

## **APPENDIX I**

### **EARLY HELP AND TARGETED SUPPORT INITIAL BUSINESS CASE**

#### **I. BACKGROUND**

There is rising demand for Children's Services nationally and locally, with increasingly complex presentations of need which are emerging in younger children, as well as adolescents. Social and economic strains on families mean we need to be innovative in how we engage and work with them. In Plymouth the expiry of a number of key commissioned contracts allows an opportunity to think differently about how services are provided and their effectiveness. In addition, budget pressures mean we need to maximise the effectiveness of every pound of public money in delivering good quality services, and increase the focus on prevention, designed to reduce need, intervene early and deliver both better outcomes and reduce demand for specialist services.

Plymouth has a range of services in place which already work well with families; these are embedded in communities, trusted by families and have an in depth understanding of local needs. These include the city-wide network of Children's Centres, which deliver a range of provision from drop in groups to more intensive support for families with children aged 0-5.

Plymouth also has a strong history in recent years of working collaboratively with partners to think creatively and overcome organisational boundaries to try new approaches. Recent successes include the development of Access, a multi-partner approach (Plymouth City Council, Livewell Southwest, University Hospitals Plymouth) to supporting families with children and young people with additional needs. This work has developed a shared "front door", and multi-disciplinary team approach to considering who is most appropriate to work with the child or young person.

In 2018, a contract was awarded to Livewell Southwest to deliver community health, wellbeing and SEND support services across Plymouth. This procurement aimed to build upon the existing integration work to improve system working. It provided a mechanism for services to be developed with a focus on the offer for prevention, supporting resilience and providing the right support at the right time, moving the system towards prevention and early help.

Other partnership working in relation to Early Help and Targeted Support has included the Vulnerable Children and Young People System Optimisation Group (VCYP SOG), Maternity and Early Years SOG (MEY SOG) and SEND Strategy Steering Group, all reporting to the Children and Young People System Design Group (CYP SDG). These are groups of system partners who meet regularly to discuss system issues as they arise for children and their families and the configuration of services to best meet need; these are the key group of partner stakeholders in relation to this initial business case and relationships are well established. This partnership working has attracted other projects that are of national significance such as the NSPCC's Together for Childhood and Barnardo's Care Journeys Partnership.

#### **2. THE CASE FOR CHANGE**

There are challenges to fully effective partnership working in Plymouth; families tell us the current Early Help and Targeted Support offer is fragmented and confusing, delivered by different providers in different buildings, using a range of approaches. The offer for families with children aged 0-5 is distinct from those for families of older children and young people,

which is not helpful when families have children with a range of ages and needs. The delivery of support is not always sequenced or coordinated effectively, so families may feel they are receiving services in a way that is overwhelming, risking duplication, or conversely feel they are left unsupported or passed between services.

Professionals working with families describe not always knowing where to go for advice and discussions about sharing and managing risk, and navigating multiple referral pathways, referral forms or thresholds to access services. Schools are often unclear about what support is available to enable them to manage needs in a community setting. The consultation process recommended by this business case will help to inform a communication plan around the new offer to ensure everyone knows what the Early Help and Targeted Support offer is and where to access it including the online offer through Plymouth Online Directory (POD).

Currently we are not consistently intervening early enough to be able to prevent escalation of need; indicators include the numbers of children and young people entering the care system, the rate of exclusions from schools, first time entrants to the criminal justice system and a cohort of children and young people escalating into crisis, at significant emotional and financial cost. As a result, the resource available is at risk of being diverted away from Early Help into managing more costly crisis responses, further compounding the challenges of identifying and reducing need early.

Other areas of the country are finding new ways to work with their families which is having an impact; for example North Yorkshire's "No Wrong Door" flexible and child-focused offer of support has been effective in reducing emerging crisis and has been recognised by Ofsted as a positive approach. The local authority has subsequently seen a 15% reduction in the numbers of children and young people entering the care system. Locally, ACCESS is working towards this developing these processes in Plymouth with partners such as PCC, UHP and Livewell Southwest. Going forward we would seek to align the Plymouth Excellence Cluster (PEC) intake meeting for the Multi-Agency Support Team (MAST) with ACCESS. In terms of Alternative Complimentary Education (ACE), these alignments will be developed through closer partnership working.

Another challenge locally is in relation to the geographical configuration of services; currently the Children's Centres are organised over six "clusters", but these do not align to the health localities in Plymouth. This can act as a barrier to integrated working and we also know that people in some isolated parts of the city won't travel to a resource so we need to develop a more flexible delivery model to reach as many people as possible.

There is an opportunity to do something transformative to improve the experience and outcomes of children and young people by taking a whole family approach to Early Help and Targeted Support and supporting professionals to work together, raise the aspiration for all Plymouth children and young people to have the Best Start to Life, access the support in the right place and the right time and manage risk in a sustainable way. There is a need to create friendly, bustling, safe spaces where families feel comfortable to engage, whether they have a toddler or a teen. Our system partners are keen to join us on this journey and work together to enable change.

### **3. EXISTING SERVICES**

Early Help and Targeted Support are currently delivered through a mix of in-house, externally commissioned services and non-commissioned offers. The offer to families with

children aged 0-5 is well coordinated through Children's Centres, however the offer for older children and young people is more scattered across different services and agencies. There is also a lack of coordination of services around families who have children who range between 0-19 yrs. The current service provision is shown in Figure 1 below.

**Figure 1 Current Early Help and Targeted Support Offer, Interfaces & Interdependencies**

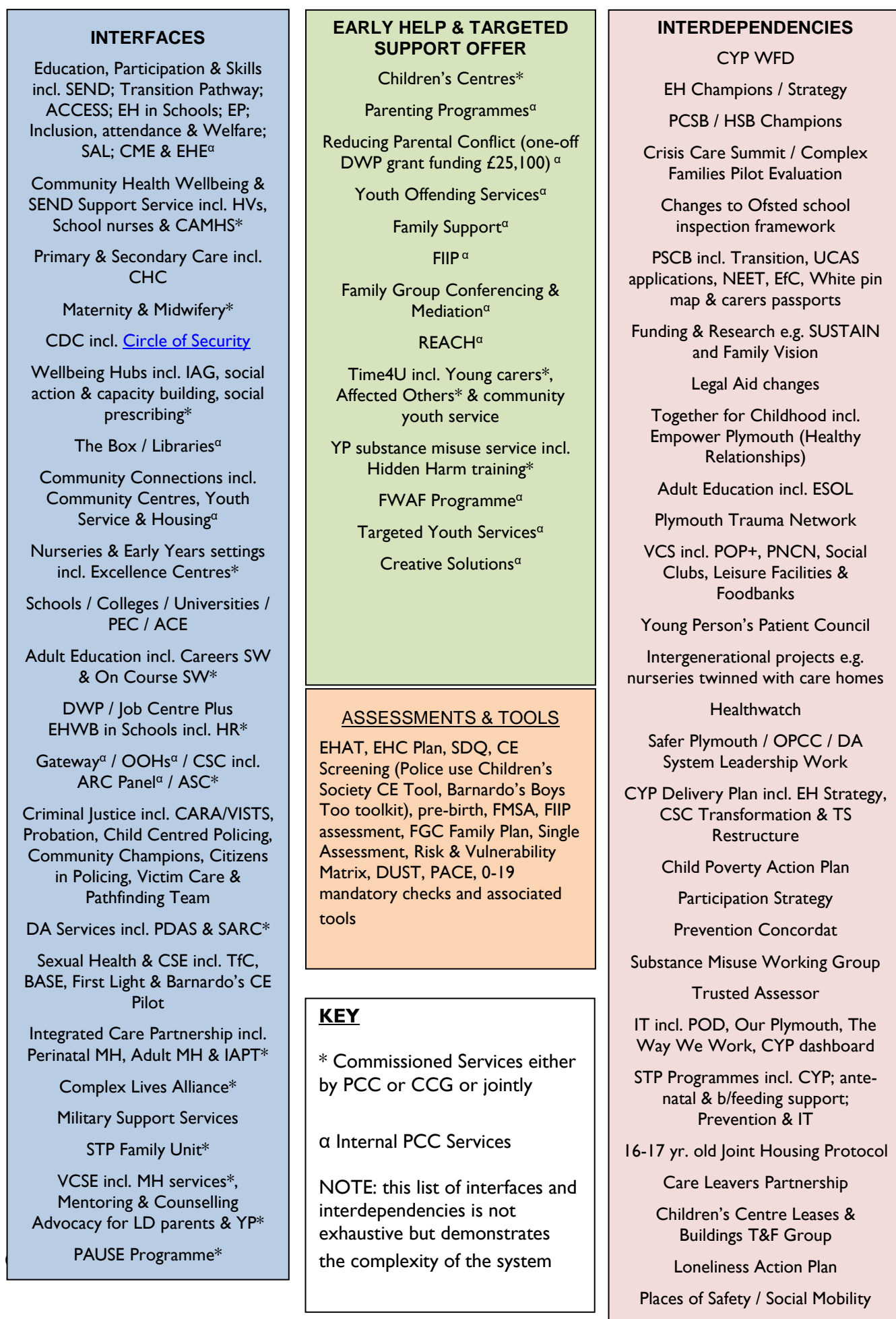


Table 2 shows the budgets for the services currently delivering Early Help and Targeted Support and the associated numbers of staff.

Services within Scope	Budget 2019/20	No. of Staff*
Targeted Support (FIIP, Adolescent Support Team, Crisis Intervention)	£2,430,506	70.39 FTE
YOT (part of Targeted Support offer)**	£351,138	16.3 FTE
Family & Community Solutions (part of the Targeted Support Offer)	£375,486	9.03 FTE
REACH	£192,858	4.3 FTE
Community Youth Service	£547,157	14.38 FTE
Parenting Programmes (PIAS)	£254,023	7.49 FTE
Barnardo's Youth Carers	£99,950	3
Affected Others	£38,069	1
YP substance misuse including Hidden Harm Training	£243,122	5
Children's Centres	£3,540,378	138

Note: \* PCC staff numbers to be confirmed with HR following the Targeted Support Review and commissioned services estimated staff numbers. \*\*The YOT budget is funded by partner contributions, including the contribution from the LA. The LA contribution has been included in the above calculations.

