

# **Appendix 2**

## **HEREFORDSHIRE CHILDREN AND YOUNG PEOPLE'S PLAN**

**2015-18**

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## **1. INTRODUCTION**

### **1.1 The Herefordshire Children and Young People's Partnership Approach**

The Herefordshire Children and Young People's Partnership (CYPP) has lead responsibility for the development and delivery of the Children and Young People's Plan. The Plan is an integral component of the Herefordshire Health and Well-Being Strategy and together they form the strategic agenda of the Herefordshire Health and Well-Being Board.

The Health and Well-Being Board has identified the following strategic priorities for children and young people which need to inform this Plan:

- Starting well in life in pregnancy, maternal health, non-smoking in pregnancy
- A good start in life 0-5 years: immunisations, breastfeeding, dental health and pre-school checks
- Children with disabilities
- Young offenders
- Young people not in education, employment or training
- Looked after children
- Mental health and emotional well-being

### **1.2 The Vision of the Herefordshire Children and Young People's Partnership**

**1.2.1** The Herefordshire Children and Young People's Partnership (CYPP) wants children and young people to grow up healthy, happy and safe within supportive families and carers.

We want them to have the best health, education and opportunities to enable them to reach their full potential.

Our main priority is to keep children and young people safe and give them the best start in life.

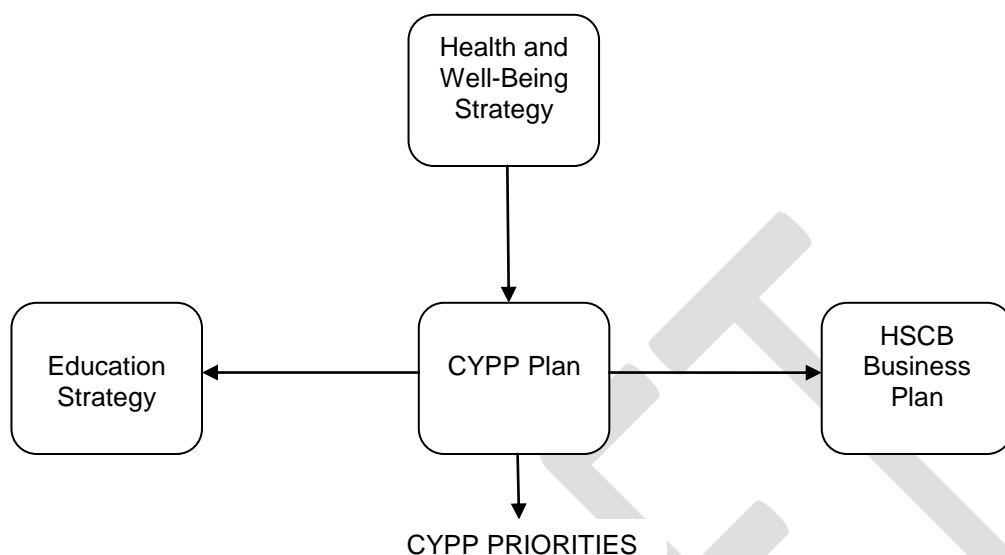
By March 2018 we want to have good safeguarding services in all agencies and to have local education and health outcomes within the top 25% nationally.

#### Context

The Children and Young People's Plan provides the multi-agency strategy for addressing affecting children, young people and their families in Herefordshire, identified through the Health and Well-being Strategy and needs assessments.

Education plays a fundamental part in the lives of children and young people and to specifically address education issues in Herefordshire an Education Strategy has been

put in place. Likewise, with respect to the safeguarding needs of children and young people, the Herefordshire Safeguarding Children Board Business Plan provides the strategic priorities for services.



### 1.2.2 To deliver this vision we will:

- Listen to the voices of children and young people as to their needs and how to meet them
- Work collaboratively with individuals, families and communities to develop capability and resilience
- Target the services we provide on priority need groups of children, young people and their families
- Ensure that the services we provide produce the outcomes we intend, based on evidence of effectiveness, including cost effectiveness
- Share information across the Partnership to ensure co-ordinated smarter working and more effective delivery of services
- Develop a skilled children's workforce that has ownership of the vision of the Partners to this Plan
- Use technology in innovative ways to enable children, young people and families to help themselves, and to engage children, young people and their families in the full range of advice, information, and services offered by the Partners.

At the time of significant pressure on public finances the Plan recognises the need for services to make budget savings whilst also fundamentally changing the way services are delivered, enabling children, young people, families and communities to exercise more choice and control over their lives. There will be opportunities to use our resources differently and to access funding streams at a national and local level. At the same time the Partnership will be planning for substantial reductions in some funding streams over the life of the Plan. By doing this together we can make the most of our collective resources.

There financial pressures on public sector services will be confirmed through the budget statement in the autumn 2015 but may include c.40% reductions for the local authority, c.16% for school budgets, and health funding pressures. At the same time there may be specific funding streams which partners can access; troubled families being one of them. The table below sets out draft indications of finances in relation to each of the plan's priority areas. More development needs to take place to make the most of collective resources at a time when these are shrinking significantly in some areas and that this is a partnership-wide responsibility. There is therefore no binding commitment at this stage to the funding below remaining as set out for the three years of the plan and funding will have to be adjusted to meet the requirements to reduce budgets for some partners, including the council.

	<b>No. of Children / Families</b>	<b>Budgets</b>	<b>Savings</b>	<b>Commentary</b>
<b>Priorities</b>		<b>£000's</b>	<b>£000's</b>	
Early Help	600	1,800	450	£1.8m is potential income if we can evidence 600 families are "turned around". Troubled Families funding over 3 years (15/16 - 17/18). The national cost calculator will be used to identifying savings. Savings are expected for all partners
0-5 Early Years	9,800	3,500	400	Health Visitors, School Nursing, Children's Centres, funding is from Public Health & Council. The savings will be in safeguarding if prevention is successful.
Mental health and emotional wellbeing	8,620	1,400	TBC	funding by Clinical Commissioning Group (CCG) £1.4m ZigZag £57k
Children and young people in need of safeguarding	1600	7,288	2,800	The savings are profiled over the next 5 years.

Addressing challenges for young people	TBC	TBC	300	Costs could relate to providing youth offending services (YOS) and not in education, employment or training (NEET) services. Development of Adolescents services.
Children and young people with disabilities	5,000	4,197	350	Complex needs solutions is funded by the CCG £500k, dedicated schools grant £1.5m and safeguarding £1.5m and short breaks funded by the council. In addition to this funding health contribute £1.1m. Adults have invested £250k in transition team to generate savings of £350k
<b>Totals</b>		<b>18,185</b>	<b>4,300</b>	

### 1.3 The Children and Young People’s Partnership will put the principles into practice by:

- Managing demand by continuously engaging with children, young people and their families to provide appropriate early help
- Ensuring the development of an appropriate range of effective evidence-based services for children and young people (and their families) living in Herefordshire and a strategy to communicate their availability.
- Developing universal service provision to meet the needs of children and young people.
- Facilitating continued access to universal services where children and young people have additional needs.
- Re-position prevention and early intervention strategies and services to those at greatest risk and need.
- Ensuring that the child or young person is at the centre of service delivery.
- Having in place services which respect diversity of age, language, religion, ethnicity, sexual orientation and culture.
- Working towards improved integration across agencies with respect to service provision, delivery and management.

### 1.4 The Priorities of the Plan

#### 1.4.1 The Voice of Children and Young People

The Partnership is committed to improving services by listening to and acting on the Voice of the Child. We will be continuously asking children, young people and families to help us develop the Children and Young People’s Plan. Participation People are supporting us to set up a proactive network of organisations and individuals to help us

do this. The Voice of the Child Network will capture the views of children, young people and families through a variety of methods. These views will feed into strategy, policy and budgeting decisions.

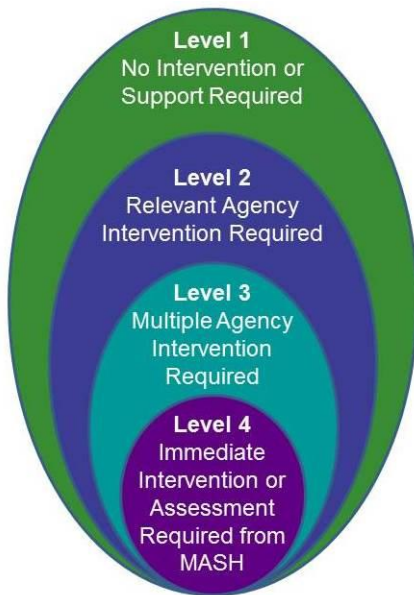
Children and Young People's Plan seeks to reflect the above aspirations by focusing upon six specific priority strategic planning areas:

- Early Help
- 0-5 Early Years
- Mental Health and Emotional Well-Being
- Children and Young People in need of Safeguarding
- Addressing challenges for Adolescents
- Children and Young People with Disabilities

**1.4.2** These priorities were derived from a variety of sources including the statutory responsibilities placed upon the Partners, a strategic needs analysis of children and young people in Herefordshire commissioned by the Partnership, a mental health needs analysis undertaken by Herefordshire Clinical Commissioning Group, national and local data from performance frameworks on health, education and social care and guidance from regulatory bodies (e.g. Ofsted) requiring the Partnership to attend to key issues in relation to safeguarding and early help. This Partnership Plan also draws on the pre-existing Plans for specific need groups- such as the Early Years Strategy, the Education Strategy, the Herefordshire Safeguarding Children Board Business Plan, the Youth Justice Plan – and compliments their priorities and objectives.

**1.4.3** In scoping these priority planning areas the Partnership is aware that there are significant areas of overlap between them. For example, a child needing safeguarding may also present as a person under 5 years of age and as a child with a disability. Likewise the strategies and approaches to identify those in need of early help will apply across the 0-18 age range and across the substantive needs to be addressed be they health, education or social care related. Hence the Plan will acknowledge the interrelationship between these planning priority areas while seeking to develop, address and deliver a work programme that is meaningful and manageable.

**1.5** A common framework for the conceptualising tiers of service provision related to their level of need, developed by the Herefordshire Safeguarding Children Board, has been promoted by the Partnership during the development of the Plan. The framework identifies four levels of need and associated supports required to meet that need:



Level 1: Children making good overall progress in all areas of development, broadly receiving appropriate universal services, such as health care and education – no additional support required.

Level 2: Children and young people with emerging vulnerabilities whose needs require targeted support

Level 3: Children and young People with multiple needs requiring more than one additional support service and a co-ordinated approach

Level 4: Children or young people with complex needs or with concerns for their safety based on evidence of abuse or neglect or by disclosure from the child.

The tiered model recognises that:

- Children and young people may present at different tiers over time, for different types of need (health, education, social care) at any one time
- The additional needs of children and young people may arise from both their own difficulties or the difficulties experienced by those seeking to exercise parental responsibilities
- Children and young people may move up and down the tiers depending upon the nature and the severity of their needs
- Whenever possible children and young people should seek to have their needs met by universal provision. Service providers from the higher tiers of specialism should facilitate universal providers in meeting the additional needs of children and young people where possible.

Proposals in this Plan seek to address both different levels of need experienced by children and families and the different levels of service required to meet that need.

## 2. EARLY HELP FOR FAMILIES

### 2.1 OBJECTIVES

**2.1.1** We want to improve the early identification and response to some critical issues that affect the development of children and young people. This will include work to break the cycle of inter-generational inequality. This means a whole family approach and culture across the Herefordshire Partnership, working collaboratively with the whole family to:



- improve physical and mental ill health (of both children and their parents and carers),
- reduce crime and anti-social behaviour,
- reduce worklessness,
- reduce domestic violence and
- tackling the effect of poverty on children's outcomes

We will put in place targeted models of effective intervention which will work alongside and with universal services, with a clear lead worker for each family who will co-ordinate those services to meet their needs.

We intend to reduce the need for children and families to need help and intervention from statutory services and to work with families who are stepping down from statutory interventions to enable them to effectively work with universal provision.

By March 2018 we will have provided early help to 600 families. This will enable us to access and invested (from the Government's "Troubled Families" initiative) £1.8m of new funds to continue this work.

## **2.2 DESCRIPTION OF PURPOSE**

**2.2.1** Helping vulnerable families as early as possible is a priority for both the Health and Well-Being Board and the Children and Young People's Partnership. This theme is a golden thread through the other priority need area of the Plan and, therefore, there will be a degree of repetition in the messages provided here with those given elsewhere in the Plan. This recognises that working with vulnerable families can mean dealing with a multiplicity of complex issues: health problems, worklessness, non-school attendance, crime, etc.

### **Definition of early help**

**2.2.2** To ensure that all practitioners across the Children and Young People's Partnership understand what early help means there needs to be a clear local definition. This can be provided within the context of the local HSCB agreed Levels of Need.

**2.2.3** Early help and early intervention are interchangeable words but essentially mean the same thing. It means intervening early and as soon as possible to tackle problems emerging for families. This includes parents, their children and young people or a population or community. Early intervention can occur at any point in a child, young person or adult's lives.

**2.2.4** Early help services are aimed at families (children, young people and parents/carers) who are at level 2 and 3 of the Herefordshire's Levels of Need thresholds.

**2.2.5** Early help starts at level 2 of the levels of need and describes emerging vulnerabilities in families. In Herefordshire the aim is to support families to help themselves and become more resilient to the issues they face. Universal services at level 1 e.g. school, GP, health visitors, voluntary services etc often provide a more personalized approach with families at level 2 by providing information, advice, or support early before difficulties become too entrenched. Sometimes an additional service is required for the family eg counselling.

**2.2.6** Where there are greater risk factors in the family that require a number of services or partners to co-ordinate their responses this describes a Level 3 intervention.

**2.2.7** This priority area will specifically draw upon the learning, the tools and the successes of the national Troubled Families Programme in its design and delivery. The aim is to support the needs of adults and children in families simultaneously to achieve better and sustained outcomes. Too often in the past services have worked on one issue with one family member, not fully understanding the family's dynamics, overwhelming families with different interventions and workers and not achieving lasting change. This does not serve families well and costs the public sector more than it should.

**2.2.8** Whilst the principle aim of the Health and Well-Being Board and the Children and Young People's Partnership is to enhance prevention and early intervention, it is recognised that families can move through the levels of need – stepping up to statutory services where needs become critical; stepping down from statutory services to lower levels of support where need is less acute. Families, therefore, may need a variety of services – universal, specialist, intensive – to meet their needs across the levels, but the needs of the whole family should be collectively addressed.

