



## **Children and Young People's Overview and Scrutiny Committee**

**Date**        **Thursday 1 March 2018**  
**Time**        **10.00 am**  
**Venue**       **Committee Room 2, County Hall, Durham**

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### **Business**

#### **Part A**

**Items during which the Press and Public are welcome to attend.  
Members of the Public can ask questions with the Chairman's  
agreement.**

1. Apologies for absence
2. Substitute Members
3. Minutes of the meeting held on 16 January 2018 and of the special joint meeting with Adults, Wellbeing and Health Overview and Scrutiny Committee held on 5 February 2018 (Pages 3 - 16)
4. Declarations of Interest, if any
5. Any items from Co-opted Members or Interested Parties
6. Media Relations
7. Impact of the Children's Centres Review - Joint Report of the Director of Transformation and Partnerships, and the Corporate Director of Children & Young People's Services (Pages 17 - 26)
8. Stronger Families Programme - Phase 2 Update - Report of the Corporate Director of Children and Young People's Services (Pages 27 - 34)
9. One Point Service Update - Report of the Corporate Director of Children and Young People's Services (Pages 35 - 44)
10. Summary of Minutes from Children and Families Partnership (CFP) 15 January 2018 (Pages 45 - 48)

11. Such other business as, in the opinion of the Chairman of the meeting, is of sufficient urgency to warrant consideration

**Helen Lynch**  
Head of Legal and Democratic Services

County Hall  
Durham  
21 February 2018

To: **The Members of the Children and Young People's Overview and Scrutiny Committee**

Councillor C Potts (Chairman)  
Councillor H Smith (Vice-Chairman)

Councillors B Bainbridge, D Bell, J Blakey, P Brookes, J Charlton, J Considine, R Crute, S Durham, N Grayson, C Hampson, K Hopper, I Jewell, L Kennedy, L Mavin, A Patterson, A Reed, M Simmons, A Willis and M Wilson

**Faith Communities Representatives:** Mrs C Craig and Mrs C Johnston

**Co-opted Members:** Miss K Ashcroft, Mr J Conlon and Mr R Patel

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**Contact: Kirsty Gray**

**Email: 03000 269705**

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**DURHAM COUNTY COUNCIL**

At a Meeting of **Children and Young People's Overview and Scrutiny Committee** held in Committee Room 2, County Hall, Durham on **Tuesday 16 January 2018 at 9.30 am**

**Present:**

**Councillor C Potts (Chairman)**

**Members of the Committee:**

Councillors H Smith, B Bainbridge, D Bell, J Blakey, J Charlton, J Considine, R Crute, S Durham, C Hampson, K Hopper, I Jewell, A Patterson, M Simmons, A Willis and L Maddison

**Faith Community Representative:**

Mrs C Johnston

**Co-opted Members:**

Miss K Ashcroft and Mr J Conlon

**In attendance:**

Councillor M McKeon

**1 Apologies for absence**

Apologies for absence were received from Councillors P Brookes, L Kennedy, L Mavin, A Reed, M Wilson, Mr R Patel (Parent Governor Representative) and Mrs C Craig (Faith Rep)

**2 Substitute Members**

Councillor L Maddison for N Grayson

**3 Minutes of the Meetings held on 7 and 21 November 2017**

The minutes of the meetings held on the 7 and 21 November 2017 were agreed as a correct record and signed by the Chairman.

**4 Declarations of Interest**

There were no declarations of interest.

**5 Any items from Co-opted Members or Interested Parties**

There were no items from co-opted members or interested parties.

## **6 Media Relations**

The Overview and Scrutiny Officer referred Members to recent press articles relating to the remit of Children and Young People's Overview and Scrutiny Committee. The articles were:-

- Schools could play a vital role to help prevent mental health problems in young people
- £1.75 million playtime investment continues
- Limit children's snacks to 100 calories, health body says

### **Resolved:**

That the presentation be noted.

## **7 Neglect in County Durham**

The Committee received a joint report of the Corporate Director of Children and Young People's Services and the Director of Transformation and Partnerships that provided an introduction to Neglect in County Durham (for copy see file of Minutes).

The Head of Early Help, Assessment & Safeguarding explained that neglect was the biggest single issue facing children's social care and gave a detailed presentation that highlighted the following:-

- Definition of Neglect – The persistent failure to meet a child's basic physical, emotional and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse
- Neglect may involve parents or carers failing
- Signs of Neglect
- The Toxic Quad – Alcohol & substance misuse, parental mental ill health, domestic abuse & learning difficulties
- Increased risks
- Life long effects of childhood neglect
- Prevalence – 380 children in Durham on a child protection plan, 19 for sexual abuse, 28 for physical abuse and 71 for emotional abuse (although the emotional abuse category tends to be used less in County Durham than in other local authority areas)
- Our response – prevention and early identification – used by all professionals entering the home
- Team around the family
- Care Proceedings
- A typical plan

In summary, Members were informed that neglect was the biggest challenge and was increasing, it had long lasting negative impacts on children, was a priority for the LSCB and was a focus for Ofsted inspections. There were 374 more open cases than last year and there was a fear that with the introduction of universal credit the situation would only

get worse. Prevention and early identification was key to reducing neglect. All professionals going into homes for the first time were required to complete a Home Environment Assessment Tool (HEAT).

Councillor Crute was concerned about cases slipping through the net and asked if the team around the family looked for certain factors when assessing a family, if some factors were masked and why the delays were occurring. The Head of Early Help, Assessment & Safeguarding said that the children and families that were not known were worrying and that there were certain groups that were good at evading the authorities. The new HEAT ensured that all babies received an assessment.

Councillor Crute went on to ask if other agencies had similar performance indicators that could help track certain elements, such as obesity. He was advised that the service were able to track but it did have its challenges. The LSCB were pushing partners to look at ways to measure performance and what impact it had.