#### 4. PROPOSAL – EARLY HELP

It is proposed to deliver an effective integrated Early Help offer by making the best use of the current children's centre estate (currently 15 Children's Centre and 3 satellite sites) to create a network of community-based Family Hubs<sup>1</sup>, offering support to children and young people aged 0-19, their families and carers. The Family Hubs are a logical progression for Children's Centres to maximise existing, trusted community resources.

Citywide network of Family Hubs, offering:

- Health and Development
- Employment Support and Childcare
- Relationship support for family stability
- Supporting families with complex needs

The development of Family Hubs is based on the following system principles:

<sup>1</sup> Family Hubs: The Future of Children's Centres. Strengthening family relationships to improve the Life Chances of everyone. APPG on Children's Centres (July 2016).

1. **Prevention is a fundamental aspect of provision** - prioritising early identification of children and young people's needs and risks to health and wellbeing to help avoid illness or harm.
2. **Early help should be embedded across the system** – children, young people & families offered help and information early in their life and in the development of specific health, care and/or educational needs.
3. **Innovation & evidence based provision** - we will continuously strive to improve the lives of children and young people through innovation and ensuring the best practice and current evidence of what works is used by existing practice and systems.
4. **Sustainability is key** - Using early help to help drive sustainability of the system and also ensure efficiency and effectiveness through technology and good workforce management.
5. **Systems should be responsive & accessible** - responding to the changing population needs, designed with children, young people & families and delivered at the right time and place.
6. **Services should be personalised & use a strengths based approach** - developing choice and control for children, young people & families using information to personalise the response.
7. **Build upon the strength and resilience of individuals, families & communities** - value and enable the role of families and communities in developing and sustaining happiness, wellness, health, and safety. Empower children, young people & families to help themselves, build resilience and safely manage risks.
8. **Systems & services should be integrated** - a common focus on delivering outcomes for children, young people & families within a coordinated experience and manage risks. There is 'no wrong door' and professionals are able to work across the system to deliver the best possible service including sharing information to develop and deliver effective practice.
9. **Trauma Informed Models of Working** - A trauma-informed workforce will deliver an integrated response to trauma recovery, using a whole family approach. This will incorporate relationship based working, Adverse Childhood Experiences (ACEs) and other vulnerabilities as part of the ethos.

The four key areas for the Family Hubs model are further described below:

**Health & Development** - Building on Children's Centres' current role in early intervention, particularly early years where support has the biggest impact on long-term outcomes. Supporting the health and development of children aged 0-5 will be integral to the offer, with services ideally provided on a universal basis where this is feasible.

**Employment Support & Childcare** - Building parents' confidence is a crucial element of effective employment support. Family hubs will deliver learning opportunities and support, as they represent a friendly, non-threatening environment. This aspirational culture can encompass broader provision to benefit children's outcomes, linking with local employers, Jobcentre Plus and provision of early education and childcare.

**Relationship Support for Family Stability** - The quality of the parental relationship can have a significant impact on children's development. Family hubs are well placed to deliver relationship support such as couple relationship counselling and courses and parenting support. The relationships approach should also be embedded across Family hub staff and partners including appropriate training to have the right kinds of conversations with parents. Voluntary sector organisations with a proven track record of best practice could be co-located or signposted to from family hubs.

**Supporting Families with Complex Needs** - The family hub model would offer valuable benefits, bringing together professionals and helping to embed shared approaches, particularly those on the edge of needing specialist support. Lessons will be learned from the FVAF programme, to support families before crisis point.

The Family Hub model is a 'one-stop-shop' for families with children of all ages, offering support and signposting. Therefore, adoption of this approach would satisfy the statutory duties subscribed within the Sure Start Children's Centres statutory guidance for local authorities, commissioners of local health services and Jobcentre Plus April 2013 and enhance the provision by widening their scope to include older children. The model will follow the i-Thrive Framework<sup>2</sup>.

The locations of Family Hubs would need to align with local need and the most effective children's centre buildings, whilst recognising the interfaces with the Wellbeing Hubs and other community services to improve outcomes. The relative location of the city's schools is also important in building a visible network of support for children, young people and families and professionals. The future Saltram Meadows housing development is being considered as part of the estates strategy.

Co-location of staff will be central to the success of multi-agency working within the Family Hubs; this may be on a permanent or "hot-desking" basis. Family Hubs would need to function collaboratively with the proposed network of Wellbeing Hubs and other community assets such as schools, to ensure a "no wrong front door" approach to the system. There will also be opportunities to develop reciprocal arrangements for inter-generational working by engaging with grandparents or retired volunteers to work with practitioners and parents/carers to support families to realise their full potential. This will be part of the drive to reduce loneliness as part of the city's Loneliness Action Plan.

The Family Hub model would be underpinned by the use of the Early Help Assessment Tool (EHAT) to assess, share information and request involvement from early help services. The Single Assessment will continue to be utilised for families where concerns have escalated to statutory level, drawing on the information already gathered in the EHAT. An Early Help outcomes-based plan and review process would be the method of monitoring progress for children and young people, with a system outcomes framework for partners, to ensure that visibility of need and the impact of interventions is known. The Lead Professional role will be central to completion of the EHAT and the subsequent development and monitoring of the outcomes plan and stepdown.

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<sup>2</sup> <http://www.implementingthrive.org/about-us/the-thrive-framework/>

Family Hubs would enable universal service provision to reach up, and targeted support provision to reach down, to provide wrap-around support for children, young people & families. This would not require all interventions to be delivered on site, but would enable the Family Hubs to be used as a base for professional networking, co-location and working creatively as one “team”. The aim is for Family Hubs to feel welcoming and supportive; places where families know they can go for help without feeling judged or stigmatised. The Family Hubs should also be seen as places that empower and support the communities to promote positive outcomes as well as address need e.g. peer support and Information Advice and Guidance (IAG).

Children, Young People and Families could access Family Hubs by simply walking into any building, or by being signposted from their child’s school or via a professional or member of their community, but receive support wherever is most comfortable and appropriate for them. The contact information would be available to families online if they wanted to make contact using other methods e.g. email or telephone. This flexibility of delivery will help to ensure maximum engagement with services by families from isolated communities and encourage outreach delivery into the community.

There would be opportunities for health partners, VCS organisations, services supporting schools and other interested partners to deliver activities and interventions from the buildings for children, young people & families, via staff or volunteers including peer supporters. We would expect Family Hubs and other related staff to be appropriately skilled and knowledgeable in order to support families and have a trauma informed approach to their interactions from the first point of contact. In addition to the four key areas for the Family Hubs above, the multi-agency approach will assist with planning of key childhood transition points from pregnancy onwards through all education phases, improve school readiness and work with schools to improve attendance and attainment of pupils.

## **5. PROPOSAL – TARGETED SUPPORT**

Targeted support offers a more intensive level of support for children, young people & families with complex needs, either over a short or longer term period of time. These services aim to reduce the need for statutory intervention, improve better outcomes and reduce trauma for children and young people, but also to identify those families where change and improvement are more difficult to achieve and sustain.

It is proposed to create a small number of Targeted Support Teams; located so that they work across a city-wide footprint. These would be an opportunity for co-location of practitioners working with more complex families in order to work creatively together, including shared assessments of need and risk, to ensure that any service offer is collectively managed and sequenced by a multi-disciplinary approach.

Families could be referred to the Targeted Support teams via Access, the Gateway/Hub, or via the Family Hubs. All requests for support would be triaged using a multi-disciplinary team approach to consider who would be most skilled to work with the child or family.

Professionals will be deployed from the Targeted Support Teams on the basis of need to support Family Hubs staff and deliver interventions to families in the community, including in family homes, Family Hubs or other community sites such as schools. Services would not be delivered where the Targeted Support Teams are located to avoid possible stigmatisation of families accessing the associated buildings. The Targeted Support Teams would offer