**2.2.9** There are six broad categories where, if families meet two or more aspects, would suggest they need some level of focused early help:

1. Parents and children involved in crime and/or anti-social behaviour
2. Children who have not been attending school regularly
3. Children who need help
4. Adults out of work or at risk of financial exclusion and young people at risk of worklessness
5. Families affected by domestic violence and abuse
6. Parents and children with a range of health problems

The approach to supporting families generally will also explicitly encompass the Partnership's role in reducing the extent and impact of child poverty across the county.

## **2.3 CURRENT STRATEGIES**

**2.3.1.** A key recommendation of the Children's Strategic Needs Assessment, undertaken in 2014 was to review the county's approach to early intervention and early help alongside, improved service integration and capturing and using data and intelligence around vulnerable and struggling families. This review needed to take into account the experience in the county of Phase 1 of the national Troubled Families initiative (branded Families First locally). Under this programme Herefordshire successfully turned around 310 vulnerable families and attracted £1.2 million additional funding. This initiative, however, has not transformed the overall system for the identification and response to families needing early help. The Health and Well-Being Board and the Children and Young People's Partnership have agreed that Herefordshire will be part of the Phase 2 of the programme with the aim that the initiative becomes an integral part of the Partnership approach to dealing with struggling families.

**2.3.2.** The Council and its partners have a longstanding approach to locality working. The Council and its partners have aligned staff (e.g. health visitors, police officers) to eight locality teams and multi-agency groups (MAGs). The Common Assessment Framework (CAF) is used to support this multi-agency way of working. Significant changes, including budget cuts, have taken effect leaving some confusion as to what support is available for vulnerable families. Family support services provided within the Children's Well-being Directorate, therefore, are increasingly working primarily with Level 4 families (i.e. those referred and open to social care). Early intervention and help provided by the Council and its partners is inconsistent in the processes and procedures used and in the response provided.

**2.3.3.** This Children and Young People's Plan provides the vehicle to ensure that Phase Two Troubled Families embeds, alongside other direct service resources of the Council and its partners, to form a continuum of integrated provision from additional tier 1 universal service through to the threshold of tier 4 and reflects the spirit and the principles of the Children and Young People's Partnership

## **2.4 PLANNING PRIORITIES**

**2.4.1.** Based upon national research there are five key characteristics of effective early help which we will address locally:

- The best start in life
- Language for life
- Engaging parents
- Smarter working, better services
- Knowledge is power

Using these characteristics, detailed action plans will be developed, agreed and delivered as part of an annual business plan to support the achievement of the goals of the Children and Young People's Plan.

#### **2.4.2 The focus during the first year of the Plan will be:**

- Providing children with the best start in life (see below the 0-5 years early years priority)
- Developing communities and universal services – to build on the County's strengths and assets and to promote self-help
- Establishing early help business and intelligence functions
- Revising assessment processes
- Establishing a multi-agency early help offer
- An early help workforce development programme
- Establishing governance and performance management arrangements for early help to monitor the impact and effectiveness of the Partners' approaches

### **2.5 EARLY HELP AND INTERVENTION – BY MARCH 2018**

**2.5.1** The attached outcomes plan (Appendix 1) sets out the goals to be attained over the three year period of the Plan. This states quantifiable targets as to the changes in family circumstances in each of the priority need areas identified in para 2.2 (above) These outcomes also meet the requirements of the County being part of the national Troubled Families Programme, providing the means to evidence significant and sustained improvement within individual families, which in turn should see the achievement of the County's strategic outcomes. Other partnership boards will need to support elements of this programme. The Community Safety Partnership, for example, will have strategic oversight of initiatives with respect to crime, anti-social behaviour and domestic abuse.

### **3 EARLY YEARS (0-5 Years)**

#### **3.1 OBJECTIVES:**

- To develop an integrated approach to improving the health, well-being, developmental and educational outcomes of children aged 0-5 years.
- To ensure better continuity of provision and services across the 0–5 age range with clear and agreed pathways between services and between levels of service (for example, between universal and universal plus or targeted services).
- To ensure smooth transitions across the life course – i.e. between maternity services and 0-5 early years services and 5-19 years services.
- To ensure increasing numbers of children are ready for school at the end of the Early Years Foundation Stage (EYFS) and make a successful transition to school
- To mitigate the effects of poverty, inequality and disadvantage through the provision of high quality early education and childcare, the Healthy Child

Programme 0-5 years, more effective support for parents and narrowing of the early development achievement gaps for the most disadvantaged children

## 3.2 CURRENT STRATEGIES FOR 0-5 YEARS

### 3.2.1 The Healthy Child Programme (0-5 years)

The Healthy Child Programme (HCP 0-19 years) is a comprehensive universal public health service for improving the health and well-being of children through health and development reviews, parenting, health promotion, screening and immunisations. It is based on the best available evidence (including guidance from the National Institute of Clinical Excellence), delivered by Specialist Community Health Practitioners. Health Visitors lead on the HCP for children aged 0-5 years, working with other early years' service providers. The Programme is delivered by interventions at various levels: universal, community, universal plus (targeted early intervention) and universal partnership plus (targeted multiagency support for children with more complex needs).

**Interactions at community level:** building capacity and using that capacity to improve health outcomes and leading the Healthy Child Programme for a population.

**Universal services for all families:** working with midwives, building strong relationships in pregnancy and early weeks and planning future contacts with families. Leading the Healthy Child Programme for families with children under the age of 5.

**Additional services that any family may need some of the time,** for example care packages for maternal mental health, parenting support and baby/toddler sleep problems – where the health visitor may provide, delegate or refer. Intervening early to prevent problems developing or worsening.

**Additional services for vulnerable families requiring ongoing additional support** for a range of special needs, for example families at social disadvantage, families with a child with a disability, teenage mothers, adult mental health problems or substance misuse.

**Making sure the appropriate health visiting services form part of the high intensity multi agency services for families where there are safeguarding and child protection concerns.**

The Healthy Child Programme (0-5 years) supports good physical, mental and social health, well-being and development, as well as supporting school readiness at the Early Years Foundation Stage and helping to lay the foundations of a child's future educational achievement. The Healthy Child Programme's universal reach provides an

invaluable opportunity to identify and support children who are at risk of developing poor outcomes as early as possible

The Healthy Child Programme offers every family a Programme of screening tests, immunisations, developmental reviews, and information and guidance to support parenting and healthy choices – all services that children and families need to receive if they are to achieve their optimum health and wellbeing.

As identified from the Joint Strategic Needs Assessment and the Director of Public Health's Annual Report (2015), particular priorities for 0-5 year olds in Herefordshire include:

- Achieving the best possible overall physical and mental health and well-being
- Improving immunisation rates among children 0-5 years
- Strategies to reduce tooth decay
- Improving local breastfeeding initiation and prevalence at 6-8 weeks (continuation) rates
- Improved smoking cessation rates during pregnancy and early childhood

Effective implementation of the Healthy Child Programme will contribute towards addressing these priorities and will, in addition, support the achievement of:

- Strong parent–child attachment and positive parenting, resulting in better social and emotional wellbeing among children;
- Care that helps to keep children healthy and safe;
- Reduced smoking prevalence and reducing the exposure of babies and children to tobacco smoking (including exposure in utero)
- Managing minor illness and reducing accidents and injuries which result in hospital attendance or admission
- Healthy eating and increased activity, leading to a reduction in obesity;
- Prevention of a range of serious and communicable diseases;
- Increased rates of initiation and continuation of breastfeeding;
- Readiness for school and improved learning;
- Early recognition of growth disorders and risk factors for obesity;
- Early detection of – and action to address – developmental delay, abnormalities and ill health, and concerns about safety;
- Identification of factors that could influence health and wellbeing in families, including maternal mental health;
- Better short and long-term outcomes for children who are at risk of social exclusion.

### **3.2.2 Childcare and Education Provision for 0-5 Years**

Childcare and early education provision in Herefordshire is provided through a diverse range of private, voluntary and independent providers, including childminders, pre-schools and nurseries.

Early Years provision for children age 0–5 years is provided by sessional and full day care pre-schools and nurseries and with childminders. Embedded within this childcare provision will almost always be the free early education entitlement of 15 hours a week for 38 weeks a year for disadvantaged 2 year olds. Levels of provision fluctuate regularly but are currently (as registered with and informed by Ofsted):

- 99 childcare settings
- 116 childminders
- 13 maintained nurseries
- 5 independent schools with nursery provision

Early Education entitlement is available for all children three or four years old. It constitutes a part-time place (15 hours per week) and is free at the point of delivery. Free places can only be provided by Ofsted registered provision and they must deliver the Early Years Foundation Stage curriculum.

Since September 2013 the Government introduced a duty on Local Authorities to provide early education places for two year olds requiring additional support. In Herefordshire all eligible two year olds will be identified through the Early Help initiative. Health and social care partners will ensure that eligible families are aware of and are encouraged to take up their free entitlement. Social care staff will also target children in need and children with a child protection plan to take up a free child care place. Plans will be put in place to respond to recent government pledges to increase the availability of free child care for 3 and 4 year olds.

### **3.2.3 Children with a disability and special educational needs**

In Herefordshire children with a range of special educational needs and disabilities (including autism, cerebral palsy, hearing and visual impairment, spina bifida, severe language disorder and medical needs) are welcomed and included in our mainstream childcare provision. Provision may be supported by the Council's team of specialist early years advisors or by additional funding to contribute to the support needs of the child. For children with severe and complex needs there is the additional option of a nursery class within one of the maintained special schools.

### **3.2.4 Early Years Foundation Stage (EYFS)**

The revised EYFS profile introduced in September 2012 consists of 17 early learning goals across seven areas of learning. There are three possible assessment scores for each of the early learning goals: 1 for emerging, 2 for expected, 3 for exceeding. The expectations for a good level of development are that children achieve at least expected (2) in the three prime areas of learning and in literacy and mathematics.

The main overall indicator for the revised EYFS framework is for pupils to show a 'Good Level of Development' (GLD). In 2014 60% of children in Herefordshire achieved a good level of development (this also being the national average)

A further measure of performance widely used to evaluate the early year's education sector is the "inequality gap". This is defined as the percentage gap in achievement between the lowest 20 per cent of achieving children in a local authority (mean score), and the score of the median.

The achievement gap in Herefordshire as measured by the difference in children in receipt of free school meals and all children achieving a GLD. In Herefordshire the gap is currently 30.9% while nationally for England it is 33.9%.

### **3.2.5 Children's Centre Services**

Sure start children's centres started to be developed in 2004 building on from sure start local programmes the work of Early Excellence Centres and Nursery Schools. In 2006 local authorities were given the statutory duty to provide children centre services under Section 5A of the Childcare Act 2006. Under the Act, the local authority has a general duty to improve the well-being of children under five in their area, and reduce inequalities between those children. As part of fulfilling that duty the local authority must make arrangements to secure that early childhood services are provided in an integrated manner. Within those arrangements the authority must, so far as is reasonably practicable, include arrangements for sufficient provision of children's centres to meet local need. There are opportunities to develop a consistent approach for children's centre services, alongside developing our approach to Health Visitors, School Nurses, adult and community services throughout the life of this Plan.

Herefordshire Council currently supports nine children's centres across the county and is committed to ensuring that it continues to provide quality provision for young children and their families that will improve:

- Readiness of children to thrive in school
- Support for parents and their ability to meet their responsibilities
- Parents' opportunity to develop personal skills, education and ability to get work
- The development of healthy lifestyles for children
- Parents' ability to keep their children safe, including when online
- Children's chances of reaching their full potential and reduce inequality in their health and development.

## **3.3 PRIORITY DEVELOPMENTS OF THE PLAN**

### **3.3.1 Commission Effective Healthy Child Programme (0-5) Services from 2015 Onwards**



Commissioning responsibility for 0-5 years Healthy Child Services (Health Visiting and Family Nurse Partnership Services) transfers from the NHS to the Local Authority from October 2015. The priority in the first instance will be to ensure the safe transfer of contracts and budgets from the current commissioner and the maintenance of service continuity from the current providers. Plans are being developed for a better integrated early years offer to ensure the healthy child Programme is embedded. While the Healthy Child Programme includes Health Visiting and Family Nurse Partnerships (FNP) services, Herefordshire does not currently have a FNP or similar service in place for young parents. Commissioning plans will, therefore, consider addressing the needs of young vulnerable parents; potential options include a targeted, enhanced offer within the Health Visiting Service.

### **.3.3.2 Improve Health Outcomes for 0-5 Year Olds**

The Plan aims to improve overall health and well-being outcomes for 0-5 year olds in the context of their families and communities and emphasizes a focus on improving immunisation uptake, dental health, reducing overweight and obesity, increasing breastfeeding initiation and continuation rates and optimizing parental attachment. The details of how these aims will be addressed will be outlined in separate action plans.

### **3.3.3 Improve and update information, advice and guidance for parents and practitioners on childcare provision**

- Parents have up to date quality information through a new information, advice and signposting hub which is accurate, current and links to key health information e.g. immunisation, breastfeeding, dental health, obesity.
- Early years practitioners can access training, advice and guidance through the councils website & social media
- Parents can seek childcare options through the childcare directory quickly and easily and search by postcode for nursery provision
- Improve our knowledge of sufficiency of childcare by the development of a feedback box on the childcare web pages allowing parents to report directly to us if they cannot find the childcare they need.

### **3.3.4 Support improvement of early year's provision**

- Support for early years settings is proportionate to the risk factors identified from Ofsted inspections and local data
- EYFS results are on an upward trajectory and the percentage of children reaching a good level of development at the end of EYFS increases from the 2015 base
- A model for service improvement is agreed with the Herefordshire Improvement Partnership

- Early years settings are competent in the delivery of all areas of learning in the EYFS framework
- A joint approach is developed with Health Visitors to undertake universal development checks for 2 year olds attending provision in Herefordshire

### **3.3.5 Ensuring sufficient early years provision that matches nursery education funded children and parental demand**

- Ensure we have a system that captures any gaps in childcare sufficiency across Herefordshire
- Ensure that we have good and outstanding early years settings and childminders to meet the 2 year old free entitlement
- Ensure that parents have choice, flexibility when taking up the 15 hour free entitlement for 2,3 and 4 year olds and that national expectations regarding the expansion of free childcare are addressed
- Develop and implement a Herefordshire Nursery Education Funding (NEF) policy
- Simplify the current NEF payment process and have in place digital on line payment and a process for eligibility checking for the 2 year old free entitlement
- Develop a realistic marketing/advertising plan within financial constraints to ensure the maximum take up of the 2 year old free entitlement.
- Ensure that children subject to children in need and child protection plans and eligible for the NEF free 15 hour childcare entitlement take up the offer
- Ensure that children subject to children in need and child protection plans have a record of GP and dentist registration and of their immunisations.
- The Families First programme identifies those eligible for free NEF entitlement and encourages take up.

