



OVERVIEW AND SCRUTINY COMMITTEE

Subject Heading:

Children and Young People's Plan 2011-14:
an update on progress and achievements

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Ensure safety and promote wellbeing of children and young people

Policy context:

SUMMARY

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:

1. Ensure children and young people are protected from abuse and neglect
2. Increase breastfeeding
3. Reduce child poverty
4. Reduce teenage conceptions and terminations rates
5. Support complex families
6. Improve access to the most effective therapies

These priorities fall into three broad themes:

1. Support families to be at the heart of strong, safe and prosperous communities
2. Break negative cycles
3. 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.

There is significant progress to report against all priorities, which are delivered in line with the council Transformation Programmes, predominantly the Children and Families Transformation Programme (CFTP). There is also explicit crossover between the outcomes defined in the CYPP and those of the CFTP.

Partner agencies, including those from the Police, and the Health, Education and voluntary sectors, are collaborating 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.

RECOMMENDATIONS

Members are asked to note the contents of the report.

REPORT DETAIL

1. Ensure all children and young people are protected from abuse and neglect

It is paramount that all agencies ensure the safety and promote the wellbeing of our children and young people. Activity areas are based on agencies working together effectively, intervening in the right way at the earliest opportunity, achieving lasting positive outcomes, and ensuring that processes enable the positive participation of families in service design and delivery.

Strengthened multi-agency working practices
Attendance at Core Groups and Child Protection Conferences has improved, with 75% of those invited attending. Further work is underway to ensure that GP and Probation representatives attend or provide timely high quality documentation to inform planning.
<p>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.</p> <p>With closer partnership and improved information, MASH enables better-informed decision-making and more sophisticated harm identification and reduction. A detailed evaluation in 2013 will establish whether it has achieved these objectives but it is already apparent that a level of previously unidentified need is now known, and MASH is enabling those CYP most at risk to be supported and protected in an efficient and effective way.</p>
<p>Early Help, i.e. services provided or made available to CYP (and their families) who have some form of presenting need but who are not at risk of harm (where a child protection plan would apply) is undergoing significant development, building on the established successes of the borough's children's centres and implementing innovative developments.</p> <p>Children's centres have long been 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).</p> <p>In terms of multi-agency working, Havering is setting up multi-agency teams to work in children's centres localities, to deliver a coordinated service to families whose children may not be at immediate risk of harm but who still require some form of support. That support will span a range of intensity, depending on a family's circumstances, but focusing on Tier 3 support. Such provision will reduce the risk of the needs of these families increasing to a point at which they are in crisis and social care needs to intervene in a more robust and legally-based manner.</p>
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.

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Improved participation of families
<p>A range of mechanisms already exist to ensure that the views of CYP and families are taken into account in assessments and reviews. This area of CYPP work has sought to develop mechanisms to enable CYP and their families to co-design operational improvements and the strategic direction of the Local Authority and its partners, as it relates to children's social care.</p>
<p>There are several strands to this work: 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.</p>
<p>LB Havering has implemented Strengthening Families, a new way of running child protection conferences to improve participation of young people and their families in those critical meetings. Co-created child protection plans, based on constructive relationships and innovative use of words, pictures and child-friendly tools, have been proven to be more effective and lead to improved outcomes for that family.</p>
<p>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 will in future have greater strategic influence, be representative of all LAC, play a part in recruitment, training and commissioning, and contribute to ongoing learning and service improvement.</p>
<p>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 2012. As well as providing a more interactive and engaging way for CYP to contribute their views, it will allow the Council (once there is sufficient data to do so) to monitor how the perceptions of these vulnerable CYP compare to those of the wider CYP population, e.g. in terms of their perceptions of safety, future prospects and (specifically to those children in receipt of services) how effectively they feel that those services have helped them.</p>
<p>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.</p>
<p>To help develop the services available to LAC and care leavers, the local Authority commissioned ESRO who undertook detailed interviews with LAC. There was also a survey designed and coordinated by a care leaver working directly in the Performance and Policy section of Commissioning. The views gathered have fed directly into work to improve LAC services in the borough.</p>
Professionals use the right tools and procedures for the specific needs of the child
<p>The Common Assessment Framework is a critical early intervention tool, through which the needs of a given individual can be clearly understood. CAF gold standards have been applied to similar early intervention tools in use across other agencies, to ensure that all such assessments are of the necessary level of quality. The LSCB leads and monitors CAF implementation, to reinforce that CAF is a partnership endeavour rather than Council-led. The (proj.) 181 CAFs completed in 2012-13, although still lower than desired, is an improvement on previous years. CAF is most embedded in children's centres (54% of 2012-13 total, followed by schools (39%)), with all newly-referred families receiving at least a pre-CAF assessment.</p>