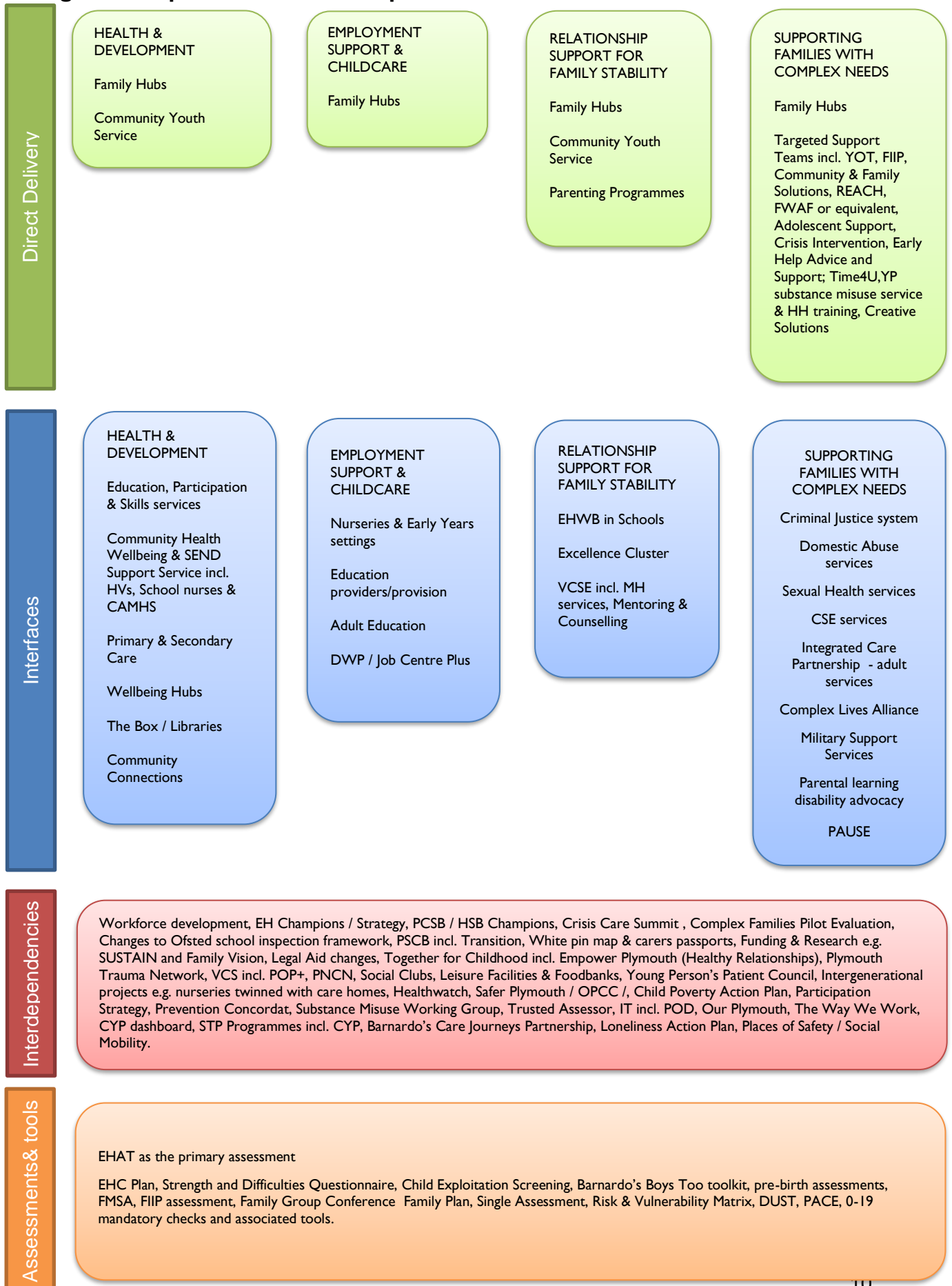


services such as crisis response to prevent escalation, either for individuals or communities, as well as an interface with related services such as the Complex Lives Alliance.

The learning from the development of the Wellbeing Hubs, 0-19 CHWB&SEND Support Service mobilisation, Together for Childhood pilot, Supported Living Positive Behaviour Support pilot and the Complex Lives Alliance will be utilised to inform how we work with our partners and communities. The Early Help and Targeted Support offer will allow for any future national Early Help programmes to align with our model such as the next phase of FWAF programme.

The figure 2 below shows the services in scope of the new model of delivery.

**Figure 2 Proposed Services in Scope**



## 6. ESTATES STRATEGY

Currently there are fifteen Department for Education “designated” Children’s Centre sites and three satellite sites used to support service delivery of sixteen Children’s Centres; initial building surveys have been carried out on these sites. More in depth surveys will be carried out as part of the development of the final business case.

Early indications from the estates strategy has told us that twelve of the current children’s centre sites could continue to operate and be developed into 0-19 Family Hubs. We would also consider the use of a number of satellite sites to support local service delivery.

We are considering the relocation of the Children’s Centre “designation” on two sites and whether these could be transferred to other existing Children’s Centre sites; this would apply to two Children’s Centre’s because the current buildings are not fit for purpose as Family Hubs due to being relatively small and unsuitable. It is permissible under DfE guidance to combine more than one Children’s Centre designation onto one site; an example of this was the bringing together of Lark and Popin Children’s Centres in North Prospect – although based in one building the Children’s Centres have different geographical footprints for delivering services to families.

One other Children’s Centre building could be used to accommodate a Targeted Support Team as it is better suited to office accommodation than a Family Hub. Other buildings have yet to be identified as possible Targeted Support and Family Hub locations. There may be opportunities for efficiencies by co-locating staff from other sites into fewer buildings where we are currently paying rent and other charges.

The position is summarised below:

Current position	Possible future position (to be confirmed in final business case)
12 current Children’s Centre buildings	Develop into 0-19 Family Hubs
1 current Children’s Centre building	Develop into a Targeted Support team building
2 current Children’s Centre buildings	Transfer the Children’s Centre designation to other Family Hub sites and release the buildings
3 satellite sites	Consider whether these are fit for purpose and what else is needed
	Identify an additional Targeted Support team building
	Identify other buildings where teams are currently located which may not be needed as teams integrate and co-locate

As part of the proposed consultation, Facilities Management will further consider more in-depth building surveys, the cost of running the buildings, and any maintenance work needed to bring them up to date. The evaluation criteria and space requirements (see Appendix 2) will be used in these surveys which were developed using feedback from the consultation in

autumn 2018 (see Appendix 1) and knowledge of the services required. This will help to determine which sites would operate most effectively as Family Hubs and which could house the Targeted Support Teams. However, other delivery sites may be considered as part of the consultation.

The Estates Strategy will also develop an understanding of the physical community assets available alongside the existing buildings. The community asset maps include schools, Wellbeing Hubs, nurseries, libraries and Children's Centres and will be shared as part of the consultation. There will be an emphasis on the expansion of the utilisation of other community assets as part of the development of Family Hubs. This will support the flexibility of delivery of services to our more isolated communities.

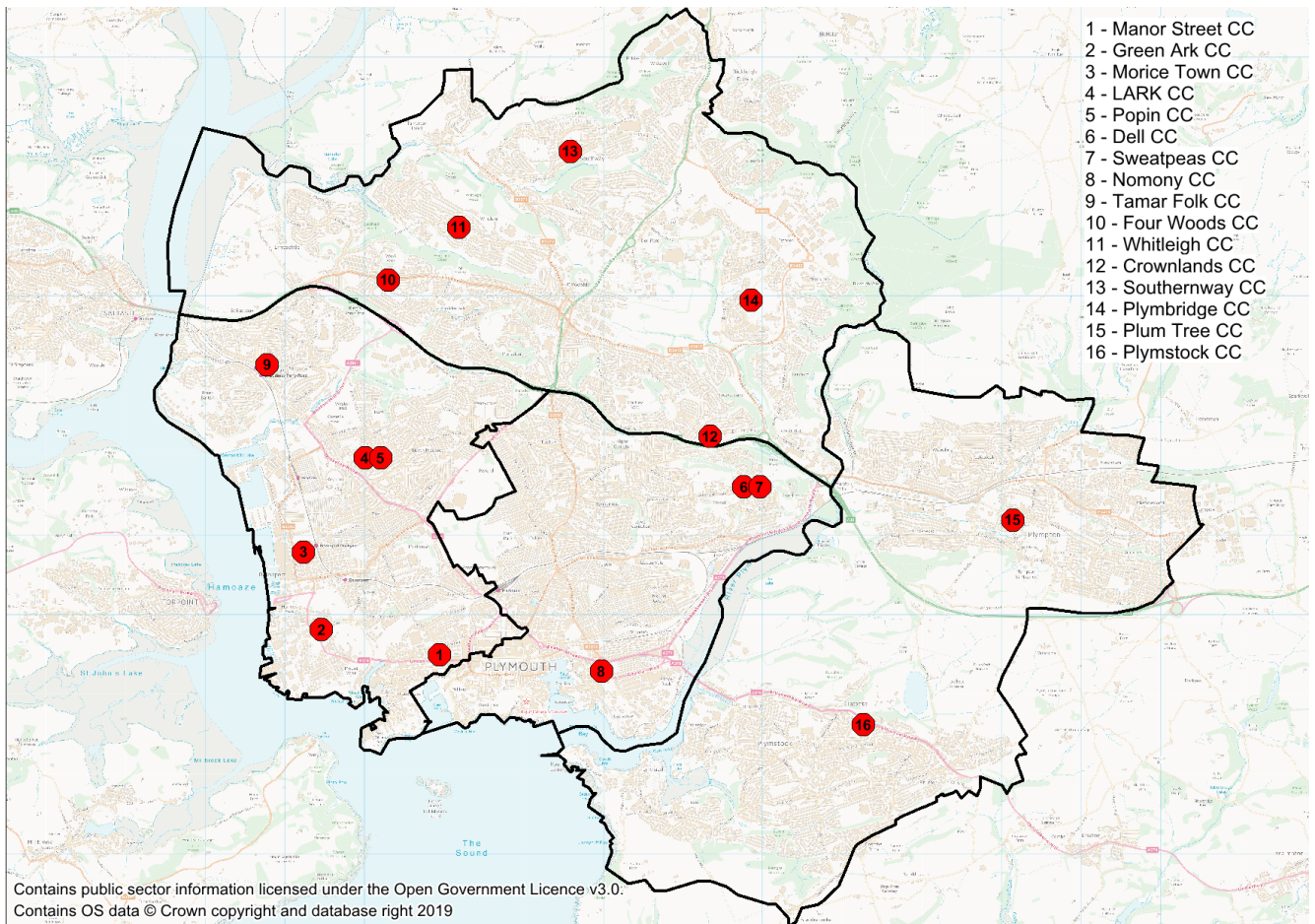
The overall efficiencies from the estate strategy will be included in the final business case when the consultation and building surveys have been concluded. The DfE clawback for capital funding may have implications on the change of use of some of the Children's Centre buildings so this will need to be considered as part of the estates strategy.

## **7. EVIDENCE FOR CHANGE – NEEDS ANALYSIS**

A needs analysis has been carried out, using profiles for each neighbourhood and grouped by locality. This covered a range of indicators including measures to represent the locality demographic and the four key areas of health and development; employment, support and childcare; relationship support for family stability and supporting families with complex needs. The summary headlines from each locality is summarised below, whilst the needs analysis will be published as a supporting paper to this initial business case (see Appendix 3).

### **Health Locality Map**

Figure 3 Map showing the current Children's Centres against the Health Locality boundaries.



Note: The West Locality has recently been "divided" into two community health teams with the southern boundary of the Wolseley Road; 'Beacon North' includes Barne Barton, St. Budeaux, North Prospect, King's Tamerton and Beacon Park and; 'Beacon South' includes, Keyham, Ford, Morice Town, Devonport, Stonehouse and Stoke.

### **East locality**

The locality has a lower deprivation score compared to Plymouth. Overall, the measures for this locality show more favourable results when compared to the Plymouth average. In the locality there tends to be better educational and healthy lifestyles outcomes, however the locality shows a mixed picture (similar to the city) for self-esteem, resilience, young carers and using substances & alcohol.

### **North locality**

The locality has a similar deprivation score compared to Plymouth, but there is marked variation between its constituent neighbourhoods. Overall, the majority of the measures for this locality show similar results compared to Plymouth. However this obscures a wider variation of more and less favourable results when viewed across the neighbourhoods. In the locality there is a mixed picture around healthy lifestyles and safety, with a higher proportion of pupils reporting being a victim of violence or aggression in the area they live, but a lower proportion of violence in the home. In the locality there tends to be a higher proportion of adults with no qualifications.