### **3.3.6 Support and enhance the arrangements for 2 year olds**

- Improve the 2 year old learning and development assessment and ensure providers undertake the assessment and feedback the results in a timely way
- Increase the percentage of children eligible for free school meals reaching a good level of development at the end of EYFS
- Establish a process for collecting, monitoring and presenting the data from early years providers in order to inform the Early Years Strategy Group(EYSG)

### **3.3.7 Review and recommission children centre services**

The priority for Herefordshire Children's Centre Services under this Plan will be to ensure that they are targeted effectively on those most likely to be disadvantaged.

The Partnership has an opportunity to enhance the delivery of services by building on the current approaches in children's centres with health visiting, school nursing, paediatric therapies, emotional health and well-being and adult services. The partnership will oversee the commissioning of these services in 2015/16 to ensure they are coordinated together.

- Focus the reach of services into communities with vulnerable families and those with complex needs, such as those identified by the Early Help initiative
- Supporting behaviour change in families at an earlier stage to reduce the need for intensive high cost support services (e.g. social care)
- Maximising the involvement of adult services, community health services and services of the community and voluntary sector in the Centres.
- Develop agreed quality standards which will include the Annual Conversation, data packs and governance arrangements
- Establish opportunities for investment, disinvestment and savings
- Ensure health visitors are leading the Healthy Child Programme and informing children's centre management plans and community plans
- Ensure health visitors and other key partners are aware, engaged and proactively supporting and disseminating the 2 year old offer to disadvantaged families
- Better integrate and align the 2 year "Ages and Stages" assessment and the EYFS assessment.

### **3.3.8 Improve Childhood Immunisation**

- Working in partnership with NHS England, to ensure provision of an outreach school age immunisation service to compliment the primary care service (GPs)
- Improved sharing of information (subject to client consent) to enable better targeting of resources to reduce outbreaks by ensuring herd immunity, for example increased MMR coverage at 5years.

### **3.3.9 Reduce Tooth Decay in Children 0-5 Years**

- Develop strategies to reduce the prevalence of tooth decay in children 0-5years
- Engage the early year's workforce and schools to contribute to the delivery of the healthy child Programme, including better oral health care.

### **3.3.10 Promote Healthy Eating 0-5Years**

- Health Visitors to deliver guidance on weaning and healthy eating awareness
- Consistent guidance, information and advice is available to all relevant stakeholders on healthy eating

### **3.3.11 Promoting Breast Feeding**

- Improved strategies to support breast feeding in line with the UNICEF baby-friendly initiative.

### **3.3.12 Mental Health and Parenting Capacity**

- Prioritise the early identification of psychological and psychiatric disorders in 0 to 5s, maternal mental health needs and the promotion of parenting capacity building to meet the mental health and well-being of children and their parents.

## **3.4 OUTCOMES BY MARCH 2018**

We aim to achieve the following outcomes by March 2018:

- Reduction in the prevalence of dental decay at age 5 years so that the mean is equal or better than the England mean
- 95% take up for all routine immunisations in 0-5 year olds
- Year on year reduction in the percentage of five year olds who are overweight or obese
- Reduction in hospital admissions for unintentional and deliberate injuries in 0-4 year olds from 25<sup>th</sup> percentile to between 25<sup>th</sup> – 75<sup>th</sup> percentile
- Reduction in proportion of pregnant women who are smokers at the time of delivery to above the 75<sup>th</sup> percentile for England
- The proportion of all children achieving a Good Level of Development at the end of the EYFS has increased from 60% to 80%
- The proportion of children achieving a good level of development at the end of reception as a percentage of all eligible by free school meal status has increased from 34% to 60%
- The gap between all children and those ever having been in receipt of Free School Meals has narrowed from 25% percent to less than 5%
- The percentage of early years settings judged by Ofsted to be 'good' or 'outstanding' has increased from 86% to 95%

- High quality free places for 2 year olds are delivered in line with agreed Government targets and any further government targets for free child care places are addressed
- Social Care and the Families First Programme ensure that all disadvantaged 2 year olds are identified and encouraged to access 15 hours of nursery entitlement
- Social Care seeks to ensure that all 2-4 year olds with child in need or child protection plans are registered with a nursery provider and are accessing their 15 hour nursery entitlement
- We have developed an efficient, quick and easy on line NEF digital payment process that is user friendly
- Information and guidance to childcare providers, practitioners and parents is comprehensive, accurate, up to date and easily assessable digitally.
- Children's Centre services are re-modelled so that they are more targeted on the disadvantaged, better integrated with Health Visitors and deemed good by Ofsted
- The child care sufficiency audit process enables us to more clearly understand the sufficiency in Herefordshire
- The Nursery Education Fund policy is implemented in the county to provide high quality, accessible and flexible provision
- Year on year percentage reduction in the number of children under 16 years living in poverty

## **4. MENTAL HEALTH AND EMOTIONAL WELLBEING**

### **4.1 OBJECTIVES**

**4.1.1** The Hereford Children and Young People's Partnership seeks to protect children and give them a good start in life. Emotional well-being and good mental health are crucial to this. In Herefordshire, an estimated 8,620 children and young people require support with their mental health or emotional resilience<sup>1</sup>.

**4.1.2** Through our work, we will:

- Improve the provision of timely information, advice and support to promote the well-being of children and young people and assist parents, carers and practitioners who work with them to support their needs;

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<sup>1</sup> Mental Health Needs Assessment (2015)

- Ensure that services provided to meet the mental health and well-being needs of children and young people are evidence-based, of good quality and compliant with essential standards (i.e. NHS standards, NICE guidance)
- Raise awareness of mental health and emotional well-being in children and young people and tackle stigma associated with it.

Recognise that vulnerable children and young people are more likely to be affected by mental health and will ensure provision is available for those vulnerable groups to strengthen their resilience and well-being.

## **4.2 DESCRIPTION OF PURPOSE**

**4.2.1** The activities in this area relate to mental health and emotional well-being of children and young people living in Herefordshire from pre-birth to young adulthood. Emotional well-being enables children and young people to:

- Develop psychologically, socially and intellectually;
- Initiate, develop and sustain mutually satisfying personal relationships;
- Gain self-esteem;
- Play and learn;
- Become aware of others and empathise with them;
- Develop a sense of right and wrong; and
- Resolve problems and setbacks and learn from them.

**4.2.2** Good mental health support for children and young people is characterised by:

- Early identification of mental health needs
- Access to assessment and treatment in a timely manner
- Supports the person with self-management and recovery
- Recognition of the role of the family and carers.

**4.2.3** This Programme of work relates to meeting a range of needs exhibited by children and young people, including:

- Attachment
- Emotional and behavioural disorders
- Psychosis
- Depressive disorders
- Attention-deficit hyperactivity disorder (ADHD)
- Autistic-spectrum disorders
- Self-harm and suicide attempts

- Obsessive compulsive disorders
- Phobias and anxiety disorders
- Mental health problems secondary to abuse experiences and trauma
- Mental health problems associated with physical health problems

## 4.3 STRATEGIES

**4.3.1** Herefordshire Children and Young People’s Partnership is committed to improvements in provision of support for children and young people and their families as a result of:

- a) National Recommendations from the Government’s Task Force on child and adolescent mental health and emotional well-being issues and subsequent Department of Health “Future in Mind: promoting, protecting and improving our children and young people’s mental health and wellbeing”.
- b) The National and local Mental Health Crisis Care Concordat declaration.
- c) The recently developed Herefordshire Mental Health Needs Assessment (March 2015). This Assessment concluded that there was a need to:
  - Enhance tiers 1 and 2 supports for children and young people
  - Improve the availability and quality of information available on mental health and well-being to young people, parents and carers
  - Improve professionals’ knowledge and awareness of the signs and symptoms of mental health, tiers of need, thresholds and referral routes
  - Improve collaboration between service providers in the identification and response to emotional health, well-being and mental health need
  - Development of comprehensive referral care pathway using a tiered ‘stepped’ model.

**4.3.2** The tiered model of mental health services is often referred to when examining the arrangement of services to address the needs of children and young people.

Figure 1: The four-tiered CAMHS framework

<b>Tier</b>	<b>1</b>	Services provided by practitioners working in universal services (such as GPs, health visitors, teachers and providers of youth services ), who are not necessarily mental health specialists. They offer general advice and treatment for less severe problems, promote mental health, aid early identification of problems and refer to more specialist services.
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Tier	2	Services provided by specialists working in community and primary care settings in a uni-disciplinary way (such as primary mental health workers psychologists and pediatric clinics). They offer consultation to families and other practitioners, outreach to identify severe/complex needs, and assessments and training to practitioners at Tier 1 to support service delivery.
Tier	3	Services usually provided by a multi-disciplinary team of service working in a community mental health clinic, child psychiatry outpatient service of community setting. They offer a specialised service for those with more severe, complex and persistent disorders.
Tier	4	Services for children and young people with the most serious problems. These included day units, highly specialised outpatient teams and inpatient unit, which usually service more than one area.

### 4.3.3 Tier 1 (Universal)

The majority of work with children and young people to meet their mental health needs and support their emotional well-being will be provided at universal service/ primary level by GPs, health visitors, school health services, providers of youth services, school pastoral services, parenting programmes and other community agencies.

The Herefordshire Children and Young People's Partnership will develop collaborative commissioning priorities for the promotion of Tier 1 well-being initiatives involving practitioners from all settings. Priority will be given to the provision of education, training and support to:

- GP and primary care staff
- Staff in schools and colleges
- Children centres and early years settings
- Community health staff
- Social care staff (social workers, family support workers etc)
- Youth Offending Service staff
- Volunteers, mentors and peer supporters of children and young people

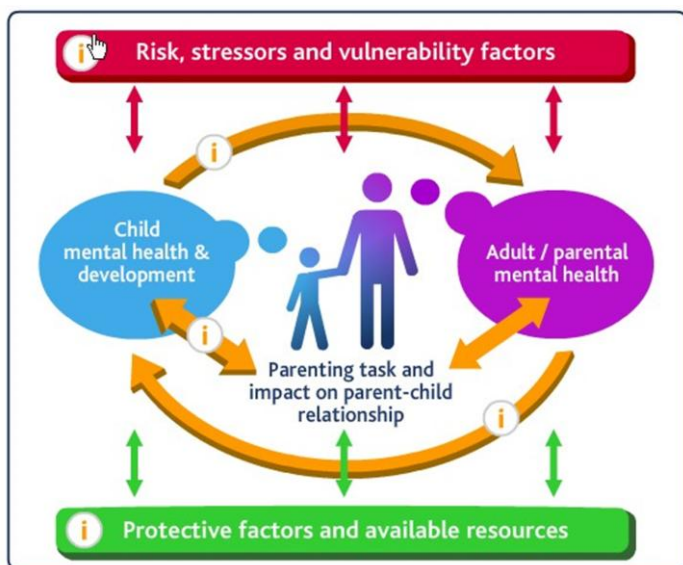
The second area of priority is to articulate the care pathway so that referrals are appropriate, timely and wrap around support is available for the child or young person.

All services should be nurturing and promote the resilience of children and young people. Support to families is a critical part of this, starting from pre-birth building



attachment between child and parent, continuing into early childhood and teenage years with positive parenting.

Figure 2: Parent-Child interdependencies and Mental Health



Parental mental illness has an adverse effect on child mental health and development. Equally, child psychological and psychiatric disorders and the stress of parenting can impinge on adult mental health. Figure 2 illustrates these interdependencies. The work of the CYPP on mental health and emotional well-being will link to developments in Adult Mental Health services so that the impact of mental health within a family is recognised and supported by all agencies. This will include joint commissioning across the Partnership.

The third area is the co-ordination of local awareness events and information. This will tackle stigma and enable children and young people to talk about their mental health, their wellbeing and improve their resilience. Through this priority area, we want to strengthen communities including communities of children and young people to support each other. Activities such as first aid in mental health, peer networks and campaigns are part of this approach to promote positive behaviours and resilience.

The intended outcome from this work is that Tier 1 practitioners should be able to:

- Identify mental health and well-being needs early in their development
- Provide general advice and support
- Ensure children and young people are referred to appropriate agencies to meet their mental health and emotional well-being needs.

- Provide services to children and young people in co-ordinated partnerships with others as required.
- Prevent an escalation of mental health and well-being problems by identifying risk factors and taking steps to reduce them.
- Appropriately share information with other practitioners to enable effective joint working to meet the mental health and emotional well-being needs of children and young people.

Children and young people will be able to recognise and take steps towards keeping well. They will be assured that others around them understand how they are feeling and know that they will be supported to access help when needed.

#### **4.3.4 Tiers 2 and 3 (Targeted and Specialist Services)**

Tier 2 mental health services should be provided by specialist trained mental health professionals, working primarily on their own, rather than in a team. They see children and young people with a variety of mental health problems that have not responded to Tier 1 interventions or are inappropriate for them. This includes youth offending team staff, primary mental health workers, educational psychologists and school and voluntary sector counsellors.

Tier 2 provision is under developed in Herefordshire and the Partnership will consider the capacity for improvement. A strong Tier 2 provision will build confidence and capacity among Tier 1 professionals to meet the needs of the children and young people with whom they serve and to avoid the necessity for an escalation of need and concomitant service response.

Tier 3 mental health services comprises of more specialist community services provided by multi-disciplinary teams or teams assembled for a specific purpose on the basis of the complexity and severity of the needs of children and young people. Engaging in the national CYP-IAPT programme (improving access to psychological therapies) will aid the growth of local tier 2 and 3 responses as well as improving child-centred services.

