APPENDIX A
EARLY INTERVENTION AND PREVENTION STRATEGY 2012-2015

For Children, Young People and Families

PLYMOUTH CITY COUNCIL

Plymouth Children & Young People's Trust

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1 BACKGROUND

1.1 Aim

This Early Intervention and Prevention Strategy 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 strategy 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.
>
> (Plymouth Children and Young People's Plan 2011-14)

This Strategy seeks to deliver the Plymouth's commitment to families and young people to make positive change to their lives together. It will have a significant impact on Child Poverty and seeks to deliver the actions from the emerging Child Poverty Strategy also ensuring an enhanced approach for young people who are vulnerable through a caring role. The investment outlined within this plan of partnership resources ensures our ability to give children the best start in life with Early Years Early intervention being the most critical to achieve long term impact on outcomes for children. The partnership approach to this strategy with schools seeks to ensure that children with additional vulnerabilities are able to achieve and aspire.

The Strategy also delivers the Corporate Plan Priorities through:

- Raise aspirations - by responding early to addressing difficulties experienced by children and young people that present barriers to achievement and aspiration.
- Reduce inequality – by reducing vulnerability and improving outcomes for children, young people and families.
- Deliver growth – by responding early to young people's needs to make sure they are equipped to make a successful transition to adulthood.
- Provide value for communities – by delivering targeted and intensive support to address behaviours that have a negative impact upon communities and to prevent the need for high cost crisis interventions and engaging community and voluntary sector providers in designing innovative solutions with families.

This Strategy 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, as outlined in appendix one.

It is designed to provide the strategy 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 strategy describes existing commissioning and sets out future commissioning and resource intentions.

1.2 Definitions

Prevention is defined as interventions for the whole population, or 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 not include 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.

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 factors[1], 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 entrenched. 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.

The National Policy Context and Needs Analysis used to inform the detail of the Strategy are contained in Appendix Two and Three.

Further definitions for this document are contained in the glossary in Appendix Seven.

1.3 Target cohorts for 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
- in 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

[1] Youth Justice Board, 2005 Risk and Protective Factors

- missing education
- who are young carers
- with disabilities or special educational needs (SEN)
- who are asylum seekers and refugees
- with past trauma and low resilience
- in families where parenting capacity is limited

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 persistent absenteeism in primary schools
- Reduction in fixed term exclusions
- Engagement in continuous employment
- 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 youth crime and anti-social behaviour
- Improve chances for families to engage in work to improve their future
- Improve health through take up of immunisation, breastfeeding and weight management.
- Increase choice and personalisation for disabled children and their families.
- Reduce harmful effects of mental ill health by increased numbers of CYP accessing to psychological therapies (IAPT) for children, young people and families
- On inspection Children's Centre's will achieve Good or Outstanding by Ofsted

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.

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. This is set out in Appendix Three.

All partners see the benefit of continuing to collaborate to improve outcomes for children and all partners have a significant contribution to make to achieve this ambition. In order to deliver early intervention, Plymouth Children and Young People's Trust commit to:

- Seeking opportunities to align resources and join up commissioning.
- Prioritising and targeting resources to those who need them most.
- Ensuring efficient use of resources and value for money.
- Working collaboratively with children, parents and local communities to develop solutions to improve outcomes, giving people a stronger sense of ownership and control of their services.
- Continue to develop collaborative relationships between; Schools, GP's, Acute and Community Health Services, the Police, Voluntary and Community Sector and the Local Authority to ensure interagency service delivery to meet the needs of those most vulnerable or at risk.

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. Key principles integral to the priorities of the Children and Young People's Plan 2011-14 are:

- 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 needs of 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 and care planning and eradicate gaps

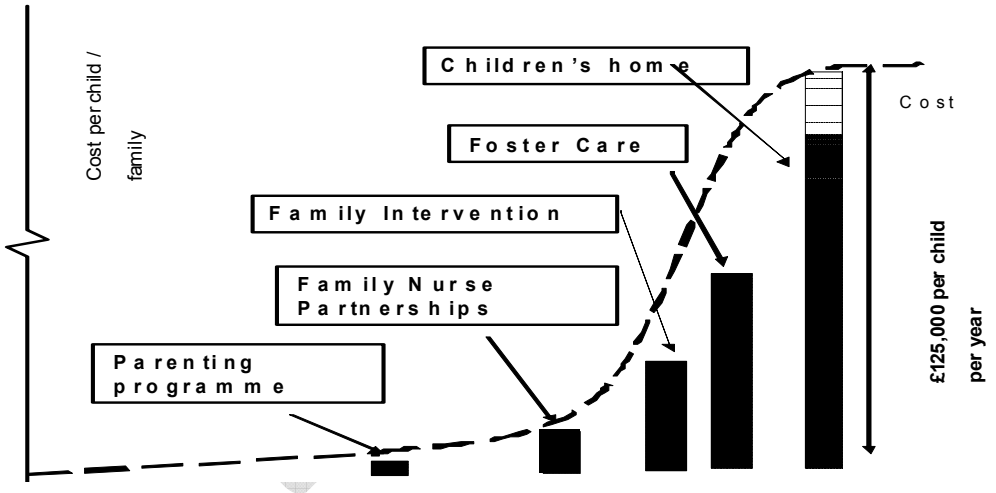
2 THE EVIDENCE BASE FOR EARLY INTERVENTION

