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Children and Young People's Plan 2011-14

This report is intended to update the Overview and Scrutiny Committee on the progress made against the six priorities in the Children and Young People's Plan (CYPP), which sets out the strategic aims of the Children's Trust.

The **six priorities** are:

Ensure children and young people are protected from abuse and neglect	**Reduce child poverty**	**Support complex families**
Increase breastfeeding	**Reduce teenage conceptions and terminations rates**	**Improve access to the most effective therapies**

These priorities fall into **three broad themes**:

Support families to be at the heart of strong, safe and prosperous communities	**Break negative cycles**	**Improve healthy lifestyles**

The themes and priorities were defined in collaboration with a range of partners, through detailed assessment of local needs, consultation with professionals and the public, priorities of related bodies (e.g. Local Safeguarding Children's Board (LSCB)), with the final decision on inclusion made by members of the Children's Trust.

Partner agencies, including those from the Police, and the Health, Education and voluntary sectors, have collaborated well to deliver against these shared priorities.

This document highlights particular successes and areas of progress / challenge; the breadth of work underway is such that it cannot be articulated in full in this report.

For sake of brevity, "children and young people" is shortened to "CYP" in this report.

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Ensure children and young people are protected from abuse and neglect

Indicator	GOOD	2011-12	2012-13	2013-14	Direction	Comments
Number of Looked After Children (monthly average)	Lower is better	182	190	209	Worse	The number of Looked After Children has increased in each year over the life of the CYPP, placing extra demand on local services. There has been a corresponding increase in both the number of new LAC and those ceasing to be LAC, indicting a greater fluidity in the LAC population. An increasing number of CYP start to be LAC under a Police Protection Order or Emergency Protection Order, but 88% of these cease to be LAC within three months (95% within six months). The incorporation of the Metropolitan Police Child Abuse Investigation Team (CAIT) into the integrated adults and children's MASH should helpt to reduce the number of children coming into care under Police Protection. An increasing proportion are supported through to adoption (12.4% in 2013-14 vs. 9% in 2011-12). Improved practice, planning and management of LAC social work has led to significant improvements to the solidity of placements. The focus on ensuring permanency and stability for LAC has helped to improve the % of LAC experiencing long-term placements.
Looked After Children with 3+ placement moves	Lower is better	20%	14.1%	10.5%	Better	
Looked After Children placements lasting > 2 years	Higher is better	49.1%	63%	79%	Better	

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Indicator	GOOD	2011-12	2012-13	2013-14	Direction	Comments
Number of Child Protection Plans (monthly average)	Lower is better	97	126	149	Worse	As with LAC, there has been a rise in the number of Child Protection Plans. The average monthly number of new Plans is 14 (12 in 2012-13 and 10 in 2011-12). Whilst the number is increasing, a lower % are lasting more than two years has decreased whilst the % of children becoming subject of a Plan for second or subsequent time within two years has increased. Although these %s relate to a small number of children, often in sibling groups, the performance indicates that support plans need to be smarter and more robust. There has been detailed investigation into whether children are being taken off Child Protection Plans too early, which, although provided reassurance that such instances are rare, it has happened in some cases. These particular cases have been addressed through supervision and Performance Development Reviews (PDRs) with relevant staff. In terms of increasing numbers of LAC and Child Protection Plans, an increasing proportion of referrals progress to assessment (41% in 2012-13 and 91% in 2013-14) and then on to long-term support. There is a likely link with the creation of the MASH (more info in Highlights section below), which provides a richer multi-agency stream of information about the background and risk factors associated with the CYP and their families and enables more reliable decision making about most appropriate next steps.
% of Child Protection Plans lasting 24 months or more	Lower is better	8.6%	3.7%	4.7%	Better (vs. 2011-12)	
% of children becoming the subject of a CPP for a second or subsequent time within 2 years	Lower is better	n/a	0.7%	5.8%	Worse	

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Indicator	GOOD	2011-12	2012-13	2013-14	Direction	Comments
% of CYP achieving a positive outcomes six months after Family Group Conference	Higher is better	77%	78%	94%	Better	There has been consistent improvement in CYP who achieve a positive outcome six months after FGC. The FGC was implemented as a new way to engage families in the planning and support processes, helping them to identify their strengths and risks, and take greater ownership of agreed actions to address those risk factors.
% of referrals to Social Care being re-referred within a year	Lower is better	n/a	26%	9%	Better	There has been a significant decrease in re-referral rates, which may be associated with the implementation of MASH (through better informed decisions and more appropriate support consequently put in place), the development of Early Help services and improved social work practice.

