Public Document Pack

FAMILIES OVERVIEW AND SCRUTINY COMMITTEE AGENDA

Thursday, 19 October 2017 at 1.30 pm in the Bridges Room - Civic Centre

From the Chief Executive, Sheena Ramsey

Item	Business
1	**Apologies for absence**
2	**Minutes of last meeting** (Pages 3 - 8) The Committee is asked to approve as a correct record the minutes of the last meeting held on 7 September 2017
3	**Update - Care Pathway for Foetal Alcohol Spectrum Disorder** (Pages 9 - 12) Report of the Consultant Paediatrician and Designated Doctor Safeguarding Children, Gateshead Health NHS Foundation Trust
4	**OSC Review - Children on Edge of Care - Evidence Gathering** (Pages 13 - 24) Report of the Strategic Director, Care Wellbeing and Learning
5	**Early Help Strategy** (Pages 25 - 40) Report of the Strategic Director, Care Wellbeing and Learning
6	**Work Programme** (Pages 41 - 44) Joint Report of the Chief Executive and the Strategic Director, Corporate Services and Governance

Contact: Rosalyn Patterson TEL: (0191) 433 2088
EMAIL: rosalynpatterson@gateshead.gov.uk, Date: Wednesday, 11 October 2017

This page is intentionally left blank

GATESHEAD METROPOLITAN BOROUGH COUNCIL

FAMILIES OVERVIEW AND SCRUTINY COMMITTEE MEETING

Thursday, 7 September 2017

PRESENT:	Councillor B Oliphant (Chair) Councillor(s): L Caffrey, S Craig, A Geddes, M Hall, K McCartney, E McMaster, R Mullen, S Ronchetti, C Davison, D Bradford and P Craig
CO-OPTED MEMBERS	Maveen Pereira
IN ATTENDANCE:	Councillor(s): M Graham

F14 APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllr Clelland, Cllr Kirton and co-opted member Sasha Ban.

F15 MINUTES OF LAST MEETING

The minutes of the meeting held on 18 July 2017 were agreed as a correct record, subject to apologies for Cllr Simcox and Cllr Geddes being noted.

F16 MONITORING REPORT - REVIEW OF ORAL HEALTH

Committee received the first monitoring report following last year's review into children's oral health in Gateshead. Four recommendations came out of the review and the Committee were updated on progress in these areas.

The first recommendation was to work collaboratively with all commissioners of oral health services to ensure services are meeting the needs of the population and addressing inequalities. It was noted that progress has been limited in this area although oral health promotion has now been included in the 0-19 specification. The National Dental Epidemiology Programme Survey has been completed however the findings will not be available until 2019. It was reported that the findings from the 2015 survey have recently been received which has shown low levels of decay across Gateshead, however high levels in the South and Central clusters of Gateshead. It was confirmed that this will be looked at with commissioners and work is underway to refresh the Joint Strategic Needs Assessment.

The second recommendation from the review was around reviewing oral health promotion work in line with the transfer of responsibility from NHS England as part of

the 0-19 public health service review. It was confirmed that oral health promotion work has been embedded in the new specification from the 0-19 public health nursing service. The key requirements include adopting a Making Every Contact Count approach, this is for all staff working with families to encourage families to attend and record dentist visits.

A further recommendation was to embed oral health promotion across the early help strategy to ensure a life course approach to oral health improvement. It was noted that oral health promotion is a key objective within the development of the early help strategy, which is still in the process of being implemented. The Making Every Contact Count approach will ensure staff from a range of services, for example; YOT, Social Workers, Family Intervention Team, take the opportunity to talk to families about oral health.

The final recommendation was to ensure Making Every Contact Count (MEC) approach incorporates Change 4 Life Programme. It was noted that there are three new MEC posts within the Public Health Team, focused on mental health, substance misuse and physical activity. In addition there is a Public Health Resource and Information Assistant who will work with the MEC team to ensure they incorporate Change 4 Life programme materials as part of the MEC training programme. It was reported that the Schools Health and Wellbeing Survey was completed in the last academic year for year 4-6 pupils. A good response was received, out of the 1700 responses; 60% cleaned their teeth twice a day, however 3% did not clean their teeth at all. 54% of respondents had been for a check up and 55% of those had no treatment and 18% had treatment over the last year.

It was questioned whether the use of antibiotics had an effect on young people's teeth, and whether there was a correlation between the use of antibiotics by children in the central and south areas for other health problems and the higher level of tooth decay. . It was confirmed that the Public Health team is currently looking at working with North East Commissioning Support around these potential links.

It was queried whether the results of the Dental Health Profile for five year olds was representative of Gateshead due to the small sample number of 175. It was confirmed that this was conducted by Public Health England and the minimum sample size is 250, in this case 292 children were sampled but only 175 parental consents were received. It was acknowledged that this is a snapshot and just an indication of the bigger picture.

It was questioned what Hartlepool are doing differently as it has the lowest rate of decay. It was recognised that these are small sample numbers however officers could look into this further for the next monitoring report.

RESOLVED - (i) That the comments of the Committee on the six monthly update be noted.

(ii) That the Committee agreed to receive a further update in six months time when the recommendations will have been progressed further.

F17 SEND INSPECTION OUTCOMES

The Committee received a report on the outcome of the joint local area Special Education Needs and Disabilities (SEND) inspection. It was reported that the inspection took place in February 2017, however the outcome was not received until June.

Under the new inspection framework no grading is given but rather focuses on how well the local area;

- identifies children and young people who have SEND
- assesses and meets needs of children and young people who have SEND
- improves outcomes for children and young people who have SEND

It was noted that no significant areas for improvement were identified for Gateshead, however, some areas for development were recognised. An Action Plan is currently being developed to address areas highlighted for improvement such as; stronger focus on early help, working with health services to improve processes and more travel training for young people with SEND. It is expected that the Action Plan will be shared with stakeholders in October.

It was confirmed that The Committee congratulated all staff involved for the excellent outcome.

RESOLVED - That the Committee noted the content of the report.

F18 OFSTED INSPECTIONS/SCHOOL DATA - PROGRESS UPDATE

Committee received an update report on the Ofsted inspections carried out in the spring – summer term. It was reported that there were 23 inspections during the term, compared to 3 inspections the term prior, which has meant increased pressure on schools and teams within the Council who support these schools.

It was reported that there is a stark contrast between primary and secondary inspection results. In terms of primary schools it was noted that Falla Park Primary School was found to 'require improvement', but was previously rated as 'good'. Committee were assured that work is ongoing with this school and it is expected that it will return to good at the next inspection. Rowlands Gill Primary school also dropped from 'good' to 'requires improvement', it was reported that there is no Headteacher in post and a lot of changes going on with this particular school. In addition work is underway with Swalwell Primary which also received a 'requires improvement' grading.

Improving schools were also identified; Kibblesworth Academy improved to good following a change of leadership, St Anne's and Winlaton West Lane also improved to good. It was also reported that Front Street Primary improved from 'good' to 'outstanding' which was recognised to be very difficult to achieve.

Committee was advised that overall 40% of primary and special schools in Gateshead are good or outstanding, with all special schools in Gateshead being

good or outstanding.

In relation to secondary schools it was acknowledged that the outcome is disappointing. Heworth Grange received an 'inadequate' grading, it was noted that whilst improvements were needed within that particular school it was not felt that the school was inadequate. In addition Kingsmeadow received a 'requires improvement' therefore it is likely that both schools will convert to academies by the end of the year. Committee was advised that all maintained secondary schools would therefore be academies. It was also reported that Lord Lawson Academy 'requires improvement' following its Ofsted inspection.

It was confirmed that there is an obvious focus on keeping the support in place for secondary schools. It was recognised that Gateshead remains near the top of the region in terms of the number of 5 A*-C's in English and Maths therefore this does not match the Ofsted outcomes.

It was questioned whether Ofsted is becoming more demanding on good schools so that they are pushed into the academy sector. It was noted that inclusive schools have suffered as a result of the Ofsted inspection framework.

It was requested that future reports contain a full list of all schools in Gateshead not just the recently inspected schools.

RESOLVED - That the Committee noted the position of schools in relation to Ofsted inspections.

F19 WORK PROGRAMME

Any Committee received the work programme for the municipal year 2017/18. It was noted that the work programme would be a standing item on each agenda so that members could see any changes.

It was requested that the Committee look at the issue of home to school transport for children and young people with SEN at a future meeting. It was also felt timely to report on Permanent Exclusions and the Pupil Referral Unit provision at the earliest opportunity.