2.1 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)



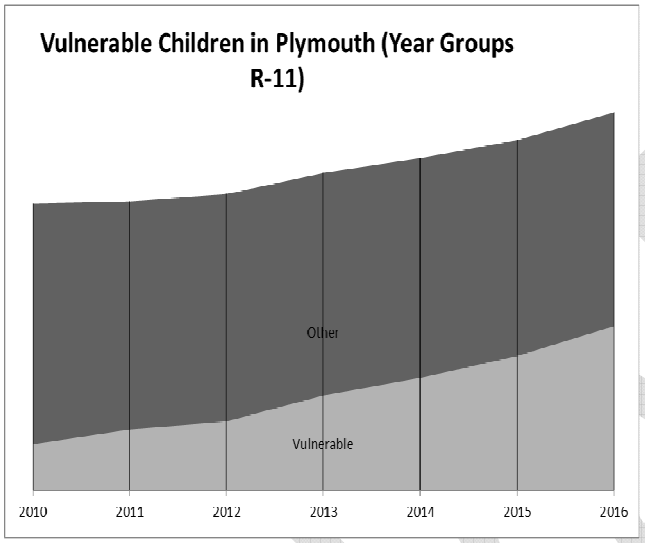
In *Grasping the Nettle* several characteristics emerged as common to successful examples of intervention strategies. These were identified as the five *golden threads:* the best start in life, language for life, engaging parents, smarter working with better services, knowledge is power requiring effective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

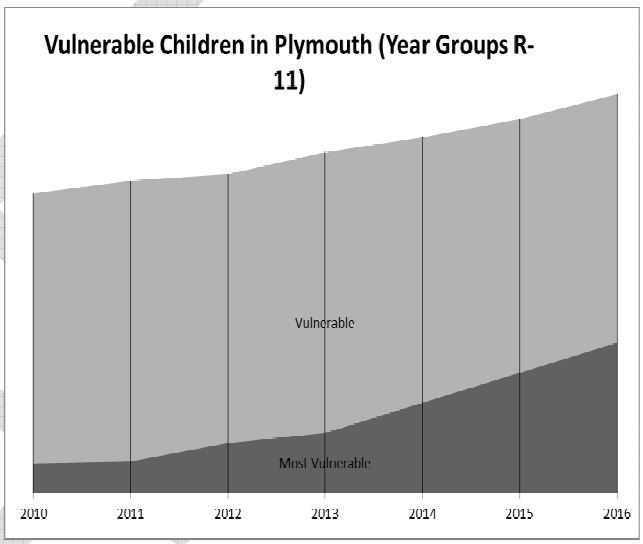
Graham Allen's second report Early Intervention: Smart Investment, Massive Savings (July 2011) makes recommendations to Government and states that "By building out the immense costs of failure, it is in fact the best sustainable structural deficit programme available." He also states that

"Intervening later is more costly and that the rate of return on remedial, rehabilitative and reactive treatments declines as the children get older, and entrenched behaviours become harder, or impossible, to correct."

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.