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Highlights
Strengthened multi-agency working practices
The Multi-Agency Safeguarding Hub (MASH) went live in 2012, with colleagues from the Metropolitan Police and Health representatives co-located with specialist social care staff in Mercury House. Havering is in the vanguard for MASH, both nationally and across London, having adopted more than the traditional safeguarding triage service which is in place in some other boroughs. A detailed review of the effectiveness of MASH implementation and operation revealed that the development and implementation of MASH has been achieved with the necessary governance and commitment. As well as social care triage and assessment teams, co-located partners comprise the Police, Probation, Early Help staff and NELFT Health Visitors. Virtual partners (i.e. not co-located) comprise Housing, BHRUT, Youth Offending Team, Adult Mental Health, Education and Drug and Alcohol Services. The MASH has since been expanded to incorporate adults at risk, with Housing and Adult Mental Health staff now co-located rather than virtual partners. The Metropolitan Police CAIT is also now co-located, which it is hoped will help to reduce the rapidly increasing number of children coming into care under a Police Protection Order, as well as improve joint working between social care and CAIT generally. Although there have been some difficulties encountered this has been overall a successful implementation. It is pleasing that Havering MASH Health staff have been invited to present to a London wide conference in February 2014 to talk about the Havering MASH journey in respect of health involvement, and that Council and Police staff presented jointly to the London-wide MASH Summit in April 2014 on the expansion of MASH's remit into adults at risk. Early operational issues were identified through a pilot with appropriate consequent action taken to address. Some operational issues remain, including difficulties in the retention of suitably qualified and experienced staff. This is not unique to Havering. MASH now operates a rota system to ensure that Triage staff continue to develop their social work skills. The Council funds its social workers' membership of the College of Social Work and the approach to workforce development, recruitment and retention will be subject of detailed review to ensure the borough remains competitive and able to attract and retain the best staff.
Early Help, i.e. Intervening early and as soon as possible to tackle problems emerging for children, young people and their families or with a population most at risk of developing problems, has undergone significant development, building on the established successes of the borough's children's centres and implementing innovative developments. The organisational structure underpinning Early Help has undergone significant change through a recently-completed restructure.
Children's centres continue to be hubs for delivery of Tier 2 services, with a critical role to play in supporting vulnerable families, particularly where there are children living in or at risk of living in poverty (see Reducing Child Poverty priority later in document). Children's Centres have been grouped into threes, to deliver a more coordinated and broader service offer within their respective localities, and to make best use of available resources.

A multi-disciplinary team operates across both localities, comprising a Domestic Violence worker from Victim Support, and Housing Officer and Employment Officer.

An Early Help Champion supports all agencies, including those from the voluntary sector and schools, to complete Early Help Assessments and to set up Teams Around the Family (TAF).

A Participation Officer and Participation Assistant work closely with the Youth Council and Children in Care Council to improve the engagement with young people.

The Strengthening Families model, which was implemented across Child Protection (see below) is also employed in Early Help so that families have a better understanding of their strengths and risks and are more willing to engage. This is particularly important as the provision of Early Help services is a consensual exercise, rather than a function supported by legalisation (as is the case with child protection).

Different areas of Children's Services are collaborating to develop an **online directory of community-based services**, building on the existing Family Information Service, so that families and professionals who want to find out about available early help services can do so in an easier manner than is currently possible and appreciate the quality of available services (e.g. via a Tripadvisor-style model) . As the scope of needs is so broad this is a significant piece of work which will involve all agencies which provide any early help service, as well as the voluntary and community sector, which but one which will bring significant benefits to Havering residents. The new directory will be launched in Autumn 2014.

The Troubled Families programme is making significant progress in drawing agencies together to work in a new and more effective ways. This is an integral part of the CYPP priority to Support Complex Families and is thus elaborated upon later in this document.

Closer collaboration of partners involved in the protection of CYP, be it through MASH or through other support mechanisms, will help Havering adapt to potential challenges brought by population migration from other London boroughs.

Improved participation of families

There are several strands to the work to ensure that the views of CYP and families can influence service design and strategic direction: developing culture and capacity, building service user views into work to evaluate service quality, building the right structures to enable increased participation and embedding all of this into practice.

