Children, Young People and Families

A draft policy paper on working with partners to support children, young people and their families

1. Background

This paper outlines our thinking about the future direction for children’s services in Gloucestershire. It aims to identify the key issues and challenges we face as a partnership and to identify, at a strategic level, the way the whole system needs to change. It has been produced by Gloucestershire County Council as the lead agency for children’s services and is intended to prompt partnership wide discussions about priorities for the new Children and Young People’s Plan in 2015.

The context is a particularly challenging one with all agencies across the Gloucestershire Children’s Partnership (GCP) anticipating budget reductions. At the same time, demand for services is increasing and the quality of services that protect and help children and young people is high on the national agenda. Ofsted is implementing a Single Inspection Framework that raises the bar for service standards. Other inspectorates are similarly active in this area with the Care Quality Commission inspecting local NHS services on safeguarding, and Her Majesty’s Inspectorates for Probation and Constabulary both taking a keen interest in the safeguarding agenda.

Current national government priorities for children’s services can be summarised as:

- Improving the quality of safeguarding
- Meeting the needs of children with special educational needs
- Extending services for children in the early years, increasing the take up of early education for the most vulnerable
- Closing ‘the gap’ for the most vulnerable pupils, enabled by the appropriate use of Pupil Premium
- Achieving permanence for vulnerable children, especially through adoption
- Developing and delivering whole family support
- Widening participation, continuing education up until 18 years and reducing youth unemployment.

The Gloucestershire Heath and Wellbeing strategy has also agreed a set of priorities to improve outcomes for children, young people and families. These are:

- Reducing obesity
- Reducing the harm caused by alcohol
• Improving mental health
• Improving health and wellbeing into older age
• Tackling health inequalities.

Our challenge is to continue to improve outcomes in priority areas, whilst maintaining good standards of safeguarding and managing reducing resources. The particular challenge for Gloucestershire is that, while outcomes for most children are good and improving, a small but significant number of children have persistently poor outcomes. These are the children who are most dependent on an effective, early and targeted outcome based approach. (A more detailed summary of the needs of local children is included as an annex to this paper).

We do not believe this level of concerted improvement can be achieved by expecting the current configuration of services and support to deliver more. Instead, we need to address the design of the system as a whole.

We need to make sure that we keep the right balance between universal services, early help, targeted support and specialist services and that all partners are working together effectively to provide appropriate support across all levels of need. Early identification and resolution of problems is critical to our success. The aim is to deliver a system that responds quickly to children and families when needs arise or increase, results in decisive action that makes a lasting difference, and wherever possible, avoids the need for high-cost, specialist services.

In order to stimulate this debate and begin the conversation with local communities and partners, the Council set out its ideas in the ‘Together We Can’ consultation in June. This described the role the Council thinks it should play, based on a 4-stage approach:
• Active individuals – signposting people to support and information to help them make good choices and take responsibility for themselves and their families
• Active communities – building on existing community support and investing in community capacity building so that more help is available within communities
• Getting people back to independence – Wherever possible, using short-term interventions to help people recover from an emergency or crisis
• Being there when we’re needed most – Targeting long-term support on those with the most complex needs.

We know that other partners have also undertaken consultation with similar themes e.g. Gloucestershire Clinical Commissioning Group (GCCG)

This paper summarises how local people and partners responded to our ideas and sets out what this approach might mean for support for children, young people and their families. The discussion that follows with partners, children and young people, communities and local people, will form the basis of our next Children and Young People’s Plan.
2. What you have told us

The ‘Together We Can’ demonstrated a high level of support for the ideas we set out.

Respondents supported our proposals to help families and individuals to be stronger, by providing support for people to stay fit and healthy and to deal with family troubles. Many felt that this would save the council money in the long term and that it would provide families with the support they need, when they need it. This view is re-enforced by parents who tell us they want to be involved in making decisions alongside practitioners; 65% of children centre parent users stating, ‘they want to be involved in running services.’ 28 Children’s Centres have co-led sessions and 18 have two sessions where parents are involved in the delivery of the service.

The 23,000 participating children in the 2014 On-line Pupil Survey told us, they are happy and confident in the future; experience less bullying and domestic abuse and are smoking, drinking and drug using less. They also said that they have no-one to turn to for help; they worry and have problems sleeping as a result. Local community support could provide the ‘listening post’ for those young people. The strongest support in ‘Together we Can’ was for the idea of communities taking on a bigger role in supporting local people, recognising the potential to signpost people to a wide range of support that was already available.

Respondents through both the survey and community events expressed the view that families and communities need some funding, support and training in order to be able to support their community. There was agreement that overall people need to be less dependent on the Council for support. They supported the idea that we should respond quickly to avoid needs growing or situations getting worse, and that we should look for solutions that work and that are focussed on the particular needs of the child or family.