The key priorities for this area are:

- Seek opportunities to strengthen the capacity of Tier 2, including use of technology and peer support for young people.
- Ensure that evidence-based therapies and support are available across the Partnership through the development of CYP IAPT

- Ensure greater equality of provision across Herefordshire with respect to accessing Tiers 2 and 3 services including improved access for young people with early psychosis and out of hours provision
- Improve transitions for young people entering adult mental health services
- Assure the delivery and effectiveness of commissioned services for prioritised groups of children and young people:
  - looked after children
  - children and young people known to the Youth Offending Service
  - those with conduct disorders and challenging behaviours
  - Children and young people experiencing a mental health crisis

The intended outcomes are:

- Early intervention and prevention is available that reduces the development of mental health deterioration.
- The services are flexible, accessible and appropriate for children and young people, meeting their needs effectively and efficiently.

#### **4.3.5 Tier 4 (Specialist)**

Tier 4 services are highly specialised services in residential, day patient or out-patient settings for children and young people with severe and/or complex problems requiring a combination or intensity of interventions that cannot be provided by Tier 3 CAMHS. They also include day care and residential facilities provided otherwise than by the NHS, such as residential school, and very specialised residential social care settings including specialised therapeutic foster care. The majority of commissioning of tier 4 services are external to the Partnership, e.g. inpatient units.

The key priority of the Partnership will be to campaign for appropriate access to tier 4 services and support rehabilitation and resettlement for children and young people post tier 4. This will secure the outcome of an improved child or young person's experience, preventing the escalation of the acuity of need, keeping children and young people as well as possible and receiving care as close to home as possible.

### **4.4 PLANNING PRIORITIES**

**4.4.1** Achieving the priority areas summarised in Figure 3 will transform the volume and quality of support available in Herefordshire based on the development of shared models of care.

Figure 3: Priority Areas for Mental Health and Emotional Wellbeing

<b>Tier 1 Universal Provision</b>
<ol style="list-style-type: none"> <li>1. Provision of education, training and support to front-line practitioners</li> <li>2. Development of a care pathway (all tiers)</li> </ol>
<b>Tier 2 and 3 Targeted and Specialist Provision</b>
<ol style="list-style-type: none"> <li>3. Seek opportunities to strengthen the capacity of Tier 2</li> <li>4. Participation in the national CYP IAPT programme</li> <li>5. Improve transitions processes for young people entering adult mental health services</li> <li>6. Delivery of Crisis Care Concordat Action plan with an urgent care pathway for young people</li> <li>7. Improvement to specialist support e.g. out of hours and for treatment of early psychosis</li> </ol>
<b>Tier 4</b>
<ol style="list-style-type: none"> <li>8. Develop rehabilitation and home treatment model of care</li> </ol>

#### **4.5 OUTCOMES BY MARCH 2018**

**4.5.1** Partnership wishes to ensure that all contributors to this Plan engage in initiatives to promote the emotional well-being and mental health of children and young people across the County and that children, young people and their families have the information and support when required. By March 2018 we will:

- Operate integrated effective care pathways for children and young people in need of support for their mental health needs;
- Continue to have low numbers of young people appropriately using tier 4 specialist services;
- Have a skilled workforce that champions early identification of mental health and ensures that children, young people and their families are treated with compassion, respect and dignity, without stigma or judgement;
- Improve the capacity and availability of tier 1 and 2 provision offering early intervention to children, young people and their families;
- Improve the range of evidence based interventions available in the county delivered in young people friendly settings and increased the quality of provision; and
- Have children and young people tell us that they know how to look after their mental health and that support is accessible.

**4.5.2** Measuring our success will be through monitoring of the step-change. This will include:

- Exploring the effectiveness of provision;
- Performance monitoring including access and quality such as urgent assessment within four hours, zero tolerance to young people with mental health needs held in police custody, 50% of young people with a first episode of psychosis receiving treatment within two weeks;
- Feedback from children, young people and their families; and
- Feedback from the workforce.

## **5 CHILDREN AND YOUNG PEOPLE IN NEED OF SAFEGUARDING**

### **5.1 OBJECTIVES**

**5.1.1** Children and young people whose welfare requires safeguarding or promoting by statutory services should receive a timely and quality provision that seeks to enable them to have their needs met by universal, targeted and specialist provision as soon as is practicable and safe to do so. For those requiring longer-term alternative care there is a need to ensure stability and continuity of their support at the earliest possible opportunity. The Council and its Partners also need to ensure that the commitment it gives to those with enduring risks and needs is material and effective in their transition into adulthood.

**5.1.2** The Strategic Aims of this Plan are:

- To have in place a continuum of provision that can effectively identify and respond to signs of the need for early help to multi-systemic evidenced interventions for complex safeguarding circumstances
- To have a competent workforce across the Partnership that is clear in its role and remit for the delivery of those supports and services
- To secure the participation and engagement of children, young people, their parents and carers in the implementation of that continuum of provision
- To ensure that cases can move efficiently up and down the continuum of help as circumstances require
- To secure demonstrable outcomes that enable people to re-engage with mainstream and universal services as their usual network of support
- To support those with enduring long-term needs from childhood into adulthood.

## **5.2 CURRENT STRATEGIES**

**5.2.1** The Partnership has a key responsibility to ensure that children are safeguarded from significant harm. This includes:

- Protecting children from maltreatment
- Preventing impairment of children's health and development
- Ensuring children are growing up in circumstances consistent with the provision of safe and effective care
- Undertaking the role so as to enable those children to have optimum life chances and to enter adulthood successfully.

Children presenting with these needs will be a child in need as defined by the Children Act 1989 and require either a Level 3 or Level 4 intervention from Children's Services and its partners.

**5.2.2** Priority "vulnerable groups" that may constitute children in need include:

- Children at risk of abuse and neglect
- Children who go missing from home, school or care
- Children who are at risk of sexual exploitation
- Disabled children
- Homeless children and families
- Young carers
- Roma gypsies and Travellers
- Troubled Families
- Children living in households with domestic violence or abuse
- Children living with parents with drug and alcohol problems
- Children living with parents with mental health problems
- Children living with criminal parents or siblings.

**5.2.3** At present the Herefordshire Safeguarding Children Board (HSCB) has responsibility for overseeing the effectiveness of cross-agency action to safeguard children and young people in the County. In addition, the HSCB has a remit to evaluate the efficiency and effectiveness of early help provided to vulnerable children and young people so to avoid the need for safeguarding services at a later date. The current strategic priorities of the Board are:

- To ensure the HSCB is an effective agent for change that has a real impact on the lives of children and families
- Improving the recognition and response to CSE and children and young people who go missing

- Supporting increased resilience in individuals, families and communities
- Safeguarding and promoting the welfare of children and young people who are being abused and/or neglected.

**5.2.4** In March 2015 there were 1600 children in need known to the Children’s Well-Being Directorate of Herefordshire Council, of which 276 were Looked After and 186 subject to a Child Protection Plan. Herefordshire’s rate of children becoming a child in need is higher than both national comparators and statistical neighbours. Moreover the rate of increase has been growing over the past six years. Strategies in this Plan seek to stem that increase and reverse the trend.

The main reason for becoming a child in need in Herefordshire is either abuse or neglect of family dysfunction (most commonly domestic abuse). The main reason for a Child Protection Plan is emotional abuse.

**5.2.5** The current direct work service provision for children in need is in need of review and reconfiguration. This is because the traditional role and remit of these services has changed so much over the past three to five years and the priorities currently facing the Partnership are somewhat different than in earlier periods. The services to be reviewed under this Plan include:

- Family support workers
- Intensive family support workers
- Family Centre workers
- Youth support workers
- Vulnerable young person workers
- Parental assessors
- Family group conference co-ordinators
- Common Assessment Framework (CAF) co-ordinators

The review of these staff will need to take into account staff with complimentary roles in Partner organisations (e.g. Health Visitors, Family Nurse Practitioners) to ensure coherence of future service provision.

## **5.3 PRIORITY DEVELOPMENTS OF THE PLAN**

To have in place a continuum of provision that can effectively identify and respond to safeguarding risks and needs ranging from the initial signs of the call for early help to a suite of evidence-based interventions for a variety of complex situations.

### **5.3.1 Looked After Children**

- Effectively implement the recently developed strategy for Looked After Children

- Ensure that children looked after have access to resources to support their physical, emotional and social health and well-being.
- Improve the educational attainment and achievement of children looked after by the Council
- Support young people with their leisure and outside school interests to build their talents and foster self-esteem
- Implement a Care Placement Strategy which seeks to step down children to their own home wherever possible and safe to do so, ensure placement stability and provide adequate support for young people with additional needs (e.g. risk factors for offending)
- Step-down children from high cost residential placements to the newly commissioned Herefordshire Intensive Placement Support Service (HIPSS) and the Therapeutic Intensive Support Service (TISS) providing wrap around support to children and young people.
- Increase the capacity of in-house foster carers and reduce the reliance on the use of independent foster agencies.
- Promote and market the foster carer strategy to develop greater service capacity
- Provide dedicated staff to support supervised contacts, assessments and family group conferencing services for children in the care system
- Improve the quality of staffing within the 16+ team leaving care.
- Improve the participation of children and young people in their care planning to maximize their independence, choice and control
- Better identification of and support to children from other Local Authority areas placed in Herefordshire.

### **5.3.2 Safeguarding and Child Protection**

The HSCB will continue to have a key role and remit in scrutinising the development and delivery of safeguarding services for children and young people and the evaluation of the efficiency and effectiveness of early help. There will be an active dialogue between the HSCB and the Children's and Young People's Partnership on strategic service developments, the delivery of quality interventions and supports and the evidenced outcomes from statutory intervention.

### **5.3.3 Identification and Response to Children in Need**

To reconfigure direct work provision for Children in Need into a coherent and cohesive continuum of support that will effectively meet the needs of the prioritised groups of vulnerable children in Herefordshire. This provision will include:

- Specialist intervention services on step-down from statutory provision ( child in need or child protection plan) to early help and universal service
- Crisis intervention for those on the edge of care



- A Family Intervention Project to respond to the therapeutic needs of children and young people and their families

The CAF will be reviewed and revised to make it more user friendly to be in line with a single assessment when this is introduced into Herefordshire.

The support workers in the direct work service will work with children young people and their families where the children or young people have been assessed at levels 3 and 4 on the Herefordshire level of need pathway or those that have recently stepped down from level 4 to level 3 and whose needs are supported through a CAF. The services will include those for children in the Looked After System, those on the Edge of Care, on Child Protection Plans and Child in Need Plans the level and intensity of support will be commensurate with the level of need of the family and will be individually tailored.

The overall target will be to reduce the number of children and young people moving into care, to reduce the number on child protection and child in need plans.

In future when the numbers of children and young people in care and on plans has reduced then there will be potential to redirect a proportion of the direct work services to level 3 cases and deliver early intervention support work.

## **5.4 OUTCOMES BY MARCH 2018**

**5.4.1** We will know that we have been successful in achieving our planning aims by 2018 when we have:

- Increased the ability to offer effective early help within the context of universal provision
- Demonstrated that our early help offer is effective in obviating the need for subsequent safeguarding intervention
- Increased the number of young people identified at risk of, or being sexually exploited.
- Reduced the number of children and young people requiring a child protection plan overall, for two years or more or on more than one occasion
- Reduced overall the number of children and young people needing to be Looked After
- Reduced the number of children in need going on to require to be Looked After
- Establish permanence for those with enduring needs
- Ensured that those young people in statutory frameworks requiring support on transition understand their plan and support its delivery.

## **6 ADDRESSING CHALLENGES FOR ADOLESCENTS**

### **6.1 OBJECTIVES**

**6.1.1** Young people in Herefordshire are entitled to develop, learn and achieve in settings that facilitate their successful transition to adult life. Where the behavioural, emotional and social needs of young people challenge and jeopardise this transition the Partnership wishes to have in place a strategy to meet those needs and support social inclusion.

**6.1.2** The strategic priorities of this Plan include:

- To reduce the number of first time entrants into the anti-social behaviour and youth justice systems.
- To reduce the rate of re-offending and repeat anti-social behaviour by children and young people.
- To reduce the incidence of bullying among children and young people
- Reduce the incidence of young people's health being compromised( e.g. by not accessing health services, the misuse of substances, teenage pregnancy)
- To ensure effective behaviour management skills and supports are available to families, carers, schools, youth and leisure service providers to enable children and young people to maximise their potential.
- To ensure that the education, training, employment and accommodation needs of children and young people who offend or engage in anti-social behaviour are appropriately assessed and met.
- To identify, prioritise and support those young people not in education, employment or training (NEET), including those who are young parents.

### **6.2 CURRENT STRATEGIES**

#### **6.2.1. Level 1 (Universal)**

Current strategies for managing challenges to social inclusion at Level 1 include:

- School-based 'values' curriculum alongside personal, social and health education (PHSE) initiatives – focusing on the responsibilities of young people as good citizens, the avoidance of anti-social behaviour and crime, the avoidance of the use of substances.

- Programmes promoting the prevention of anti-social behaviour and crime presented to schools and in other community settings
- Assistance to parents to develop strategies to respond to children and young people's challenging behaviours (e.g. Webster Stratton)
- Promotion of pro-social role models for young people.
- Activity and play opportunities to channel the behaviours of children and young people towards constructive outcomes which promote their self-esteem.

The primary strategic objective for Level 1 services is to ensure that an integrated range of provision is in place to help children, young people maximise their potential. This requires existing service provision to improve both with respect to the quality of services provided and their co-ordination.

### **6.2.2. Level 2 (Targeted)**

Targeted services which focus on social inclusion include:

- Interventions accompanying a caution, case managed by West Mercia Youth Offending Service (WMYOS)
- Restorative justice initiatives
- Targeted parenting support via schools and early intervention services
- Work through school-based intervention/student support centres
- Targeted mental health strategies (TAMHS) in schools and learning settings
- Case-based work of the Behaviour Outreach Service
- Support to young people not in education, employment or training (NEET)

The primary strategic activity around Level 2 needs and services will be to ensure that intervention is targeted at those with significant risk factors. This will be facilitated by the development of a common language of risk and vulnerability across the Partnership. The Common Assessment Framework (CAF) will be utilised for those identified with behaviour management vulnerabilities.

### **6.2.3. Level 3 (Referred)**

Priority groups for Level 3 service supports include:

- Children and young people referred to WMYOS by the police post-charge decisions (bail or remand)
- Children and young people in receipt of an order or programme from a court.