LB Havering has implemented **Strengthening Families**, a new approach to child protection, which uses families' strengths and protective factors to develop child protection plans with greater input from that family. Based on constructive relationships and innovative use of words, pictures and child-friendly tools, the approach has been well-received by professionals and families alike.

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The **Children in Care Council (CiCC)** is essential in meeting Council, Government and OFSTED priorities around the involvement of Looked After Children (LAC). A new CiCC was launched at MyPlace in November 2012 and work continues to develop the group so that it can have a greater strategic influence, be representative of all LAC, play a part in recruitment, training and commissioning, and contribute to ongoing learning and service improvement.

The Council has independent advocates (provided by The Children's Society), who can represent children and young people under the age of 18. These includes those who are, living in care in / out of borough, leaving care, or are a child in need. The advocates can support children and young people to have their voices heard, express their views in the decision making process, understand their rights, or make a complaint.
The service is relatively new, but the eight of the nine CYP supported by the Children's Society in January – March 2014 reported that they were satisfied (with one non-response).

Viewpoint, a new web-based tool for LAC or subject to a child protection plan, to contribute their views to the review of their plan, was launched in late 2012.

More than 75 children on Child Protection Plans or in the care of the Council have given their views through Viewpoint. This has revealed that:

- 86% of CYP feel they get the right amount of support. When asked 'how does your social worker help you', the most popular response is 'listens to me', followed by 'makes sure I am safe';
- CYP feel their social worker listens to them (average score out of 10 = 8);
- CYP feel safe at home, in school and in their local area (average score out of 10 = 7.5). This compares favourably to CYP not in receipt of support from statutory services (views gathered from annual CYP survey in schools), and
- The most common issue that children want sorted out at their review is contact arrangements with their family. Most children want to go to their review and the most common preferred place to have the review is in school. Children and Young People's Services (CYPS) is acting on this feedback.

Havering continues to ensure high levels of participation of LAC at review – 98% for 2013-14 (just 10 LAC out of 456 subject to a review did not participate in that review).

The **tenders** for the Short Breaks (aka Respite) provider contracts were evaluated with CYP, their views contributing to 10% of the overall score. There was also the opportunity for parents to influence final decision making. For the tender for Advocacy Services, CYP designed case study scenarios for bidders to work through. The direct involvement of CYP in commissioning of sizeable contracts is an excellent example of CYP views impacting on service design, and can be replicated in future commissioning activity.

The Council trained up several LAC and care leavers to deliver **Total Respect Training**, which teaches social workers and other members of the children's workforce about the experience of being in care. At the end of the training, delegates document a personal pledge to work in a different way; the young people subsequently challenge that delegate around progress against their pledge. As well helping to develop the children's workforce, it is an excellent opportunity for LAC and care leavers to develop skills and confidence.
Professionals use the right tools and procedures for the specific needs of the child
The **Early Help Assessment**, which has replaced the Common Assessment Framework in 2013, is an improved and vitally important tool to identify families' and individual CYPs' needs at an early stage. CYPS has worked particularly closely with private, voluntary and independent service providers to ensure that they can use the tools to identify and support families they believe are in need of early help services. Numbers of Early Help Assessments completed, although improving, remains low – 172 in 2013-14. Children's Centres completed 48, Community Health – 3, Schools – 99, and Early Years providers – 18. Records do not show the completing organisation in four cases.
Social workers are now equipped with updated practice guides and toolkits, which have helped them to support CYP to achieve sustained positive outcomes – see indicators at start of this section.
The most significant development to the tools available to social care staff is the implementation of the **new improved social care IT system**. The new system, CCM, is now used by all social work staff and Children's Centres and is enabling better case recording and allows supervisors and managers at all levels of CYPS to maintain a better oversight of children's social work.