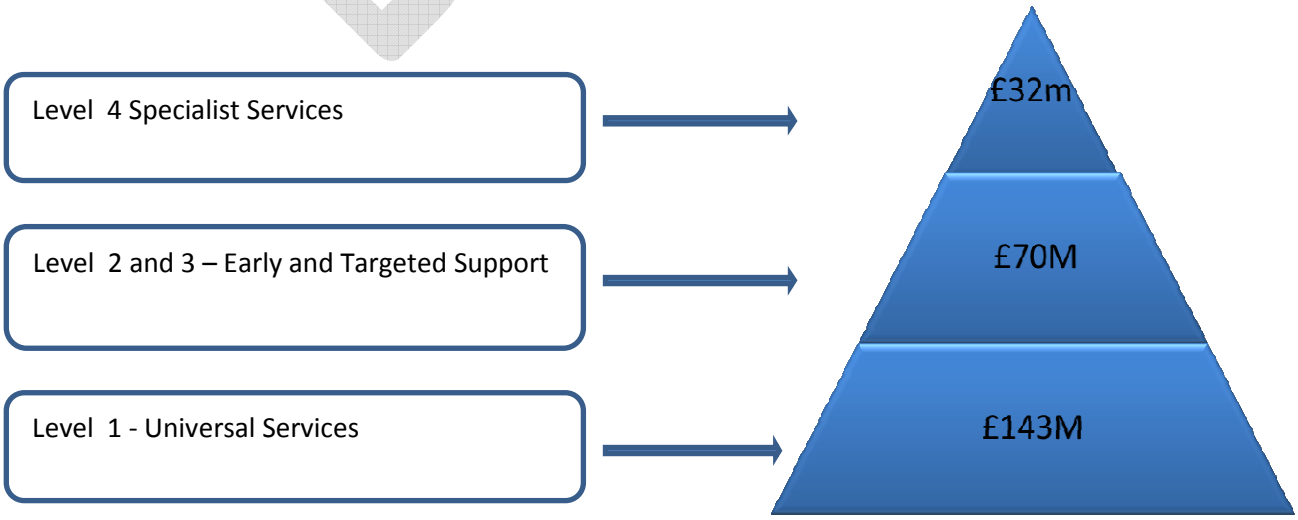
The profile of changing need in the City shows increasing population of children and within this group an increasing group of the most vulnerable children. More concerning is that the most vulnerable children group is forecast to grow at a higher percentage than the overall growth rate, as illustrated in the diagrams below.





This is a challenging time to determine the framework for investment and savings. It is increasingly difficult to achieve longer term planning of joint resources with partners. The lessons from the last ten years show increases in vulnerability and demand on services as a result of economic downturn. Alongside this the expected impact of the welfare reform indicates a pronounced increase in complexity of vulnerability with also an increase in the numbers of people who are vulnerable.

In order to meet need and statutory duties the current commitment through Local Authority Revenue Grant, the ring-fenced Dedicated Schools Grant and the Early Intervention Grant shows that £70m is spent on early intervention services for children, young people and families, of which £37m is spent on Early Support and £33m is spent on Targeted Support. This compares to £143m on universal services (including schools) and £32m on specialist services.



Children experiencing vulnerability which would result in demand for specialist and targeted services is set to increase by 6.5 % in the next four years, as a result of the increased birth rate, which could equate to an additional pressure of £6m on budgets by 2016. The forecast additional pressure is not including the anticipated impact of welfare reform on vulnerability factors. Continuing to invest in early intervention and prevention should minimise increases in demand for specialist services and stem the escalation of growth.

Furthermore the strategy seeks to reduce demand on specialist services to 2010 levels and aims to reduce spend by driving efficiencies, joint working with partners, including Health and the Police & Crime Commissioner, to have maximum impact and the competitive procurement of services.

The investment profile outlined in this report relates to the Local Authority and School funding only. The aim is to update the profile and include Health and Police partners to demonstrate the impact on the City as a whole.

The demand reduction would impact on call outs to the police, demand on hospital provision and social care.

Graham Allen's second report recommends an incremental migration of 1% of late intervention budgets to early intervention at government department level. If this same principle is applied to the partnership resources available in Plymouth for Early Intervention there is sufficient capacity to de-escalate need over a four year period. Therefore improving outcomes for children and families and creating a sustainable financial profile for services.

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 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.