It was also requested that an update be given on waiting list figures for CAMHS when the report is brought to Committee in January 2018.

RESOLVED - (i) That Committee noted the provisional programme.

(ii) That Committee noted that further reports on the work programme will be brought to the Committee to identify any additional policy issues, which the Committee may be asked to consider.

F20 ANY OTHER BUSINESS

Committee was advised that co-opted member Jill Steer has resigned. The Chair thanked Jill for her contribution during her time on the Committee.

It was noted that work is underway to fill the current co-optee vacancies on the Committee.

This page is intentionally left blank

FAMILIES
OVERVIEW AND SCRUTINY COMMITTEE
19 October 2017

TITLE OF REPORT:	**Foetal Alcohol Spectrum Disorder Review – Update Report**
REPORT OF:	**Dr Carmen Howey, Consultant Paediatrician and Designated Doctor Safeguarding Children, Gateshead Health NHS FT**

Summary

This report details the work undertaken to review the diagnoses of Foetal Alcohol Spectrum Disorder / Foetal Alcohol Syndrome.

Background

Concerns were raised by partner agencies, Local Authority and Public Health, in relation to a potential excess of Fetal Alcohol Spectrum Disorder/Fetal Alcohol Syndrome (FASD/FAS) diagnoses amongst the Gateshead paediatric population, particularly those children who are Looked After (LACYP). It was agreed by Gateshead NHS Foundation Trust (GHNT), in conjunction with Newcastle Gateshead Clinical Commissioning group (CCG), to review the diagnoses of this group to establish if those concerns are valid.

Actions so far:

1. Development of review tool to enable review of the children and young people on the FASD database which was set up by a retired Consultant Paediatrician. The review tool is based upon accepted diagnostic criteria for FASD.
2. Two meetings of health professionals (CCG and GHNT) to develop an outline plan of work with a further meeting planned for 06/10/17.
3. Review of diagnoses based upon clinical records using the review tool. So far this has been completed for over 60 cases (from a total of 223 on the FASD database which was complied by the previous Designated Doctor LAC) with ongoing work to complete this. Each notes review takes 30 minutes and is being completed by 3 paediatricians in addition to their current workload. So far no organised face to face clinical review of patients has taken place although some individuals have been seen on an ad hoc basis for review either due to ongoing health issues or for planned reviews as part of their LAC status.

4. Dr Howey has attended two FASD Discussion meetings with representatives from Clinical Genetics, Newcastle Gateshead CCG and Consultant Paediatricians from Great North Childrens Hospital (GNCH) and Sunderland Royal Hospital (SRH). Several actions arose from this in relation to developing a regional way forwards for a consistent approach to FASD diagnosis. The difficulties within Gateshead were shared within the group who agreed with the approach being taken by GHNT/CCG. The aim of this group is to determine a jointly agreed approach to diagnosis which can be developed into a pathway of care for potential commissioning. Buy in is needed from stakeholders outside of health, most importantly education and educational psychology.

Review process so far:

The accepted diagnostic criteria for FASD that the review has been working to are:

A. History of maternal alcohol intake in pregnancy (quantities needed to cause effects of FASD/FAS are uncertain with limited evidence available) **OR**

B. Presence of typical facial features associated with FAS

AND

C. Microcephaly (head circumference <3rd centile for age) in pre-school children **OR**

D. Clear evidence of significantly impaired function across at least 3 domains of the FASD checklist

The review has also looked for the presence or absence of growth restriction (previously part of the diagnostic criteria and associated with FASD/FAS and if any genetic testing has been carried out to exclude the possibility of a genetic cause for a child's difficulties. The review has identified that information is not always available or recorded across the diagnostic categories. In order to stratify the security of diagnosis the information available has been coded as follows:

Maternal alcohol intake		Microcephaly	
Mum disclosed/agreed	1	Yes, clearly recorded	1
Documented in pregnancy/neonates	1	Not clear	2
Relative states drank	2	No microcephaly	3
Evidence of other substance use	2		
Late booking/concealed preg	2	**Genetic results**	
No info available	3	Normal array/frag X	1
Mum denies	3	Not done	2
		Abnormal	3
Facial features			
Yes clear facial features documented	1	**Evidence of significant impairment across 3 domains**	
Not clearly described or dysmorphic not typical of FAS	2	Yes, clearly described with evidenced assessments from other services	1
No facial features documented	3	No clear description of significant impairment or without supporting evidenced assessments from other services	2
		No description of impairment	3
Growth restriction			
Yes, clearly recorded	1		
Not clear	2		
No growth restriction	3		

Outcomes of cases reviewed so far:

60 cases have had review of their hospital (QEH) records against the above review tool. These were selected at random from the large number of 223 which is the total number of children and young people who were listed on the database complied by the previous Designated Doctor LAC.

3/60 cases had no mention in any correspondence that any consideration was being given to them possibly having FASD/FAS. 2 of these were identified on the data base as “at risk” and one as “probable”.

6/60 cases were described in clinical correspondence as ” possible/possible risk of FASD”. For all of these children the information available for the key diagnostic criteria of maternal alcohol intake and/or facial features of FAS was of category 2 based on the coding tables above.

16/60 cases were described in clinical correspondence as “probable FASD”. In one of these cases there was evidence of maternal alcohol use in pregnancy that could be coded as category 1 based on the tables above. For the remaining 15 children the information available for the key diagnostic criteria of maternal alcohol intake and/or facial features of FAS was of category 2 based on the coding tables above.

35/60 cases were described in clinical correspondence as FASD/FAS. For 10 of these there was category 1 information relating to maternal alcohol use in pregnancy or facial features however for only 2 was there level 1 information of significant impairment across 3 domains supported by evidenced assessments from other services.

Conclusion and next steps:

The data above would support the view that some children were receiving an FAS/FASD diagnosis without the relevant diagnostic criteria being clearly evidenced. This does not mean that these diagnoses are incorrect but in order to determine their validity further assessments will need to take place.

For many children and young people it may not be possible to determine if FASD/FAS is the correct diagnosis for them. This will be the case where children or young people do not have classic facial features of FAS and where information is unavailable regarding maternal alcohol intake during pregnancy and there is no realistic prospect of this being found. It is also important to consider that the diagnosis of FASD/FAS may be either a positive or a negative for any individual, eg positively helping them and their families to access support and services or negatively impacting upon their self-esteem. It is important therefore that if any diagnoses are removed that this is done sensitively and does not leave children and young people at a disadvantage or with unmet needs.

The next planned steps are to continue the notes review and then decide upon the need for clinical review. Further work is needed within Gateshead NHS Foundation Trust, in conjunction with partner agencies, to determine how this can be best achieved.

Recommendation

Families Overview and Scrutiny Committee is asked to receive the report and note the actions outlined.

Contact: Chris Piercy, Executive Director of Nursing
Tel: 0191 217 2617

FAMILIES
OVERVIEW AND SCRUTINY COMMITTEE
19 October 2017

TITLE OF REPORT: **Edge of Care Review**

REPORT OF: **Caroline O'Neill, Strategic Director Care, Wellbeing and Learning**

EXECUTIVE SUMMARY

During the course of the review Families Overview and Scrutiny Committee has agreed to focus on the challenges facing services for adolescents and to the consider the key ingredients of successful approaches to effectively support young people and their families with complex needs one the edge of care.

The aim of this review is to strengthen best practice in service delivery where young people with complex needs are at risk of becoming looked after. The review will consider what actions will have the greatest impact on improving the lives of young people and safely promote the reduction of the number of young people becoming looked after.

This report describes how young people come to be on the edge of care and give an understanding of the complexities.

LEGAL POLICY CONTEXT

1. The underpinning legislation (Children Act 1989 and associated subsequent guidance) presumes that children and young people are best cared for by their families. It establishes that parents have parental responsibilities in respect of their children – the onus is on agencies to seek solutions within the family wherever possible.

2. Working Together statutory guidance – outlines the requirements of LAs to have a LSCB, interagency child protection procedures, and how to undertake safeguarding investigations. The guidance confirms the lead role for LA social workers in: responding to young people and families in need of support and help and undertaking initial and core assessments as part of the assessment Framework

3. The Homelessness Reduction Act 2017 received Royal Assent in April this year, which puts homelessness prevention on a statutory footing. The Act will come into force in April 2018, therefore it is a crucial period for all LAs, to look at current resources and begin preparation for the implementation of the new act.

BACKGROUND

4. By responding to family crises quickly and intensively, some children who might otherwise become accommodated via section 20 of the Children Act 1989 could be supported at home.