Feedback from service users and partners tells us that the current configuration of services and interventions doesn’t always work as well as it could. For example, we know that it isn’t always clear to families what early help is available to them, and therefore they find it difficult to access. Sometimes, through lack of clear alternatives, or lack of awareness, partners refer families to services for which they are not eligible.

We are aware that when we do intervene, we don’t make the most of existing support within the community, and don’t always manage to achieve lasting change for families.

Much of this is not unique to Gloucestershire – it reflects the need for innovation to deliver different approaches nationally. Taken as a whole, the feedback we have received provides a strong mandate for Gloucestershire to be at the heart of that change.
3. Examples of how we are already working differently with children, young people and their families

Across the partnership, we are already delivering real change in the way that we respond to Children and Families in need. The following are some examples of what we are already doing:

**Functional Family Therapy** is an evidence-based approach that also deals with the family as a whole and helps to change patterns of behaviour that will avoid the need for intrusive, specialist interventions.

**Community Connectors** are part of strengths/ asset based (ABCD) approaches, across the county, supporting children and families in their own community. They help families to develop informal interests and activities; friendships; family and personal capacities to improve outcomes. They use very local maps of community activity, venues and opportunities, recognising their ability to provide a flexible, holistic sustainable response to people’s needs.

**Turn Around for Children (TAC)** helps ensure, where children under five are at risk of neglect, that families get all of the help they need fast - and that support from all services is delivered at the same time. This intensive approach gives parents the best chance of turning their lives around. Where it is not safe for children to remain with their parents, planning for alternative good quality care will run concurrently. This ensures children are found permanent, loving homes as quickly as possible, tackling delay which could otherwise be damaging to their development.

**Journey into Positive Parenting (JIPP)** is an intensive health visitor led programme aimed at parents and those children at risk of severe neglect as a result of parental substance misuse, poor mental health and domestic violence. The programme also focuses on LAC and Care Leavers who are pregnant or parents and who also have elements of the toxic trio present. The programme can deliver its multi-agency plan over a two year period, to children up to five years.

**The Fast Track Team** was launched in April 2013 for screening, liaison and diversion from youth crime. Robust information sharing with the Police and Crown Prosecution Service (CPS), across youth support, and with other involved professionals has developed a longer-term liaison function that makes best use of out of court disposals and has successfully resulted in fewer young people presenting with offending or anti social behaviour.
4. How can we take this further forward?

The vision previously agreed by partners is a strong base from which to develop: ‘We want to ensure our children and young people thrive and reach their full potential; supporting when we are needed most.’

Our analysis of the way we currently spend our money tells us that investment is concentrated in services that benefit all children or in services that are highly specialist and are intended to meet the needs of the few most vulnerable children.

We think that a more sustainable system will put more into targeted support and intervention as illustrated by the arrows in the diagram below. This would benefit vulnerable children and families by providing more effective earlier intervention; better manage demand on specialist services; reduce re-referrals and make better use of resources. It will help to provide for sustained reduction in demand across all agencies and better outcomes for future generations.

The figures in the above diagram are illustrative; they highlight the change in emphasis that can be achieved by working together to meet need at an earlier stage.

**Universal** – Schools, home to school transport, 3 & 4 yr old nursery education, public health nursing

**Targeted** – Pupil premium, 2 yr old nursery education, CYPPs, Youth and Children Centres (part)

**Specialist** – High Needs, Child protection & regulated services, placement costs, specialist health services eg CYPPs

Not included: maternity services, acute hospital services, and therapies, community nursing

We are not at this stage able to quantify spend on vulnerable children and families from agencies such as DWP (benefits), housing or adult mental health/ substance misuse but it is reasonable to assume that this follows a similar profile.
All partner agencies have faced financial constraints over the last few years and more is to come. In addition, Central Government has also made changes to the way that funding is provided to local areas. Examples of this include transfer of funding and responsibilities from local authorities to academies. The arrival of public health in local authorities resulted in a transfer of funding for services such as school nursing, substance misuse and, soon, health visiting. Government has also funded new priorities such as the Pupil Premium, places for vulnerable 2 year olds, more health visitors, adoption improvement and Troubled Families.

The challenge is to ensure that all these funding streams work together at a local level to serve the best interests of children, young people and families, especially those who are most disadvantaged.

We want to create a system that is based on the following core principles:

- **Providing help at the earliest opportunity**
  we will use screening tools which will help us to identify issues as they emerge and enable help to be offered early to deliver sustained and significant progress and change lives.

- **Making the experience of the child paramount**
  we will really listen to what children tell us about their experiences and what they would like to be different. We will develop an outcomes framework to help to monitor and deliver better outcomes.