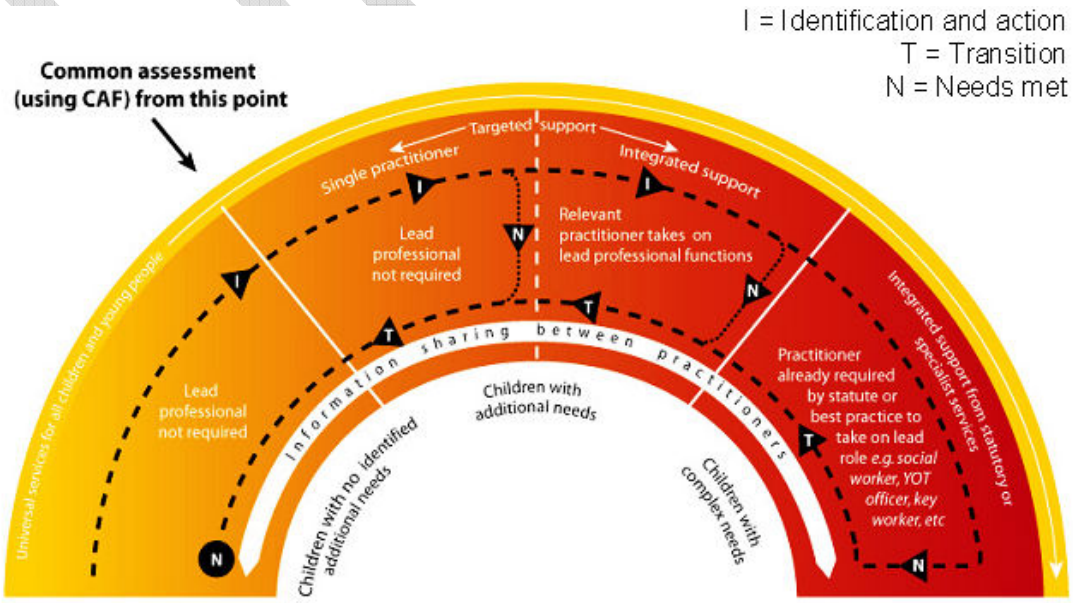
Level 2: This describes a level of need where the children and young people are experiencing difficulties with development, health, behaviour, emotional wellbeing and family relationships. For example they could be living with family poverty, witnessing domestic abuse, have developmental delay, absconding 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.

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



3.2 Coordinated response to need through the Common Assessment Framework

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.

3.3 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.

3.4 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.

3.5 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

WHAT ARE WE DOING WELL?

A small team of CAF officers support practitioners.

The CAF team advise Lead Professionals if concerned about the managing complex cases.

CAF activity increased during 2011/12.

The Plymouth Family Intervention Project uses a full family assessment and care planning approach.

Operation Encompass. Police notify Key Adult in school when a child has experienced domestic abuse so that support can be offered the next day.

Drug and Alcohol Services have a family response. The impact of the parental substance misuse on the child is assessed.

way the professionals working with the child and family become a virtual "team around the child". As illustrated in Appendix 4.

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 move to family CAFs.

3.6 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 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.
Traditionally this type of presentation has led to an intervention focused on the individuals, often adult's needs. Often these families experience ongoing crisis and present at a range of different services. 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.

3.7 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.

WHAT ARE WE DOING WELL?

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

The 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 and closer collaboration with specialist services such domestic abuse services

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 family's 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.

3.8 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 increasingly organising services into integrated teams. The action plan set out the development areas for these services and shows how additional need will be met. The focus will be 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. As illustrated in Appendix 5.

3.9 How to Ensure Better 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. 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. The following action plan sets out how this will be addressed and resolved.

Improving Co-ordination of Early Help
Actions and Next Steps

1. **Continue to develop mechanisms for information sharing and collaboration between Schools, GPs and Police.**
2. **Develop our ability to support families who engage in harmful risk-taking behaviours, through developing staff skill and confidence and ensuring the right people are involved in the plan for the family.**
3. **Monitor the effectiveness of CAF in meeting need early and therefore reducing the need for late or crisis interventions.**
4. **Continue to develop closer working relationships between Children and Adult Services to enable a "Team around the Family" approach. Specifically improving responses for young carers.**
5. **Improve collaboration between Midwifery, Health Visiting and Children's Centres through developing good working protocols to identify those most in need of support and deliver improved outcomes. Ensure delivery of increased capacity of Health Visitors.**
6. **Jointly commission with schools an integrated response to the needs of children aged 5-11 and their families, through defining a core offer from the Multi-Agency Support Team.**
7. **Ensure an outcomes framework for School Nursing is delivered.**
8. **Develop a core offer to young people aged 11-19 through integrating Youth Support Services, ensuring a clear offer in secondary schools that complements education based services.**
9. **Implementation a single multi-agency response to Safeguarding.**
10. **Examine multi-agency (CAF) plans that are not meeting the needs of the family or enabling them to achieve outcomes, in order to review and revise support or allocate additional resources where necessary.**
11. **Implement a single assessment process with education and health to ensure a joint care plan for children with a statement.**
12. **Develop with Clinical Commissioning delivery of a single point of access to health services.**

4 COMMISSIONING AND DESIGNING SERVICES TO MEET 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.

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.

WHAT DO WE DO WELL?

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

Excellence Cluster Leaning Mentors, school based counsellors and therapists; providing additional support for those struggling to achieve.

Short Breaks for Children with Disabilities to provide child focussed activities.