5. Equally, we know that the longer a child is looked after the less likely rehabilitation home becomes. So by responding promptly and working intensively with children and their families when children have become accommodated due to family dysfunction/breakdown, rehabilitation home is more likely to be achieved and sustained. Thus reducing the length of time that looked after care is required.

6. The national picture of adolescent young people on the edge of the care system indicates this age group makes up 45% of Children in Need, 23% of children on a Child Protection Plan and 24% of Serious Case Reviews. A typical new case for a social worker is just as likely to be a teenager in need of help as a child under five years.

7. Adolescents often enter care during a crisis with their family, with the police or with their mental or emotional health. The response to this crisis and finding them a safe place tends to drive the system's immediate response.

8. The reasons for entering care and the level and complexity of need are also far more diverse amongst this group. The national picture by the age 14 years abuse or neglect accounts for just 42% of entries to care, with 45% accounted for by a mixture of acute family stress, family dysfunction and socially unacceptable behaviour. Alongside this, many face challenges with their mental and emotional health (64%), special educational needs (38%) and substance misuse (32%). Around 9% of those aged 14 or older enter care through the youth justice system. One third of adolescents placed in foster care would have been recently cautioned or committed an offence (36%).

9. Faced with this complexity, and the challenges in identifying long-term options, the care system is often caught between two competing priorities: to provide an immediate place of safety; and to develop a long-term plan based on individual needs.

10. The national picture for many adolescents is the most likely long-term placement is back with their family. One in four adolescent entrants to care almost 3,000 young people a year are looked after for less than eight weeks.

SCOPE OF THE REVIEW

11. The council is committed to making changes to service delivery in order to meet the changing demands for adolescent young people on the edge of care.

12. It is proposed the review focuses on;

- The challenges facing services for adolescents on the edge of care and what might help to overcome these challenges.
- The key ingredients to successful approaches to supporting young people and their families with complex needs on the edge of care.
- The elements of service design that will support best practice with young people on the edge of care.
- Strengthen service delivery to better meet the needs of local families with multiple needs at risk of becoming looked after.

- Succeed in safely reducing the numbers of children coming into care

INTRODUCTION

13. This report focuses on the 'Edge of Care' arrangements for adolescents aged 11yrs to 17years, care leavers and young people presenting as homeless.

14. The report aims to describe how young people come to be 'on the edge' of Care and discusses the complex needs faced by these young people. It outlines the services available to support these young people and their families and the challenges that the Council faces supporting this group.

EDGE OF CARE DEFINITION

15. The journey through the care system includes periods of time that are often described as being on the "edge of care".

16. For the purpose of this report "edge of care" covers the following situations:

- Before entering care the young person has been identified as being at risk of needing care.
- When a young person is leaving care by going home or to live with a relative or into a range of accommodation.
- Young people 16 and 17 years presenting as homeless.
- Care leavers are particularly vulnerable as are their future children

CHARACTERISTICS OF YOUNG PEOPLE ON THE EDGE OF CARE

17. Young people at the edge of care are not a homogeneous group. Every young person is an individual whilst it is important not to over generalise from specific situations, there are many different patterns of need that can lead to a young person becoming looked after. These are young people often with longstanding issues that have escalated or become more problematic.

18. Young people between the ages of 11year plus who have required care or edge of care services often have experienced one or more of the following characteristics:

- Violence from young person – either directed at parent(s) or sibling(s)
- Criminal or anti-social behaviour, gang activity or substance misuse
- Difficulty controlling emotions and anger management issues, putting others in the household at risk.
- Mental illness, self-harming and suicide attempts
- Family dysfunction
- Young person homeless or abandoned, neglect or abuse
- Young people who go missing from home, demonstrate risk taking behaviours, are at risk of sexual exploitation and are not accepting of the risks they are taking
- School, exclusions, non-attendance

19. Parents capacity to cope with these issues can be limited due a number of factors including:

- Their own mental illness
- Substance misuse
- Poor parenting skills, difficulties in learning and sustaining safe parenting
- Experience of domestic violence and abuse
- Intergenerational domestic violence and abuse can impact and limit wider family or community support networks

Factors identified at Child In Need assessment 11–17 year olds

20. Between 1st September 2015 and 31st August 2016, mental health issues (which could apply to the young person or the parent) were identified in 36.3% of cases, but between 1st September 2016 and 31st August 2017, it was identified in 46.4% of cases. Alcohol misuse (from 21.7% to 27.1%) and drug misuse (17.3% to 23.8%) have also risen, but domestic violence has remained stable, occurring in roughly a third of all assessments.

21. Emotional abuse, physical abuse and sexual abuse have all also seen small increases, although cases of neglect being identified has remained stable. Although 'gangs' being identified as a factor remains low (3.5%); the actual number of cases identified has more than doubled (from 10 cases in 15/16 to 24 cases during 16/17).

22. A range of problems and factors may have an accumulative effect resulting in a crisis where the young person is at risk of coming into care.

Entering Care 11–17 year olds

23. There are 66 cases where 11-17 year olds entered care during September 16 to August 2017. In 36 (55%) cases, the category of need was abuse or neglect, 28 (43%) cases involved categories relating to family breakdowns. During September 2015 and August 2016, 27 (53%) of cases came in under abuse or neglect and 20 (39%) cases came in under categories relating to family breakdowns.

Annual figures

	2016/2017		2017/2018	
Category of need	**No.**	**%**	**No.**	**%**
Absent Parenting	8	16%	7	11%
Abuse or Neglect	27	53%	36	55%
Child's Disability or Illness		0%	1	2%
Family Dysfunction	9	18%	16	25%
Family in Acute Stress	3	6%	5	8%
Parental Illness or Disability	2	4%		0%
Socially Unacceptable Behaviour	2	4%		0%
Grand Total	**51**	**100%**	**65**	**100%**

24. There had been previous involvement with YOT in 3 cases.

25. Of these 66 cases, the average length of time spent in care is 127 days (approx. 18 weeks). This compares to 76 days (11 weeks) when looking at the 28 cases that closed during the period.

THE CHALLENGE FOR SERVICES

26. By responding to family crises quickly and intensively at times most suited to families, some children who might otherwise become accommodated via section 20 of the Children Act 1989, could be supported at home.

27. Equally, we know that the longer a child is looked after the less likely rehabilitation home becomes. So by responding promptly and working intensively with children and their families when children have become accommodated due to family dysfunction/breakdown, rehabilitation home is more likely to be achieved and sustained. Thus reducing the length of time that looked after care is required.

28. Children and Families social work service is in the process of developing a response to strengthen keeping young people in the community where it is safe and appropriate to do so.

29. The Safeguarding and Care Planning Service is in the process of redesigning how we support complex child in need young people. The service is in the process of reconfiguring resources into a Complex Child in Need (CCIN) Team.

30. In addition we are developing a Rapid Response Team (RRT) to help manage some intensive intervention and have the capacity to undertake this work out of usual hours where appropriate.

31. The development of a RRT will respond immediately to cases where there is a strong likelihood that the child will become accommodated because of a breakdown in their family situation or where there is a risk of significant harm to a child which might otherwise require the child to become looked after. This might include for example, a family crisis that impacts on parental resilience, parental and/or child interactions and behaviours which seriously weaken the family's ability to function and/or child protection concerns that might be safely mitigated by the provision of intensive interventions.

32. We anticipate the team will work with families for a maximum of 12 weeks. A single keyworker system will operate with the ability to mobilise other team members where needed. Occasionally a full team response may be required. Keyworkers will hold a caseload of approximately 12 families at any one time. The youngest child will normally be 10 years old or above. Case responsibility will remain with the Social Worker from the CCIN Team.

33. The RRT will have a mixed multi -disciplinary skill set and be specifically trained in strength based methodologies - namely motivational interviewing and systemic practice - as well as specific training in assessing and managing risk in crisis driven circumstances. Within its resources there will be a Systemic Practice Lead, Social Workers, workers experienced in mental health, substance misuse and domestic abuse, dedicated Business Support. The team will have a dedicated Manager/ Coordinator.

34. In addition the RRT will have recourse to dedicated professional foster care placements. In such circumstances the carer will:

- provide emergency respite 24 hours per day where 'time out' would benefit the planned intervention and the child/family
- provide planned respite as part of the families support needs
- provide community based work with the children and/or family members at critical periods, which will include evenings and weekends
- work with the family/young person in their own environment.
- participate in and report to professional meetings
- attend specialist training associated with the role

35. A key feature of the rapid response service will be the flexibility of its availability to families. Family crisis tends to become acute at the times when normal Council services are unavailable. To mitigate this and to ensure availability when families need support the most the team will overlap with day time services and be available on a shift basis which will include weekend and evening work.