Referring to information shared about the impact on a child's brain, Councillor Charlton asked if this damage could be reversed. The Head of Early Help, Assessment and Safeguarding explained that evidence showed that this could not be reversed once the damage had been done. Councillor Charlton further asked if this risk of neglect was increased the bigger the family and was informed that it was one of the risk factors but would increase further if the mother had anxiety, depression, debt worries, an abusive partner, to name a few.

Councillor Charlton asked what the health services were doing to encourage contraception. The Head of Early Help, Assessment and Safeguarding explained that the health service colleagues advised about long lasting contraception when visiting after the birth of a child and the pre-birth team would pick this up when working with vulnerable mothers could encourage long lasting contraception to give the mother a chance to deal with her issues.

Referring to the children in care, Councillor Bainbridge enquired as to how many referrals were for new families, as she was aware that a lot of families would already be known to the service. She was advised that the information could be sought but would involve a manual look through the records.

Councillor Jewell said that as a member of the Corporate Parenting Panel and Adoption Panel an unbalanced view was often presented and said that it was important to share the success stories. The Head of Early Help, Assessment and Safeguarding said that situations were often turned around for many families and that a lot of care plans did not turn into care proceedings. She agreed that the service needed to be able to report on that.

In terms of neglect, Councillor McKeon asked if it was fully understood by all partners. She was informed that there was need to continually remind professionals about neglect and that the LSCB runs a Neglect Training programme. There was also to be a neglect conference in March.

Councillor Maddison asked how staff at Children's Centres encouraged parents to get more involved in care and activities and what controls were in place at independent

centres. The Head of Early Help, Assessment and Safeguarding explained that high quality early education had been shown to be better for children's development and learning than staying at home but Children's Centres enabled some parents to work and had activities that helped parents to play and interact with their children, and it was about finding the right balance. She explained that all care providers were assessed by Ofsted and that the standard in Durham was very high. All Ofsted reports were shared with the local authority, the organisation and parents.

The Chairman thanked the Head of Early Help, Assessment and Safeguarding for a very interesting presentation and asked for a further update in six months time.

**Resolved:**

- (i) That the report and presentation be noted.
- (ii) That an update be brought back to Committee in six months.

## **8 Analysis of the Rise in Looked After Children Numbers**

The Committee considered a report of the Director of Transformation and Partnerships that appraised of some analytical work that had been carried out into the increase in numbers of looked after children (LAC) in Durham (for copy see file of Minutes).

The Corporate Scrutiny and Performance Manager gave a detailed presentation that highlighted the following:-

- LAC numbers
- Potential causes of growth in LAC
- LAC Rates – Comparisons
- National and Local Policy Drivers
- Throughput, starters and leavers
- LAC – Monthly New Entrants
- Increase by LAC by Area
- 2016/17 LAC Rates by Deprivation Decile
- New Entrants – Summary
- Summary – Population and Deprivation
- LAC rate by Local Authority
- Regional Relative Increases Since 2007
- Relative Increases 2007 – 2017
- The London Effect
- Social Care Management Best Practice

Councillor Hopper said that the success of the family teams reacting to larger groups of parents would impact on the number of children being looked after. The Head of Early Help, Assessment and Safeguarding said that this also happened when Children's Centres first opened but she added that the HEAT tool would help to find those vulnerable families and that numbers could increase as a result.

With regards to regulation 24 placements, Councillor Durham asked how many there were and if there was a spike. He was advised that there were 50 cases that needed to be reclassified as Looked After Children and there was a further 50 the following month and it

was the cumulative impact of that. The data for a looked after child showed that some older children would stay in care until they felt ready to become independent. So the increase in children who were 18 had increased.

He further asked how many unaccompanied asylum seeking children had been dispersed into the county and was informed that there were 10.

Councillor Patterson asked how much preventative services had had an impact bearing in mind the reduction of frontline services, such as the Children's Centres, Surestart and regulation 24. The Head of Early Help, Assessment and Safeguarding advised that there was no correlation or evidence that reduced amount of service available affected this and that services now targeted and worked with much more vulnerable families. Dedicated services had been created for this. She believed that this work did make an impact and made a difference.

Referring to statistics and benchmarking, Councillor Jewell asked how reliable and accurate the figures were and if it was possible that different authorities applied less rigour. The Head of Early Help, Assessment and Safeguarding explained that this Council had a historically low rate of looked after children and that some authorities had an exceptionally high rate to start with so comparing relative increases and decreases should be treated with caution but that they did raise attempts to gain a better understanding of them.

On answering a question from Mr Conlon about the cross over of starters and leavers, the Head of Early Help, Assessment and Safeguarding explained that starters were impacted by regulation 24 issues. Some children were in care for a short time but others could be permanent and this was a challenge.

Councillor Bainbridge asked how many brand new cases had contributed to making the statistics high and was advised that it was an aggregated figure and although not worked out fully would account for a lot of the increases.

**Resolved:**

That the report and presentation be noted.

## **9 Quarter 2: 2017/18 Performance Management Report**

The Committee considered the report of the Director of Transformation and Partnerships which presented progress against the council's corporate performance framework for the Altogether Better for Children and Young People priority theme for the second quarter of the 2017/18 financial year (for copy see file of minutes).

The Corporate Scrutiny and Performance Manager presented the performance report and highlighted that attainment 8 results were in line with regional but lower than national averages, under 18 conceptions continued to reduce, an improvement had been seen in completed EHCPs but still below the national target. He went on to report that caseload levels per social worker had improved but that reported casefile quality had deteriorated, the number of looked after children had plateaued but remained high compared to the national average. Breastfeeding prevalence had improved slightly but smoking at the time of delivery for mothers had increased.

Councillor Patterson passed her congratulations to the Stronger Families team as the trend was positive and the adoption and foster placements was positive too. She referred to page 46 of the report and was disappointed that the percentage of care leavers in education, employment or training was not higher. She asked if this was a difficult cycle to get out of in terms of need. The Head of Early Help, Assessment & Safeguarding explained that it was difficult to tell a strong story with the quarter two figures which corresponds with the end of the school year when there would be a spike in young people leaving education. However, we did well compared to other authorities with care leavers. She added that DurhamWorks target those children who struggle and that Durham would not be complacent. Councillor Patterson went on to add that she was concerned about the not knowns and was advised that this figure had reduced to a very small percentage of 2%.