Children's Centres act as the hub for Early Years Services identifying problems early and offering relevant support

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

Targeted Mental Health in Schools: provides training and consultation to schools- developing capacity through enabling Teaching Assistants to become Emotional Literacy Support Assistants and Secondary Age Mental Health Supporters.

Early Help – Next Steps

1. **Support schools develop their capacity to deliver the Healthy Child Programme.**
2. **Ensure GPs are fully aware of services and interventions available for children, young people and families, including support in schools.**
3. **Increasing take up of childcare places for disadvantaged two year olds.**
4. **Review of workforce capacity to identify and respond to need and develop appropriate training, consultation and support, where necessary.**

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.

WHAT WE DO WELL

The Excellence Cluster, MAST Model.

Children's Centre's outreach for vulnerable families.

Careers South West deliver Transition Support for Young People into Education, Employment and Training.

Targeted Mental Health in Schools and Talking Therapies for Young People.

Targeted parenting programmes identified as best practice nationally.

Targeted Support – Next Steps

1. **Develop earlier responses for families who are victims of domestic abuse and increase availability of perpetrator programmes.**
2. **Further develop education and support packages to young people about relationships and sexual health.**
3. **Help young adults say no to violence in their relationships.**
4. **Reduce the harm alcohol misuse causes in families.**
5. **Increase interventions with young people to prevent harmful use of alcohol and the use of alcohol with other drugs.**
6. **Improve our identification of and responses to young people at risk of committing crime.**
7. **Ensure a coherent accessible offer for early intervention for emotional wellbeing and mental health difficulties.**

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.

WHAT WE DO WELL

FIP (for families with high levels of complex need)

Intensive Support Team for 16/17 year olds (Youth Service)

Intensive Transition Support Service for Young People (Careers South West)

The Family Nurse Partnership (for teenage parents)

Family Group Conferencing

Parent Alcohol Interventions

Domestic Abuse Services

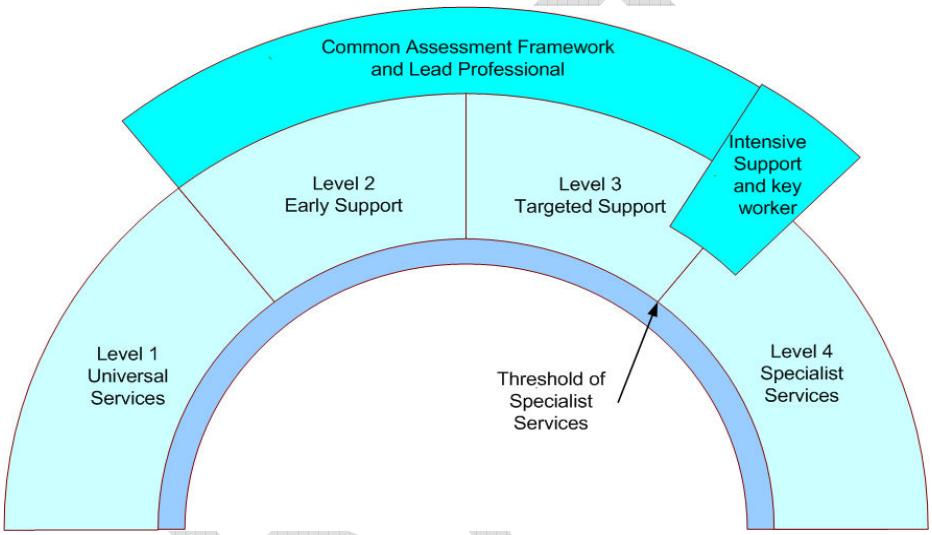
Diagram 2 (below) illustrates where, on Plymouth Multi-Agency Thresholds of Need arc, intensive support is delivered

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.

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.

Diagram 2: Different types of support to meet need on the CAF ark



Intensive Support – Next Steps

1. **Develop services to ensure we can offer families with 5 – 11 year old (primary school age) children a family key worker if they need one.**
2. **Develop training, support and supervision to ensure the multiagency workforce have the skills to work intensively with families who present with high level of complex need.**
3. **Increase the ability to offer a Family Key Worker to families in order to deliver the Families with a Future programme.**
4. **Expand the role of the Integrated Youth Services to offer key workers and create information sharing with schools and health services for vulnerable young people.**

Appendix One: Children And Young People's Plan

Children & Young People's Plan 2011-14		
Corporate Plan 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	▪ Maximise engagement opportunities with employers, especially for vulnerable14-19 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	▪ 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	▪ 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	▪ 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	▪ 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.