36. Imperatives:

- The RRT is dedicated to this function
- The ethos is predicated on a belief that children should live within the family where safe to do so.
- The team will work intensively with families in order to bring about change to reduce the need for accommodation or rehabilitate the child quickly.
- They do not work with families beyond 12 weeks
- The team's terms and conditions include evening and weekend/bank holidays
- There is a firm commitment to invest in the professional development of the team and equip them with the skills and tools to do the job.
- Staff are recruited with the pre-requisite skill mix
- The rapid response service will work as part of the CCIN team
- Clinical supervision is provided by the Manager/Systemic Practice lead.
- It is understood that the Social Worker from CCIN retains responsibility for the case.
- The team works collaboratively will partners.

37. The skill set of the staff will cover intensive family intervention, family group conference and staff experienced in mental health substance misuse and domestic violence issues.

38. This paper develops a proposal to broaden the offer to Gateshead families with adolescents through the delivery of a Multi Systemic Therapy service. By focusing on parenting and family relationships, it is possible to keep more vulnerable families together, and prevent the number of children entering care.

The Intervention – Multi- Systemic Therapy

40. The rapid response service will be trained in multi-systemic practice this will be the main model adopted as part of a tool kit for staff involved in family intervention for complex needs young people and this will be rolled out over all social work teams.

41. Multi-systemic Therapy (MST) is an evidence based programme that delivers family intervention in the home through qualified staff from a range of disciplines. By improving parenting and rebuilding positive family relationships it allows families to manage future crisis situations, promoting long term and sustained impact. It works with young people aged 11-17 who are at risk of entering care or custody and their families who have not engaged or maintained engagement with other services.

42. Staff will visit families and work with them intensively over a short period. Staff cover aims to be able to respond appropriately on call to families 24 hours a day, seven days a week. This strategy aims to return young people in the community. Where young people need a short period of accommodation they are often focused on returning to their family and more likely to reject placements. Successfully managing family relationships is an essential part of the care system for this age group.

43. MST is based on many years of research into what works for families. The evidence base has shown that the MST approach achieves excellent, long-term results for young people and families. See http://www.mstuk.org/evidence-outcomes

44. Research and audit data from the MST teams based across the UK shows that it is possible to replicate the positive results:

    - Promoting young people to remain at home, school and keep out of trouble.

45. Greater emphasis is placed on outcomes measurement and performance management to drive continual improvement. Rather than just taking a snapshot of the outcomes for the young person immediately after the conclusion of the intervention, progress of the child would be tracked to look for sustained improvement.

STABLE ACCOMMODATION

46. It is important to ensure care leavers are fully supported in a range of accommodation. Children and Families Services has worked collaboratively with Housing Services and Commissioning to develop a range of supported accommodation. We know this is instrumental in stabilising care leavers and preventing a cycle of returns to care and is a building block to stability for their future family.

47. Young people in shared supported housing for 16 – 21 year olds:

Supported Housing Scheme	**16 - 21**	**Total Beds**
Tyne Housing	1	10
Eslington House	13*	20
Gifford House	0	11
Refuge	2	7
Juniper House	2	8
St Bede's House	2	16
Mental Health Concern	0	7
Richmond Terrace	0	6
Elizabeth House	4	8
Karis Project	2	6
Naomi Project	7	8
Whitworth Close	0	6
Longside House	0	3
	33	116

* 5 of the 13 are either 16 or 17 years old.

48. The accommodation offer to care leavers has been strengthened supporting their stability in the community. The service has worked collaboratively with Housing Services to develop the taster flat scheme. Careful consideration is given to the level of support and location of accommodation a care leaver needs. Every effort is made to locate care leavers in areas that will support their social networks and promote access to training, employment and education. Care leavers have told us avoiding social isolation and feeling safe, are issues very important to them. The taster flat scheme acts to promote stability and integration for care leavers within the community.

49. The service has worked collaboratively with the commissioning service to develop the range of choice of supported accommodation for care leavers with complex needs. We are in the process of tendering for a range of provision to strengthen the supported accommodation offer to care leavers.

HOMLESSNESS

50. Our duties and responsibilities across children and housing legislation make it clear that supporting care leavers and reducing the risk of homelessness is a priority.

51. Managing edge of care pressures also involves supporting 16 and 17year old young people presenting as homeless. There is a duty to ensure this group is supported and where appropriate to provide accommodation.

52. Care wellbeing and learning have worked collaboratively with housing services to develop a dedicated post to work intensively and in a timely manner with any young people presenting as homeless. (Activity information appendix 1)

THE PROCESS

53. This review process will take place through to October 2017.

WHO WILL BE INVOLVED?

54. It is proposed that the information will provide an overview of the issues relating to the challenges faced by the complex needs of young people on the edge of care. It will demonstrate the necessary relationship between care wellbeing and learning, health, housing which will further refine an understanding of the issues.

PROPOSED OUTCOME OF THE REVIEW

55. To strengthen design and practice delivery of services for young people with complex needs on the edge of care.

56. To support the safe reduction in the numbers of adolescents entering care.

RECOMMENDATION

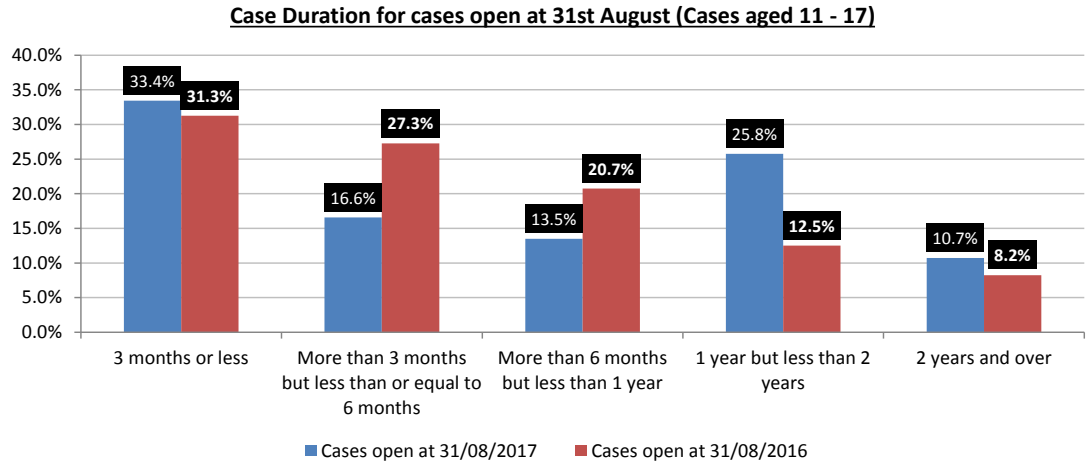
57. The Committee is asked to consider and comment upon the contents of this report.

CONTACT: Elaine Devaney
Service Director
Children and Families
Care wellbeing and learning

Appendix 1

R & A and SGCP Caseload duration Information (11 – 17 year olds)

Cases aged 11 - 17	Cases open at 31/08/2017		Cases open at 31/08/2016	
Duration of Cases (Excludes LAC)	**Count**	**%**	**Count**	**%**
3 months or less	109	33.4%	110	31.3%
More than 3 months but less than or equal to 6 months	54	16.6%	96	27.3%
More than 6 months but less than 1 year	44	13.5%	73	20.7%
1 year but less than 2 years	84	25.8%	44	12.5%
2 years and over	35	10.7%	29	8.2%
Grand Total	**326**	**100.0%**	**352**	**100.0%**



1. There were 7.4% less cases aged 11-17 open to R&A and SGCP (excluding LAC cases) at the end of August 2017 than at the same time in 2016.

2. When looking at the duration of cases open at this time, there is a much higher percentage of cases open at the end of August 2017 that had been open for between 1 and 2 years (25.8%) compared to the year before (12.5%), as well as slightly more cases open for 2 years and over (10.7% vs 8.2%). Cases open 3 months or less remains at a similar percentage to the figure reported last year (33.4% compared to 31.3%). These cases include CP cases, as well as cases that may have been previously CP or LAC but are now CIN.

1. When looking at cases open at the end of August 2016, there were a higher percentage of cases open between 3 and 6 months (27.3% compared to 16.6%). This may indicate that a lot of cases that were open at the end of August 2016 have remained open and are still open 12 months later.

Homelessness Information 16 and 17 year olds

1. Between 1st September 2016 and 31st August 2017, there have been 18 homelessness referrals, of which 15 resulted in an allocation to the specific homelessness worker.