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Increase breastfeeding rates

Indicator	GOOD	2011-12	2012-13	2013-14	Direction	Comments
% of mothers who breastfeed at initiation	Higher is better	71.1%	71.3%	n/a	No significant change	Although the figures show little improvement, there is greater assurance about the accuracy of the figures – improving the recording by GPs and Health Visitors breastfeeding status was an objective for this priority area. 'n/a' in 2011-12 is due to insufficient recording in this year. The data for 2013-14 is not yet available. Comparisons with national and London averages remain unfavourable; Havering is in the third quintile (nationally) in terms of initiation and continuation, and is in bottom quintile in London for continuation.
% of mothers who breastfeed at 6-8 week check	Higher is better	n/a	41.6%	n/a	n/a	

Highlights
Increase awareness of breastfeeding to all cultures and age groups
Breastfeeding awareness sessions were delivered in ten secondary schools, with positive feedback from teachers and pupils.
There has been an **extensive marketing campaign**, focused around Breastfeeding Awareness Weeks. The most recent promotion was through Billboard campaigns and bus-signage campaign for high-risk locations.
Support mothers to feel confident to breastfeed in public
The **Breastfeeding Friendly Scheme** is proving highly successful with over 100 venues signed up, including GP surgeries, libraries, children's centres, early years education providers and local businesses. The Scheme benefitted from national television publicity in 2011. The Scheme sets out a range of criteria to which members must adhere, so that their specific service location is a welcoming and supportive environment for mothers who choose to breastfeed. An evaluation of the scheme in 2012, comprising over 900 people, showed that confidence and tolerance of breastfeeding in public has increased vs. June 2011 (when the scheme began). 4% of respondents said that women should not breastfeed in public (8% in June 2011); 74% said it was a good idea for women to breastfeed (vs. 69% in June 2011).

The scheme received national recognition in 2012, being recognised as an example of innovative practice by the Centre for Excellence and Outcomes (C4EO).

Breastfeeding Cafes run from six Children's centres.

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Reduce child poverty

Indicator	GOOD	2011-12	2012-13	2013-14	Direction	Comments
% of children living in poverty (% of CYP living in households where income is less than 60% of median national income)	Lower is better	20%	19%	18%	No significant change	Approximately 8,800 children aged 16 or under live in poverty, reduced from over 9,100 in 2011-12. Although this appears positive, the change is relatively minor and would naturally decrease as the national median wage falls. However, during times of austerity and welfare reform, it is a positive sign that the level of child poverty has not increased.
% young people aged 16-19 Not in Education, Employment or Training (NEET)	Lower is better	4.7%	4.6%	4.1%	Better	Havering consistently has a lower NEET rate than national, London and statistical neighbour averages. The NEET rate has reduced over the course of the CYPP.
Attainment gap @ Key Stage 4 – children who receive Free School Meals vs. wider school population	Lower is better	28% (2011 exams)	21% (2012 exams)	24% (2013 exams)	Better (vs. 2011-12)	The attainment gap at GCSE between children on free school meals vs. those not in receipt of free school meals has improved over the course of the Plan. In 2013-14 (2013 exams), the national attainment gaps was 25%, in line with Havering.

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Indicator	GOOD	2011-12	2012-13	2013-14	Direction	Comments
Take-up of formal childcare (children taking up 3&4 year-old offer – actual number and as % of 3 and 4 year-old population)	Higher is better	n/a	3,648	4,275	Better	The capacity and uptake of formal childcare is increasing across the borough although further work continues to ensure sufficient coverage in all areas. The Department for Education (who provide the figures) acknowledge the illogical nature of 101% achievement; their explanation is that they are using out of date population data but up to date uptake data. Early Years colleagues believe the 2013-14 figure is consistent with the 2012-13 figure. This tallies with the increasing proportion of families with young children in the borough.
			94%	101%	No significant change (see comment, right)	

Develop a network of integrated services for families, focusing on the Foundation Years

Children's Centres are hubs for multi-agency working, and all new registrants receive an Early Help Assessment and offered benefits advice where appropriate. Health Visitors and midwives work directly out of a range of Children's Centres across the borough.

Reduce barriers to employment

Uptake of high-quality formal childcare continues to increase. The average uptake of the three/four year-old offer was 3,648 in 2012 and 4,275 in the summer term of 2013. This gives children's development a good start and enables parents to attend work and generate household income.

The offer of **free childcare places for two year-olds** from disadvantaged families remains popular, with 280 children benefitting from the offer in academic year 2012-13 and 646 in Autumn term 2013. This is an increase from just 71 when the scheme first started in 2009.

These children are consequently more likely to access early years education (94% finished the two year-old offer in Summer 2013 and took up the three/four year-old offer in autumn 2013. Funding for the two year-old offer is increasing and it is projected that 1,120 children will be able to access a place in September 2014. Nationally, the current eligibility criteria is expected to cover 40% of two year-olds in September 2014.