- Looked After Children with behaviour management vulnerabilities.
- Young people not in education, employment or training
- Children and young people with special education needs manifesting challenging behaviour
- 16 – 18 year olds unable to live at home due to behavioural issues requiring supported accommodation, including care leavers.
- Children and young people with substance misuse needs
- Children and young people at risk of sexual exploitation
- Children and young people with mental health difficulties needing hospital or home tuition
- Young people with long-term conditions transferring from children's to adults health services

The main thrust of the Plan at Level3 levels is to ensure effective delivery of co-ordinated services to those referred with an escalating behavioural need.

#### **6.2.4. Level 4 (Specialist)**

Specialist services for children and young people with challenges to their social inclusion include:

- WMYOS case management of Youth Rehabilitation Orders (YROs) and Detention and Training Orders (DTOs)
- WMYOS Sexually Harmful Behaviours Programme
- Herefordshire Intensive Placement Support Service (HIPSS) and Therapeutic Intensive Support Service (TISS)
- Local specialist provision ( special schools and PRUs) including those with an Education, Health and Care Plan
- Access to specialised diagnostic, consultation and treatment services such as CAMHS.

These arrangements will continue to be in place under this Plan, although we envisage fewer Level 4 services should be required to meet the needs of children and young people.

### **6.3. PLANNING PRIORITIES**

- Partnership endorsed programmes of support targeted to enhance the parenting skills of those with children and young people whose behaviour may challenge their well-being.

- Reconfiguration of support services to schools and young people's services (e.g. the outreach service, CAMHS) to provide more direct support related to the identification and response to behaviour management issues.
- Enhancement of child and young person-focused substance misuse treatment services.
- A shared database on young people with challenges to their social inclusion will be developed across the agencies comprising the Herefordshire Children and Young People's Partnership.
- A better understanding of the emergent drivers for offending and re-offending (e.g. linkages between the use of legal highs and offending; victims and perpetrators of CSE)
- Review the evidence-base for effective intervention programmes to tackle youth crime and anti-social behaviour and revise local programmes accordingly.
- Develop an effective anti-bullying strategy that addresses the needs of both victims and perpetrators (including the promotion of e-safety)
- Develop a Partnership diversion strategy and ensure that a rolling programme of diversionary activities is in place to meet the needs of those at risk of crime and anti-social behaviour.
- Implement a restorative justice strategy in the County with the priorities of reducing first time entrants to the youth justice system and promoting restorative approaches to disputes in children's homes (including private children's homes).
- Enhance the capacity of accommodation provision for remand and PACE beds
- Improved capacity within the WMYOS to meet the needs of Looked After Children who offend or are at risk of offending.
- The development of pathways to meet the additional needs of young people in the youth justice system (e.g. parenting support, substance misuse).
- All providers of services to children and young people in Herefordshire, including schools, respite care facilities and residential providers, have in place a child sexual exploitation strategy compliant with Herefordshire Safeguarding Children's Board requirements.
- Enhancing accommodation provision (Foyers and supported housing services) for young people who are homeless, or at risk of homelessness, as a result of their offending or anti-social behaviour.

#### **6.4. OUTCOMES BY MARCH 2018**

- Fewer children and young people with permanent and fixed-term exclusion from school.

- Sustaining the current (April 2015) levels of first time entrants to the youth justice system
- Fewer children and young people placed in custody as a result of their offending behaviour.
- Fewer placements in specialist educational settings as a result of challenging behaviour
- Fewer children and young people placed in residential facilities to meet their behaviour management needs.
- Anti-social behaviour involving children and young people being primarily addressed through restorative justice approaches
- Fewer young people not in education, employment or training.
- Reduced rates of re-offending among young people subject to court ordered intervention
- Prevalence rates of young people smoking, drinking and misusing substances reduced

## **7 CHILDREN AND YOUNG PEOPLE WITH DISABILITIES**

### **7.1 OBJECTIVES**

**7.1.1** Our vision in Herefordshire for children and young people with disabilities, including those with special education needs or on the autistic spectrum, is the same as for all of Herefordshire's children and young people – that they are healthy, safe and achieve well; and that they go on to lead happy and fulfilled lives with choice and control.

**7.1.2.** The strategic aims of this priority area are to:

- Publish and maintain the Herefordshire 'Local Offer' for children and young people with disabilities and special educational needs
- Implement a project to design and deliver integrated multi-agency pathway. The pathway will inform service re-design and joint commissioning arrangements within and between partner agencies. It will include the key transition points for children, young people and families, including transition to adulthood
- Deliver the new Education, Health & Care (EHC) planning requirements to identify and meet special educational need and a plan for conversion of existing Statements and Learning Difficult Assessments by 2018.
- Publish initial 'Personal Budgets' arrangements for education, health and care along with advice and guidance. Implement a Herefordshire approach that enables the personalisation of services

- Further develop the use of community or family- based, rather than institution-based, respite care.
- Enhance the Children’s Integrated Needs Analysis to focus specifically on children and young people with disabilities to inform a joint commissioning strategy (to be agreed by September 2015). The updated strategic needs analysis will be informed by a review of Herefordshire’s most complex cases with a view to improving multi-agency practice and developing early intervention approaches to prevent the need for later residential placement.
- Support people with a disability to overcome barriers to inclusion in area such as employment, training, further education and access to housing.

## **7.2. CURRENT STRATEGIES**

**7.2.1** Currently, and as a precursor to revised business processes being put in place to meet the needs of children with disabilities and their families, a number of development initiatives are being undertaken and progressed within the CHIPP framework. These include:

- The re-modelling of services for children with disabilities within Children’s Social Care
- Examining the potential for developing the market of service providers for services for children with disabilities
- Exploring how the voices of children and parents may be better heard in the design and delivery of services to meet the needs of those with disability
- Offering greater control to children with disabilities and their families in the delivery of services.

**7.2.2** In this latter regard a number of initiatives are currently being progressed. These include:

- Design and delivery of an integrated multi-agency pathway project
- Exploration of improving synergy between education, health and care in undertaking multi-agency assessments
- Examining the options for progressing the use of personal budgets and personal health budgets by service users
- Reviewing the re-commissioning of short break services
- Developing an action plan for enhancing specialist childcare provision
- Improving the needs analysis data with respect to children with disabilities
- Reviewing and revising arrangements for the transition of young people with disabilities into adulthood

- Reviewing the capabilities of preventative interventions to meet the needs of those with complex disabilities and other complex needs

These developmental initiatives, when concluded, will inform the strategies that are proposed to be rolled out under this aspect of the Children and Young People's Plan.

**7.2.3** This Plan also incorporates the Joint Children's and Adults' Autism Strategy for Herefordshire which is a strategic initiative developed between the County Council and the Herefordshire CCG. This strategy currently is scheduled to be progressed up to 2017 and prioritises the following issues:

- Increasing awareness and understanding for those who provide services to people on the autistic spectrum
- Improved identification and diagnosis of autism in children and adults, leading to assessment of need for relevant services
- Improved transition planning for people on the autistic spectrum as they move from being children to adults
- Raising the profile of autism in local planning and leadership forums, particularly through the use of personalised budgets
- Improving support to parents, families and carers of people with autism
- Supporting people on the autistic spectrum involved in the criminal justice system
- Getting the right housing and housing support for people on the autistic spectrum
- Helping people on the autistic spectrum into employment, training and further education.

### **7.3. PRIORITY DEVELOPMENTS OF THE PLAN**

**7.3.1.** The following are the current priority developments for this aspect of the Plan:

#### **Updated Integrated Pathways for Disabled People**

- Design and deliver integrated multi-agency pathway that identifies opportunities for improved co-ordination, integration and service redesign in the identification and response to the needs of disabled children and young people and their families
- Review arrangements for young people approaching the transition to adult life including exploring greater co-ordination of 16+ arrangements across all agencies.



## **The Local Offer**

- Enhance the content and usage of local offer including SEN Direct or other e-brokerage systems and the links with information advice and guidance available for adults in Herefordshire.

## **Education, Health and Care Plans**

- Evaluate the impact of early EHC changes (effective from September 2014)
- Develop greater coordination, integration and efficiency within multi-agency assessment within the Education, Health and Care Plan development

## **Specialist Care**

- Implement an action plan for specialist childcare requirements based on a robust needs analysis

## **Personalisation**

- Publish initial 'Personal Budgets' arrangements advice and guidance
- Develop Herefordshire's approach across agencies, incorporating children and adults arrangements

## **Short Breaks**

- Review Phase 1 contracts to recommend extension or termination
- Produce joint Phase 2 market development and commissioning plan with CCG and deliver revised arrangements from March 2016

## **Strategic Needs Analysis**

- Analyse the needs and trends of the CWD and SEN populations to update the Children's Integrated Needs Analysis to focus more on children with disabilities and inform a joint commissioning strategy to be agreed by September 2015
- Undertake an analysis of the most complex cases with a view to developing early intervention approaches to prevent the need for later residential care

### **7.3.2. Progressing these priorities should lead to:**

- Families feeling better informed and better able to make choices about the support they can access for their children and themselves
- Children, young people and their families experience effective multi-agency assessment and planning with joined up care through an integrated pathway
- Services that are shaped and designed by children and families

- Reduced reliance on institutionalised care and greater access to support at or near home
- Communities and markets feeling supported to innovate and invest in short break services that families can directly access themselves
- Families taking up direct payments and choosing their own support packages, including the option of a personal budget
- New overnight short break services being jointly commissioned
- Greater access to specialist childcare provision for 0-19 year olds with a disability (in excess of 600 children and young people receiving service by 2018)
- Better co-ordination of children's and adults' services to ensure enhanced and cost efficient transition to adult support.

## **7.4 OUTCOMES BY MARCH 2018**

**7.4.1.** We will know that we have been successful in achieving our planning aims by 2018 when we:

- Offer clear advice, signposting and information to enable children, young people and their families to make informed choices and take more control of their own lives with appropriate levels of support in arranging education, training, social, leisure, housing and employment opportunities.
- Provide effective early support to prevent needs escalating and reduce the proportion of families that ultimately enter the child in need, child protection or looked after systems
- Provide a 'whole system approach' for children and young people with disability 0-25 years including across the major transition points, including moving into adulthood. Delivering seamless and straightforward pathways and support when seen from the child's and family's point of view.
- Have reduced duplication of effort by streamlining assessments, sharing information and delivering services with better integration
- Have a shared understanding of need at the individual and population level
- Have services judged to be 'good' by relevant regulatory agencies
- Deliver services within the resources available:
  - 10,500hours of day-time short breaks for 100 children and their families
  - 450 children supported by a co-ordinated education, health and care plan
  - 200 families supported by an improved social care children with disabilities team.

## **8. GOVERNANCE, REVIEW AND INFRASTRUCTURE**

### **8.1. PARTNERSHIP ARRANGEMENTS**

**8.1.1.** The Herefordshire Children and Young People's Partnership consists of the following:

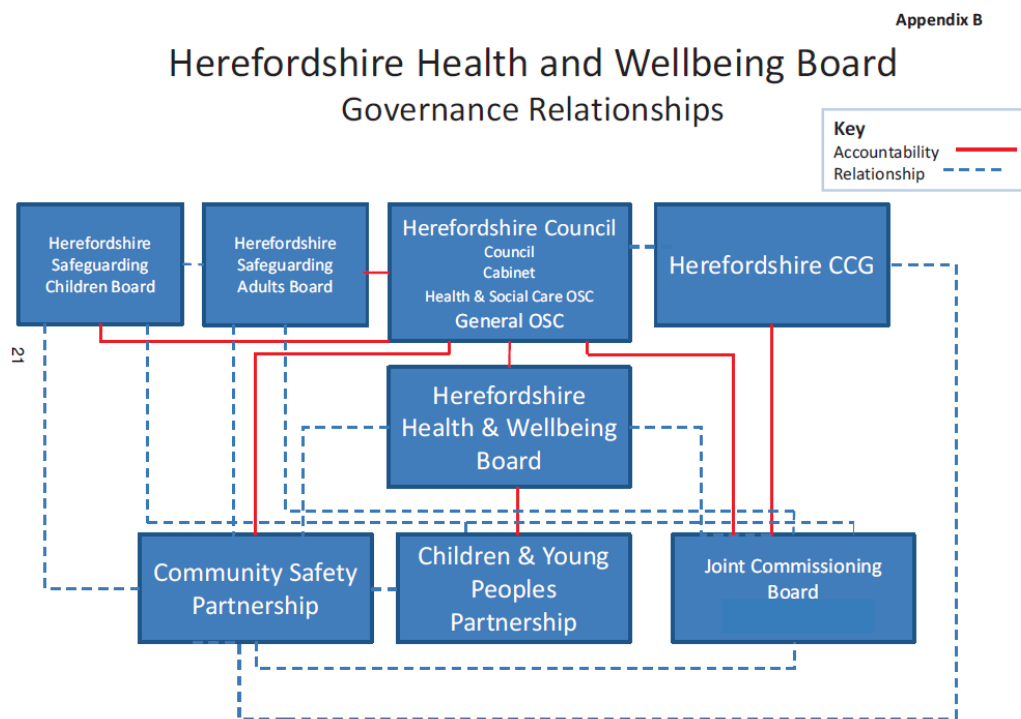
- Lead Member for Children's Well-Being – Herefordshire Council
- Director of Children's Well-Being Services – Herefordshire Council
- Chief Operating Officer, Herefordshire Clinical Commissioning Group
- Superintendent of Herefordshire Police
- Chair of the Herefordshire Safeguarding Children Board
- Chair of Early Years Forum
- Secondary School representative
- Primary School representative
- College representative
- Special School representative
- Assistant Director of Education and Commissioning Children's Well-Being Services – Herefordshire Council
- Assistant Director of Safeguarding and Early Help, Children's Well-Being Services – Herefordshire Council
- Consultant in Public Health – Herefordshire Council
- Family Health Service representative, Wye Valley Trust
- CAMHS representative, 2Gether NHS Foundation Trust
- Children's Lead Healthwatch
- Economic Partnership Development Group representative
- Head of the Youth Offending Service
- Third Sector representative
- Attendees of the Partnership Steering Group

Stakeholders in the Partnership have configured into two groups to progress business:

- An Executive Group that defines the strategic agenda and priorities of the Partnership (informed by the agenda and priorities of the Health and Well-Being Board)
- A Steering Group that defines and discharges the operational requirements of the partnership.

Representatives of the Steering Group sit on the Executive Group; representatives of the Executive Group sit on the Health and Well-Being Board. In this way continuity and consistency of communication on strategic issues is assured.