### **South locality**

The locality has a similar deprivation score compared to Plymouth, but there is marked variation between its constituent neighbourhoods. Overall, the majority of the measures for this locality show similar results compared to Plymouth. However this obscures a wider variation of more and less favourable results when viewed across the neighbourhoods. Across the locality there are better healthy lifestyles outcomes with a higher proportion of children with a healthy weight in reception and year 6 and a lower proportion of pupils reporting use of substances, alcohol and cigarettes. This locality also has a lower proportion of adults with no qualifications, however it should be noted that University of Plymouth is situated within the locality. The locality has a higher under 18 conception rate and proportion of families with young children that have separated or divorced in the last year. A number of neighbourhoods experience a lower life expectancy.

### **West locality**

The locality has a higher deprivation score compared to Plymouth. Overall the majority of indicators across all four key areas show an unfavourable picture when compared to the Plymouth average. However there tends to be a higher proportion of children registered with a children centre and a lower proportion of pupils reporting drinking alcohol. There is a mixed picture around safety due to the locality having a number of neighbourhoods with high or low proportion of pupils being a victim of violence or aggression in the area, and the same pattern exists for violence at home. In the locality there tends to be a worse outcome for healthy lifestyles and a higher proportion of the families are vulnerable.

## **8. EVIDENCE FOR CHANGE - OVERVIEW OF PROVISION IN OTHER LOCAL AUTHORITIES**

As part of the development of the initial business case there has been a review of other local authority practice relating to Family Hubs, Children's Centres and Early Help offers, particularly for families with 0-19 year olds. The LGA EH research report also refers to models in several local authorities<sup>3</sup>. Some examples of these are shown below:

- Essex County Council – Child and Family Wellbeing Service for children from 0 to 19 (or 25 for young people with SEND) is commissioned jointly with health. The service is delivered through a combination of Family Hub and delivery sites.
- Leicestershire County Council - Early years support for children under 5 and targeted whole family support for children aged 0-19 through integrated service delivery.
- Isle of Wight Council – Barnardo's deliver locality based Family Centre's for families from conception to teenage years. There is support on site, short and long term family support available.
- North Yorkshire County Council - CSC Service has become the first in the country to be rated "outstanding" in all areas by Ofsted, after achieving a 15% reduction in the number of young people taken into care and savings of about £5m. This achievement has been credited to preventing families from reaching crisis point

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<sup>3</sup> Key enablers in developing an effective partnership-based early help offer: final research report (LGA, March 2019).

rather than waiting for a family to be in crisis. The Minister for Children and Families, Nadhim Zahawi, said the successes at North Yorkshire should be replicated at councils around the country.

- Reading Borough Council – Children’s Centre’s have recently been commissioned into four clusters and families can access a wide range of services including speech and language, SEND support, parenting support, school readiness opportunities and benefits checks etc.
- Kent County Council – combination of Children’s Centre’s and Youth Hubs in each district to deliver the universal and EH offer and the intensive family support to offer more targeted support. A focus on the development of partners’ distinctive role of Early Help.

## **9. EVIDENCE FOR CHANGE – FEEDBACK FROM FAMILIES AND PROFESSIONALS**

In autumn 2018 a consultation was carried out with families and professionals to test whether the model of Family Hubs and Targeted Support Teams was an appropriate way of delivering Early Help and Targeted Support.

The consultation comprised an online survey, visits to seventeen Children’s Centre’s or Satellite Sites across the six clusters and visits to relevant strategic meetings (e.g. SOGs, PSCB MACSE, CSPB, Young Carers conference etc.) to discuss the consultation and participation in the survey.

The Early Help and Targeted Support public consultation opened on the PCC consultation portal on September 5th and closed on 31st October 2018. There were over 244 responses received; 129 responses from families and 95 responses from professionals. Commissioning and Early Years completed the family survey with 57 families. Some families chose to complete the survey themselves and send responses direct through the Children’s Centre’s.

Both professionals and families broadly agreed with the direction of travel towards the Family Hubs (see Appendix I for more detail):

- Both families and professionals agree that services should be delivered in a variety of settings. The setting will be dependent upon the service and the individual circumstances of the family.
- Friendly, non-judgemental and welcoming environments with staff that families were familiar with were vital to them feeling safe and happy seeking help. Therefore, the retention of the universal offer will be important to continue to build this trust so that help can be accessed at the earliest point, if required.
- There is a need for better access to information about the offer and how to access it locally.
- Partnership working between Family Hubs and other local community provision can be maximised by having good communication, clear pathways and opportunities to joint work cases / share skills.
- The offer could work with schools by inviting them to be part of local multi-agency stakeholder meetings, good communication, allowing direct referrals and having a link with the local Family Hubs.

- There were concerns raised which related to needing more clarity on the proposed model (for professionals), communication about changes and ensuring adequate resourcing for the offer.

## 10. HIGH LEVEL PLAN

Activity	Date
Cabinet	TBC (June)
Plan and deliver consultation on final delivery model (including buildings)	July - September 2019
Cabinet for approval of final business case	November 2019
Co-design specification with partners	September - November 2019
Prepare for procurement	December 2019- January 2020
Launch procurement	February 2020
Procurement close	May 2020
Evaluation	May-June 2020
Contract(s) awarded (Cabinet)	September 2020
Contract(s) mobilisation	September 2020 - February 2021
Contract(s) start	March 2021*

Note: \*There will need to be negotiation with incumbent providers to ensure there is no gap in provision.

This may involve seeking exemptions to extend existing contracts.

## 11. RISKS & IMPACT

Description	Mitigation of Risk
Financial savings required prior to implementation of the new model may compromise the delivery of the future Early Help and Targeted Support offer	<p>Risk assess proposed efficiencies to ensure future delivery is not undermined</p> <p>Co-design the specification for the new service to ensure partners are engaged in and understand future requirements</p>
IT has a 3 month lead in time and secure links are required by some partners to work effectively	<p>Ensure that the transition period to the new model of delivery is at least 3 months to account for the lead in time with IT infrastructure.</p> <p>Include IT requirements in the estate strategy evaluation criteria to see if the buildings have the capability for IT including tele meeting / teleconferencing facilities.</p>
Partner capacity and interest in the opportunity to bid for or be involved in the new model may be limited	<p>Ensure that partners are engaged with in a meaningful way to support the design of the new model and the service specification.</p> <p>It is also proposed (subject to Cabinet approval in autumn 2019), to begin trialling some new ways of working during 2020, to begin the process of moving to the new model. This will support staff to engage effectively.</p>



## 12. CONSULTATION FINDINGS

### Family survey quotes:

1. *"Family hub sounds great, love the idea of wellbeing for the family in a one stop shop."*
2. *"I love the idea of consolidating groups / support together. However if it means closing down Children's Centres / Groups I feel it will limit many parents. I have already had to move the Chatterbox from Chaddlewood which was walking distance to having to catch the bus. to the Ridgeway which some weeks I am unable to attend due to finances. I have noticed some weeks the groups busy and others it's not. So I think limiting groups would restrict parents."*
3. *"Only concern is mixing age groups - not only for baby, could be intimidating if teenagers hanging around outside centre"*
4. *"There are potential issues around the portrayal of the family hub as somewhere to seek support while Children's Centres are for the social element and for education and fun. People may only think the service is to be accessed if you have a problem while the benefits are currently universal. It is a great place to socialise for children and parents to play and bond and become aware of other services via the centre"*
5. *"Like idea of Family Hub - Probably invite more people to come around. Perspective of current Children's Centre maybe focuses more on mums as opposed to dads"*

### Professional survey quotes:

1. *"It looks like a comprehensive and well thought through integrated service model and I like that the emphasis is on the wellbeing of the children and young people. Furthermore having the Targeted Team located separately from the Family Hubs to avoid stigmatisation is a good idea."*
2. *"Priority should depend on need but pragmatically might depend on suitable premises."*
3. *"Develop shared understanding of different teams' ways of working, time to formulate and understand the issues presented as opposed to being directed to complete a targeted piece of work."*
4. *"When asked about their main concern a person who did not agree with the approach commented "Not having the staff, expertise or resources to manage the increased workload."*
5. *"Whilst I am unable to support the offer at this stage as it is unclear in the Consultation Document of the overall impact. Management must at least know the planned logistics, more detail needed."*

### The key findings from the family surveys were as follows:

1. There were responses from families with children and young people in all age groups 0-19, however, the largest number of responses were from families with pre-school children.
2. 74% of respondents liked the name Family Hubs.
3. 82% of respondents either strongly agree or agree with the direction of the Early Help and Targeted Support offer described in the consultation.
4. The most popular preferred place to receive services was Children's Centres; followed by home; a community setting or another place such as libraries and community centres, although many responded that venue would be dependent on the service being delivered.
5. Responses as to what would make the Early Help and Targeted Support offer attractive to families so that they felt safe and happy to seek help included a welcoming non-judgmental environment with spaces to talk privately; friendly, familiar and knowledgeable staff; online/accessible information available about services; services that are available outside office hours and close to home.

6. Responses of how to improve the Early Help and Targeted Support offer included offering more local group sessions including specific needs/universal/age groups/ all groups; opportunities for parents to network; effectively communicating offer; and working with existing providers.

The key findings from the organisation surveys were as follows:

1. Responses were from local authority services, private providers, Voluntary and Community Sector providers, Health providers, primary, secondary or special schools, Early Years providers, Youth Services provider and other organisations.
2. 76% of respondents either strongly agree or agree with the direction of the Early Help and Targeted Support offer described in the consultation.
3. Respondents were able to identify gaps in the proposals which have been broadly categorized under themes which included: Employment for families, Housing, Early Years, Workforce, Family Hub Locations, Youth Services, implementation of model, interfaces with other service provision, Complex Needs, IT, Education and EHAT.
4. Comments relating to how we can maximise partnership working between the family hubs and other community based provision included improved communication, co-location, partnership working, engagement with stakeholders, sharing good practice, adequate resources and maximizing IT.
5. Suggested priority areas for the progression from Children's Centres to Family Hubs included: focus on targeting vulnerable families, maintaining an early help focus, Maternity & Early Years; mental health; engagement with partners and families and transition.
6. The majority of respondents thought that services should be delivered within the family home; followed by Children's Centres; within a community setting; or another place.
7. Responses on how the Early Help and Targeted Support offer could work with schools included suggestions such as schools being part of a stakeholder group meetings, improved communication, a linked worker/hub from Early Help and Targeted Support for each school, direct referrals from schools, school based interventions and clarity on processes.
8. Main concerns raised included clarity on processes, suitability of premises, communication and resourcing.