Homeless Referrals by Age at Referral

	16	17	Grand Total
2016			
Dec	1		1
2017			
Mar	2	1	3
Apr		1	1
May		1	1
Jun	2	3	5
Jul	1	3	4
Aug	1	2	3
Grand Total	**7**	**11**	**18**
%	**38.9%**	**61.1%**	**100.0%**

Homeless Referrals by gender at referral

	Female	Male	Grand Total
2016			
Dec		1	1
2017			
Mar	2	1	3
Apr		1	1
May	1		1
Jun	3	2	5
Jul	3	1	4
Aug	3		3
Grand Total	**12**	**6**	**18**
%	**66.7%**	**33.3%**	**100.0%**

Cases allocated by month and age at allocation

	16	17	18	Grand Total
2017				
Apr		2		2
May		1		1
Jun	2	2	1	5
Jul	1	2	1	4
Aug	1	2		3
Grand Total	**4**	**9**	**2**	**15**
%	**26.7%**	**60.0%**	**13.3%**	**100.0%**

Cases allocated by gender

	Female	Male	Grand Total
2017			
Apr	1	1	2
May	1		1
Jun	3	2	5
Jul	3	1	4
Aug	3		3
Grand Total	**11**	**4**	**15**
%	**73.3%**	**26.7%**	**100.0%**

Outcomes of closed cases during period

Closed Case Outcomes	Count	%
Accommodation arranged with friends or relatives	3	37.5%
Supported accommodation	3	37.5%
Returned home	1	12.5%
Entered care	1	12.5%

2. Whilst it hasn't been possible to provide recent activity information for all of these cases, the following activities have been identified:

- 3 YP were on an apprenticeship
- 2 YP in college
- 2 YP open to YOT
- 1 YP in PT employment
- 1 YP pregnant

3. In the following cases, it was less clear what the most recent activity was. There hadn't been involvement in some cases since 2016

- 1YP considering 6th form
- 1 YP learning and skills engagement
- 1 YP involved with Young Women's Project
- 1 YP with Connexions involvement (09/12/16)
- 2 cases. Possibly college for one case but unclear if she had dropped out.

4. It also appeared evident that in the majority of cases, the YP had separated parents and often lived between the two. They seemed to present themselves as homeless after an argument with one parent when not wanting to go back and live with the other.

5. The housing options approach that the service currently operates, will assist in the transition and development required to implement the new homelessness legislation. The Homelessness Reduction Act 2017 received Royal Assent in April this year, which puts homelessness prevention on a statutory footing. The Act will come into force in April 2018, therefore it is a crucial period for all local authorities, to look at current resources and begin preparation for the implementation of the new act.

6. The key measures in the new legislation include:
   - An extension of the period during which an authority should treat someone as threatened with homelessness from 28 to 56 days
   - A new duty to prevent homelessness for all eligible applicants threatened with homelessness, regardless of priority need
   - A new duty to relieve homelessness for all eligible homeless applicants, regardless of priority need
   - A new duty on public services to notify a local authority if they come into contact with someone they think may be homeless or at risk of becoming homeless. It is hoped that this measure will ensure that a persons housing situation is considered when they come into contact with wider public services.

7. Some of the implications of the new measure in the Act will include:
   - Recruiting and training staff
   - Implementing new policies and procedures including the potential revision of the Lettings Policy
   - New ICT systems to capture the additional data required by Central Government
   - Increase in the number of households presenting as homeless
   - Increase in the administrative burden including the recording of information and compiling statutory returns
   - Impact on caseloads due to the increase in administrative activity associated with the relief and prevention duties for all eligible households; including the need to introduce Personal Housing Plans
   - Training and awareness raising for statutory and voluntary partners around the new duty to refer and to work together to prevent and relieve homelessness

8. It is important that the changes required in Gateshead to implement the Act need to align to the recent recommendations in the Homeless Health Needs Assessment carried out by the Public Health team. In addition to this they will also need to be considered and reflected in the review of the Housing Strategy and the Homelessness Prevention Strategy which is due for review in 2018.

FAMILIES
OVERVIEW AND SCRUTINY COMMITTEE
19 October 2017

TITLE OF REPORT: **Early Help Strategy**

REPORT OF: **Caroline O'Neill, Strategic Director, Care Wellbeing and Learning**

EXECUTIVE SUMMARY

The Early Help Strategy will bring together many strands of work to create a vision for the future where families are resilient and supported within their local community with reduced need for specialist intervention, by developing flexible evidence based early interventions, which are delivered in a timely way.

The aim of the Strategy is to empower families, professionals from all sectors and local communities to work collaboratively to make Gateshead the best place in which to live and work.

Background

1. Nationally there is increasing evidence that supporting children and families at the earliest opportunity has significant impact in improving life chances and increasing outcomes into adulthood.

2. Reducing the need for high cost statutory and child protection services is evident in managing the sustainability of resources and changing expectations.

3. Gateshead's Early Help Strategy is a key opportunity to refocus the vision to delivering the right response by the right service at the right time.

4. Service providers will work together to ensure the needs of vulnerable children, young people and families are identified at the earliest opportunity and that the needs are appropriately assessed and met by working effectively together.

5. Early Help services should be shaped by the views and experiences of the children, young people and families building resilience and increasing their capacity to manage challenging circumstances before issues escalate and poor outcomes develop.

6. An early help approach offers families more than a single solution to deal with problems. There will be less duplication and fewer gaps in early help service provision.

7. Early help interventions focus on reducing the risk and promoting a strength based model in the child, young person and the family within a cultural context.

Policy Context

8. The Early Help Strategy is part of Gateshead Council's Corporate Plan and is designed to develop a safe, sustainable partnership approach to providing early intervention and prevention services.

9. The Strategy builds on the good work already being delivered as part of an overarching framework to deliver a coherent and consistent early help offer in which everyone understands the pathways available and their role in delivering services.

10. The Early Help Strategy has been developed within the context of national and local policy. Over the last five years reviews have demonstrated the economic and social value of prevention and early intervention programmes and ways of working.

11. 'Working Together to Safeguard Children 2013' and Professor Eileen Munro's report on the future of safeguarding (2011) promote the importance of early help within the wider safeguarding context.

12. The Early Help Strategy follows the ethos of FamiliesGateshead by developing a model of early help for families which key partner agencies understand their role and are accountable for the delivery of services.

13. The Common Assessment Framework will be used consistently as the early help assessment of needs and strengths, taking a need led rather than service led approach.

14. Information sharing will be strengthened so that partners have access to information they need to effectively work together.

Recommendation:

15. It is requested that the Families Overview and Scrutiny Committee consider the draft Early Help Strategy and make any recommendations or changes.

CONTACT: Val Hall EXTENSION 2702

Gateshead's Early Help Strategy

Introduction

Early help and intervention is a force for transforming the lives of children, families and communities, particularly the most disadvantaged. Its importance today in terms of policy and practice owes as much to its economic sense, as well as the social and personal benefits that it can generate.

The aspiration and vision articulated in the plan is that:

'All children and young people are empowered and supported to develop to their full potential and have the life skills and opportunities to play an active part in society' CYPP 2014-17.'

The aim of this strategy is to empower families, professionals from all sectors and local communities to work collaborativey in order to make Gatesehad the best place in which to live and develop.

Policy Context

Over the last 5 years successive reviews have demonstrated the economic and social value of prevention and early intervention programmes and ways of working. There are a number of key documents that provide a compelling argument for the benefit of and need for early help for children, young people and their families.

Research shows that '*early intervention as a policy issue reflects the widespread recognition that it is better to identify problems early and intervene effectively to prevent their escalation, rather than to respond only when the difficulty has become so acute as to demand action*.' Grasping the nettle.

We recognise that from conception to the age of 2 years the effects of disadvantage are magnified. We know that this is a period of significant brain development and that neglect in these early years is likely to lead to a substantial and detrimental impact on their development. Equally we know that the other significant period of brain development is during the teenage years as young people approach puberty. This is a time when young people often want to take more risks and it is important that early help services are in place for young people identified as vulnerable. We therefore want to ensure through our collective approaches outlined in this strategy that these children will be prioritised with the ambition for all children to get the best start in life.

Both 'Working Together to Safeguard Children 2013' and Professor Eileen Munro's report on the future of safeguarding, 'Munro Review of Child Protection: Final Report' (2011) pick up these themes and promote the importance of early help within the wider safeguarding context.