Appendix Two: National Policy Context

Early Intervention: Securing good outcomes for all children and young people (DCSF 2010) set clear ambitions to move support provided by the system of services for children and young people to Early Intervention, targeting resources to those children, young people and families where problems have begun to emerge. It clearly highlights the need to tackle risk factors for children, including *"living in poverty; growing up in a disadvantaged neighbourhood; experiencing problems in school; parental conflict; poor parenting; parental and/or child substance misuse; anti-social behaviour and domestic violence"*.

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

- The Marmot Review, 2010, "Fair Society, Health Lives" - highlighting that giving every child the best start in life is crucial to reducing health inequalities
- Maternity and Early Years, Making a good start to family life (HM Government 2010) - making a strong case for focusing investment in children's earliest years
- The Foundation Years: preventing poor children becoming poor adults" (December 2010) by Frank Field MP - A review of Child Poverty
- Early Intervention: The Next Steps (January 2011) by Graham Allen MP. – A review of Early Intervention Services

These reports all 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, health, 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.

However Early Intervention is not limited to early years. Early Intervention: Securing good outcomes for all children and young people (DCSF 2010) is clear that early intervention can occur at any point in the Childs life at the point where difficulties arise. Key to the process is early identification of need, high quality assessment and providing the individually tailored intervention plan.

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. The National Child Poverty Strategy in 2011 sets out the ambitions to eradicate of child poverty by 2020 and ensure that as far as possible no child experiences socio-economic disadvantage. At the centre of the strategy is the strengthening of families, combating worklessness and educational failure, encouraging responsibility, guaranteeing fairness and providing support to the most vulnerable. Local Authorities are required to prepare and publish a local needs assessment and also to prepare a joint local child poverty strategy.

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 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.

The information contained within this body of knowledge have also underpinned Government funding, commissioning and inspection frameworks.

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

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.

Recently the Governments "Troubled Families" agenda has 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 to create a payment by results mechanism to reward affective intervention. 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.

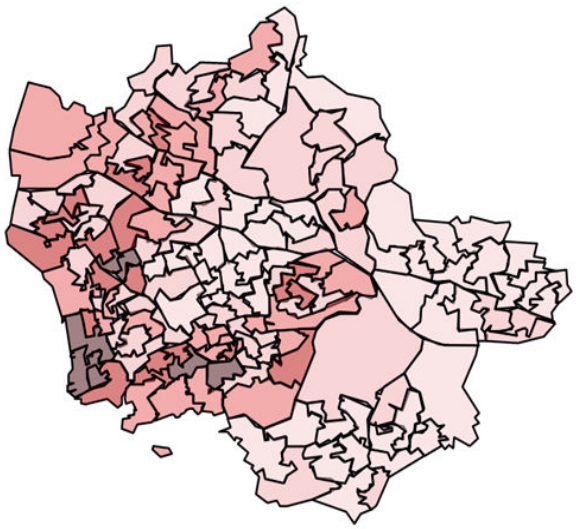
Appendix Three: Overview of Children and Young People's Need in Plymouth

Child Poverty

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]

The initial key findings of Plymouth's Child Poverty Needs Analysis highlights:

- Plymouth has higher rate of child poverty than the national average (22.1% compared to 21.2%). Latest figures show11,700 children live in poverty, a rise of 600 children from the previous year.
- Five Local Super Output Areas have over 50% of children in poverty including Devonport, Stonehouse, City Centre & North Prospect / Weston Mill. The highest level of child poverty is in North Prospect
- Development levels at early year's foundation stage are lower in the group of most deprived neighbourhood compared to the least deprived (50.5% and 60.4% respectively).
- There are significant attainment gaps between those children eligible for free school meals and those not eligible. The gap at key stage 2 is 17 percentage points, the gap widens to 32 percentage points at key stage 4 with just 29% of eligible children achieving 5 A*-C GCSE grades.
- Child Poverty has significant impact upon attainment with the gap between those eligible for free school meals and those not at 32% points at key stage 4.



proportion of whom have children .

- Areas of the city identified as having lower educational attainment and higher unemployment reappear as being among the worst performing against health indicators such as life expectancy, childhood obesity, low birth weight and breast feeding prevalence.
- As at December 2011, Plymouth had 22,300 families with 39,100 children receiving child or working tax credits. A further 10,301 children aged 0-15 live within workless households according to latest DWP statistics.
- In 2010/11 Citizen's Advice Bureau data shows that 7,525 people received debt advice.
- Use of the food bank in Plymouth has recently increased by 36% including an increase in the

Map1: Child Poverty Distribution in Plymouth[3]

The next steps for Plymouth are to understanding of how resources are currently being commissioned against child poverty outcomes and identify areas and opportunities where further pooling and alignment of resources may be required.