4.1% of Havering 16-19 year-olds are **Not in Education, Employment or Training** (NEET), lower than national, London and statistical neighbour averages. This performance is comparable with previous years.

Improve financial wellbeing

The **Financial Inclusion Strategy** was approved in June 2012 with an embedded action plan. The six themes are banking & saving; access to credit; increasing financial capability; home and contents insurance; addressing fuel poverty, and income maximisation.

To advance these themes, the following actions have taken place or are underway:

- Banking Liaison Officer appointed and leading discussions with banking sector to agree ways to help more customers to access basic bank accounts (will increase employability and sustainability of tenancy for those currently without bank accounts. Risk of fuel poverty reduced if people can pay via direct debit);
- Front line staff are being trained to identify and support people who are victims of loan sharks;
- Residents are being supported to safely release equity from their homes to pay for refurbishments / repairs, avoiding loan sharks, so that older and vulnerable residents are able to stay in their homes for longer and avoid costly residential care (as self-funders and / or to the Council);
- Care Point (through its shop in Romford High Street) offers support with money management, including in-house advice or signposting to more specialist organisations;
- All new Council home residents receive a welcome pack detailing how to access home and contents insurance, and
- Welfare Rights Unit (Children, Adults and Housing Directorate) is supporting residents to maximise their benefits take-up. In 2013-14, this team dealt with 2,958 client enquiries, resulting in £1.5m benefit gains for the clients and £589k income gains for the Council.

Address health inequalities

Examples of work to address these inequalities include an influenza vaccination programme to children with complex health conditions, delivering MEND programmes in schools to tackle childhood obesity (by improving eating habits and increasing physical activity), and contracting smoking cessation services.

Vaccine coverage in Havering is generally in line with comparators, although is lower for Hib / MenC (exp. booster), Hib, MMR (1st dose) and DTaP at age 2. Low numbers of requests for MMR lab tests suggest that current provision and uptake of immunisations in Havering are suitable to meet the population level need.

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Reduce teenage conception and termination rates

Indicator	GOOD	2009	2010	2011	2012	Direction	Comments
Under-18 conceptions per 1,000 population (15-17 years)	Lower is better	36	33	28	26	Better	Conception rate has fallen since its 2008 peak of 40 per 1,000 population. The 2012 rate (latest available) is below national average and in line with London, whereas it was above both at the start of the Plan. A further 8.5% reduction is predicted by 2020. Havering does remain 13th highest of London boroughs, although fewer result in births (see below). In terms of conception rates in London, Barking and Dagenham have the 2nd highest rate, whilst Redbridge is among the lowest.
% under-18 conceptions leading to abortion	n/a	62%	67%	61%	74%	Increasing	Havering has the 4th highest abortion rate for <18 conceptions in London. The London average is 62%; the national average is 49%.

Indicator	GOOD	2008-10	2009-11	2010-12	Direction	Comments
Under-16 conceptions per 1,000 population	Lower is better	7.5	7.3	6.6	Better	Under-16 conception rates have fallen but remain ahead of national and regional comparators. The scale of reduction in conceptions is in line with those comparators. Havering has the 10th highest under-16 conception rate in London, although it is important to note that numbers are small (est. 6 per annum 2010-12).

Indicator	GOOD	2009	2010	2011	2012	Direction	Comments
% under-16 conceptions leading to abortion	n/a	59%	77%	69%	86%	Increasing	The increase in abortion rate between 2009 and 2012 is unique to Havering when compared to our closest statistical neighbour (Bexley), London and England; all of whose abortion rates remains steady at between 60-70%. Due to such low numbers of <16 conceptions, one young persons' decision on termination can have a disproportionate impact on figures.