'Providing early help is more effective in promoting the welfare of children than reacting later. Early help means 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.' (Working Together to Safeguard Children 2013).

'From a child or young person's point of view, the earlier help is received the better. Research on children's development emphasises the importance of the early years on their long-term outcomes so preventative services to help parents are a key strategy. Early help, however, is needed not just in the early years but throughout childhood as problems develop'. (Munro Review of Child Protection: Final Report 2011).

The vision of Gateshead's Early Help Strategy is to secure a boroughwide approach within which all partners work together collectively to ensure families get the right help at the right time from the right people thus enabling children young people and their families to achieve success.

Gateshead's Corporate Plan includes a commitment from the Council to providing all children with the **best start in life.** Giving every child the best start in life is crucial to reducing inequalities across the life course. Effective preventative and early intervention services are essential in supporting vulnerable children and young people to reach their potential.

Drivers for Change

The arguments for early help are numerous:

- Research has shown us the damage that can be done to children and young people's development when subjected to neglect such damage is difficult to reverse and so clearly better prevented
- It is cost effective where early help prevents serious problems developing and incurring significant resource form statutory partners. Communities and professionals working together in a more integrated way at an earlier stage helping families to find solutions are likely to change the pattern of demand for more specialist services.

There has been signifcant changes to the way in which services in Gatesehad are configured and delivered. It is recognised that all partners continue to face reductions in budgets and therefore have to re-evaluate how they provide services to meet their priorities in the future.

We know that in Gateshead we have high numbers of children and young people that require protection through child protection planning or by becoming accommodated. Through this strategy we aim to reach those children earlier and provide support which prevents the need for statutory involvement.

We need to provide clarity about our role, how we will work with our partners and how to access support. We will, through this strategy, aim to develop a joined up approach that reaches across the continuum of services from universal to complex support which will enable us to achieve better outcomes.

We know that the issues that affect parents have a significant impact on the children in their care. We will therefore continue to embed our approach of working with families rather than individuals addressing issues that affect the family unit. Enabling vulnerable parents to develop their parenting skills will be a key element of support

within Early Help. Additionally parents experiencing difficulties in relation to their own emotional and mental health needs, domestic abuse and/or alcohol and substance misuse will require appropriate access to support as soon as issues are identified to prevent further deterioration and minimise the impact on children and young people.

Principles of Early Help

The proposed service model will embed and embody the Council's commitment and shared understanding of the principles of early intervention and prevention, based on a partnership approach. This includes:

- A shared understanding of early intervention and prevention and the outcomes being sought
- Identifying need and providing support at the earliest opportunity to prevent needs escalating
- An approach rooted in communities identifying and targeting services at those most in need and offering accessible support to prevent escalation of need
- Local and community-based support which is accessible and enables the development of formal and informal support networks for parents and helps professionals work together
- Evidence-based programmes and practice - central to an effective support offer alongside a willingness to be innovative and flexible in exploring ways of addressing the needs of an area or target group
- Focusing on increasing resilience to enable children young people and their families to develop the capacity and skills to resist adversity, cope with uncertainty and recover successfully from trauma and to develop personal and social skills and focus on changing behaviour.
- Providing holistic support to address multiple and complex needs and barriers in a co-ordinated way to address family and environmental factors as well as individual needs
- Establishing safe and secure information sharing across partners as appropriate.
- A seamless interface built on empowering community provision to recognise and respond to the needs of families if an intervention is not having the desired effect and, therefore specialist services are needed
- Underpinned by a solution focussed approach as enablers of change rather than always being the provider.

Strategic Objectives

- To provide a comprehensive early help offer which is understood, developed and embedded across all agencies and communities.
- To deliver early help services as a shared organisational responsibility. To do this we will build on the holistic family support model of early help using the Common Assessment Framework and Team around the Family approach.
- To provide an Early Help offer that has a tailored approach to children, young people and their families working into locality models which takes account the communities and context in which families live.
- To reduce the pressure on high level or specialist services by ensuring the needs of children young people and parents/carers do not escalate.
- To ensure safe, appropriate and proportionate information sharing protocols are in place because we know that 'early sharing of information is the key to

providing effective early help where there are emerging problems' (Working Together 2013).

The key outcomes are to:

- Improve the health and well-being of children and reduce inequalities in outcomes as part of an integrated approach to supporting children and families which has a strong focus on prevention and early identification of needs
- Identify and support those who need additional support and targeted interventions with robust links to adult services where appropriate, for example, parents who need support with their emotional or mental health and well-being.
- Parents / carers are supported to understand the range, availability and value of both statutory and voluntary services for children and families, and are empowered to make appropriate choices to access services which meet their needs, without creating service dependency.

The Gateshead Model

Fundamental to the model's success is a proactive approach to working across the Council and with communities so that it can provide timely access to a range of interventions from a seamless continuum of services designed around the child, young person and family.

The delivery model will:

- Bring together a range of services which support children and families - a broader range of provision and community activity, including health, emotional wellbeing, behaviour support, family support, advice and support around debt, worklessness and poverty.
- Use CAF and TAF approaches to wrap support around families to meet the multiplicity of their needs.
- Ensure that practitioners identify and intervene with causes rather than with presenting symptoms.
- Harnesses the social capital of communities and use an asset based approach to developing solutions.

In order to achieve this and deliver a seamless service we will operate through one front door. The model provides a single system of access though a 'front door' that will provide a managed and researched triage response which may lead to provision of information, signposting and where appropriate detailed background checks in order to determine the appropriate pathway.

The vision for Gateshead's Early Help Strategy is to secure a co-ordinated approach with all key partner agencies to collectively maximise their resources to enable children, young people and their families become more empowered and resilient.

It will provide a framework to support partners to reshape their existing services to ensure that we work in a more integrated way by working better together to secure better outcomes for children and families through a continuum of early help support. This is outlined as:

Universal activities / groups (open to all families). These services may be provided by:

- Voluntary community groups and other Council services where Early Help staff or officers from other Council Service areas will be available to offer support to leaders and ensure that families that are attending are aware of other support that is available to them if needed.
- Early Help staff and community businesses or services that have undergone a selection process. There will be a contract in place with such organisations ensuring information can be safely shared and evidence of outcomes collated. These services will be regularly quality checked by Early Help staff or officers in other Council Service areas e.g. Commissioning, Neighbourhood, Volunteering and Communities. These services/activities may charge parents a nominal fee.

Universal/Targeted activities/groups. These group activities will be developed collaboratively with partners and actively promoted to families who may benefit from them. These services may be provided by:

- Reserved/dedicated places at Early Help facilitated universal activities where additionality is provided by an Early Help Worker or other appropriate officer or partner who will monitor attendance and report on the impact for the family. (Open to those who have been signposted by other professionals or have been identified as requiring additional support).

Targeted/Specialist:

Family Support offered on an individual basis to families usually in the family's home, following the CAF process. This will include work with families that are described as being "low level CIN" and families that have benefitted from social care intervention sufficiently to be 'stepped down' to early help on their journey back to being supported through universal services.

Early Help Service

This model needs to be innovative, flexible and able to respond to the needs of the relevant area(s) driven by local priorities, as identified through the analysis of demographic and other relevant data and local knowledge

- JSNA
- HRBQ information
- Early years profile
- CAF/TAF analysis of local need
- Levels of need HV tier led responses

The delivery model will build upon the FamiliesGateshead initiative to develop a wider child and family focus providing a 0-19 (25) holistic approach to service delivery for children, young people and their families.

The Early Help Service will create a clear early help offer, delivered with partner agencies, that provides support as soon as a problem emerges at any point. It will ensure:

- Children grow up in a good family environment.
- Anyone can understand what Gateshead's early help offer is and their role within it.
- We can show the difference that early help makes.
- We set out clear expectations for adults to deliver their parenting responsibilities.

We will have a phased approach to implementation and would seek to integrate into one Early Help Service the following disciplines. This will provide a well-co-ordinated, pro-active and multi-skilled service which is modelled on getting things right the first time, reducing and managing demand and preventing escalation to more specialist and statutory services.

- Children's Centre staff
- Family Intervention Team
- Young Offenders Team including prevention
- Connexions staff
- Youth Service
- Positive Pathways Team
- Play Service
- Commissioned family support services including counselling/relationship support
- Disabled Children's Team

The team will provide proportionate support to the delivery of universal services that are working with children, young people and families whose needs are below the level of targeted /specialist services and can be managed in the community. Additional support and advice can be provided where necessary.

Improved use of data, intelligence and information will encourage and provide universal/targeted group provision that is linked to the needs of communities. These services will be proactively targeted at those most in need of support and ensure wide coverage across the specified area.