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

[3] NI116 DWP 2012

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%).

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 meet the children's need as soon as possible so that statutory intervention becomes unnecessary. 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 are[6]:

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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.

- 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

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 drugs[8]
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

Prevalence[9] 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

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

[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

- 69% are boys[10].

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 main concerns were Social/Emotional Issues, Parenting Issues, Behaviour Problems, Mental Health, Attendance and Communication[11].

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

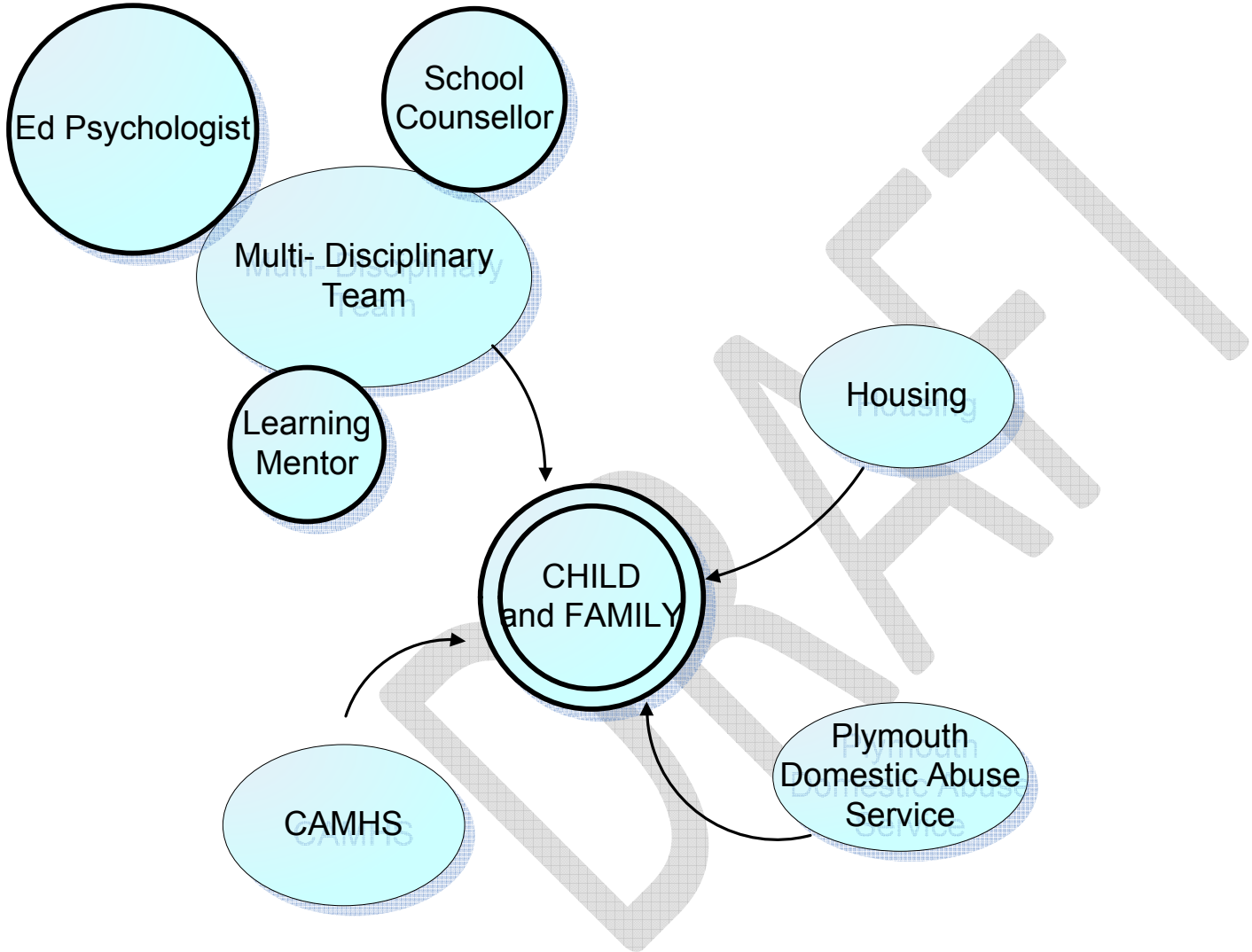
In January 2011 there where 3573 children and young people recorded as having a Special Educational Need. The top five categories of need were: Behaviour, Emotional and Social Difficulties (28%); Speech, Language and Communication Needs (24%); Moderate Learning Difficulties (14%) Autistic Spectrum Disorder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