### **13. ESTATE STRATEGY**

Evaluation Criteria:

1. Space
2. Accessibility
3. Financial sustainability - services
4. Opportunity costs (value that could be released - revenue or capital - if not used)
5. Delivery of statutory requirements
6. Long term sustainability
7. Transport Links
8. Other services already in the building which would enhance the hubs offer
9. Levels of use by the public
10. Proximity to other well used public or commercial services, such as shops
11. Lack of alternatives in the vicinity
12. Acceptability to the community
13. Versatility of the space
14. IT accessibility/connectivity
15. Video conferencing/teleconferencing facilities
16. Suitability for Targeted Support Teams (no public access required)

## 17. Suitability for Family Hub

<p>Space Requirements:</p> <ol style="list-style-type: none"> <li>1. Office Accommodation             <ol style="list-style-type: none"> <li>a. Reception Room</li> <li>b. Interview Rooms</li> <li>c. Hot desk space</li> <li>d. Office Desk Space</li> <li>e. Secure space for confidential information</li> <li>f. Space for Safe for birth registrations</li> <li>g. Server Space</li> <li>h. General Store</li> <li>i. Lone working ability</li> <li>j. Meeting Room (potential video conferencing / teleconference facility)</li> </ol> </li> <li>2. Clinical Space             <ol style="list-style-type: none"> <li>a. Clinical Room for HVs and Midwives etc.</li> <li>b. Refuse and Clinical Waste</li> </ol> </li> <li>3. Staff Accommodation             <ol style="list-style-type: none"> <li>a. Staff Room and Kitchen</li> <li>b. Staff WC</li> <li>c. Staff Accessible WC</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>4. Patient/Public/General Access             <ol style="list-style-type: none"> <li>a. Waiting Area</li> <li>b. Indoor Children's Play Area</li> <li>c. Outdoor Children's Play Area</li> <li>d. Pushchair spaces</li> <li>e. Wheelchair/mobility scooter spaces</li> <li>f. Nappy changing room</li> <li>g. Public WC's</li> <li>h. Public Unisex Accessible WC</li> <li>i. Car Parking Spaces</li> <li>j. Disabled Car Parking Spaces</li> </ol> </li> <li>5. Miscellaneous             <ol style="list-style-type: none"> <li>6. Communal Change/Lockers</li> <li>7. Shower</li> <li>8. Cleaners Cupboard</li> <li>9. Community Use</li> <li>10. Studio/multi-purpose space for groups</li> <li>11. Public Accessible Kitchen</li> <li>12. Nursery</li> <li>13. Crèche</li> <li>14. IT Suite/ Public Wi-Fi</li> <li>15. Café</li> <li>16. Gym</li> <li>17. Garden</li> <li>18. Library</li> </ol> </li> </ol>
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## 14. NEEDS ANALYSIS

# Early Help and Targeted Support Needs Assessment



Author: Office of the Director of Public Health, Plymouth City Council

Date: April 2019 (v1.0)

This document is produced as part of Plymouth's Joint Strategic Needs Assessment.

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## Population forecast

It is estimated that Plymouth's population will increase by over 17,500 by 2030. The largest increase will be seen in 90+ year olds (a 76.3% increase), whilst it is estimated there will be a 2.5% reduction in the 30-64 year old population. The under 18 population is projected to rise by 6.6% equating to an increase of approximately 3,500 under 18s in that time.

Sub-national population projections by age group, 2012 to 2030 (2014-based)

Age group	2014	2016	2020	2025	2030	% change
Under 18	51,709	52,124	53,853	55,488	55,146	6.6
18-29	52,665	53,872	53,362	52,674	55,808	6.0
30-64	111,570	111,614	111,853	110,819	108,727	-2.5
65-74	24,764	25,570	25,854	25,973	28,603	15.5
75+	20,838	21,278	23,597	28,181	30,788	47.7
90+	2,218	2,243	2,485	3,059	3,911	76.3
All ages	261,546	264,457	268,519	273,134	279,073	6.7

Source: Office for National Statistics

## MOSAIC

Mosaic is a dataset produced by Experian as a cross-channel consumer classification system designed to help users understand the demographics, lifestyles, preferences and behaviours of the UK adult population in detail. This is achieved by allocating individuals and households (by postcode) into one of 15 'Groups' and 66 detailed 'Types'. Using postcode data from the 2015 GP registration database, the top three Mosaic groups in Plymouth are:

1. M Family Basics (families with limited resources who have to budget to make ends meet) 12.7% of postcodes
2. J Rental Hubs (educated young people privately renting in urban neighbourhoods) - 12.1% of postcodes
3. L Transient Renters (single people privately renting low cost homes for the short term) - 12.0% of postcodes

## Life expectancy

Overall life expectancy in the city (for males and females combined) continues to rise. It has risen by 3 years and 5 months since 1997-99. Overall life expectancy in Plymouth in 2014-16 was 80 years and 11 months. This was an increase of 1 month from 2013-15.

In comparison with England, male life expectancy has consistently been below the national average. The latest 2014-16 data reveals male life expectancy in Plymouth is 78 years and 11 months which is 7 months lower than the England average. This gap between male life expectancy in Plymouth and England has widened from 6 months in 2001-03.

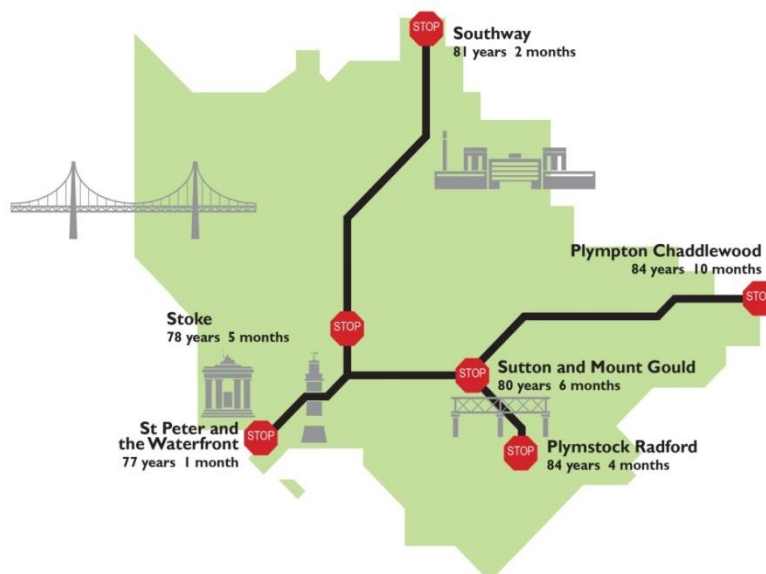
The latest 2014-16 data reveals female life expectancy has increased to 82 years and 8 months and the gap between Plymouth and the England average has widened to 6 months.

Healthy life expectancy for males in Plymouth is 2 years and 7 months lower than the England average in 2014-16. For females it is 6 years and 1 month lower. The proportion of life spent in 'good' health and in 'disability free' health is also significantly below the England average for both genders.

There is a strong relationship between neighbourhood deprivation group and life expectancy. In other words, the more deprived the neighbourhood group, the lower the life expectancy and vice versa. The least deprived group of the Plymouth neighbourhoods had the highest overall life expectancy in 2014-16 (82 years and 11 months). The most deprived group of neighbourhoods had the lowest life expectancy (78 years and 2 months) in the same period. The gap between the deprivation groups with the highest and lowest values in 2014-16 was 4 years and 8 months.

#### Plymouth's life expectancy bus route 2014 - 16

Wards just a few miles apart can have life expectancy values varying by years. Travelling the seven miles south from the Southway ward, each mile closer to the St Peter and the Waterfront ward represents 7 months of life expectancy lost. Travelling west to the same location from Plympton Chaddlewood, each mile represents over one year of life expectancy lost.



## Child health profile

Looking at the [2019 child health profile](#) produced by Public Health England the following narrative has been produced.

- **Child mortality rate**

The child mortality rate is lower than England but isn't significant due to the small numbers involved which is around 3-6 deaths a year. Over the last 6 years in Plymouth the rate has been static.

- **Vaccination coverage 2 year olds**

For the last 8 years the vaccination coverage for 2 year olds in Plymouth has been above England and for the last 4 years it has been above the World Health Organisation (WHO) vaccination



target of 95%. Plymouth compare favourably with our CIPFA nearest neighbours around vaccination coverage in 2 year olds.

- ***Children achieving a good level of development at the end of reception***

For the last 5 years the proportion of children achieving a good level of development at the end of reception in Plymouth has been below England's proportion. In Plymouth the proportion has increased over the last 6 years. Compared to our CIPFA nearest neighbours Plymouth sits towards the bottom of the group.

- ***Children in low income families (under 16 years)***

For the last 10 year the proportion of children (under 16 years) living in low income families in Plymouth has been higher than England's proportion. But the proportion of children living in low income families in Plymouth has decreased over this period. Compared to our CIPFA nearest neighbours Plymouth sits towards the bottom of the group.<sup>4</sup>

- ***Family homelessness***

For the last 4 years the rate of households with children or pregnant women accepted as unintentionally homeless has been lower than England's rate. The most recent rate for Plymouth was 1.3 per 1,000 households which works out to 151 households that were accepted as being unintentionally homeless. Compared to our CIPFA nearest neighbours Plymouth sits towards the top of the group.

- ***Children in care***

For the last 8 years the rate of children in care has been higher than England's rate. The most recent rate for Plymouth was 80 per 10,000 children aged 0-17 years old which works to around 415 children. Compared to our CIPFA nearest neighbours Plymouth sits towards the middle of the group.