Councillor Durham was interested to understand the quality of cases. The Head of Early Help, Assessment & Safeguarding explained that some teams had been unstable with many agency staff but that the figure on caseloads was improving although it was noted that demand was also increasing. The new restructure would address these issues and ensure the fairer distribution of work, including the workload of managers. Members were advised that there were very few vacancies and that was helping to improve stability in the teams. With regards to looked after children casefiles it had been recognised that Durham were overgrading them. This had been addressed and would improve. The Head of Early Help, Assessment & Safeguarding assured Members that she was confident that the quality was improving.

**Resolved:**

That the report be noted.

**10 Quarter 2: Forecast of Revenue and Capital Outturn 2017/18**

The Committee considered a report of the Head of Financial Services which provided the Committee with details of the 2016/17 revenue and capital outturn position for Children and Young People's Service grouping, highlighting major variances in comparison with the budget for the year (for copy see file of minutes).

Councillor Blakey enquired if the underspend in the education budget would be used for the backlog of school psychology service assessments and she asked if they were hoping to recruit. The Finance Manager would seek clarification from the service and feed back to Councillor Blakey.

Referring to the recent situation with Carillion, Councillor Patterson asked how this would affect the School Capital Budget. The Finance Manager advised that the team were assessing the impact including the proposed maintenance contracts for BSF schools. He confirmed that with regards to the capital budget, Carillion were not undertaking any current work.

**Resolved:**

That the report be noted.



## **11 Verbal Update on Role of the Social Worker from a Child's Perspective Review**

The Overview and Scrutiny Officer updated the Committee of the areas covered by the review group looking into the role of the social worker from a child's perspective.

She advised that two meetings had been held so far, the first discussing referral pathways and the new electronic form used. Discussions covered the slide and scale of need and about how important it was to have the right help by the right service at the right time. Information was also received on the Multi Agency Safeguarding Hub (MASH). At the second meeting members were appraised of the restructure and the re-introduction of the pre-birth teams. A visit to the MASH was attended by the Chairman and Councillor Hopper and the Chairman added that it was well worth visiting and talking to the staff.

The Overview and Scrutiny Officer said that the next meeting on 6 February 2018 would look at social work training and development including information on the social worker academy.

### **Resolved:**

That the update be noted.

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## **DURHAM COUNTY COUNCIL**

At a Joint Meeting of **Children and Young People's Overview and Scrutiny Committee and Adults, Wellbeing and Health Overview and Scrutiny Committee** held in Committee Room 2, County Hall, Durham on **Monday 5 February 2018 at 9.30 am**

### **Present:**

**Councillor C Potts (Chairman)**

### **Members of the Children and Young People's Overview and Scrutiny Committee:**

Councillors H Smith, D Bell, P Brookes, J Charlton, J Considine, R Crute, C Hampson, I Jewell, A Reed, M Simmons and A Willis

### **Members of the Adults, Wellbeing and Health Overview and Scrutiny Committee:**

Councillors J Grant and Mrs Hassoon

### **Also Present:**

Councillors L Maddison and M McKeon

## **1 Apologies**

Apologies for absence were received from Councillors J Blakey, G Darkes, K Hopper, L Kennedy, A Patterson, S Quinn, J Robinson, L Taylor, O Temple, M Wilson, Mrs B Carr, Mrs C Craig and Mrs C Johnston

## **2 Substitute Members**

There were no substitute members.

## **3 Declarations of Interest**

There were no declarations of interest.

## **4 Any items from Co-opted Members or Interested Parties**

There were no items from co-opted members or interested parties.

## **5 Obesity in County Durham**

The Committee received a report of the Director of Public Health that provided a contextual overview for the presentation that focused on obesity and the work of the County Durham Healthy Weight Alliance (for copy see file of Minutes).

The Chairman welcomed Karen McCabe, Kirsty Wilkinson, Jo Boyd and Liz Charles to the meeting who presented the following:-

- The aim and objectives of the Healthy Weight Alliance
  - The context of obesity and the costs and benefits of preventing it
  - The impact of the environment
  - The scale of the issue in County Durham
  - National and Local Drivers
  - The vision going forward – *‘to halt the rise in obesity in County Durham by 2022 and by focusing resources upon addressing inequalities, see a sustained decline in obesity rates locally to below England national average by 2025’*

Obesity was both a regional and a national issue, being overweight or obese in England in 2018 was the norm. The government states in their Childhood Obesity: a plan for action that the country spends more on obesity and diabetes than it does on police, fire service and judicial system combined.

Obesity was more complex than food intake and energy used it was interlinked with many other factors such as deprivation.

- Sugar Smart campaign
  - For Durham
  - Why was sugar such a problem
  - Statistics about the amount of sugar consumed and how it affect us
  - Community Survey Findings
  - Focus – raising, reducing, challenging, supporting and working with
  - Sign up to website

The presentation highlighted the fact that today’s children were the first generation predicted to live shorter lives than their parents because of their diet and inactivity. Sugar Smart Durham was focusing on raising awareness of the sugar content in foods, reducing unhealthy food and drink offers in leisure centres, challenging the tuck shop and sweet treats culture, supporting schools and working with businesses and restaurants to do more to keep customers and staff healthy.

- Early Years
  - Delivery, supporting children
  - The plan and where we are now

Members were advised of an early years tooth brushing scheme that was being targeted in Bishop Auckland and Peterlee areas which has support from dentists.

- Children and Young people
  - Working with schools to embed healthy eating, physical activity
  - Growing Healthy
  - Slow for 20 safer streets
  - Beat the streets
  - Active 30
  - FISCH
  - Childhood obesity pathway review

- HYPER – hearing young people’s views on energy drinks
  - What we know about energy drinks
  - Resources available – leaflets and short films

It was highlighted that whilst carrying out research on energy drinks it was found that there was no information to educate young people and families on the dangers of energy drinks so work was undertaken to produce a leaflet.