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Evaluation shows that % of CAFs where needs are met as a result of actions arising is increasing, with 68% in 2012-13 vs. a three-year average of 64%. Behavioural development is the most common need identified.

Social workers are now equipped with updated practice guides and toolkits, which have helped them to support CYP to achieve sustained positive outcomes. This is evidenced in a range of indicators, not least that only one CYP de-registered from a child protection plan has become subject of a plan again within two years (a nationally-adopted indicator) in 2012-13.

The most significant development to the tools available to social care staff is the implementation of the new improved social care IT system. In the final stages of implementation, the new system will deliver a host of benefits to social workers, managers and others responsible for overseeing and evaluating the achievement of outcomes for the boroughs most vulnerable CYP and families.

2. Increase breastfeeding rates

Evidence indicates that breastfeeding may have a protective effect against obesity in children, when compared to babies who are bottle fed. Havering had one of the highest rates of childhood obesity in London, coupled with the lowest breastfeeding rates in London. However, designing appropriate interventions was hindered by the lack of reliable data on breastfeeding. To address this gap, significant work has been undertaken to improve the reliability and completeness of breastfeeding data and this means that Havering now has a solid baseline on which to benchmark the impact of future activity.

Although Havering's initiation and continuation rates remain below London and national averages, they are now in line with statistical neighbours. At 6-8 week check (continuation), rates have increased since work began on this priority, from 39% to 43%. It is hoped that continued effort in this area will result in progress towards reaching the national average of approximately 47%.

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 in 2011 and 2012. 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, comprising over 900 people, shows that confidence and tolerance of breastfeeding in public has increased. The scheme received national recognition in 2012, being recognised as an example of innovative practice by the Centre for Excellence and Outcomes (C4EO).

Improve access to breastfeeding support services

Breastfeeding Cafes and peer support services in Children's Centres and maternity units remain popular.

3. Reduce child poverty

Nearly one in five Havering children (<16 years) live in poverty. Although this is lower than many London boroughs, it is higher than for our statistical neighbours (range is 16-18%). Child poverty has fallen in the last year (latest available data is from 2010-11) but this is due to the median wage decreasing (a child is living in poverty if household income is < 60% of median wage). A broad range of activity is underway, in close collaboration with partners, to address the causes of poverty.

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 are offered benefits advice. Health Visitors work directly out of a range of Children's Centres across the borough.
Children's Centres developed as hubs for multi-agency integrated teams, focused on support for Tier 3 families, as part of Early Help developments (see Priority 1.).
Reduce barriers to employment
Uptake of high-quality formal childcare continues to increase, average 3,648 in 2012, giving children's development a good start and enabling parents to attend work and generate household income.
The offer of free childcare places for two year-olds from disadvantaged families remains popular, projected to hit 200 by end of March 2013, up from 71 children in 2009 . Evidence shows that these children are consequently more likely to access early years education. Funding for this offer is increasing and it is projected that 1,100 children will be able to access a place in 2014.
The new Havering Apprentice Training Agency is increasing opportunities across the borough and targeted work in colleges is focused on reducing the risk of young people moving into long-term unemployment. More than 500 young people have entered into an apprenticeship in Havering, exceeding our targets.
4.9% of Havering 16-19 year-olds are Not in Education, Employment or Training (NEET), lower than national, London and statistical neighbour averages. A targeting toolkit, which identifies 13-15 year old pupils at risk of becoming NEET, has been implemented in all schools, following a successful pilot.
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 follow actions have taken place or are underway: <ul style="list-style-type: none">- a Banking Liaison Officer appointed and leading discussions with banking sector- Front line staff are being trained to identify and support people who are victims of loan sharks- Discussions underway with local businesses in relation to expanding the reach of the Liberty Credit Union to their employees- 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- Care Point (through its shop in Romford High Street) offers support with money management