Highlights
Access to Contraceptive and Sexual Health (CASH) services
The Council-commissioned integrated sexual health service provides a service specifically tailored for young people; "Healthwise". The most-used Healthwise location is co-located with other young people's services in Youthzone in St. Kilda's Children's Centre in central Romford. They run three clinics per week from this location, offering advice, guidance and support around teenage pregnancy. This includes contraception, Emergency Hormonal Contraception and sexual health screening. There is a Teenage Pregnancy Prevention Worker within the new Early Help organisational structure
Emergency Contraception: Young people can access Emergency Contraception (morning after pill and IUD) through the Sexual Health Service (including Healthwise and services based in Queens hospital), through Accident and Emergency Services, from NHS Walk-in Centre (Harold Wood and Orchard Village), from GPs and from this year, also from eight pharmacies in Havering. Pharmacies are playing an increasingly important role in providing sexual health services, ensuring that young people have confidential access to chlamydia screening, C –card scheme, and emergency hormonal contraception.
Havering's Condom Card (C-Card) scheme is one of the highest performing in London, with over 4,000 young people registered, 63% of whom are male.
The most commonly-used outlets are local colleges and Youth Zone. New schemes are in place with pharmacists in the borough, and are beginning to be offered through GP practices. The Lead Nurse Specialist for Looked After Children (LAC) Team provides C-Cards at each LAC's annual review.
Six schools, including one pupil referral unit, based in three TP hotspots (Harold Hill, Rainham, and Romford) have joined the C-Card scheme (i.e. they issue the cards, but signpost to other locations which provide the condoms).

15,000 foldout wallet-sized young persons' sexual health information booklets have been distributed through C-Card centres, NHS walk-in centres and other key locations. Initial print-run was 5,000 but demand far outstripped this initial supply.
LB Havering recognises the need to exploit modern technology to better effect, as hard-copy information can become inaccurate very quickly. The Council's Public Health team has employed a specialist to improve the use of modern media, to ensure that important messages around sexual health and contraception reach the intended audience.
Targeted work with vulnerable groups
The targeted sexual health service, Youngaddaction, and Children and Young People's Services (CYPS) have collaborated in the development of effective referral pathways for at-risk teenagers and make tailored interventions. Youngaddaction is the current provider of the young people's substance misuse service; there are proven links between teenage conceptions and young people's use of drugs and alcohol. The referral pathways include six secondary schools / academies in TP hotspots, the Youth Offending Service, the Phoenix Counselling Service and the CYPS 12+ team.
Sex and Relationship Education (SRE) has been targeted at six schools in high-risk areas. In the most recent Sexual Health Survey (2013) we were able to survey 433 young people to get a snapshot of young people's attitudes and experience of SRE. The vast majority of respondents stated they had received SRE (90%), with two-thirds rating the education positively. This is an improvement from previous years but due to the sample size and characteristics of the participants it is important we do not generalise these findings to all young people in Havering.
Workforce development
Since April 2012, three providers have delivered **specialist courses to over 300 staff** who work with children and young people.

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Priority 5: Support complex families

Indicator	GOOD	March 2014	Comments
Number of families identified	Higher is better	415	Havering was given a target by Department of Communities and Local Government to identify 415 families by the end of March 2015. Havering has achieved this a year early.
Number of families worked with		415	
Number of families achieving crime / anti-social behaviour / education result as at the end of March 2014 (all / combination)		180	This is in line with the target set by DCLG for the number of families in Havering who should experience a reduction or cessation of crime and anti-social behaviour in the last six months, and / or where a child or children have had fewer than three fixed term exclusion and less than 15% unauthorised absences in the last 3 consecutive terms.
Number of families achieving crime, anti-social behaviour and education result (i.e. all) as at the end of March 2014		17	
Number of families achieving crime result (only) as at the end of March 2014		43	
Number of families achieving anti-social behaviour result (only) as at the end of March 2014		36	
Number of families achieving education result (only) as at the end of March 2014		18	

Indicator	GOOD	March 2014	Comments
Number of families achieving continuous employment result as at the end of March 2014	Higher is better	42	This is on-going work with the local authority and Job Centre Plus staff and shows where an adult in the household has moved off out of work benefits and into continuous employment for a period of 26 weeks, or 13 weeks where applicable.
Number of families achieving progress to work outcome as at the end of March 2014		0	Following initial insufficient progress, we moved to working closer with the Job Centre Plus to move claimants directly in to employment and hold targeted work events for families that are nearing employment.
Total number of families turned around as at the end of March 2014		222	Havering has successfully 'turned around' 53% of its identified families. This is ahead of national (40%), London (39%) and statistical neighbour (37%) averages. To achieve 'turned around' status, families must sustain the intended outcome (e.g. remain in employment) for at least six months.
As % of total families worked with		53%	

	Crime	ASB	Education
Crime			
ASB			
Education			

When central government announced the Troubled Families programme, Havering, unlike many other boroughs, had already begun to plan how it would address the complex and inter-related risk factors affecting a section of the population, to help them to break their negative and often inter-generational cycles of behaviour and deprivation. The aim is not to create a new service; rather, to re-design our existing services and improve cooperation with partners to maximise the impact of our interventions. The step change is to ensure that the needs of the whole family, rather than individual members, are considered together and that agencies collaborate to deliver services which are in line with the whole family assessment.