- ***Children killed or seriously injured on England's road***

The latest rate shows Plymouth has a similar rate of children killed or seriously injured on roads compared to England's rate. The most recent rate was 12.1 per 100,000 children aged 0-15 years old which works out to around 17 incidents over the last 3 years. Compared to our CIPFA nearest neighbours Plymouth has the second lowest rate.

- ***Low birth weight of term babies***

The latest proportion shows Plymouth has a similar proportion of term babies being born with a low birthweight compared to England's rate. The most recent proportion was 3.2% which works out to 83 babies. Compared to our CIPFA nearest neighbours Plymouth sits towards the middle of the group.

- ***Obese children (4-5 years)***

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<sup>4</sup> This measure is based on the % of children aged 16 years living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income, in order that comparisons could be made across areas (formerly National Indicator 116).

The latest proportion of obesity in reception aged children is similar to England's proportion. The most recent proportion is 9.7% which works out to 264 children. Compared to our CIPFA nearest neighbours Plymouth has the 3<sup>rd</sup> lowest proportion.

- ***Obese children (10-11 years)***

The latest proportion of obesity in year 6 aged children is similar to England's proportion. The most recent proportion is 18.6% which works out to 464 children. Compared to our CIPFA nearest neighbours Plymouth has the lowest proportion of obesity in year 6 children.

- ***Admission episodes for alcohol-specific conditions under 18***

For the last 10 years Plymouth has had a higher rate of admissions for alcohol-specific conditions in under 18s compared to England. The most recent rate was 47.3 per 100,000 population aged under 18 which works out as 74 admissions over a three year period (25 admissions a year). Over the last 10 years Plymouth rate has decreased and has closed the gap between Plymouth and England. Compared to our CIPFA nearest neighbours Plymouth sits towards the middle of the group.

- ***Hospital admissions due to substance misuse***

For the last 7 years Plymouth has had a similar rate of admissions due to substance misuse in 15-25 year olds compared to England. The most recent rate was 103.8 per 100,000 population aged 15-24 years old which works out as 124 admissions over a three year period (41 admissions a year). Compared to our CIPFA nearest neighbours Plymouth sits towards the middle of the group.

- ***Breastfeeding at 6-8 weeks***

For the last 3 years since the new reporting method was introduced Plymouth has had a lower proportion compared to England. The most recent proportion for Plymouth was 40% of mother's breastfeeding at the 6-8 weeks check. Compared to our CIPFA nearest neighbours that have met the data quality tests Plymouth sits towards the top of the group.<sup>5</sup>

- ***A&E attendances 0-4 year***

For the last 7 years Plymouth has had a lower rate compared to England. The most recent rate was 493 per 1,000 population aged under 5 for Plymouth which works out as 7,549 attendances. Compared to our CIPFA nearest neighbours Plymouth has 3<sup>rd</sup> lowest attendances rate in under 5s.

- ***Hospital admission cause by injuries in children 0-14 years***

For the last 8 years Plymouth has had a higher rate compared to England, over this period the rate has decreased for Plymouth. Compared to our CIPFA nearest neighbours Plymouth has a high rate of admissions caused by unintentional and deliberate injuries in children aged under 15 years old.

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<sup>5</sup> In 2015/16, the method for recording this indicator changed and so it is not possible to accurately understand the trend for 6-8 weeks breastfeeding at this point.

- **Hospital admission for mental health conditions**

The latest rate of admissions for mental health conditions in under 18s is similar to England. Compared to our CIPFA nearest neighbours Plymouth sits towards the middle of the group.

- **Hospital admissions as a result of self-harm**

For the last 4 years Plymouth had a higher rate of admissions as a result of self-harm in 10-24 years old. Over the last 4 years Plymouth has seen a steady increase in the number of 10-24 year olds admitted to hospital as a result of self-harm. Compared to our CIPFA nearest neighbours Plymouth has the 2<sup>nd</sup> highest rate of admission as a result of self-harm in 10-24 year olds.

## **Ages and Stages Questionnaire (ASQ) data**

ASQ provides a measure of development in early years and is routinely undertaken as part of the 2-2½ year mandated check. Domains of development tested include communication, gross motor, fine motor, problem solving and personal-social skills.

In 2018/19 Plymouth has a similar proportion to England and the South West of children who were at or above the expected level in all five areas of development. Across the five areas of development in Plymouth communication has a lower proportion of children at the expected level, which follows national data.

## **Children or young people with an Education, Health and Care (EHC) assessment or plan**

In Plymouth there are 2,130 children or young people (0-25 years old) with an EHC needs assessment or plan (as of the 29<sup>th</sup> Mar 2019). The North and West localities have a higher rate of children or young people with an EHC assessment or plan, while the South locality had a lower rate.

## **Homelessness (temporary accommodation)**

Using a local snapshot of the temporary accommodation data on the 22<sup>nd</sup> Feb 2019, there were 62 families in temporary accommodation within these families there were 124 children. Over half of the families living in temporary accommodation are in the West locality and a third of the families are in the South locality.

## **Children being removed**

Over the last 3 years 444 women were identified as having 902 children removed in Plymouth, the analysis below has only been produced using the 122 women who fit the Pause criteria.<sup>6</sup>

The majority of these women live in the South and West locality (approx. 80%) with most of the remaining women living in the North locality.

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<sup>6</sup> Pause works with women who have experienced – or are at risk of – repeated pregnancies that result in children needing to be removed from their care. The programme gives women the chance to pause and take control over their lives, breaking a destructive cycle that causes both them and their children deep trauma. 322 women were excluded from the cohort for the following reasons: They had only had one child removed; They were deceased; They were 40+ and hadn't had a child within the last three years; They were no longer living in Plymouth; They were currently living with, and caring for, one or more children.

## **Absence and exclusions**

Plymouth schools have a lower proportion of pupils permanently excluded compared to England, however both Plymouth and England have shown increases in numbers over time.

Plymouth schools have a higher overall absence rate when compared to England, the trend show the rate has been fairly static over the last 5 years. Plymouth schools have a higher persistence absence rate when compared to England.

## **Young carers**

Currently based on 65 mainstream schools (4 secondary and 20 primary schools are still to provide data) and one special school in Plymouth, 745 young carers have been identified.

## **Youth Offending**

The rate of first time entrants to the youth justice system in 2017 was 350 per 100,000 10-17 year olds in Plymouth which works out to 74 10-17 year olds. The rate of first time entrants to the youth justice system is similar to England.

In 2018 there were 60 young people who have had a youth offending team intervention. In the North, South and West localities there was a similar number and rates of young people who had an intervention, while in the East locality there was a lower number and rate of young people who had an intervention.

## **Adverse childhood experiences**

Adverse Childhood Experiences (ACEs), such as being a victim of violence or neglect, or living with a household member who abuses substances or is involved in criminal activity, are associated with negative adult outcomes such as health harming behaviours, chronic conditions, and increased health care utilisation and costs. There is also significant evidence linking childhood maltreatment with poor educational outcomes.<sup>7</sup>

ACEs and health-harming behaviours are both associated with deprivation, the more deprived communities have a higher prevalence of adults experiencing 4 and more ACEs in childhood compared to the affluent communities.<sup>8</sup>

The below table shows the prevalence of ACEs in adults, from four studies that have been carried out in the UK. Across the studies just under 50% of the adult population have experienced at least one ACE while around 10% of adults have experienced 4 or more ACEs.

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<sup>7</sup> Addressing Adversity (2018), Young minds

<sup>8</sup> Bellis et al (2014) National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviours in England

<b>1.1 Number of ACEs</b>	<b>1.2 Northamptonshire, Hertfordshire and Luton<sup>9</sup></b>	<b>1.3 Blackburn with Darwen<sup>10</sup></b>	<b>1.4 English National Study<sup>4</sup></b>	<b>1.5 Welsh National Study<sup>11</sup></b>
<b>1.6 0</b>	1.7 56	1.8 53	1.9 54	1.10 53
<b>1.11 1</b>	1.12 18	1.13 19	1.14 23	1.15 20
<b>1.16 2-3</b>	1.17 17	1.18 16	1.19 15	1.20 13
<b>1.21 4+</b>	1.22 9	1.23 12	1.24 8	1.25 14

## **Pupil's resilience and self esteem**

When results from the local school survey are compared to other areas that have carried out a school survey it shows the following:

A low proportion of pupils in Plymouth have a high self-esteem and resilience score when compared to 6 LA in Plymouths CIPFA (Chartered Institute of Public Finance and Accountancy) group, And a higher proportion of pupils having a low self-esteem and resilience score

## **Method for the locality summaries**

To produce the following information for the localities we created 39 neighbourhood profiles (that make up the four localities) which were populated by a number of indicators which were grouped into four areas (see appendix for a full list of indicators used in the profiles). For each indicator the best and worse 10 neighbourhoods were summed up for each locality to help produce the below statements.

### **East locality**

#### **Summary**

The locality has a lower deprivation score compared to Plymouth. Overall, the measures for this locality show more favourable results when compared to the Plymouth average. In the locality there tends to be better educational and healthy lifestyles outcomes, however the locality shows a mixed picture (similar to the city) for self-esteem, resilience, young carers and using substances & alcohol.

#### **Population**

In the East locality there are a slightly lower proportion of the population aged under 5 years old and working age adults (15-64), although the East locality has a higher proportion of the population aged over 65 compared to Plymouth.

#### **Deprivation**

The East locality generally has a lower deprivation score compared to the rest of Plymouth, with 6 of the 8 neighbourhoods in the East locality being in the top 10 least deprived neighbourhoods in Plymouth.

#### **Car ownership**

<sup>9</sup> Ford et al. (2016) Adverse Childhood Experiences (ACEs) in Hertfordshire, Luton and Northamptonshire

<sup>10</sup> <https://www.blackburn.gov.uk/Pages/aces.aspx>

<sup>11</sup> Bellis et al (2015) Adverse Childhood Experiences and their impact on health-harming behaviours in the Welsh adult population

In the East locality a lower proportion (15%) of households have no cars/vans compared to the Plymouth average (28%) from the 2011 census.

## **Mosaic**

The top three mosaic groups in the East locality are

- E Suburban Stability - 27.0% (mature suburban owners living settled lives in mid-range housing)
- F Senior Security – 23.5% (elderly people with assets who are enjoying a comfortable retirement)
- H Aspiring Homemakers - 16.7% (younger households settling down in housing priced within their means)

## **Needs profile**

The next section is comparing the East locality with the rest of Plymouth.