- Adults and Workplaces –
  - catering & vending,
  - Better Health at Work award,
  - stepjockey
  - Sport England Bid,
  - Business Durham
  - Adults and the wider environment
  
- County Durham Community Foundation
  - Background
  - DCC Healthy Communities Fund 2018
  - Going Forward – long term goals

The Chairman thanked the officers for the detailed and informative presentation.

Councillor Brookes referred to the links with alcohol and the contributory factor of the calorie intake associated with it. He added that the problem with obesity was that people were too inactive and did not account for the amount calories they consumed. Karen McCabe agreed that a lot of alcoholic drinks were calorie laden and people did not think about the calories they contained.

With regards to the dental problem Councillor Charlton asked if there would be a programme whereby school children were shown and encouraged how to brush their teeth. Kirsty Wilkinson confirmed that this would be carried out.

Councillor McKeon was concerned that mental health had only been mentioned once and queried if there was enough focus on mental health and obesity. She referred to the anti-smoking campaign that had been really successful and suggested that there could be any lessons learnt from that. Ms McCabe said that they were looking at this and she agreed that when people were suffering with low mental health they could comfort eat and become addicted to food.

Councillor Crute referred to the prevalence of deprivation and the socio economic factor and asked if funding was a problem as it was based less on need. He was advised that Public Health would never have enough funding to take forward what needed to be done. The generalised funding pot would help tackle obesity in County Durham with a focus on delivering targeted work. Ms McCabe added that it was important to work together, across the years, in schools, with oral health, to connect everything and make a difference.

With reference to smoking and tobacco health problems, Councillor Jewell asked if legislation could also be used in this context to combat the problem of obesity. He was also concerned that potentially solving the problem of obesity could have a knock on effect. Ms McCabe said that legislation was a driving force to combat tobacco and took years to put into place. It was also directed at a certain group of people whereas there could be no direct legislation for obesity as everyone was affected by food. Instead, there was a childhood obesity plan and products targeted at children and young people had to

reduce sugar. By 2020 the government wanted products to be re-formulated to contain less sugar. Ms McCabe went on to say that there were a number of complex factors about obesity, such as the environmental factors and the range of choices people had to make. People generally know about whether the choices they made were healthy and it was about putting that into practice. Councillor Jewell went on to say that there could become a problem with eating disorders if people took advice about obesity to another level. Ms McCabe that that this issue was being discussed at a regional level as it had been reported that some young people went on to have eating disorders. Further clinical information had been requested as a number of factors could have been responsible that made the young person vulnerable.

Mrs Hassoon asked if there would be hubs to support people in a detox environment who craved sugar, as it was an addiction. Jo Boyd confirmed that there was work ongoing to support people.

Councillor Maddison asked what was being done to tackle to food and drinks offered at cinemas, concerts and the fact that there were no warning signs up at these places to make people think about what they were consuming. Ms McCabe said that this was a very valid point and she advised that Sugar Smart were talking to these venues and retailers about looking at different options. The driver from government was to tackle this in public buildings and there was an opportunity to take this forward into the business sector. The Alliance were working with Business Durham and smaller businesses and it was about nudging what was available and what was acceptable. She added that businesses were becoming smarter and were looking at healthy options but that these changes would not happen overnight. Ms McCabe went on to add that a piece of joint work with the Planning Team was taking place looking at take aways and supporting policies in the County Durham Plan.

Referring to the Children and Young People's work, the Chairman commented that the Beat the Streets project had worked really well with positive feedback, with older people joining in.

Councillor Jewell suggested that this presentation be shared with other departments as he found it difficult when dealing with assets and planning teams at times. Recently he had been trying to organise exercise facilities within a local park and felt that departments would benefit from the knowledge gained today.

Councillor Smith said that the initiative to train staff offering childcare facilities was excellent but was concerned about training for parents and carers. She often found that parents could be defensive when help was offered about their child. Ms Wilkinson explained that nurseries work directly with families and developed menus with them, which could be used at nursery and at home. Family taster days were also arranged and work also took place directly with health visitors.

Ms McCabe added that Wellbeing for Life through the Public Health team were keen to promote trying new things and had arranged discussion and focus groups with parents. Alcohol would often be discussed at these events and the empty calories that it contains. Families were encouraged to participate in a range of activities. She did agree with Councillor Smith's point about parents often feeling defensive as they thought their parental skills were being questioned.

With regards to physical education, Councillor McKeon commented that there were many competitive activities taking place in schools and she asked what was being done to encourage schools to bring in non competitive elements. She was concerned that any interventions by the teachers and professionals in a school environment were carried out at the right time and in the right way. Ms McCabe explained that they were going into schools to develop healthy eating and physical activity at a level where everyone could take part. She agreed that there needed to be a shift in the culture and how we perceived things. She said that there also activities such as Beat the Streets that encouraged people to walk that could be carried out at all levels of fitness. The team were conscious that they should be taking activities rather than a sports programme forward.

Councillor Brookes said that the real cause of the problem was in the level of inactivity and that we should all be encouraging parents to walk to school and let our children be active. Ms McCabe added that it was about changing the social norms and did understand that often parents had to deal with a time factor if travelling to work and dropping the children off en route. She agreed that we all need to look at food, drink, exercise and whether streets were safe in terms of traffic and crime, and therefore a whole systems approach was required.

Councillor Charlton commented that a lot of parents would not let their children play on open space because the amount of dog waste. She went on to ask if the team would help local councillors to deliver a message in schools about the importance of dental health in their areas, with councillors funding being made available to help support this. Ms McCabe said that it was a three year programme that would be delivered to all children.

Further to a question from Councillor Jewell about sandwich shops and the dressings used being a contributory factor to obesity, Ms McCabe explained that it was a problem together with options for meal deals that some shops offer. Discussions were taking place with businesses about nudging at the norm and offering water and fruit as part of a deal rather than just the usual crisps and fizzy pop.

Councillor Reed asked what was required from local members in order to promote this piece of work. Ms McCabe said that she would like everyone to help raise the profile, let people know what work was going on, lobby, support us, help open doors for us and keep obesity as a topic for discussion.