The direction from central government usefully aligns with the approach we were already taking; the council will receive £700 for every family identified with potentially thousands more for those families with whom lasting positive outcomes (i.e. sustained after six months) are achieved. These outcomes fall into three areas: reduction in unemployment, improved attendance at school, reduced anti-social behaviour and youth crime.

In January 2013, representatives from the Department for Communities and Local Government, who sponsor the Troubled Families work nationally, visited Havering and were delighted with the progress made, particularly in relation to the relationships forged with partners and teams which are helping to develop new systems and processes for achieving sustained outcome improvements for families.

Highlights
Identifying families
DCLG gave LB Havering a target to identify 415 families by the end of March 2015 (end of the current three-year programme). This number of families was identified by the end of March 2014, i.e. **a year ahead of schedule**. The impact of welfare reforms has contributed to the higher-than-projected identification of families with complex needs. Rather than identifying more families than the DCLG target, the Troubled Families (TF) programme will focus on delivering the highest possible quality outcomes for those 415 families. No further payments-by-results will be received for any families over the 415 DCLG target. By the end of March 2014, the TF programme submitted **payment-by-results (PBR)** claims for 160 families, bringing the total of families for whom PBR claims are submitted to 164. This represents a good level of progress as PBR claims can only be made once six months have passed since the family achieved the positive outcome(s) specific to their own circumstances (e.g. regaining and sustaining employment, ceasing anti-social behaviour, or sustaining improved attendance at school).
Redesigning services
There has been extensive journey mapping with families to identify issues with existing processes and potential solutions. There is a growing bank of data and information from those families who have already been supported through the programme, which is being used to define improved operating models for inter-agency collaboration on a single family (see workforce development in next section) and has informed the design of the improved Early Help offer (see Priority 1).
Some families have upwards of 12 different agencies / professionals providing some form of support or intervention; this is clearly too many. The programme is funding an officer to develop a strategic approach to workforce development across the workforce, i.e. not focused solely on workforce for adults' or children's

services. This work, which will also draw upon families' experiences, will need to be broader than Council workforce, to include Police and Health professionals and will ensure that professionals develop skills outside of their immediate professional remit. This common approach to workforce development, with professional up-skilling and a more sophisticated operating model will help to reduce the number of professionals which a family sees and ensures consistency for families throughout the time in which they receive support from public agencies.

The Programme is joint funding a volunteer coordinator post with Action For Children, who have implemented a new Family Partners project (similar to Family Intervention Projects) in Harold Hill, with neglect as the target issue. This will assist in development of Family Graduates and Family Advocates, who will be critical to success of TF Programme. Family Graduates are former service users; Family Advocates are former professionals.

The Programme is working alongside Job Centre + to explore opportunities to use the Flexible Support Fund to access employment for the TF cohort. One example is the creation of a 16-week training programme for TF with the schools catering workforce.

Troubled Families – Phase 2

The Government has confirmed that the **TF programme will continue for a further five years**, from April 2015 to March 2020, with an emphasis on early help. The approach is under consultation and the London Coordinators Group (of which LB Havering is an active member) has expressed its views. Details are not yet confirmed but it is likely to follow a PBR model and it is hoped that there will be greater local discretion of PBR criteria as local needs differ.

Improve access to high-quality therapies

Indicator	GOOD	2009	2010	2011	2012	2013	Direction	Comments
% of pupils with Statements	Lower is better	1.9%	1.7%	1.6%	1.6%	1.7%	No sig. change	In October 2013, 751 pupils in Havering schools had a Statement of Special Educational Need. **At primary level**, speech, language and communication difficulties are by far the most common type of identified SEN, followed by moderate learning difficulties and behaviour, emotional and social difficulties. Together these account for 74% of primary level SEN. **At secondary level**, moderate learning difficulties are more prevalent, followed by behaviour, emotional and social

% of pupils with statements educated in mainstream schools	Higher is better	58%	54%	67%	72%	66%	Better (vs. 2009, but worse than 2012)	difficulties and speech, language and communication needs – these account for 62% of identified secondary level SEN. **Special schools** have a very different profile with most children having a severe, moderate or profound and multiple learning difficulties – these account for 79% of SEN in Havering's special schools. Havering has successfully integrated the majority of these young people within the mainstream school environment, investing in the necessary support and adaptations to enable them to enjoy the same schooling as their peers.