### ***1. Health & Development***

#### *More favourable:*

A lower proportion of babies being born with a low birthweight.

A lower rate of children (under 16) having their teeth being removed under general anaesthetic

A lower proportion of pupils (year 8 and year 10) stated that were the victim of violence of aggression (in the area where they live in the last year)..

A higher proportion of pupils in year 6 were recorded as having a healthy weight.

A higher proportion of pupils (year 8 and year 10) stated that they ate 5 portions of fruit and veg yesterday.

A higher proportion of pupils (year 8 and year 10) stated that on more than 3 days in the last 7 days they exercised enough to cause breathing to be harder and faster.

#### *Less favourable:*

A higher proportion of pupils (year 8 and year 10) stated that they have had an alcoholic drink in the last 7 days.

### ***2. Employment Support & Childcare***

#### *More favourable:*

A lower proportion of the working age (16-64) population are claiming out of work benefits (jobseeker's allowances plus those who claim universal credit who are out of work).

A lower proportion of dependent children (under 20) are in low income families.

A lower proportion of pupils are eligible for free school meals.

A higher proportion of children are achieving a good level of development at the ends of reception.

A higher proportion of 17-19 years are in education, employment or training.

A higher proportion of children are achieving the expected level in reading, writing and maths for key stage 2, but the locality has one neighbourhood with a lower proportion (one of the lowest 10 neighbourhoods).

Pupils in the locality have a higher average attainment 8 score.

#### *Less favourable:*

A lower rate of coverage in registrations for children centres.

### **3. Relationship Support for Family Stability**

#### *More favourable:*

Across the locality there is variation in pupils reporting their self-esteem levels as some areas have higher proportion with high levels of self-esteem, but there are areas within the locality with a higher proportion of low self-esteem.

A higher proportion of pupils (year 8 and year 10) have reported that they have high levels of resilience.

A higher proportion of pupils (year 8 and year 10) stated that they have 3 or more adults that they can trust.

A lower rate of under 18 conceptions.

A lower proportion of families (with children under 5) have experienced separation and/or divorce in the last year.

#### *Less favourable:*

A higher proportion of pupils (year 8 and year 10) stated that there has been violence (e.g. hitting, punching, slapping) at home in the last month.

### **4. Supporting Families with Complex Needs**

#### *More favourable:*

A lower proportion of families (with children under 5) are classed as a vulnerable, as reported by the health visitor case load survey.

A lower rate of identified families classed as troubled families.

A lower rate of young person who have had a Youth Offending Team intervention.

A lower rate of children reported missing in the locality.

A lower rate of children with a child protection plan.

A lower rate of children living in care in the locality.

### **North locality**

#### **Summary**

The locality has a similar deprivation score compared to Plymouth, but there is marked variation between its constituent neighbourhoods. Overall, the majority of the measures for this locality show similar results compared to Plymouth. However this obscures a wider variation of more and less favourable results when viewed across the neighbourhoods. In the locality there is a mixed picture around healthy lifestyles and safety, with a higher proportion of pupils reporting being a victim of violence or aggression in the area they live, but a lower proportion of violence in the home. In the locality there tends to be a higher proportion of adults with no qualifications.

#### **Population**

In the North locality there is a slightly lower proportion of the population that are working age (16-64), the North locality has a higher proportion of the population aged over 65 and under 5 compared to Plymouth.

#### **Deprivation**

The North locality generally on average has a similar deprivation score compared to Plymouth, but there is variation across the locality with 3 of the 11 neighbourhoods in the 10 most deprived neighbourhoods and one neighbourhood in the 10 least deprived neighbourhoods.

## **Car ownership**

In the North locality a slightly lower proportion (24%) of households have no cars/vans compared to the Plymouth average (28%) from the 2011 census.

## **Mosaic**

The top three mosaic groups in the North locality are

- K Modest Traditions - 18.7% (mature homeowners of value homes enjoying stable lifestyles)
- M Family Basics – 17.4%
- H Aspiring Homemakers - 13.5%

## **Needs profile**

The next section is comparing the North locality with the rest of Plymouth.

### ***1. Health & Development***

#### *More favourable:*

Some of the areas (4 of the lowest 10 neighbourhoods) of the locality have a lower proportion of babies being born with a low birthweight, but there are some areas (2 of the highest 10 neighbourhoods) of the locality with a higher proportion of babies being born with a low birthweight.

#### *Less favourable:*

A lower proportion (5 of the lowest 10 neighbourhoods) of pupils (year 8 and year 10) stated that they ate 5 portions of fruit and veg yesterday.

A higher proportion (5 of the highest 10 neighbourhoods) of pupils (year 8 and year 10) stated that they have had at least one cigarette in the last 7 days, but there some areas (3 of the lowest 10 neighbourhoods) within the locality that had a lower proportion.

In the some parts of the locality there was a higher proportion of pupils (4 of the highest 10 neighbourhoods) stated that they have had an alcoholic drink in the last 7 days, but there are areas (2 of the lowest 10 neighbourhoods) within the locality that had a lower proportion.

### ***2. Employment Support & Childcare***

#### *Less favourable:*

A higher proportion (5 of the highest 10 neighbourhoods) of adults have no qualifications and a lower proportion of adults have a level 4 qualifications in the locality.

Some of the areas (2 of highest 10 neighbourhoods)) of the locality have a higher proportion of dependent children (under 20 years old) living in in low income families.

On average the locality has a similar proportion of 17-19 years are in education, employment or training compared to Plymouth, there are some areas of the locality with a higher proportion (3 of the highest 10 neighbourhoods) and some with a lower proportion (2 of the highest 10 neighbourhoods).

Some areas within the locality pupils have a lower average attainment 8 score (2 of the lowest 10 neighbourhoods).

### ***3. Relationship Support for Family Stability***

#### *More favourable:*

A lower proportion of pupils (year 8 and year 10) stated that there has been violence (e.g. hitting,



punching, slapping) at home in the last month.

Less favourable:

A few areas in the locality have a lower proportion (3 of the lowest 10 neighbourhoods) of pupils (year 8 and year 10) that reported they have high levels of resilience, but there are areas within the locality (2 of the highest 10 neighbourhoods) with a higher proportion.

#### **4. Supporting Families with Complex Needs**

Less favourable:

A higher proportion of pupils (year 8 and year 10) stated that they have taken illegal drugs during last year.

A higher rate of children (4 of the highest 10 neighbourhoods) have a child protection plan, but there are 2 of the lowest 10 neighbourhoods around children with a protection plan.

### **South locality**

#### **Summary**

The locality has a similar deprivation score compared to Plymouth, but there is marked variation between its constituent neighbourhoods. Overall, the majority of the measures for this locality show similar results compared to Plymouth. However this obscures a wider variation of more and less favourable results when viewed across the neighbourhoods. Across the locality there are better healthy lifestyles outcomes with a higher proportion of children with a healthy weight in reception and year 6 and a lower proportion of pupils reporting use of substances, alcohol and cigarettes. This locality also has a lower proportion of adults with no qualifications, however it should be noted that University of Plymouth is situated within the locality. The locality has a higher under 18 conception rate and proportion of families with young children that have separated or divorced in the last year. A number of neighbourhoods experience a lower life expectancy.

#### **Population**

In the South locality there is a slightly lower proportion of the population aged under 5 and over 65, the South locality has a higher proportion of the population who are working age adults (16-64).

#### **Deprivation**

The South locality overall has a similar deprivation score compared to Plymouth, but there is variation across the locality with 2 of the 9 neighbourhoods in the 10 most deprived neighbourhoods and 2 neighbourhoods in the 10 least deprived neighbourhoods.

#### **Car ownership**

In the South locality a slightly higher proportion (33%) of households have no cars/vans compared to the Plymouth average (28%) from the 2011 census.

#### **Mosaic**

The top three mosaic groups in the South locality are

- J Rental Hubs - 33.6%
- L Transient Renters - 12.7%
- H Aspiring Homemakers - 11.3%

## **Needs profile**

The next section is comparing the South locality with the rest of Plymouth.

### **1. Health & Development**

#### *More favourable:*

A higher proportion of children in reception and year 6 are recorded as having a healthy weight.

A lower proportion of pupils (year 8 and year 10) stated that they have had an alcoholic drink in the last 7 days.

A lower proportion of pupils (year 8 and year 10) stated that they have had at least one cigarette in the last 7 days.

#### *Less favourable:*

There is some variation in the locality when looking at children having teeth removed under general anaesthetic as some areas of the locality have a higher rate (3 of the highest 10 neighbourhoods), but some areas have a lower rate (4 of the lowest 10 neighbourhoods).

### **2. Employment Support & Childcare**

#### *More favourable:*

Five of the 9 South locality neighbourhoods for ASQ scores are in the top 10 neighbourhoods.

A lower proportion (6 of the lowest 10 neighbourhoods) of adults have no qualifications and a higher proportion of adults have a level 4 qualifications in the locality (5 of the highest 10 neighbourhoods). This distribution may be influenced by the presence of Plymouth University main campus within the South locality.

#### *Less favourable:*

A few areas within the locality have a higher proportion of 17-19 years olds not in education, employment or training (NEET) (3 of the highest 10 neighbourhoods), but there are some areas with a lower proportion (3 of the lowest 10 neighbourhoods).

### **3. Relationship Support for Family Stability**

#### *Less favourable:*

A higher proportion of pupils (year 8 and year 10) stated that they have low self-esteem (4 of the highest 10 neighbourhoods).

A lower proportion of pupils (year 8 and year 10) stated that they have high self-esteem (4 of the lowest 10 neighbourhoods)

A lower proportion of pupils (year 8 and year 10) stated that there are 3 or more adults they can trust (4 of the lowest 10 neighbourhoods)

A higher rate of under 18 conceptions. (4 of the highest 10 neighbourhoods).

A higher proportion of separation and/or divorce in the last year, for families with children under 5 (4 of the highest 10 neighbourhoods).

### **4. Supporting Families with Complex Needs**

#### *More favourable:*

A lower proportion of pupils (year 8 and year 10) stated that they have taken illegal drugs during last

year (6 of the lowest 10 neighbourhoods), but there are a few areas of the locality with a higher proportion (3 of the highest 10 neighbourhoods).