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- All new Council home residents receive a welcome pack detailing how to access home and contents insurance
- Welfare Rights Unit (Social Care and Learning) supporting residents to maximise their benefits take-up

Address health inequalities

Health inequalities are intertwined with deprivation levels. A key influence on health outcomes is education. Access to services is also a major influence on health equality. All partners are working together to identify and address health inequalities.

Examples include delivering 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.

4. Reduce teenage conceptions and terminations rates

When this was chosen as a priority for the Children's Trust, teenage conception rates had been increasing, contrary to a national and London-wide downward trend. Before the introduction of the current prevention strategy in 2010, Havering's local conception figures were worryingly high with 190 conceptions in 2009 – a rate of over 40 per 1,000 girls. In 2011, this had fallen to 131 conceptions – a rate of just 28 per 1,000 girls (below the national and regional rates). This is the lowest ever rate of teenage conceptions in this borough and is testament to the effectiveness of the well-coordinated partnership working which has been central to the work to achieve this priority.

Access to Contraceptive and Sexual Health (CASH) services

Condom Card (C-Card) registrations continue to increase, with a high number of repeat visits. The Havering C-Card scheme is the highest performing in London. Over 4,000 young people are registered, 63% of whom are male.

The most commonly-used outlets are local colleges and Youth Zone. New schemes are in place with Lloyds Pharmacy (it is hoped that more of their premises will adopt it) and the Lead Nurse Specialist for Looked After Children (LAC) Team provides C-Cards at each LAC's annual review. Two GP practices are part of the scheme, in Harold Hill and central Romford (TP hotspots). Work is underway to convince other GP practices of its merits. In local sexual health surveys, young people cite GPs as a prime source of information and advice so linking provision of C-Cards to these locations will be beneficial for young people.

Six schools based in three TP hotspots (Harold Hill, Rainham, and Romford) have joined the C-Card scheme; a first for Havering.

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.

Further information and advice is available through a Facebook campaign, teenage pregnancy pages on the LB Havering website and the TXTM8 free 24hr text service. The Facebook page has been visited 4,700 times since its launch in May 2012.

Targeted work with vulnerable groups
<p>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.</p> <p>The referral pathways include six secondary schools / academies in TP hotspots, the Youth Offending Service, the Phoenix Counselling Service and the CYPS 12+ team.</p>
<p>Sex and Relationship Education (SRE) has been targeted at six schools in high-risk areas. Each school has received £2k for teacher development and delivery of improved SRE lessons. In the most recent Sexual Health Survey of young people, 90% of respondents stated they had received SRE, with two-thirds rating the education positively.</p>
Workforce development
<p>Since April 2012, three providers have delivered specialist courses to 280 staff who work with children and young people. The most popular course covers sex, drugs and alcohol, which aims to raise awareness of causal links and how to provide effective interventions and achieve lasting outcomes.</p>

5. Support complex families

There has been a lot of recent media attention on the Government's Troubled Families programme. Unlike many other boroughs, Havering 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 with whom lasting positive outcomes 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.