**Resolved:**

- (i) That the report and presentation be received.
- (ii) That the Committee continue to provide commitment and support to the ongoing work to address obesity.
- (iii) That an update would be brought back to Committee in the next year.

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## Children & Young People's Overview and Scrutiny Committee

1 March 2018



### Impact of the Children's Centres Review

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#### Joint Report of Lorraine O'Donnell, Director of Transformation and Partnerships, and Margaret Whellans, Corporate Director of Children & Young People's Services

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##### Purpose of Report

- 1 The purpose of this report is to provide an introduction to a presentation to Children and Young People's Overview and Scrutiny Committee giving an update on the performance of the Children's Centres following the Council's decision to change the way they operate.
- 2 Karen Davison, Strategic Manager One Point & Think Family Services, Children and Young People's Service will give the power point presentation.

##### Background

- 3 On 16 July 2014 the Cabinet agreed to consult on two proposals on the future of Children's Centres:
  - The Community Delivery Model
  - The 43 Children's Centres and the 15 it proposes to retain.
- 4 In 2014 the One Point Service managed 43 Children's Centres with each of the centres covering a designated geographical area and to provide a range of services to families in 'reach' of the area. The '*reach*' refers to the total number of children under five years who live within the geographical area covered by the centre. For management purposes, the 43 children centres were grouped into 15 clusters.
- 5 Most centres delivered the same range of services regardless of their location and did not target services effectively. Most services that were offered were on a universal basis to all families within the reach of the centre. Many of the children and families accessed the services provided regardless of whether they or their children had additional needs.
- 6 A more targeted approach would provide assurance that those families in greatest need are being supported to access the additional support available through children's centres.

- 7 On 18 March 2015 the Cabinet received the results of the consultation and agreed to implement the Community Delivery Model and to retain 15 Children’s Centre’s.

### Review of Children Centre Performance since 2015

- 8 A review of Children’s Centres in 2015 introduced a new model of delivery. Fifteen Centres now deliver a community-based model and many services are delivered through outreach venues such as church halls, community centres, leisure centres, schools as well as the Children’s Centres increasing accessibility for vulnerable families.
- 9 The review implemented a strategy designed to ensure that more of the most vulnerable children and families could benefit from Children’s Centre services.
- 10 Therefore a concerted effort has been made to target services to those who live in deprived communities or who are vulnerable for other reasons such as teenage parents, children in need, children on the child protection list.
- 11 The review implemented the transfer of all but 15 Children’s Centre buildings to organisations such as schools and voluntary community sector (VCS) partners to ensure the facilities remained in community use.

### Children’s Centre Performance

- 12 The following information is a summary of performance data gathered from the last data set provided (Quarter 3, 2017/18) compared to previous years:

#### Registrations

	Dec 2010	Dec 2011	Dec 2012	Dec 2013	Dec 2014	Dec 2015	Dec 2016	Dec 2017
Registered (Top 30%)	66%	68%	74%	86%	89%	89%	91%	91%
Contacted (Top 30%)	43%	36%	43%	68%	77%	79%	85%	87%
Registered (All Areas)	65%	65%	72%	82%	87%	86%	87%	86%
Contacted (All Areas)	41%	34%	41%	63%	72%	74%	79%	80%

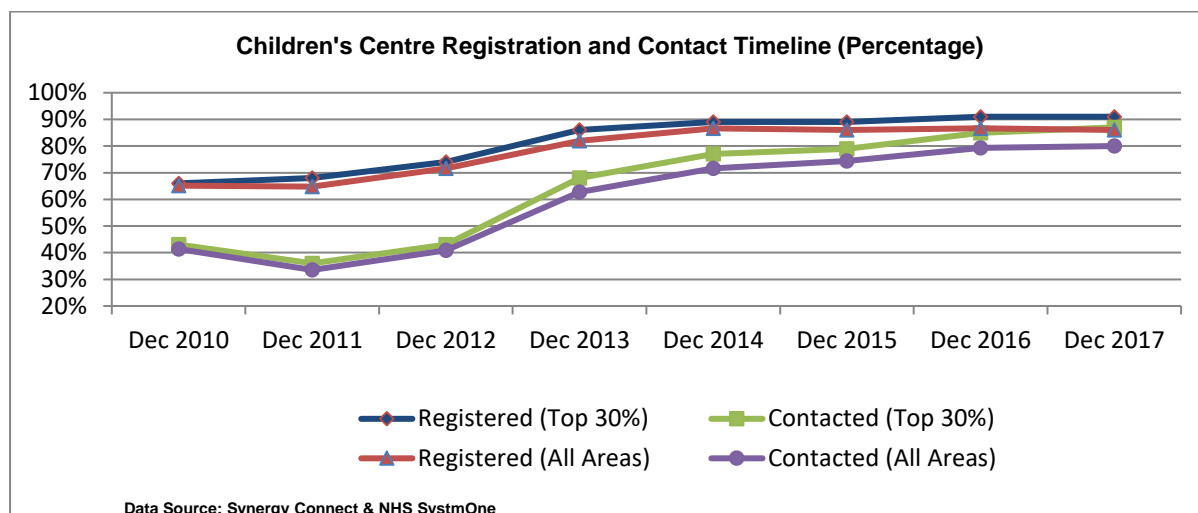
**Table 1** - Percentage of children under the age of 5 years who are registered and have contact with the Children’s Centre who are from the top 30% most deprived wards compared to all registrations and contacts.

- 13 As table 1 above indicates, the percentage of children under the age of 5 years who are registered with a Children’s Centre who live in the top 30% most deprived wards is currently 91%. This compares to only 66% in 2010 and 86% in 2013 and shows a steady increase in registrations over the past five years. No national or statistical neighbour data is available.

#### Contacts

- 14 The percentage of children under the age of 5 years who live in the top 30% most deprived wards, contacted by a Children’s Centre is 87%. This

compares to 43% for 2010 and 68% in 2013. No national or statistical neighbour data is available.