Support for children with SEND is undergoing radical reform. The Children and Families Act proposes to extend the SEND system from birth to 25; replace statements of special educational need with a new birth-to-25 education, health and care plan; and offer families personal budgets. In particular, Havering's Clinical Commissioning Group (CCG) and the National Health Service Commissioning Board will be required to make joint commissioning arrangements to secure education, health and care provision for children and young people for whom the authority is responsible and who have special educational needs. The Draft Special Educational Needs Code of Practice: for 0-25 years requires Health and Wellbeing Boards to consider the needs of vulnerable groups, including those with SEN and disabled children and young people, those needing palliative care and looked after children.

Highlights
Speech and Language Therapy (SLT)
Investment in 2010-11 (£270k into Health, £85k into Education) has delivered tangible improvements to provision of this essential service, including in the historically difficult area of hearing impairment. The extra funding allowed for the recruitment of more therapists which allows more children to receive the therapy they need. Teaching Assistants have also been trained to provide a degree of support and allow the qualified SLT therapists and technicians to support children with more complex needs. Between October 2012 – September 2013, 5,127 children registered with a Havering GP accessed SLT; 56% of whom were aged 5-10.

Redesign services
The **CAMHS Partnership Board** is re-established and is consistently well-attended by partners, from across the local Health, Care and Education economy, as well as providers of mental health services for CYP. This group plays an integral role in ensuring that mental health services for CYP in Havering meets identified needs.
Work is ongoing to **redesign CAMHS** (Child and Adolescent Mental Health Service), based on a clear understanding of local needs and customer requirements. The Children's Commissioner, jointly funded by the Council and CCG, is in post and will lead this work. A priority for the redesigned service is to ensure that the voice of the service user and the family is involved in commissioning and decision making.
Improve commissioning and collaboration
The council will continue its work to develop more robust commissioning frameworks, to deliver improved value for money through consistent standards from multiple providers and strengthened monitoring arrangements. Substantial commissioned areas so far addressed include Domiciliary Care provision and Respite Care provision (ref. the Short Breaks tender in Priority 1).
The **forthcoming Children and Families Act** presented an exceptional opportunity to improve collaboration between education, health and social care services. Each child whose SEN meets agreed criteria will be jointly assessed and supported through an Education, Health and Care (EHC) Plan. A robust governance structure has been in place to undertake the implementation of the SEN reforms arising from the Act, which will come into force in September 2014, focusing on: - Detailed analysis of local SEN populations, financial modelling and the impact of existing services; - Joint commissioning processes; - Our local offer and development of Personal Budgets; - Single contact and assessment processes, and - A consultative forum with parents and CYP.
There has already been extensive work to **improve clients' transition** between care as a child to care as an adult. There is now improved information passing between to the two care services, through regular transitions meetings, and established governance arrangements for planning for young people's transition. In many cases, the aim is to provide sufficient support at an early stage, as young as 13 or 14, to improve the young person's independence, particularly if they are unlikely to be eligible for Adult Social Care services. A High Support Transitions Group is identifying and ensuring the best possible support for those CYP with particularly complex, and hence expensive, care needs. Piloting of the most effective operating models to ensure a smooth transition is underway.

NELFT has taken over from Whizzkids as the provider of wheelchairs and is now ensuring that CYP receive wheelchairs in a timely fashion, which has helped to address the concerns of parents and CYP in this area.
Early targeted interventions to increase independence
36 CYP and six adults with a learning disability have successfully completed the **travel training programme** with the Disability Association of B&D to help them to use public transport independently. A four-year travel training contract is in place to continue this service.
The most important benefit of the scheme is to the CYP involved and their families, although the work will ultimately contribute to transport savings, particularly where the CYP were previously using taxis. Savings on bus costs are more difficult to realise as removal of one child from a bus does not reduce the cost of running that vehicle.