- **Focussing on the whole family**
  we will offer support that takes account of how the family is affected as a whole by their issues. We will have appropriate offers for the individuals to reach good outcomes within the whole family.

- **Enabling well informed self-help**
  we will provide accessible, clear information and advice for families and their communities to help them make sensible choices and improve their own outcomes.

- **Providing safe, timely and lasting solutions to issues**
  we will focus on what we know makes a difference. We will use early help, targeted or specialist responses appropriate to the levels of need of the family.

- **High quality specialist service interventions**
  Where specialist responses such as mental health or social care interventions, are required, they will be well specified and monitored for effective outcomes.
5. What will this mean in practice?

Our objective is to help children, young people and families to make the right life choices to reduce their risk of vulnerability, enabling them to become more resilient and to do more for themselves. That will mean:

**Keeping more families together in the community**

By investing in community capacity, building on existing support and signposting people to what they need within their own communities.

We will develop a joint commissioning framework with health for Children’s Centres and young people, so that we can continue to offer comprehensive, community-based targeted support, enabling significant numbers of families to be helped safely in the community, preventing escalation to specialist services.

We will work with schools, health and other partners to establish a clear, comprehensive early help offer.

**Preventing family breakdown**

We will invest to save by providing intensive support for a quick recovery to avert family breakdown, fundamentally reshaping services to improve effectiveness.

**Providing for effective and efficient protection of children:**

We will change the role of social workers so that they are free to spend more time on intervention and less time on assessment or reassessment.

We will broker, through better negotiation, improved placements at acceptable rates.

We will provide specialist support for those who really need our help,

We will enable children to get the most from their opportunities in universal services such as schools.

**Enabling faster exit from care**

We will focus on moving children to permanency faster: either by enabling them to return home safely or through adoption.

We will target long-term care on those with complex needs. Partners will strive to avoid taking teenagers into Care whenever possible; current poor outcomes for too many young people could be addressed by developing good multi disciplinary alternatives.
6. We are asking residents, communities and partners

Do you agree with the vision set out in the policy and with the aims it is trying to achieve?

Are the draft principles the right ones to inform our approach? Is there anything missing or anything you disagree with?

Do you agree with the changes we propose to shift where we spend our money across the system?

What do families and children need in order to better help themselves?
Annex 1 – Some definitions

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<thead>
<tr>
<th>When we say</th>
<th>We mean</th>
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<tr>
<td>Early help</td>
<td>Providing support as soon as a problem emerges, at any point in a child’s life, from the foundation years through to the teenage years.</td>
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<tr>
<td>NEET</td>
<td>Not in Education, Employment or Training</td>
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<tr>
<td>Universal services</td>
<td>Services that are provided for all children, young people and families. For example, schools, school nursing and health visitors.</td>
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Annex 2 – Needs Analysis: Summary of key trends, facts and figures

Sources to be used to inform planning include:

➢ Online Pupil Survey 2014
➢ The Children and Young People’s Needs Analysis 2014
➢ Face to face and on-line consultations with both adults and children & young people.
➢ Ofsted Safeguarding Inspection feedback
➢ Ofsted Thematic Inspection feedback

Gloucestershire is a good place to grow up.

Outcomes for most children in Gloucestershire are good and getting better. The GCP Children’ Plan has contributed, with joint aims and complementary working, to some significant improvements; the majority of children including children in care tell us that they are positive about the future.

The views of children and young people e.g. through the On-line pupil survey contribute to improving our provision. Innovative service offers such as Turnaround for Children and Gloucestershire Functional Families are proving successful in improving family relationships. We are seeing good working arrangements with courts, decisions, when needed, are being made at the child’s pace. Our adoption performance has significantly improved as has progress for young children who are adopted. There continues to be low and downward trends in youth offending and re-offending and NEET numbers are low.

Educational performance is above the national average in Key Stage 2, for pupils achieving five or more GCSE grades A*-C, including English and maths, and attaining level 3 qualifications; the attainment gap at Key Stage 2 is reducing.

23,000 children took part in our 2014 On-line Pupil Survey. They told us that they...

- are happy, satisfied and confident in the future
- experience less bullying then before
- are smoking, drinking and drug using less than before
- experience less domestic abuse than in previous years
It is not a positive picture for everyone

Families and parents are the most important people in children’s lives, but they are not always supported early enough or in way which makes a difference. Those parents/ carers requiring additional support usually have several needs and experience multiple interventions; their children are not always identified early enough and supported in a sustained way. The urban areas tend to have much higher levels of need and demand and there is a significant gap in attainment between vulnerable children and their peers.