**Figure 1** - Graphic illustration of the percentage of children under the age of 5 years who are registered and have contact with the Children's Centre who live in the top 30% most deprived wards compared to all registrations and contacts.

15 The percentage of children under 2 years who live in the top 30% most deprived wards with sustained contact (four or more contacts) with the Children's Centre in the last year is 90%. Sustained contact data for 2015 was 83%. Historical data is not available, as it was not collected at that time, but is likely to have been substantially less. No national or statistical neighbour data is available.

### Vulnerable Groups

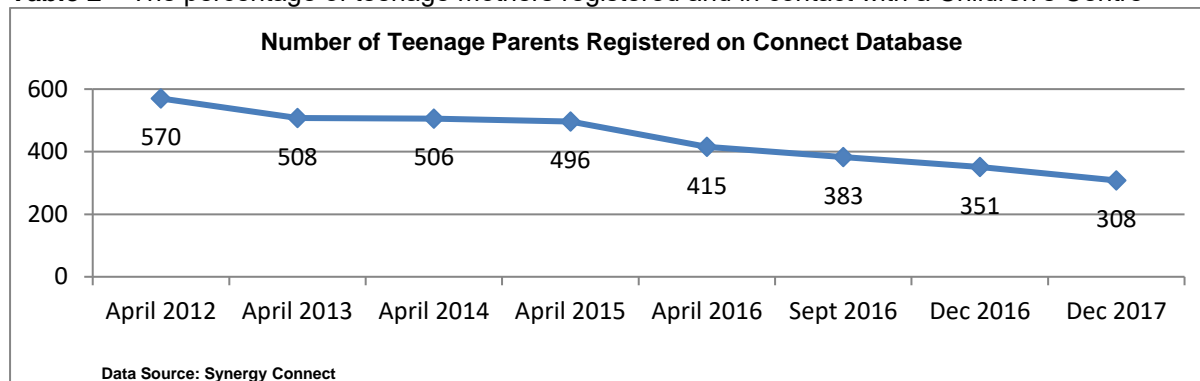
16 A key role for Children's Centres is to identify and provide additional support to children and families at risk of poor outcomes, aimed at reducing inequalities. Children and families on or above level 3 on the Durham level of need staircase including those with special education needs and disability and children of teenagers are specifically targeted for additional support.

17 The percentage of teenage mothers with at least one contact with the Children's Centre is currently 97%. This compares to 72% in 2012 and 86% in 2015. Six centres have achieved 100% contact.

18 The percentage of teenage mothers with sustained contact is currently 81%, this compares with 35% for 2014. Sustained contact data for previous years is not available as it was not collected at that time.

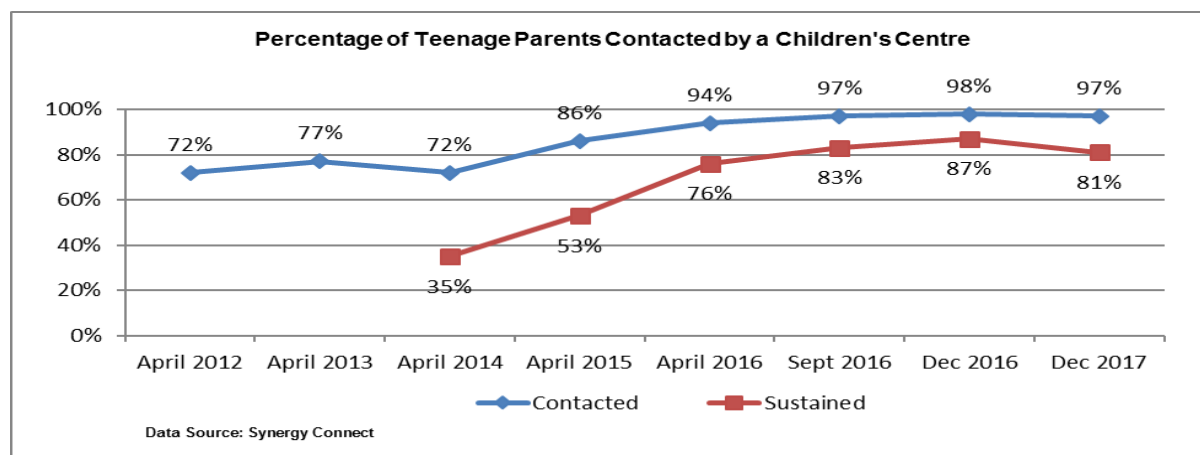
	April 2012	April 2013	April 2014	April 2015	April 2016	Sept 2016	Dec 2016	Dec 2017
Contacted	72%	77%	72%	86%	94%	97%	98%	97%
Sustained			35%	53%	76%	83%	87%	81%
Registered	570	508	506	496	415	383	351	308

**Table 2** - The percentage of teenage mothers registered and in contact with a Children's Centre



**Figure 2** - Graphic illustration of the percentage of teenage mothers registered and in contact with a Children's Centre

19 There has been a noticeable decline in actual numbers of teenage mothers since 2012, in part due to success of the Teenage Pregnancy Strategy in helping to reduce the size of the cohort, but a much higher percentage of them are now supported through Children's Centres.



**Figure 3** - Graphic illustration of the number of teenage mothers registered on Connect Database

20 The performance data for other vulnerable groups of children including children in need (CIN), children on a Child Protection Plan and Looked After Children have been reported on since 2015. The percentage of children registered who are known to be a child in need (CIN) with at least one contact by a Children's Centre is 94% (Quarter 3 2017/18). Children registered who are known to have a Child Protection Plan with at least one contact with the Children's Centre is 87% (Quarter 3 2017/18). Children registered with a Children's Centre who are known to be Looked After Children with at least one contact is 89% (Quarter 2 2017/18).

### Free early education for eligible 2 year olds

21 The Early Years, Education Development Service work together with Children's Centre Leaders to identify eligible families who are not taking up the offer of free nursery place for 2 year olds. The offer was first introduced in the 2014 autumn term. There has been an increase in the number of families

taking up this offer and County Durham data compares favourably with the regional and national data.