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Identifying families
The Troubled Families (TF) Programme is on track to identify 166 families with multiple complex risk factors in its first year (415 is target over three years). The Programme, through close work with partners and detailed research, has identified myriad very vulnerable families who are currently supported by a plethora of agencies.
Some families identified by partners do not meet the government criteria even though current circumstances are complex. Although they cannot be brought into the Programme and be subject to the payment-by-results system, these families do already receive services and, as the TF Programme develops, agencies who had previously worked in isolation are exploring ways to collaborate and align their services.
Redesigning services
Families, some of whom have been part of Family Intervention Projects (FIPs), are assisting with journey mapping to help inform the best approach to take.
TF Programme is assisting the development of the Tier 3 multi-agency teams working out of children's centres (mentioned in Priority 1, above). This includes funding a CAMHS worker, a Domestic Violence worker, and training and development for the teams.
The Programme is joint funding a volunteer coordinator post with Action For Children, who are implementing a new Family Partners project (similar to FIP) 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.

5. Improve access to high-quality therapies

Access to effective therapies has been a concern for parents and professionals alike. The broad themes of activity for this priority are to redesign services, to improve commissioning and collaboration with partners, and to ensure that we are able to intervene early and enable maximum independence.

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. Limitations remain in some areas of service, e.g. Hearing Impairment; work is underway to train Teaching Assistants to provide a degree of support and allow the qualified SLT therapists and technicians to support children with more complex needs.
Work is underway Priorities over the next 12 months include improved provision in Secondary schools and improved provision for Hearing Impairment.

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Redesign services
<p>Work is ongoing to redesign CAMHS (Child and Adolescent Mental Health Service), based on a clear understanding of local needs and customer requirements.</p>
<p>A strategic Health review is underway concurrently across ONEL (Outer North East London), in which the council's Children's Commissioner is involved. The aim is to develop more integrated commissioning and provision of services across ONEL, with greater collaboration between Health, social care and education agencies.</p>
<p>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.</p>
<p>Children's Social Care are also working closely with Health on this review; a joint working group has been established to ensure that flexibilities are built into the contract, particularly in light of the new ways of working required to meet the Troubled Families agenda.</p>
<p>The CAMHS Partnership Board is re-established and is consistently well-attended by partners. This group plays an integral role in ensuring that mental health services for CYP in Havering meets identified needs.</p>
Improve commissioning and collaboration
<p>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).</p>
<p>The Transitions project continues to progress well, with the aim of improving clients' transition between care as a child to care as an adult. The work has been subsumed into wider work to prepare for the impact of the forthcoming SEN Bill.</p>
<p>There is now improved information passing between the two care services, 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.</p>
<p>There is a dedicated workstream which identifies young people with disabilities who need significant levels of support and who are within a year of their 18th birthday. 21 young people have thus been identified and work is underway to analyse their medical history and ascertain the level of support they will receive as an adult.</p>
<p>As well as improving the independence for these young people, the Transitions work will deliver cost avoidance savings for the Council, with £39k identified so far in 2012-13.</p>
Early targeted interventions to increase independence
<p>29 CYP 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.</p>
<p>The most important benefit of the scheme is to the CYP involved and their families, although the work has also contributed to transport savings through reducing the number of CYP who use taxis or Council / external contractor bus transport.</p>

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The Children's Trust will continue to oversee and drive achievement against the CYPP priorities. Its bi-monthly meetings focus on one priority area, which allows more thorough discussion on progress, challenges and how to ensure that the priority objectives are achieved.

The changes to commissioning structures in light of the Health and Social Care reforms, including creation of Clinical Commissioning Groups (CCGs) and the development of the Health and Wellbeing Board, affect how each of the six priorities are to be progressed in the longer-term. The CYPP priorities are integrated into the Health and Wellbeing Strategy, so the priorities for the Children's Trust and the Health and Wellbeing Board are shared.

IMPLICATIONS AND RISKS

Financial implications and risks: None for Members to consider

Legal implications and risks: None for Members to consider

Human Resources implications and risks: None for Members to consider

Equalities implications and risks: None for Members to consider

BACKGROUND PAPERS

There are no background papers.