**8.1.2.** Structurally the Partnership operates within the context illustrated in Figure 1.



Members of the Partnership are represented on each of the related Boards and Partnerships. Minutes of the related Boards and Partnerships are shared with the CYPP.

## 8.2. THE PARTNERSHIP’S ANNUAL BUSINESS PLAN

**8.2.1.** An annual business plan will be developed by the Children and Young People’s Partnership to progress the planning priorities identified in this three year Plan. The Business Plan will reflect the priority group structure embedded in this Plan, namely:

- Developing an early help approach and culture across the partnership to target resources and support vulnerable families

- Improving outcomes in early years (0-5 years)
- Improving the emotional and mental health and well-being of children, young people and their parents and carers
- Improving outcomes for those requiring safeguarding
- Addressing challenges for adolescents
- Improving outcomes for children with a disability.

**8.2.2.** The business plan priorities of the Partnership will be identified in an annual business plan that will be developed by the Partnership Steering Group and signed off by the Partnership Executive. In developing and progressing the business plan, the Steering Group will be supported by a number of task groups configured around the six priority needs identified above. In some instances these task groups are pre-existing bodies with a specific remit to progress the business area concerned ( e.g. the Early Years Partnership), for other areas the group may be virtual with a task and finish remit around the development and refresh of an annual business plan in the specific priority work area concerned. The Executive will regularly review the progress against the business plan, receiving reports via the Steering Group.

**8.2.3** The business plan of the Partnership will be progressed through the Steering Group and associated work groups. Specific transformation work will be supported through a project management approach, using the Children of Herefordshire Improvement and Partnership Programme (CHIPP).

The Steering Group will be accountable for overseeing the progress in implementing the Plan and reporting to the Partnership Executive on this. The members of the Steering Group will be assisted in this task by a support function.

**8.2.4** The support function to the Partnership has responsibility for:

- co-ordinating the operational implementation of the Plan
- communicating the content of the Plan to local communities and stakeholder groups
- supporting the work of the Partnership in delivering and commissioning services to meet the objectives of the Plan
- evaluating the performance of the Partners on the delivery of this Plan through a performance management framework
- developing and revising the Business Plan (annually) to meet the delivery objectives.

## **8.3 COMMISSIONING ARRANGEMENTS**

**8.3.1** Joint commissioning is a critical aspect to support the delivery of the Plan. Commissioning takes place across many different organisations and in many different ways. Commissioning refers to understanding the needs of a population group,

assessing what is currently in place to meet those needs, developing an approach to meet those needs more effectively, putting that approach in place and then reviewing its effectiveness.

The Partnership will influence commissioning in Herefordshire by:

- Enabling local commissioning (including commissioning by settings and schools) to understand what is available locally, what could be available and is best practice
- Enabling local commissioning to join together to maximise the best use of resource to meet needs and reduce demand
- A critical aspect of this is the work with adult and community services, as well as those commissioned in relation to children, young people and families

**8.3.2** The Council, including public health and the Herefordshire Clinical Commissioning Group, will use the Children and Young People's Partnership Steering Group to develop commissioning approaches and an annual plan. The Joint Commissioning Board between the Council and the CCG oversees joint commissioning activity between the two bodies. The specifics of the work will support the business plans of the Partnership and at the time of writing will focus on:

### **Children with disabilities**

- Integrated pathway moving from pre-birth to transition into adulthood. The commissioning plan will focus on form following function once the pathway has been developed and should include CCG commissioned services as well as council services including the Autism pathway
- Commissioning direct services (including respite fostering) to support children with disabilities in family settings rather than requiring residential care – also considering how direct payments and personalisation will impact on what we actually procure in future. Market development around choice, flexibility of provision, Complex Needs Solutions, equipment
- Commissioning of post 19 opportunities to support young people in local education and training

### **Emotional Well-Being and Mental Health**

- Pathway and commissioning plan, incorporating advice and guidance through from Tier 1 onwards
- Young carers, Carers, Advocacy, Children's Voice

- Address Tier 3+ gaps

### **Safeguarding**

- A care placement strategy and fostering framework for looked after children

### **Adolescent behaviour**

- Develop approach across the four Levels, particularly focusing on preventing offending and reoffending, commissioning opportunities that prevent NEET .

### **Early Help**

- Development of family focused early intervention services including school nursing, direct work, integrated approach to language development.

### **Early Years (0-5 years)**

- Development and commissioning of early years and community based services, including commissioning of children centre services alongside health visiting
- Family nurse partnership procurement

## **8.4 GOVERNANCE ARRANGEMENTS**

The Children and Young People's Partnership is part of the governance remit of the Herefordshire Health and Well-Being Board. The specific knowledge and expertise of the representatives of the Partnership enables them to focus on improving outcomes for children and young people in the County within the overall context of the Health and Well-Being Board's principles and strategic priorities.

The Children and Young People's Plan reflects these strategic aspirations in each of the substantive planning needs it has identified. The Children and Young People's Plan annual business plans will require the endorsement of the Health and Well-Being Board. The Health and Well-Being Board will oversee implementation of the Plan via feedback from the Children and Young People's Partnership Executive on a quarterly basis and undertake an annual audit of the Plan's progress on the anniversary of each business plan.

## **8.5 LINKAGES WITH PARTNERSHIPS**

The Children and Young People's Partnership has established important linkages with allied partnerships and boards which themselves have an important contribution to make to the successful implementation of the Children and Young People's Plan.

### **8.5.1 Herefordshire Safeguarding Children Board (HSCB)**

HSCB co-ordinates the safeguarding activities of its partner agencies and scrutinises and evaluates the effectiveness of what they do. The Board seeks to function strategically and will provide a lead to the Partnership on how the objectives of the Plan with respect to safeguarding are being progressed and delivered. The Independent Chair of the HSCB is a member of the Children and Young People's Partnership Executive Group and will report on safeguarding issues through this meeting. Enhancements to the operational requirements for safeguarding, whether by securing improved performance or by the commissioning of service developments, will be led by the Children and Young People's Partnership. A formal protocol agreement exists between the Partnership and the HSCB (see Appendix 2)

### **8.5.2 Strategic Education Board**

The Strategic Education Board oversees the implementation of Herefordshire's Education Strategy that focuses on improving the education experience and outcomes for children and young people in Herefordshire. The Strategy focuses on the following key themes:

- Leadership and Management
- Progress and Achievement for all pupils
- Achievement and Progress of pupils who are Looked After
- Good and Outstanding Settings
- Estates Strategy – High quality, sustainable schools and settings
- Economic Development

### **8.5.3 Community Safety Partnership**

The Community Safety Partnership co-ordinates community safety initiatives across key partner agencies and reports upon the effectiveness of their efforts. The Community Safety Partnership has responsibility for community safety issues as they affect children and young people, particularly with respect to anti-social behaviour, youth crime, the need for early help in vulnerable families and building community cohesion. The Chair of the Community Safety Partnership is a member of the Children and Young People's Partnership Executive Group and will report on community safety issues related to the Children and Young people's Plan through this meeting. Service enhancements relating to the community safety needs of children and young people will



be considered and prioritised by the Partnership Executive Group prior to any reference to the commissioning function of the Partnership Steering Group.

## **8.6 INFRASTRUCTURE ISSUES**

### **8.6.1 Business Process Enhancement**

At a number of points in the Plan there are proposals made for enhancing the business processes that are employed by the Partners to identify or respond to particular needs. These processes will need to be developed, enhanced and finessed throughout the life of the Plan. In the first instance the following issues will be addressed:

- Processes for the assessment of children, young people and their families, including the future role of The Common Assessment Framework (CAF)
- Reviewing the role of Multi-Agency Groups (MAGs) in localities to co-ordinate the delivery of support and interventions to families
- Scoping the role and remit of Lead Professionals and Key Workers in the co-ordination of support and interventions to families

### **8.6.2 Performance Management and Review Arrangements**

The Herefordshire Children and Young People's Partnership is committed to the principle of evaluating the performance of the Partners against the outcomes proposed with respect to the six strategic planning priorities. For each priority need a suite of performance measures will be agreed for use across the Partnership. In part, these will be pre-existing measures that are captured and required for statutory returns or for reporting on agency performance to regulators (e.g. DfE annual data return requirements, the Public Health Outcomes Framework). In other part, they will be measures specifically crafted to reflect the precise outcomes envisaged by this Plan.

In the first instance the performance measures will be considered and evaluated by those with a legislative or operational responsibility for the relevant priority need area. These evaluations will be in the context of the CHIPP work programmes, pre-established performance management arrangements in areas of business as usual (e.g. HSCB performance data set) and established structures of Partner agencies outside of the Council. These evaluations should be brought together and an overall assessment made of the progress of the Plan to outcome for consideration by the Partnership Steering Group. The Steering Group may commission a quality audit into aspects of performance of the Plan where that delivery is out of line (positively or negatively). The Steering Group should provide an overall performance evaluation of the progress of the Plan for consideration at each meeting of the Partnership Executive, along with quality audit findings where these have wider and significant lessons for the Partnership.

## 8.6.2 Evidence-Based Practice

Throughout the Plan reference is made of the need to identify, appraise, test and implement evidence-based practices and programmes to meet the outcome objectives required. Numerous review reports are available on the priority need areas of this Plan, so that the evidence of the efficacy of a number of promising approaches can be ascertained. These include:

- Early Years
  - NICE (2015) Rapid Review to Update Evidence for the Healthy Child Programme 0-5
  - [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/409772/15030SRapidHealthyChildProg.FINAL\\_5\\_2015.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/409772/15030SRapidHealthyChildProg.FINAL_5_2015.pdf)
- Early Help
  - Parenting Programmes (Public Health England, UCL Health Equity 2014), <http://www.instituteofhealthequity.org/projects/good-quality-parenting-programmes-and-thehome-to-school-transition>
  - Improving the Public's Health: A resource for local authorities
  - Kings Fund (2013) [http://www.kingsfund.org.uk/sites/files/field\\_publication\\_file/improving-the-publics-health-kingsfund-dec13.pdf](http://www.kingsfund.org.uk/sites/files/field_publication_file/improving-the-publics-health-kingsfund-dec13.pdf)
- Managing challenges to young people's social inclusion
  - Reducing antisocial behaviour and conduct disorders in young people (NICE 2013) <http://www.nice.org.uk/guidance/cg158>
  - School based interventions to prevent smoking (NICE 2010) <http://www.nice.org.uk/guidance/ph23>
  - Interventions to reduce substance misuse in vulnerable young people (NICE 2007) <http://www.nice.org.uk/guidance/ph4>
  - Reducing the number of young people who are NEET (Public Health England, UCL Health Equity 2014) <http://www.instituteofhealthequity.org/projects/reducing-the-number-of-young-people-not-in-employment-education-or-training-neet>

The Partnership will develop a process whereby it may identify, appraise and test programmes and approaches to priority need areas promoted in this Plan. This process should be linked into the annual business plans of the discrete need areas of the Plan, thereby facilitating delivery of those aspects of the Plan. This process will need to link in with those with responsibilities for business management, commissioning, workforce development and performance monitoring.

## **8.7 WORKFORCE DEVELOPMENT**

**8.7.1** Key to the successful delivery of this Plan is the availability of a workforce that has the capability and capacity to deliver on its objectives. The Partnership has endorsed a workforce strategy which will incrementally address the requirement of each of the core components of this Plan. The vision of the strategy is to have a safe and competent workforce available to effectively meet the aspirations of children, young people and their families. The objective of the strategy is to assist in creating the environment where the right people with the right skills are available to support children and young people and families at key points in their lives.

The workforce strategy is intended to apply to all stakeholder employers within the Partnership (i.e. not only Council commissioners and staff) and engage all relevant employees, contractors, suppliers and volunteers.

The strategy has four underpinning objectives:

- Assistance to help make people make Herefordshire their home and a place where they want to invest in a career.
- Values-based recruitment and retention of the workforce with an appropriate reward and career development offer
- Implementation of effective, relevant learning and development plans by the Partnership which supports improvement, change and innovation
- Leadership, management and supervision of the workforce by inspiring, innovative and collaborative people skilled in systems thinking.

**8.7.2** The strategy will be progressed by the Partnership via an annual workforce development plan which will identify the priority issues and outcomes that will need to be attained by the workforce to achieve the aspirations of the Children and Young People's Plan. The strategy will seek to build a workforce that is:

- Passionate about outcomes for children, families and communities, why they matter and what part they play
- Engaging of all those whose role impacts on the lives of children
- Committed to the lessons of Families First ,using a suite of evidence-based interventions acknowledged across the workforce
- Outcomes focused, enabling and promoting well-being
- Integrated, collaborative and innovative
- Skilled in direct work with children, young people and their families and able to constructively challenge them when required
- Committed to self-improvement (supported by CPD) so that they are able to achieve the outcomes for children and families that they are responsible for.

The strategy needs to ensure that the Partnership has access to an effective workforce so that capacity may rapidly be built in the families and communities of Herefordshire in

such a way that they are ready-made assets to draw on in maintaining and strengthening public health and well-being.

## **8.8 COMMUNITY ENGAGEMENT**

**8.8.1** The Herefordshire Partnership is committed to ensuring that the implementation of this Plan has high visibility across the communities comprising the County. This reflects the priority of the Health and Well-Being Board to reduce inequalities and reach into local communities. To this end a communication strategy will be developed to ensure that the key messages of this Plan are known to children, young people and families in discrete communities.

For this purpose, the communications strategy will focus on eight natural community clusters:

- Hereford City North
- Hereford City South
- Golden Valley (Peterchurch and Kingstone)
- Ross-on-Wye
- Ledbury
- Bromyard
- Leominster and Mortimer
- Weobley and Kington

The communications strategy will focus on the discrete service clusters of those areas which are most effective and influential in engaging with the children, young people and their families prioritised in this Plan. The Partnership will seek to maximise the use of information technology to engage its target audiences with the content of the Plan, its implementation and their reflections on its delivery and how this can be enhanced.

**8.8.2** With respect to specific communication of the Plan and its engagement with children and young people, the Partnership will be liaising with the Voice of the Child Co-ordination Service (The Participation People) to ensure that there is an on-going dialogue with these stakeholders on the objectives of the Plan, the local priorities for managing demand, the shape of local delivery and its impact on performance and outcomes.