In the locality there is a lower rate of children in care (3 of the lowest 10 neighbourhoods), but there are a few areas of the locality with a higher rate (2 of the highest 10 neighbourhoods).

**Less favourable:**

A higher rate of children (under 18) reported missing in this locality.

## **West locality**

### **Summary**

The locality has a higher deprivation score compared to Plymouth. The majority of indicators across all four key areas show an unfavourable picture when compared to the Plymouth average, there tends to be a higher proportion of children registered with a children centre and a lower proportion of pupils reporting drinking alcohol. There is a mixed picture around safety due to the locality having a number of neighbourhoods with high or low proportion of pupils being a victim of violence or aggression in the area, and the same pattern exists for violence at home. In the locality there tends to be a worse outcome for healthy lifestyles and a higher proportion of the families are vulnerable.

### **Population**

In the West locality there is a slightly lower proportion of the population aged over 65, the South locality has a higher proportion of the population as working age adults (16-64) and under 5s.

### **Deprivation**

The West locality on average has a higher deprivation score compared to Plymouth, with 5 of the 11 neighbourhoods in the 10 most deprived neighbourhoods.

### **Car ownership**

In the West locality a slightly higher proportion (37%) of households have no cars/vans compared to the Plymouth average (28%) from the 2011 census.

### **Mosaic**

The top three mosaic groups in the West locality are

- L Transient Renters - 21.6%
- M Family Basics - 19.8%
- Municipal Challenge - 11.0% (urban renters of social housing facing an array of challenges)

### **Needs profile**

The next section is comparing the West locality with the rest of Plymouth.

#### **1. Health & Development**

*More favourable:*

A lower proportion of pupils (year 8 and year 10) stated that they have had an alcoholic drink in the last 7 days.

*Less favourable:*

A lower proportion of pupils (year 8 and year 10) stated that they ate 5 portions of fruit and veg yesterday (4 of the lowest 10 neighbourhoods), but in the locality there are areas with a higher proportion (3 of the highest 10 neighbourhoods).

A lower proportion of children in reception and year 6 are recorded as having a healthy weight.

A higher rate of children had their teeth removed under general anaesthetic.

## **2. Employment Support & Childcare**

*More favourable:*

A higher rate of coverage in registrations for children centres.

*Less favourable:*

A higher proportion of the working age adult (16-64) population are claiming out of work benefits (jobseeker's allowances plus those who claim universal credit who are out of work).

A higher proportion of dependent children (under 20) in low income families.

A higher proportion of children eligible for free school meals.

A lower proportion of children are achieving a good level of development at the ends of reception.

Pupils in the locality have a lower average attainment 8 score.

## **3. Relationship Support for Family Stability**

*Less favourable:*

A lower proportion of pupils (year 8 and year 10) have reported that they have high levels of resilience.

A higher rate of under 18 conceptions.

A higher proportion of families (with children under 5) have experienced separation and/or divorce in the last year.

## **4. Supporting Families with Complex Needs**

*Less favourable:*

A higher proportion of families (with children under 5) are classed as a vulnerable, as reported by the health visitor case load survey.

A higher proportion of pupils (year 8 and year 10) stated that they have taken illegal drugs during last year.

A higher rate of identified families classed as troubled families.

A higher rate of children (under 18) reported missing in this locality.

A higher rate of children with a child protection plan.

A higher rate of children living in care in the locality.

## Appendix

### Indicators used in the neighbourhood profiles

#### Population/demographics

**Deprivation score** – IMD 2015 deprivation score

**Population density** – number of people per hectare based on the 2011 census

**Proportion of the population under 5 year olds** – Proportion of total population aged under 5 using the 2016 mid-year population estimates.

**Proportion of the population aged 5-11 year olds** – Proportion of total population aged 5-11 year olds using the 2016 mid-year population estimates.

**Proportion of the population aged 12-16 year olds** – Proportion of total population aged 12-16 year olds using the 2016 mid-year population estimates.

**Proportion of the population aged 17-19 year olds** – Proportion of total population aged 17-19 year olds using the 2016 mid-year population estimates.

**Fertility rate** – the number of births per 1,000 females aged 15-44 year old

**Neighbourhood safety during the day** – proportion of pupils (year 8 and year 10) rated their safety good or very good when going out during the day, from the 2018 school survey

#### Health & Development

**Life expectancy**- the life expectancy at birth based on 2014-16 data

**Low birthweight** – the proportion of live babies being born with a birthweight under 2,500g

**Children who were at or above the expected level in all 5 areas of Ages and stages questionnaire** – Proportion of children who received a 2-2½ year review who were at or above the expected level in all five Ages and stages questionnaire domains.

**Healthy weight children in reception** – the proportion of children in reception who have a BMI classified as healthy weight.

**Healthy weight children in year 6** - the proportion of children in year 6 who have a BMI classified as healthy weight.

**One or more teeth removed under GA** – Rate of children (0-16) having teeth removed under general anaesthetic.

**Pupils stating that they have eaten 5 or more fruit & veg yesterday** - proportion of pupils (year 8 and year 10) stating that they had 5 portions of fruit and veg yesterday, from the 2018 school survey.

**Pupils stating that on more than 3 days in the last 7 days where they have exercised causing breathing to be harder and faster** - proportion of pupils (year 8 and year 10) stating that they had exercised enough for breathing to be harder and faster on 3 days out of the last 7 days, from the 2018 school survey.

**Pupils stating they had any alcoholic drink in the last 7 days** - proportion of pupils (year 8 and year 10) stating that they had any alcoholic drink in the last 7 days, from the 2018 school survey.

**Pupils stating they have not had any alcoholic drink in the last 7 days** - proportion of pupils (year 8 and year 10) stating that they haven't had any alcoholic drink in the last 7 days, from the 2018 school survey.

**Pupils stating that they smoked at least one cigarette in the last 7 days** - proportion of pupils (year 8 and year 10) stating that they have smoked at least one cigarette in the last 7 days, from the 2018 school survey.

**Victim of violence or aggression in the area where they live in the last year** - proportion of pupils (year 8 and year 10) stating that they have been a victim of violence or aggression in the area where they live in the last 12 months, from the 2018 school survey.

## Employment Support & Childcare

**Claimants rate** – the rate of people claiming Jobseeker’s allowance plus those who claim universal credit who are out of work.

**No qualifications** – Proportion of adults (16+) with no qualification from the 2011 census

**Level 4 qualifications and above** - Proportion of adults (16+) with level 4 or above qualifications (Degree, Higher degree, NVQ Level 4-5, HNC, HND, RSA Higher Diploma, BTEC Higher level, Professional qualifications) from the 2011 census.

**Children in low income families** – Proportion of all dependent children aged under 20 in relative poverty (living in households where income is less than 60 percent of median household income before housing costs).

**17-19 year olds not in education, employment or training (NEET)** – Proportion of 17-19 year olds that are NEET from the Careers SW (July 2018).

**Coverage of children centre registrations** – The number of children registered with a children centre as a proportion of children aged under 5 (ONS 2016 mid-year estimate).

**Rate of Me2 funding** – number of children with 2 year funding (summer 2018) as a proportion of the number of live births in 2016.

**Percentage of uptake of free school meals** –Proportion of pupils flagged eligible for free school meals in the May 2018 census.

**Percentage of children achieving a good level of development at the end of reception** - Children defined as having reached a good level of development at the end of the Early Years Foundation Stage (EYFS) as a percentage of all eligible children

**Percentage achieving the expected standard in RWM combined (KS2)** - Pupils who achieved at least the expected standard in their Reading and Maths Tests and their Writing Teacher Assessment

**Average attainment 8 score** – average attainment 8 scores of pupils at the end of key stage 4

## Relationship Support for Family Stability

**Low self-esteem** – Proportion of pupils (year 8 and year 10) reporting their composite self-esteem score as being low, from the 2018 school survey.

**High self-esteem** - Proportion of pupils (year 8 and year 10) reporting their composite self-esteem as being high, from the 2018 school survey.

**Low resilience** - Proportion of pupils (year 8 and year 10) reporting their composite resilience score as being low, from the 2018 school survey.

**High resilience** - Proportion of pupils (year 8 and year 10) reporting their composite resilience score as being high, from the 2018 school survey.

**Young carers** - Proportion of pupils (year 8 and year 10) responding that they are a young carer, from the 2018 school survey.

**Being a young carer for more than 1 hour each day** - Proportion of pupils (year 8 and year 10) responding that they are a young carer which takes up more than one hour each day, from the 2018 school survey.

**Three or more adults they can really trust** - Proportion of pupils (year 8 and year 10) reporting that there are at least three adults that they can really trust, from the 2018 school survey.

**Violence (e.g. hitting, punching, slapping) at home in the last month** - Proportion of pupils (year 8 and year 10) responding that there has been violence (e.g. hitting, punching, slapping) at home in the last month, from the 2018 school survey.

**Under 18 conceptions** – Rate of conceptions (defined as births, terminations and miscarriages) in under 18s.

**Separation and/or divorce in the last year for families with children under 5** – Proportion of families with children under 5 that have separated, from the health visitor caseload survey

### **Supporting Families with Complex Needs**

**Vulnerable families with children under 5** - Proportion of families with children under 5 that have been classified as vulnerable. To be vulnerable the family have are experiencing four or more of the 26 health factors in the survey, from the health visitor caseload survey

**Taken illegal drugs during the last year** - Proportion of pupils (year 8 and year 10) responding that they have taken illegal drugs during the last year, from the 2018 school survey.

**Rate of troubled families** – Rate of families that have been identified as a troubled family

**Percentage of troubled families where domestic abuse is a headline issue** – Proportion of troubled families where domestic abuse is the headline issue

**Percentage of troubled families where children in need is a headline issue** - Proportion of troubled families where children in need is the headline issue

**Percentage of troubled families where crime/ASB is a headline issue** - Proportion of troubled families where crime/anti-social behaviour is the headline issue

**Children with a protection plan** – rate of children with a protection plan in Feb 2019

**Children living in care** – rate of children living in care based on their presenting address in Feb 2019

**Missing persons (under 18)** – rate of reported missing persons based on where the report has originated from