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

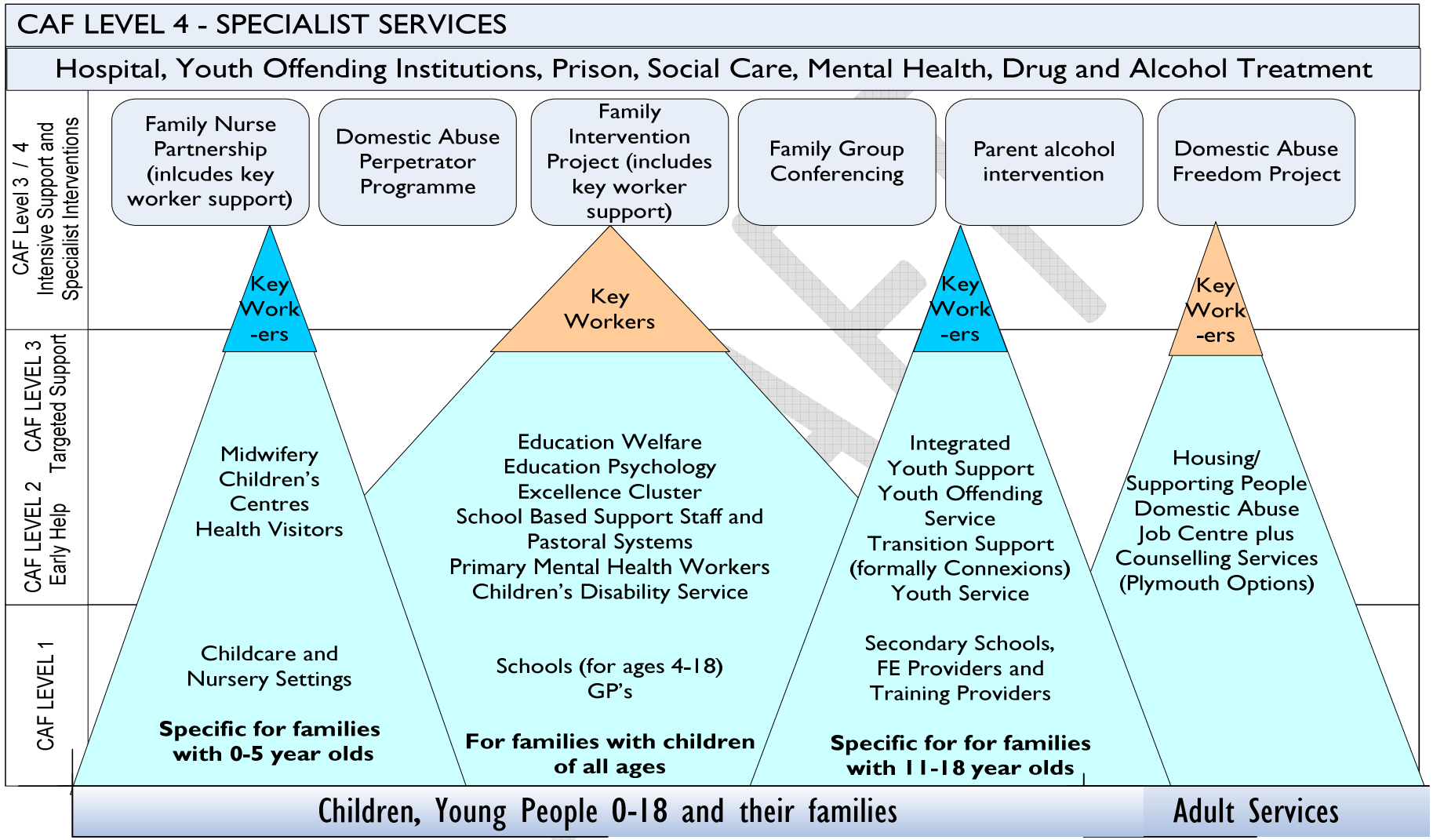
[11] School Audit of Priority Need

Appendix Four: Example of Team around the Child



Appendix Five: System of Services

Meeting need across levels 2 – 3/4 of Plymouth's Multi-Agency Thresholds of Need



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

Appendix Six: Links to Other Strategies

This Strategy 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 (Plymouth City Council)
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)

This list is not exhaustive

Appendix Seven: 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	HM Government: The proportion of children living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income' Local Definition: 'Child Poverty is essentially a result of poverty in families. Child Poverty is not simply due to a lack of money in the family. It is the outcome of economic, environmental and social factors and can damage a child's development and limit or prevent children and young people from having many of the experiences and opportunities that others take for granted.'
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 on-going 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