The Voice of a Child Network will capture the views of children, young people and families through a variety of methods. These views will feed into strategy, policy and budgeting decisions. These methods will include:

- County- wide Voice of the Child audit
- Youth opinion sheets
- Selfie pledges
- Voice of the Child e-bulletins
- Cartoon storyboards

- Case studies
- Social media
- Surveys
- Events
- Focus groups
- Pre and Post skills analysis questionnaires

There will be a dedicated page on Herefordshire's website that will capture what children, young people and families are saying. But more importantly, we will highlight what has been done as a result of their views and voices.

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# **APPENDIX 1:**

## **Herefordshire's Family Outcomes Framework**

DRAFT



**DRAFT** approved by CYPP and CSP

## Herefordshire's Family Outcomes Framework

**This document is Herefordshire's first iteration of a family outcome framework which directly supports the delivery of local strategic outcomes, primarily contained within the new Health and Wellbeing Board Strategy 2015-2018 and the Children and Young People's Plan 2015-2018.**

**This outcomes framework will evidence the impact of Herefordshire's revised approach to helping families earlier.**

**This document is designed to act as an overarching guide for practitioners, staff, managers and auditors to ensure families achieve significant and sustained improvement which will meet the requirements of the national Troubled Families programme. There will be training and a shorter practitioner's guide developed to support delivery of this document.**

**The outcomes framework will be approved in September 2015 and will then be reviewed regularly to ensure it meets changing local and national requirements**

## **Herefordshire's approach to helping families**

Herefordshire is committed to supporting the most vulnerable and challenged families and their children, which is articulated as key priorities within the Health and Wellbeing Strategy and the Children and Young People's Plan. We are dedicated and focused on ensuring all Herefordshire residents live safe, healthy, independent lives and children have a great start in life.

The new Children and Young People's Plan will help to drive forward an agenda of service transformation and early help across the council and its partners, so that there is a greater emphasis on addressing needs at the earliest opportunity and embedding outcomes-focused family plans using evidence based interventions.

One key action will be to streamline assessment processes so that the assessment stays with the family throughout; whether there are step-ups or step-downs, changes of worker or whether the case is active with universal services or within social care teams. The assessment and outcome plan provides accurate, timely and efficient monitoring and avoids families having to re-tell their story.

Below is Herefordshire's Family Outcome Framework which has been agreed locally, and provides a partnership-wide outcomes framework encompassing strategic objectives, the needs of our families and the needs of local partner organisations. It strives to achieve better outcomes for families, reduce demand and costs for public services but also reducing risk, harm and vulnerability.

By successfully achieving sustained and significant change for families we are confident of demonstrating the fiscal savings for all partners by seeing a reduction in the reactive, statutory and specialist services. The national cost savings calculator will be utilized along with data and intelligence gathered by partners to enable a greater targeted focus on families who are the most challenging and challenged within the county.



## Development of the Herefordshire Family Outcomes Framework

- From the beginning of this plan's development, partners from across the Health and Wellbeing Board and Children and Young People's Partnership were clear that this plan had to reflect the county's ambition to achieve better outcomes for families and provide a consistent way of measuring that. Supplementary to that, this framework also acts as a response to the national Troubled Families (TF) programme. The framework is a tool to drive performance and quality as well as for the purposes of drawing down government funding.
- The framework has been developed and approved in tandem with the production of the county's Health and Wellbeing Strategy and Children and Young People's Plan (CYPP). This document should be read in conjunction with the CYPP annual business plans for early help.
- Herefordshire Health and Wellbeing Board and its sub-group, the Children and Young People's Partnership, agreed to participate in phase 1 of the national TF programme and achieved its 3 year target of improved outcomes for 310 families in February 2015. As a result of the national and local impact, the partnership, and Herefordshire Council's Cabinet as lead accountable organisation, agreed to participate in the extended TF programme to 2020. Over this 5 year period our aim is to support over 1000 families.
- Guidance from the TF Financial Framework and exemplar outcomes plans from early starter authorities have supported the production of this first framework for Herefordshire.
- The public health outcomes framework has been used where possible to ensure that strategic outcomes are already measurable and evidenced.
- There has been an extensive consultation on this framework with individual partners, services and teams plus partnership groups and boards between November 2014 and up to approval in September 2015.
- Following the initial draft of the outcomes framework and before its final approval, Herefordshire Council's internal auditors were also consulted to ensure that the framework is robust enough to provide the evidence of significant and sustained progress in families to support any payment by results claims made to the Department of Communities and Local Government.
- Once this framework is approved there will be further development work undertaken to ensure these outcomes are used in practice by front line staff, through revised tracking tools, individuals and family outcomes plans, training and ICT systems. This will be crucial to connect improvements in individual families back to the strategic county goals.

## Identifying and working with families



- Families will be identified by a number of means across the 6 main headline areas above – through information sharing of data sets with partners or through nominations or referrals from individual professionals. The specific issues across the 6 headings are detailed in the appendix below along with the data sources for identifying issues in families.
- Herefordshire’s early help approach is currently being developed as part of the priorities within the new Children and Young People’s Plan and will include actions around workforce development; referral, assessment and planning processes; market and community development and establishing an early help offer of service. A key part will be the establishment of an early help intelligence function that will triangulate intelligence from partners to understand the issues within the family. Where the family is not already assessed and / or receiving support then their situation would be risk assessed to be able to prioritise families for assessment and support where appropriate.
- Practitioners working with families will undertake a well conducted family assessment, working with all family members to identify the issues that need to be addressed. This will form the basis of an holistic family outcomes or action plan which will address the issues and what outcomes the family is aiming to achieve. This in turn facilitates the actions to achieve those outcomes in a well-coordinated and effective approach using evidence based techniques and practices.
- The presence of at least 2 of the main headline areas above, suggests that a family may need help and meets the DCLG requirements for a troubled family. Practitioners will need to work with families to agree their outcomes, including outcomes from the appropriate sections of the outcome framework below, and write them in to the individual family outcome plan.
- If an additional issue arises, or becomes apparent, during the course of any support intervention with a family, an outcome must also be achieved for those issues to demonstrate the family has achieved significant and sustained progress.

## **Evidencing outcomes and long term impact**

The achievement of outcomes within this framework demonstrates a commitment to a proportionate and pragmatic approach that reflects genuine improvement in the family's outcomes. Where the term "family member" is used in the framework this means either a child or an adult within the family group.

We will be using a variety of sources to confirm families have achieved positive outcomes.

- The family assessment, outcome plan and review processes will provide a qualitative measure of change for families that will assess the overall wellbeing of the family as well as progress against outcomes across the six headline problems identified as appropriate. Partners may have different tools and recording processes that will achieve this.
- The outcome framework for Herefordshire (below) sets out the core outcomes and measures that indicate the Herefordshire agreed standard of significant and sustained progress.
- Evidence from those practitioners working directly with families will enable them to make a judgement on whether a family has improved significantly and can sustain that improvement long-term, so that intensity of support can be reduced and then eventually stopped.
- The views of family members through self-assessment tools will also help to confirm that significant improvements have been made and that they can be sustained.

Achievement of the outcomes for families will be monitored and reviewed by the early help intelligence function working with practitioners. This process will confirm that at the final review point the family has achieved the outcomes agreed, that support could potentially be reduced or stopped and therefore a claim can be made to DCLG. Outcomes generally will have been achieved between the time the family were identified and an intervention started, and the final review period.

Achievement of outcomes for families against this framework should ensure that significant and sustained improvement for that family has been achieved. However families will be monitored by the early help intelligence function for a longer period of time after an intervention has ended because sometimes situations arise in families that can cause a re-escalation of issues. It is better to catch those issues quickly to resolve them before they reach any crisis point.

## 1. Parents and children involved in crime and anti-social behaviour

### Lead partnership / agencies:

- Herefordshire Community Safety Partnership
- Police, Probation and Youth Offending Services

### Strategic goals and indicators:

- To reduce the number of first time entrants to the youth justice system \*
- To reduce the level of police call outs
- To reduce the percentage of offenders who re-offend \*

INDIVIDUAL FAMILY OUTCOME MEASURES:	MEASURED BY / DATA SOURCE:
1. There is a 50% reduction compared to the previous 6 months in the number of recorded offences committed by the family	Recorded offences by the police
2. There is a 60% reduction compared to the previous 6 months in the number of incidences of anti-social behaviour committed by the family	Recorded incidents of anti-social behaviour from police, youth offending service, housing providers, environmental health teams
3. No siblings of young offenders have engaged in anti-social behaviour and / or criminal activity in the previous 6 months, and do not enter the youth justice system for the first time.	Recorded incidences from youth offending service and police

\* Public Health Outcomes Framework

^see appendix 1 for specific issues under this heading

## 2. Children who have not been attending school regularly

### Lead partnership / agencies:

- Herefordshire Strategic Education Board
- Schools, Herefordshire Council

### Strategic goals and indicators:

- To reduce the number of children and young people with permanent and fixed exclusions at school
- To increase the % of children and young people that make expected rates of progress in English and Maths

INDIVIDUAL FAMILY OUTCOME MEASURES:	MEASURED BY / DATA SOURCE:
4. Each school age child in the family has attended school for at least 90% of sessions across the last three school terms	Schools census collected by Children's Wellbeing Directorate Attendance data from individual schools
5. Each school age child in the family has fewer than three fixed term exclusions within the last three school terms	Schools census collected by Children's Wellbeing Directorate Exclusions data from individual schools

\* Public Health Outcomes Framework

^see appendix 1 for specific issues under this heading

### 3. Children who need help

**Lead partnership / agencies:**

- Herefordshire Children and Young People’s Partnership
- Herefordshire Council Children’s Wellbeing Directorate

**Strategic goals and indicators:**

- To reduce the number of children and young people needing to be looked after
- To increase from 60% to 80% the proportion of all children achieving a Good Level of Development at the end of the Early Years Foundation Stage

INDIVIDUAL FAMILY OUTCOME MEASURES:	MEASURED BY / DATA SOURCE:
6. Families who are eligible are taking up the 2 and 3 year old offer of nursery places and attended 85% of their sessions in the last 6 months	Early years take up figures – Children’s Wellbeing Directorate QA+ database - Hoople
7. There is an appropriate de-escalation or step-down of a safeguarding plan – ie from child protection (CP) to children in need (CIN) to Common Assessment Framework (CAF) and there is no re-referral to social care after 6 months following the end of the plan	Social care FWI records - Children’s Wellbeing Directorate
8. Children in the family are making good progress at school or a good/expected level of development in Early Years	Early Years Foundation Stage Profile Annual Results 2 Year Assessment Results and Integrated Reviews Teachers reports/assessments
9. Six months after an intervention, parents report improved confidence and competence in parenting	Family assessment and outcome plan Practitioner case notes Parents self-assessment / self-reporting

10. Six months after an intervention, the family continue to take part in a wider range of community activity	Family assessment and outcome plan  Examples could include library membership, joining sport/leisure groups or involvement in specific activities
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^see appendix 1 for specific issues under this heading

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## 4. Adults out of work or at risk of financial exclusion, and young people at risk of worklessness

### Lead partnership / agencies:

- Herefordshire Council, Jobcentre plus

### Strategic goals and indicators:

- To reduce the number of people reliant on out of work benefits
- To increase the % of 16-18 year olds who are in education, employment or training \*
- To reduce the % of low-income families with children\*

INDIVIDUAL FAMILY OUTCOME MEASURES:	MEASURED BY / DATA SOURCE:
11. An adult or young person in the family has secured and maintained a job (full or part time) for 6 months (individuals claiming JSA) and 3 months (individuals claiming other benefits as per the Troubled Families guidance)	Individual no longer claiming out of work benefits, evidenced through DWP automated benefits check; young person not registered as NEET
12. An adult or young person in the family have made progress to work through volunteering placement, progression into an apprenticeship, traineeship or further accredited learning	Practitioner records Family outcome plan
13. An adult or young person in the family has completed and achieved a qualification, apprenticeship or achieved other milestones that supports progression into continuous paid work	Practitioner records Family outcome plan
14. Family have reduced debt or risk of financial exclusion, e.g. reduced council tax or housing arrears and are accessing eligible benefits including free school meals	Practitioner records Family outcome plan

\* Public Health Outcomes Framework



## 5. Families affected by domestic violence and abuse

### Lead partnership / agencies:

- Herefordshire Community Safety Partnership
- Police, Housing providers, West Mercia Women's Aid

### Strategic goals and indicators:

- To increase reporting of domestic violence and abuse into formal reporting routines

INDIVIDUAL FAMILY OUTCOME MEASURES:	MEASURED BY / DATA SOURCE:
15. There is a reduction in domestic violence or abuse within the family for at least 6 months	Practitioner case notes; local risk assessment tools  Family outcome plan  Recorded police call-outs to domestic incidences  No reports of incidences from other agencies eg West Mercia Womens Aid (WMWA), Housing Associations
16. Families that are affected by domestic violence and abuse are actively engaged with support services, such as WMWA	WMWA attendance records Practitioner case notes Family outcome plan
17. Perpetrator of domestic abuse is actively engaged and successfully completes a perpetrator program	WMWA attendance records  Practitioner case notes  Family outcome plan

^see appendix 1 for specific issues under this heading

## 6. Parents and children with a range of health problems

### Lead partnership / agencies:

- Herefordshire Health and Wellbeing Board
- GPs, Clinical Commissioning Group, Wye Valley NHS Trust, 2Gether Foundation Trust

### Strategic goals and indicators:

- To reduce the prevalence of dental decay at age 5 so that the mean is equal or better than the England mean\*
- To increase to 95% the take up for all routine immunisations in 0-5 year olds\*
- To reduce hospital admissions for unintentional and deliberate injuries in 0-4 year olds from the 25<sup>th</sup> percentile to between 25<sup>th</sup> – 75<sup>th</sup> percentile\*
- To reduce the proportion of pregnant women who are smokers at the time of delivery to above the 75<sup>th</sup> percentile for England\*
- To reduce the prevalence of young people smoking, drinking and misusing substances

INDIVIDUAL FAMILY OUTCOME MEASURES:	MEASURED BY / DATA SOURCE:
18. Family is registered with local GP	Family outcome plan Practitioner notes / assessment GP practice confirmation
19. Family is registered with local dentist and attended a check-up in the last 12 months	Family outcome plan Practitioner notes / assessment Dental practice confirmation
20. Children have received age appropriate health immunisations / vaccinations	Family outcome plan Practitioner notes / assessment

	<p>GP practice confirmation</p> <p>Child Health hand held record (red book)</p>
<p>21. Family member has engaged with a smoking cessation programme and is demonstrating progress towards cessation (shown by progress over the previous 6 months)</p>	<p>Family outcome plan</p> <p>Practitioner notes / assessment</p> <p>Help to quit service records</p>
<p>22. Family member has engaged with a drug / alcohol treatment programme and is demonstrating progress towards reducing harmful behavior (shown by progress over the previous 6 months)</p>	<p>Family outcome plan</p> <p>Practitioner notes / assessment</p>
<p>23. Family member has engaged with a healthy weight programme and is demonstrating progress towards a healthy lifestyle (shown by progress over the previous 6 month period)</p>	<p>Family outcome plan</p> <p>Practitioner notes / assessment</p>
<p>24. Pregnant women are under the care of a midwife and have had an ante-natal assessment by a Health Visitor</p>	<p>Maternity and health visiting records</p> <p>Family outcome plan</p>
<p>25. All children in the family aged 2½ years have had an ages and stages health assessment</p>	<p>Health Visiting records or Nursery records</p> <p>Family outcome plan</p>

\* Public Health Outcomes Framework

^see appendix 1 for specific issues under this heading

## Appendix 1 – Specific family issues and identifying data sources

The indicators below are taken from the DCLG Troubled Families Financial Framework March 2015. Those in italics indicate where additional Herefordshire indicators have been added.