The Early Help Service will continue to deliver practical and therapeutic interventions that support families in long term change. The intensity of such interventions will be dependent on assessed need. There will be a clear menu of effective, evidence based interventions and practice which are creative, flexible and available to any tier. They will be locally appropriate to enable the creation of personalised support packages to meet needs and ensure outcomes are achieved.

Our approach will be predicated on identifying and working with families on root causes to ensure change is embedded and provides long term solutions.

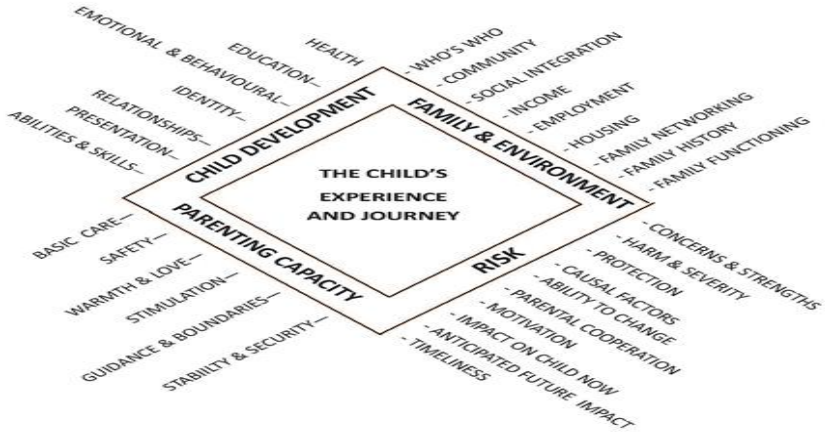
The offer will be accessible to services/teams delivering across the continuum of need to ensure that where additional support is necessary to prevent further escalation, including where children and families are being supported through social care for example to becoming a Looked after Child, this can be readily accessed. Services will be available flexibly at times that most suit the needs of families and partners within communities including both outreach and centre-based services.

The team will work closely with other Council services, schools, GP practices and other partners to support them in their identification of children where there are

concerns, providing advice and guidance on CAF/TAF and ensuring schools and GPs are supported to be fully engaged in the process.

The Gateshead Tool Box

The single assessment framework ensures that the interplay between early assessment and statutory assessment is viewed as a continuum. In Gateshead the Common Assessment CAF and the Child in Need Assessment (CIN) informed by the regional assessment framework are based upon the same principles. The four domains illustrated below provide a consistent approach across early help and specialist social care.



Parenting Offer:

We will invest in parenting programmes that have a clear evidence base for success. We know that parenting programmes in isolation are rarely effective and so will aim to deliver these alongside family support that supports parents to embed their learning in family life. Programme delivery will be co-ordinated centrally to ensure those who are assessed as requiring this form of support are prioritised. We will work in conjunction with partners, particularly the VCS, in order to deliver a varied and accessible programme that meets assessed need. Examples of parenting programmes that we will invest in are:

Mellow Bumps	1-2-3 Magic	Incredible years
Triple p	Strengthening families	Keeping up with your teens

Neglect Guidance and Toolkit:

We have high levels of children requiring child protection plans to support their safety and wellbeing a high proportion of these are under the category of neglect. As a result the LSCB led an inquiry into the reasons for this and current practice for supporting families where neglect was a feature. The resulting multi agency guidance and subsequent toolkit is currently being rolled out on a multiagency basis. We will use these resources to underpin our approaches to working with families where neglect is identified as an issue.

Planning Framework:

We will develop a consistent outcome focused planning framework based on the information below (outcomes framework appendix 1) and aligned to the planning framework used in children's social care. Where appropriate we will also use outcomes stars with families to support them in managing their progress. The outcomes framework takes account of the expanded troubled Families criteria which is already embedded in much of our early intervention work.

Family Group Conferencing:

We will build on the success of our family group conferencing service to broaden its availability to families to support conflict resolution and empower families to reach their own solutions.

Personalisation:

We will continue to deliver a personalised offer for families whose assessed needs require additional bespoke options to promote positive outcomes.

As a Lead Practitioner or Social Worker providing support to families, personalised funding may be available to provide small scale flexible support to promote positive outcomes, ensure safeguarding and prevent further family breakdown. Personalised funding provides an opportunity to be creative and to identify support that will really make a difference in the way tailored services can be provided to respond to the identified needs of a family. We will continue to work with providers particularly where their services support the Local Authority in preventing escalation of need to specialist social care and support children from becoming looked after.

Workforce Development:

Workforce development is essential to the success of the proposed model. To enable early help to become everybody's business practitioners must feel confident and capable in their abilities to respond to presenting issues. We will support the multi-agency children's workforce to recognise and identify early signs and symptoms and understand the help and support available to children, young people and their families. Awareness raising of early help will be a key factor in the success of our approach, measuring knowledge and input of partners will be a qualitative measure of effectiveness. It is crucial that we have a consistent Gateshead approach that is evidence led. To that end practitioners will have training and access to the Gateshead toolkit.

We will develop clear and consistent job descriptions for early help workers as a key tool in achieving a well-defined offer and core skills required for delivery including ability to engage effectively with both children and adults.

Early help with appropriate social work input will provide a basis for practical family support linked to core social work principles. We will ensure that there is appropriate access to social work advice/management and co-ordinated management oversight of CAF/TAF. This will support how we measure impact particularly where cases need to be escalated to social care despite previous interventions.

We will develop a clear information sharing agreement and protocol so that all agencies are clear of their duties in terms of seeking consent and sharing information appropriately.

Governance Arrangements:

The Children's Trust Board will be the responsible partnership board for the oversight and development of our Early Help model. The Children's Trust Board will report into the Health and Wellbeing Board as the statutory board responsible for identifying local needs and producing the Joint Strategic Needs Assessment which informs the development of the Early Help offer.

The LSCB will provide additional scrutiny of the effectiveness of early help and its impact on the safety and wellbeing of all children in Gateshead.

Child's Developmental Needs		
Description	**Indicator of Need / Risk Factor**	**Intended Outcome**
Health	child with physical health problems	Physical health problems resolved or effectively managed through appropriate care package and Child enabled to access age appropriate education and activities
	child with mental health problems (including self-harm)	Mental health problems resolved or effectively managed through appropriate care package and Child enabled to access age appropriate education and activities
	child with a drug or alcohol problem	Substance misuse problems resolved or effectively managed through appropriate care package and Child enabled to access age appropriate education and activities
Education and Training – Participation and Aspirations	Child Persistently absent from school	At least 90% attendance for all school age children
	Child receiving fixed term exclusions	Reduction in fixed term exclusions
	Child permanently excluded from school	No permanent exclusions
	Child attending alternative education provision for behavioural problems	Attendance of at least 90% of alternative provision and/or reintegration into mainstream provision where appropriate
	Child who is not registered with a school, nor educated otherwise	Child registered with school or appropriate alternative arrangement with attendance of at least 90%
	Child identified in the School Census as having social, emotional and/or mental health needs	Appropriate SEN/EHC Education Health Care/SAP School Action Plus plans in place and progression achieved in line with the plan
	Child about to leave school with few or no qualifications and no planned education, training or employment	Child leaves school and enters and maintains further education, training or employment
	Child/Young person who is not in education, training or employment	Child/Young person enters and maintains further education, training or employment
	Child who has failed to take up or disengaged from the free early learning entitlement	Appropriate take up of early education entitlement for eligible 2 year olds and all 3 & 4 year olds (this is not a statutory requirement)
Emotional and Behavioural Development	Child at risk of involvement in criminal or anti-social behaviour	No further incidences of criminal or anti-social behaviour
	Child who has committed a proven offence	No further offences
	Child displaying anti-social behaviour	No further anti-social behaviour

	Child who is a perpetrator of violence and/or abuse towards others (including parents and other family members)	No further incidences of violence or abuse
	Child persistently missing from home	No further missing episodes
	Child at risk of Child Sexual Exploitation	Child demonstrates appropriate peer relationships, resilience and is aware of risk and acts accordingly
	Child struggling with age appropriate social and emotional competencies such as interacting with others and control over own emotions	Child achieves all age appropriate social and emotional milestones
Identity	Child displays signs of low self-esteem	Child demonstrates a positive sense of self image and feels valued
	Child experiencing bullying or discrimination due to ethnicity, sexual orientation, religion or gender	Child demonstrates feelings of belonging and acceptance within family, peer group and wider community
Family and Social Relationships	Child has difficulty establishing and maintaining age appropriate friendships	Causes of difficulties are addressed and child able to form age appropriate friendships
Social Presentation	Child displays challenging behaviour at home and/or in public	Child demonstrates appropriate responses in feelings and actions and manages appropriately
Self-Care Abilities and Skills	Child struggles with age appropriate practical skills such as dressing and feeding	Child is achieving all age appropriate self-care milestones
	Young person is unable to demonstrate age appropriate independence: unkempt appearance, lack of personal hygiene, lack of budgeting skills, lack of personal healthcare	Young person is capable of self-management and has developed skills for independence