<b>Take Up of Free Early Education for eligible 2 year olds</b>			
	<b>2015</b>	<b>2016</b>	<b>2017</b>
<b>National</b>	58%	68%	71%
<b>Regional</b>	65%	78%	81%
<b>Durham</b>	62%	73%	79%

*Source: Dept for Education SFR 29/2017 (Table 5a)*

**Table: 3** Take up of Free Early Education for eligible 2 year olds.

### 30 hours funded childcare for three and four year olds.

- 22 From September 2017, the Government is proposing to increase the amount of funded hours for three and four year olds from the current 15 hours free early education entitlement (FFE) to 30 hours, over 38 weeks of the year. Schools, private and voluntary and independent (PVI) settings and childminders will be encouraged to make provision available five days a week and in school holidays. Parents will have to work a minimum of 16 hours per week at minimum wage to qualify for the additional hours. In County Durham, 4,000 children will be entitled to the offer.
- 23 In Durham, Children’s Centres will support the delivery of the entitlement by providing support for families who need additional help to access the offer.
- 24 This may involve supporting the parents of those currently accessing the two-year offer to gain employment.

### Early Years Foundation Stage Profile Outcomes 2017

#### Number of children achieving a Good Level of Development 2014-2017

<b>Early Years Foundation Stage Profile Outcomes 2017</b>			
<b>Number of Children achieving a Good Level of Development 2014-2017</b>			
	<b>2015</b>	<b>2016</b>	<b>2017</b>
<b>National</b>	66.3%	69.3%	70.7%
<b>Durham</b>	63.5%	69.1%	71.7%
<b>Nat/LA Gap</b>	2.8 ppts	0.2 ppts	-1.2 ppts

*Source: Dept for Education SFR 60/2017 (Table 1)*

**Table 4:** Early Years Foundation Stage Profile Outcomes 2014- 17

- 25 Data is available for comparison from 2015-2017. There has been an increase in the number of children achieving a good level of development and children in Durham are now above national level. The Early Years, Education and Development Advisers share local data with the Children’s Centre Leader so that they can agree how to work with partners to continue to improve this.

## Durham Gender outcomes

	2015	2016	2017
<b>Boys</b>	55.7%	62.3%	65.0%
<b>Nat/LA Gap</b>	2.9 ppts	-0.2 ppts	-1.0 ppts
<b>Girls</b>	71.6%	76.2%	79.6%
<b>Nat/LA Gap</b>	2.7 ppts	0.6 ppts	-1.9 ppts

Source: Dept for Education SFR 60/2017 (Table 1)

NB: A minus figure shown in Nat/LA gap indicates a score that is better than the National rate.

- 26 Reflecting the national situation, boys in County Durham, do less well than girls, though better than the national average. There has however been a year on year improvement for boys and the gap has narrowed indicating strategies have been effective.

### Impact of the new community delivery model

- 27 Children's Centre services are now delivered through a large number of community venues. This enables services to reach into communities, as well as providing a level of sustainability for the venues themselves.
- 28 However, being able to deliver in different venues across an area, rather than from one centre, reaching families who might not otherwise have accessed additional support has been successful as noted in the increase in contacts with most vulnerable children and families. This has also helped to ensure that the delivery is targeted to those most in need of support. This is particularly the case in more rural areas with limited transport and limited early years' provision. There has also been improved partnership with schools and nurseries through delivery in these venues.
- 29 The high level of contact with families in the top 30% of deprivation demonstrates that the community delivery model is ensuring we are delivering services to children and families most in need of support.

### Finance

- 30 A Medium Term Financial Plan (MTFP) savings target of £949,000 was aligned to the review of Children's Centres, delivered via a staffing restructure and transfer of buildings has been achieved whilst at the same time improving performance.

### 0 -19 year Family Centre and Child Poverty

- 31 Poverty can affect every area of a child's development- social, educational, health and personal. Living in a poor household can reduce children's expectations of their lives and lead to a cycle where poverty is repeated from generation to generation. In 2007, 14.6% of children aged 16 and under in County Durham were living in workless households in 2015 this figure has risen to 19.3% demonstrating a widening gap.

- 32 In line with giving children the best start in life where poverty impacts, requires assertive targeting on health, education, employment, behaviour, finance, family and personal relationships.
- 33 A key focus in the future must therefore be in targeting children, young people and families to mitigate the negative impact of poverty on outcomes for children. A recent review of the One Point Service has led to the broadening the remit of the Children Centres to 0-19 year Family Centres and will focus on providing a range of support addressing inequalities in order that all children and young people get the best start in life.

### **Conclusion of Children Centre Review**

- 34 In summary, the Children's Centre review has led to a number of improvements including increased registration and contacts with the most vulnerable children and families.
- 35 There has been an overall improvement in the number of children registered with a Children's Centre since 2013 and a significant improvement in registrations and contacts with families who live in the top 30% most deprived wards and with teenage parents and other vulnerable groups. This reflects the intention of the Children's Centre review and is evidence that the new approach is successful in supporting children and families who most need services.
- 36 These improvements have been achieved at a greatly reduced cost and further development of the 0-19 Family Centre model is intended to improve access for all children and families and ensure they get best start in life.

### **Recommendations and reasons**

- 37 Children's Services Overview and Scrutiny Committee members are requested to:
- (i) Note the successes of the revised community delivery model and
  - (ii) Note plans for further development of the 0-19 year Family Centre offer.

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**Contact: Karen Davison Strategic Manager, One Point and Think Family Service  
Tel:03000 268 904**

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## **Appendix 1: Implications**

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**Finance** – MTFP savings

**Staffing** – a reduction of 60 FTE staff associated with One Point Service restructure

**Risk** - None

**Equality and diversity/Public Sector Equality Duty** – more targeted service aims to reduce inequalities

**Accommodation** - None

**Crime and disorder** – None

**Human rights** – Every child has the right to an education.

**Consultation** – None

**Procurement** – None

**Disability Issues** – None

**Legal Implications**- None





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**Children and Young People Overview and Scrutiny Committee**

**1 March 2018**



**Stronger Families Programme – Phase 2 Update**

**Report of Margaret Whellans, Corporate Director – Children and Young People’s Services**

**Purpose**

- 1 To provide Overview and Scrutiny with an update on the Stronger Families Programme (SFP) Phase 2, specifically:
  - Identification of eligible families;
  - Payment-By-Results (PBR) claims;
  - Earned Autonomy proposal.