Who are the families we need to support in Herefordshire and how do we identify them?		
Family Problem (min of 2)	Indicators - what issues could be present in a family	Who will provide the information
<b>1. Parents and children involved in crime or antisocial behaviour.</b>	A child who has committed a proven offence in the previous 12 months.	Information provided by Youth Offending Service and the Police.
	An adult or child who has received an anti-social behaviour intervention (or equivalent local measure) in the last 12 months.	Information provided by the Police, anti-social behaviour teams and housing providers.
	An adult prisoner who is less than 12 months from his/her release date and will have parenting responsibilities on release.	Information provided by probation providers and prisons.
	An adult who is currently subject to a licence or supervision in the community, following release from prison, and has parenting responsibilities.	Information provided by probation providers and prisons.
	An adult currently serving a community order or suspended sentence, who has parenting responsibilities.	Information provided by probation providers.
	Adults or children referred by professionals because their potential crime problem or offending behaviour is of equivalent concern to the indicators above. <i>For example:</i> <ul style="list-style-type: none"> <li>- <i>racial and hate crime incidences</i></li> <li>- <i>repeat police call outs to the same address/location over a 6 month period</i></li> <li>- <i>incidences of sexual violence</i></li> <li>- <i>incidences of noise nuisance, fly tipping</i></li> </ul>	Nominations from the Police, multi-agency gang units, probation providers, Serious Organised Crime Partnerships, Integrated Offender Management Teams and CHANNEL coordinators; environmental health services; Council diversity team; Herefordshire Safeguarding Adults and Children's Boards; Community Safety Partnership

<b>2. Children who have not been attending school regularly.</b>	A child who is persistently absent from school for an average across the last 3 consecutive terms.	Information compiled locally for submission to the Department for Education for the School Census and Alternative Provision Census. Information provided by Education Welfare Officers.
	A child who has received at least 3 fixed term exclusions in the last 3 consecutive school terms; or a child at primary school who has had at least 5 school days of fixed term exclusion in the last 3 consecutive terms; or a child of any age who has had at least 10 days of fixed term exclusion in the last 3 consecutive terms.	
	A child who is in alternative educational provision for children with behavioural problems.	
	A child who has been permanently excluded from school within the last 3 school terms.	
	A child who is neither registered with a school, nor being educated in an alternative setting	Information compiled locally from within the local authority
	A child nominated by education professionals as having school attendance problems of equivalent concern to the indicators above because he/she is not receiving a suitable full time education.	Nominations from teachers and education welfare officers (or equivalent).

<p><b>3. Children who need help: children of all ages, who need help, are identified as in need or are subject to a Child Protection Plan.</b></p>	<p>A child who has been identified as needing early help</p>	<p>Information from local authority early years providers (e.g. children's centres) about children who don't take up the Early Years Entitlement, by cross-referencing a list of those children eligible with those who are not in an early years setting.</p> <p>Information from local schools, academies and education welfare teams, Special Educational Needs Coordinators (SENCOs) or equivalent about children identified in the School Census as having social, emotional and mental health problems .</p> <p>Information from the Police and Children's Services (including youth services) about children who have been reported missing from home and identified as of concern</p>
	<p>A child who has been assessed as needing early help.</p>	<p>Information from Children's Services or related multi-agency teams about children who are:</p> <ul style="list-style-type: none"> <li>- repeatedly assessed under Section 17 or 47, of the Children Act 1989, but not deemed ' a child in need', or</li> <li>-subject to Early Help Assessments or Common Assessment Framework (CAF) , or equivalent</li> </ul>
	<p>A child 'in need' under Section 17, Children Act 1989.</p>	<p>Information provided by Children's Services.</p>
	<p>A child who has been subject to an enquiry under Section 47, Children Act 1989.</p>	
<p>A child subject to a Child Protection Plan.</p>		

	<p>A child nominated by professionals as having problems of equivalent concern to the indicators above. <i>For example:</i></p> <ul style="list-style-type: none"> <li>-children experiencing / at risk of poor parenting</li> <li>-children with developmental delay</li> <li>- children at risk of exploitation (including sexual exploitation)</li> <li>- children identified as not achieving expected levels of attainment in school</li> <li>- children with challenging behaviour</li> <li>- teenage parents</li> <li>- young looked after mother / father who have already had children removed</li> <li>- young carers</li> </ul>	<p>Nominations from schools, social workers, early years providers, (including Children's centres), health visitors, education psychologists, school Special Educational Needs Coordinators (SENCOs), Youth Offending Service and the Police. Information from the Closing the Gap project, Herefordshire Carers Support</p>
<p><b>4. Adults out of work or at risk of financial exclusion or young people at risk of worklessness.</b></p>	<p>An adult in receipt of out of work benefits or</p> <p>An adult who is claiming Universal Credit and subject to work related conditions.</p>	<p>Department for Work and Pension's Automated Data Matching Solution (ADMS) for the Troubled Families Programme.</p>
	<p>A child who is about to leave school, has no/ few qualifications and no planned education, training or employment.</p>	<p>Information drawn from Personal Learner Records and the local authority's Client Caseload information System (or equivalent)</p> <p>Information collected by local schools, academies and alternative providers for the Department for Education's School Census and Alternative Provision and Youth Contract providers.</p> <p>Key Stage 4 data compiled by schools and academies' pupil level for the production of published school performance tables.</p>

	A young person who is not in education, training or employment.	Local authorities' Client Caseload Information Systems (or equivalent), which indicates whether young people have been identified as not in education, training or employment (NEET) or whether their activities are 'not known'.
	Parents and families nominated by professionals as being at significant risk of financial exclusion. This may include those with problematic / unmanageable levels and forms of debt and those with significant rent arrears. <i>Could also include, for example:</i> - families with housing difficulties e.g. overcrowding, under notice of eviction or homeless - repeat attendance at food banks	Nominations from organisations specialising in debt and finance, such as the Money Advice Service, Jobcentre Plus and housing providers. Council enforcement team, providers/services that distribute food bank vouchers
<b>5. Families affected by domestic violence and abuse.</b>	A young person or adult known to local services has experienced, is currently experiencing or at risk of experiencing domestic violence or abuse.	Referrals from local domestic violence and abuse services or professionals, such as Independent Domestic Violence Advisors (IDVAs), housing providers, health services, the Police, Children's Services and Youth Offending Service.
	A young person or adult who is known to local services as having perpetrated an incident of domestic violence or abuse in the last 12 months.	Local Police data and intelligence. Referrals from local domestic violence and abuse services or professionals, such as Independent Domestic Violence Advisors (IDVAs), housing providers, health services, the Police, Children's Services and Youth Offending Service.
	The household or family member has been subject to a police call out for at least one domestic incident in the last 12 months.	Information from the Police, Multi-Agency Safeguarding Hubs (MASH) and Multi-Agency Risk Assessment Conferences (MARAC).
<b>6. Parents and children with a range of health problems.</b>	An adult with mental health problems who has parenting responsibilities or  A child with mental health problems.	Referrals from Community Mental Health Services, Child & Adolescent Mental Health Services, local GPs, education psychologists and school Special Educational Needs Coordinators (SENCOs).



	<p>An adult with drug or alcohol problems who has parenting responsibilities, or</p> <p>A child with a drug or alcohol problem.</p>	<p>Information drawn from the National Drug Treatment Monitoring System.</p> <p>Referrals from local GPs, the Police or local substance misuse support services.</p>
	<p>A new mother who has a mental health or substance misuse problem and other health factors associated with poor parenting. This could include mothers who are receiving a Universal Partnership Plus service or participating in a Family Nurse Partnership</p>	<p>Referrals from health visitors, midwives, family nurses or local GPs.</p> <p>Information from the Local Child Health Information System.</p>
	<p>Adults with parenting responsibilities or children who are nominated by health professionals as having any mental and physical health problems of equivalent concern to the indicators above. This may include unhealthy behaviours, resulting in problems like obesity, malnutrition or diabetes.</p> <p><i>Other examples could include:</i></p> <ul style="list-style-type: none"> <li>- children repeatedly not attending medical appointments</li> <li>- individuals identified as attending A&amp;E repeatedly over a sustained period</li> </ul>	<p>Referrals from health professionals, including GPs, midwives, health visitors, family nurses, school nurses, drug and alcohol services and mental health services.</p>

## **APPENDIX 2:**

### **Protocol agreement between Herefordshire Children and Young People's Partnership Forum and Herefordshire Safeguarding Children Board**

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# Protocol agreement between Herefordshire Children and Young People's Partnership and Herefordshire Safeguarding Children Board

## Introduction

Herefordshire Children and Young People's Partnership consists of the sum total of co-operative arrangements and partnerships between organisations with a role in improving outcomes for children and young people.

The Herefordshire Safeguarding Children Board (HSCB) is a statutory body and has its own terms of reference or constitution that establishes its functions, membership and operating procedures. It is accountable to the Director of Children's Services and Cabinet.

The Children and Young People's Partnership is not a statutory body. Governance and accountability between the Herefordshire Health and Wellbeing Board, the partnership and HSCB have been confirmed as part of the Health and Wellbeing Board governance.

This protocol is an agreement which sets out the working arrangements between the HSCB and the Children and Young People's Partnership and provides clarity over functions, roles and responsibilities of each.

## Herefordshire Children and Young People's Partnership

Herefordshire's Children and Young People's Partnership provides interagency governance of the cooperation arrangements as a whole. It promotes strong joint planning and effective commissioning of services. It is responsible for developing and promoting a child and family-centred, outcome-led vision for all children and young people in Herefordshire via the Children and Young People's Plan. This plan identifies the priorities for children and young people, clearly informed by their views and those of their parents/carers and a comprehensive needs analysis. Herefordshire Children and Young People's Partnership monitors performance on its priorities at a high level and is responsible for putting in place robust arrangements for inter-agency governance to deliver improvements identified in the *Yes We Can* plan and subsequent plans.

The Children and Young People's Partnership will:

- Consult the Herefordshire Safeguarding Children Board (HSCB) on issues, which affect how children are safeguarded and their welfare promoted.

- Act upon recommendations and identified areas for improvement to safeguard children and young people made by the HSCB, ensure that specific activity is taking place, and report back to the HSCB on subsequent progress
- Ensure the HSCB is formally consulted during the development of the Children and Young People's Plan
- Invite the Chair of the HSCB to attend the Children and Young People's Partnership Executive meetings as a member of the Children and Young People's Partnership
- Ensure that messages and information provided by the HSCB are appropriately disseminated within Partnership member organisations
- Expect from the HSCB:
  - An annual review on HSCB activities and performance (within the statutory annual report)
  - A quarterly update on the Business Plan from the Independent Chair of the HSCB
  - Quarterly meetings between the Independent Chair (HSCB), Children and Young People's Partnership Executive Chair, Director for children's Wellbeing and Lead Member for Children
- Take an overview of the HSCB's activities as part of its monitoring arrangements, as the work of the HSCB falls within the framework of the *Yes We Can* Plan and subsequent plans.

## **Herefordshire Safeguarding Children Board**

The role of HSCB is to co-ordinate the safeguarding activities of its partner agencies and to evaluate and scrutinise the effectiveness of what they do. Its functions are strategic and not operational. However it would expect to initiate activities which investigate and improve practice in safeguarding. It has the authority to call any agency represented on the partnership to account for its safeguarding activity.

HSCB and its activities are part of the wider context of Children and Young People's Partnership arrangements in Herefordshire. HSCB contributes to the wider goals of improving the well being of all children whilst being primarily focused on ensuring robust safeguarding arrangements for all children and young people in Herefordshire. Within the wider governance arrangements its role is to ensure the effectiveness of the arrangements made by individual agencies and the wider partnership to safeguard and promote the welfare of children.

The HSCB will:

- Take responsibility for monitoring actions to improve safeguarding, including action plans arising from Serious Case Reviews feeding back learning and undertaking audits to ensure that lessons have been learned.
- Feed back results from the above activities to the Partnership, advising on ways to improve and highlight areas of underperformance
- Ensure through regular evaluation that partner agencies comply with the duty to discharge their functions having regard to the need to safeguard and promote the welfare of children (Children Act 2004, s.11).
- Hold the Children and Young People's Partnership to account on matters of safeguarding in all its activities, providing appropriate challenge on performance and results of performance indicators
- Initiate the development, regular review and active dissemination to all partner agencies of good practice Protocols to inform and assist multi-agency working
- Highlight gaps in service for the Children and Young People's Partnership to consider as part of its commissioning process work and propose solutions.
- Provide quarterly formal reports on its findings from its scrutiny activity to the Children and Young People's Partnership, including the annual report.
- Invite the Lead Member to attend the HSCB as a participant observer

**Both organisations will**

- Have an ongoing and direct relationship, communicating regularly
- Work together to ensure action taken by one body does not duplicate that taken by another
- Ensure they are committed to working together to ensure there are no unhelpful strategic or operational gaps in policies, protocols, services or practice.

**Date of agreement: 2 February 2015 CYPP Executive**

**Review: October 2015**