There are 135,000 children and young people living in Gloucestershire on average during a twelve month period:

- 80,000 receive additional support through universal and early help provision
- 10,000 through targeted provision
- 3500 are supported on the borders of specialist services
- 1000 access specialist services

A large number of children are the subject of referrals to and between public sector agencies in particular children’s social care, police, youth support, special educational needs provision and various NHS providers including the 2gether NHS Foundation Trust, Children and Young People’s Service (CYPS - the local CAMHs service). Many of these children receive unnecessary multiple assessments which too often result in little actual help and, as a consequence, they are referred again and again.

Demand remains high - 4500 children were referred to CYPS during 2013-14; numbers of referrals have gradually risen by approx 15% since 2012. The Primary Mental Health Worker (PMHW) staffed ‘Advice Line’ takes approximately 100 calls in an average month, of which half are sign-posted to a range of universal and targeted support service, the remainder not requiring sign-posting.

There are also differences in need and demand at a more local level. For social care referrals in 2013/14 approximately half were girls and half boys; more than one third lived in Gloucester, a fifth in Cheltenham with other districts making up the remainder fairly equally. In the urban districts almost two- thirds of the cases referred were

Through the **2014 On-line Pupil Survey**, children told us that they...

- are self harming in increasing numbers
- are worried, so often have problems sleeping
- have no one to turn to for help
children under 11 years with lower numbers of under 11 years in the more rural districts.

Children’s Services record that 80% of their work is with white British children. Of the other 20% totalling 800 children, approx half are of mixed heritage.

**Rising numbers of children**

Whilst children make up a reducing percentage of the total population of Gloucestershire, there are significantly rising numbers of children living in the county. This is particularly so in the urban areas, with children being born here and due to immigration. This can be clearly seen in the rising demand for primary and secondary school places.

*Forecasts for Primary pupil places have risen to 2014 and we continue to project an increase of approx 2000 between Sept 2014 and Sept 2018. There is localised pressure, in particular in the large urban centres of Cheltenham and Gloucester*

*Forecasts for Gloucester Secondary school places show an increase of almost 1500 pupils between Sept 2014 and Sept 2020; Cheltenham forecasts show an increase of almost 600 pupils between Sept 2014 and Sept 2020. There are increasing but lower numbers in the rest of the county.*

The urban areas are home to some of our most vulnerable children and a large proportion of children accessing children’s services are from these areas. Continued rising numbers of children would indicate that the demand for services will rise proportionately and work must be planned now to avoid, reduce and divert this demand. The challenges of providing accessible support to families in more rural areas will continue.
Annex 3 - Future scenarios

The following scenarios are fictional examples of what the future support might look like for children and families.

**Sarah is single parent 18yrs with mild special educational needs. She visits the local self help group to socialise with other parents. Her mum comes to the group too because Sarah’s brother Bob is causing trouble at home and on the estate. The health visitor suggests some local clubs for Bob to join which the local PCSO has supported.**

*While she attends skills classes Sarah’s baby stays with mum who is supported by the Health Visitor to apply to be a child–minder’*

**‘Brian is a key worker for Jane (12), Brian (14), David (15) and their parents. Parenting has been lax and verges on neglectful. Bren prepares them for an evidence based parenting programme offered by the youth support worker and takes advice from the substance abuse worker, to guide him in dealing with the parents alcohol problems. He also persuades them to buy a family cinema card, which they do and realise the activity gives them a common interest.’**

**‘Aaron and Jodie have been together for 5 years and have three small children. They have both had issues with drug and alcohol abuse and there have been several incidents of domestic abuse. Their six month old is not meeting developmental milestones and although the couple seem to be cooperative, professionals cannot see improvement. A detailed assessment involving drug and alcohol workers and an educational psychologist identifies long term neglect issues and concludes that tackling the substance misuse issues is unlikely to improve outcomes. The council initiates care proceedings; because of the comprehensive assessment the court is able to make speedy decisions about the children’s future.’**
Kai (13) has been acting up at school and has had a number of exclusions. When Kai’s mum went to the school last time the Head told her that Kai would be permanently excluded next time. His older brother Tom was permanently excluded from school when he was 14 and never completed his education.

Kai has 2 younger siblings - Alvita and Amani

Kai’s mum is at the end of her tether, she cannot cope with his behaviour; he is out all night drinking, refuses to cooperate, shouts at her and has been doing risky things like stealing and breaking into buildings. Mum has asked that Kai be taken into care as she is worried about him influencing Amani who sometimes feels scared of him. She feels she has had enough.

The social worker meets with the family, school, education entitlement team and arranges for Kai and his family to have functional family therapy (FFT). Together they form a plan to hold Kai in school, with support from the pupil referral unit until the FFT has been completed. School have arranged for Kai to be rewarded for good behaviour at home and at school by attending after school clubs that he enjoys.