioned that it would be important to define the relationships between the PSCB, the CTB and the Health and Wellbeing Board. The PSCB is due to have a presentation about the Health and Wellbeing Board at the June 22 Full Board meeting.

3 NATIONAL DEVELOPMENTS

- 3.1 The consultation draft on the new Working Together document in response to the Munro Review was expected at the end of March but has not yet been published. Indications are that when it is finally published the guidance will be much shorter than the current version.
- 3.2 Ofsted has published their inspection framework for the inspection of child protection in local authority areas. This will be in place from May 2012. There is still an intention for there to eventually be a joint inspection framework which will involve Ofsted, the Care Quality Commission, HMI Constabulary and HMI Probation undertaking joint inspections. The newly published framework will consider how effectively the local authority leads partnership working and how effectively local services contribute to the protection of children and young people. All inspections will be unannounced.
- 3.3 Ofsted has recently clarified its position in relation to the requirement for a three year rolling programme of Criminal Records Bureau (CRB) checks for school or college staff, stating that it is not necessary to have three yearly CRB checks carried out on staff who have unbroken service (no break of service of 3 months or more). It is however still recommended for agency staff.

- 3.4 The PSCB Business Manager and I have met with the Assistant Director of HR and Organisational Development from Plymouth City Council and representatives from the Human Resources Team to discuss their ideas on how best to advise schools and colleges so that safer employment practices can best be maintained given this very clear statement from Ofsted.

4. LOCAL DEVELOPMENTS

- 4.1 At the 22nd June PSCB Full Board meeting, Plymouth City Council will be presented with the Safer Employment Quality Standard Kitemark Award in recognition of the work that has been completed in this important area of safeguarding practice. Employment policies, procedures and working practices in Plymouth have been externally assessed and moderated by the PSCB Chair.
- 4.2 The Peninsula LSCB Chair's Group are exploring the possibility of a uniform data set of performance indicators for the four LSCBs to use. This would be of particular benefit to those agencies who provide a service across the whole Peninsula. The PSCB will examine the draft proposals and decide whether to adopt or otherwise.
- 4.3 The results of the staff surveys carried out as part of the Section 11 Audit process have now been evaluated and Chief Executives of all the agencies have been sent copies with evaluations that have been carried out as part of the process. Individual agencies will be expected to take account of the auditors areas of consideration and ideas for improvements that have been identified by their own staff. This years' Section 11 Audit will commence in November 2012, the Peninsula LSCB Chair's Group are currently exploring various options for the best method to use, including an option for peer assessments as an alternative to completion of the Section 11 paper audit.
- 4.4 At the request of the Peninsula LSCB Chair's Group, the other 3 LSCB's (i.e. Cornwall and Isles of Scilly, Devon and Torbay) have joined with the PSCB E-Safety Group. This is in recognition of the success the PSCB has had in this important area of safeguarding. The new Peninsula E-Safety Group will continue to be chaired and led by Plymouth.
- 4.5 The number of sub groups operating as part of the PSCB has reduced from six to four in order to maximise the best use of resources and avoid duplication/overlap of work streams.

4.6 The groups now remaining are:

Learning and Professional Practice
Policy, Procedures and Safer Employment Practice
Serious Case Review
Child Death Overview Panel

4.7 The 2012/13 Business Plan is due to be agreed at the June PSCB meeting and work is underway on the PSCB Annual Safeguarding Report.

4.8 The 2012 PSCB conference is due to be held on June 28th, the subject being 'Safeguarding Disabled Children and children with complex needs'.

5. AREAS FOR DEVELOPMENT TO DRAW TO THE TRUST BOARD'S ATTENTION

5.1 Previous reports have highlighted that organisational changes, changes in personnel with loss of expertise combined with financial constraints remain a continuing cause for concern. This report again raises the importance of defining the relationship and reporting processes between the PSCB, CTB and the Health and Wellbeing Board. The PSCB will look forward to being involved at an early stage in this process.

5.2 There continues to be a concern at the loss of the Young Witness Support Scheme and the CTB is urged to continue its efforts to resolve this problem locally.

Jim Gould
Independent Chair of the Plymouth Safeguarding Children Board
June 2012