Parenting Capacity		
Description	**Indicator of Need / Risk Factor**	**Intended Outcome**
Ability to Provide Basic Care	Parent/Carer prioritises their own needs over that of the child	Parent/Carer has capacity to recognise the needs of the child and prioritise those needs
	Child displays indicators of neglect: Child presents as hungry, child is not provided with an adequate lunch or dinner money, child presents as unkempt and/or child misses medical and dental appointments	Child is appropriately fed and provided with a nutritionally adequate **diet,** is clean and appropriately dressed, their health and social care needs are met
	Parent/Carer with physical health problems	Physical health problems resolved or effectively managed through appropriate care package and parent/carer enabled to parent effectively
	Parent/Carer with mental health problems	Mental health problems resolved or effectively managed through appropriate care package and parent/carer enabled to parent effectively
	Parent/Carer with a drug or alcohol problem	Substance misuse problems resolved or effectively managed through appropriate care package and parent/carer enabled to parent effectively
	Child is a young carer (helps look after someone in their family who is ill, disabled or misuses drugs or alcohol)	Child is enabled to fully participate in age appropriate education and activities and is provided with opportunities to take a break from their caring responsibilities
Ability to Ensure Child Safety	Parent/Carer experiencing or at risk of experiencing domestic abuse (controlling, coercive, threatening behaviour, violence or abuse within current or previous intimate relationships)	Parent/Carer no longer experiencing or at risk of domestic violence or abuse
	Parent/Carer who is a perpetrator of domestic abuse (controlling, coercive, threatening behaviour, violence or abuse within current or previous intimate relationships)	No further incidences of violence or abuse
	Family experiencing poor relationship quality	Family enabled to reduce conflict and arguments and present a more stable parenting stance
	Lack of child safety equipment in the home (fire guards, safety gates, window locks etc.) and child demonstrates a lack of risk awareness eg. road safety	Home is safe with all appropriate safety equipment installed and age appropriate risk mitigation is in place
Ability to Give and Demonstrate Emotional Warmth	Child demonstrates anxious attachments	Child presents as secure and parents/carers show warmth, praise and encouragement

Ability to Provide Appropriate Stimulation	Child does not have access to age appropriate toys and books	Child has access to appropriate toys and books
	Parent/Carer demonstrates little or no interaction	Parent/Carer is able to meet the developmental needs of the child acting on professional advice when necessary (GP, health visitor, school etc)
Ability to Provide Appropriate Guidance and Boundaries	Young person at risk of Child Sexual Exploitation: lack of parental oversight and knowledge of child's whereabouts	Parent/Carer demonstrates ability to discuss the impact of risk taking behaviours, build resilience and puts in place appropriate safeguards
	Child demonstrates poor behaviour	Parent/Carer demonstrates appropriate behaviour management strategies
Ability to Provide Stability and Security	Family experiencing a life changing event such as pregnancy, childbirth, bereavement, health diagnosis, new partner, divorce etc.)	All family members are equipped to build resilience, communicate and resolve differences to enable them to adapt to change
	Parent/Carer who has committed a proven offence	No further offences
	Parent/Carer displaying anti-social behaviour	No further anti-social behaviour
	Parent/Carer prisoner who is due for release	Successful reintegration into family home and community upon release and no further offences
	Parent/Carer on a community order or suspended sentence	Successful completion of order and no further offences

Family and Environmental Factors		
Description	**Indicator of Need / Risk Factor**	**Intended Outcome**
The Community and Community Resources	Family are socially isolated	Family are enabled to access community resources
	Poor or non-existent local community resources	Family are integrated in their neighbourhood, have developed positive relationships and are able to maximise local amenities and access wider resources
	Family experiencing neighbourhood disputes or conflict	Family able to resolve disputes effectively
The Family's Social Integration in the Community	Family not registered with primary healthcare providers	Family members registered with GP and dentist
The Family's Income, Employment and Housing	Family has a household income significantly below the national average	Improved household income
	Family experiencing financial exclusion or at risk of financial exclusion	Decreased risk of financial exclusion or improved financial circumstances
	Family experiencing worklessness	Parent/carer/other significant adults into continuous employment
	Family's accommodation does not have basic amenities	Family enabled to improve accommodation or moved to more appropriate home
	Family's accommodation is not accessible to disabled family members	Accommodation is made accessible or family moved to more appropriate home
	Family's accommodation has poor levels of hygiene and cleanliness	Appropriate levels of hygiene and cleanliness are achieved and maintained
	Family's accommodation is in a state of disrepair	Accommodation made safe and to an acceptable standard or family moved to more appropriate home
The Extended Family Network	Family have little or no support from extended family	Family are enabled to build local relationships and friendships
The Family's History and how they Function as a Family	Parent/carer has been in care themselves and/or experienced poor or dysfunctional relationships with their own parents	Parent/Carer able to reflect on their own parenting and learn new skills & strategies as appropriate
	Individual linked to the family who may pose an additional risk	Parent/Carer demonstrates awareness of risk and act/supervise accordingly

Gateshead Council

FAMILIES
OVERVIEW AND SCRUTINY COMMITTEE
19 October 2017

TITLE OF REPORT: **Annual Work Programme**

REPORT OF: **Sheena Ramsey, Chief Executive**
Mike Barker, Strategic Director, Corporate Services and Governance

Summary

The report sets out the provisional work programme for Families Overview and Scrutiny Committee for the municipal year 2017/18.

1. The Committee's provisional work programme was endorsed at the meeting held on 6 April 2017 and Councillors have agreed that further reports will be brought to future meetings to highlight current issues / identify any changes/additions to this programme.

2. Appendix 1 sets out the work programme as it currently stands. Any changes proposed to the programme will be set out in bold and italics for ease of identification.

Recommendations

3. The Committee is asked to

   a) Note the provisional programme;

   b) Note that further reports on the work programme will be brought to the Committee to identify any additional policy issues, which the Committee may be asked to consider.

Contact: Angela Frisby **Extension:** 2138

This page is intentionally left blank

APPENDIX 1

Draft Families OSC 2017/18	
15 June 17	• The Council Plan – Year End Assessment and Performance Delivery 2016-17 • 0-19 Public Health Service Provision – consultation / models • Update- Changing role of LAs in Education • Work Programme
18 July 17 (Additional meeting)	• Review – Children on the Edge of Care - Scoping report • CAMHS – Progress Update • Annual Report on Complaints and Representations – Children • Update on FGM / CSE • Work Programme
7 September 17	• SEND Inspection Outcomes • Ofsted Inspections/School Data – Progress Update • Monitoring – OSC Review of Oral Health • Work Programme
19 October 17	• Review – Children on the Edge of Care - Evidence Gathering • Update - Care Pathway for Foetal Alcohol Spectrum Disorder • Early Help Strategy • Work Programme
1 November 17 (Additional meeting)	• Permanent Exclusions and the Pupil Referral Unit
30 November 17	• Review – Children on the Edge of Care – Final Report • The Council Plan – Six Monthly Assessment and Performance Delivery • Employment of Children within the Borough- Update • Safeguarding Children - LSCB Annual Report and Plans • Work Programme
18 January 18	• Performance Improvement Update – Children Presenting at Hospital as result of Self Harm • Ofsted – Annual Report • Liaison with Gateshead Youth Assembly • CAMHS Update • Modern Slavery Update • Work Programme
1 March 18	• Annual Conversation with Head Teachers of Special Schools • Update on Healthy Schools Programme • Recruitment and Retention of Social Workers – Progress Update • Children and Young People's Commissioning • Best Start in Life – Outcome of Pilot Self- Assessment ***(deferred from October)*** • Work Programme
19 April 18 (5.30pm meeting)	• Monitoring - OSC Review of Oral Health • Closing the Gap – Annual Report 2016/17 • NEET Care Leavers – Progress Update • LSCB Emerging Priorities • OSC Work Programme Review

Issues to slot in:

- Progress Update –How Adult and Children's Services are working Together (PROVISIONALLY November 2017)