**Background**

- 2 Phase 1 of the national Troubled Families programme (known locally as Stronger Families) was delivered between April 2012 and March 2015. The Troubled Families programme aspires to transform the way services work with children, young people and families to ensure families receive effective coordinated support to meet their needs at the earliest opportunity and reduce demand on high cost statutory services.
- 3 Phase one of the programme focused on the core themes of crime/anti-social behaviour, education and worklessness. The aim of the phase 1 programme was to ‘turn around’ the lives of families by addressing the issues facing the family by reducing crime/anti-social behaviour, improve the child’s attendance and behaviour in school and getting parents back on the road to employment. The programme claimed results for 1,320 families – equating to 100% of the target set by government.
- 4 County Durham’s phase 2 programme began in September 2014, as one of 50 ‘early starter’ programmes. The programme will run until May 2020 and has a target to ‘turn around’ the lives of 4,360 families. The national programme is led by the Ministry for Housing, Communities and Local Government (MHCLG).
- 5 Key aspects of the phase 2 of the programme include:
  - (a) A focus on service transformation through effective targeting of children and families with complex needs requiring early help, the use of evidence based approaches and interventions to support families to achieve positive

outcomes and through effective partnership working to ensure all the needs of the family are understood and addressed;

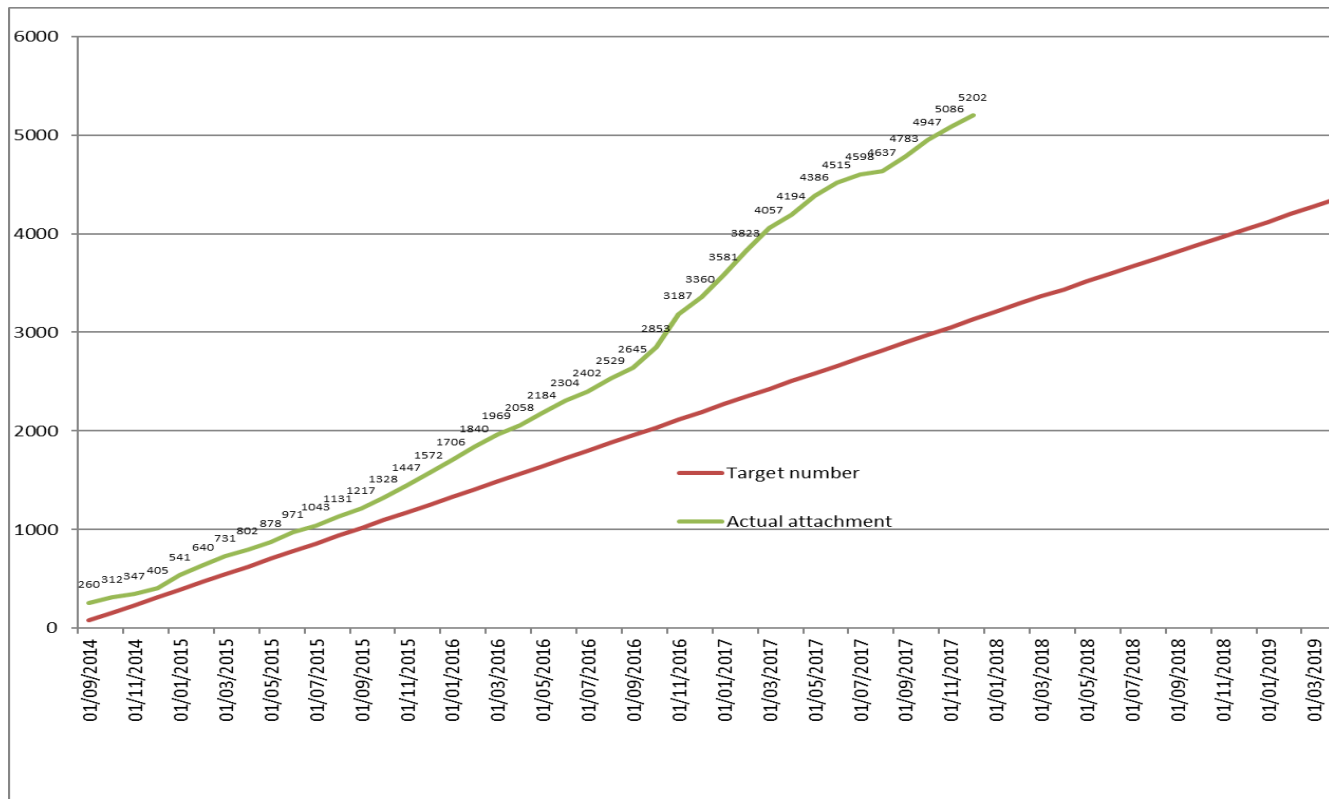
- (b) Expanding the 3 mandatory 'core criteria' with 6 nationally set 'headline issues'. These headline issues are: Crime/anti-social behaviour; education; children in need of help; worklessness/financial exclusion, domestic abuse and health. A family needs to make measurable improvements in each of the 6 areas which are relevant.
- (c) Introducing the requirement to develop a local Family Outcome Framework (FOF), defining eligibility criteria and significant and sustained outcomes for families. This sets out progress measures that each family has to achieve in order to make **significant and sustained** progress. This ensure our work with children and families is focussed on achieving measureable positive outcomes.

6 Durham's FOF was developed and launched in May 2015 after consultation with range of key partners.

7 The funding available from MHCLG via the programme is split between upfront 'attachment' fees (£1,000 per family), and payment-by-results (£800 per family) that is released once families are 'turned around'.

#### **Identification of eligible families**

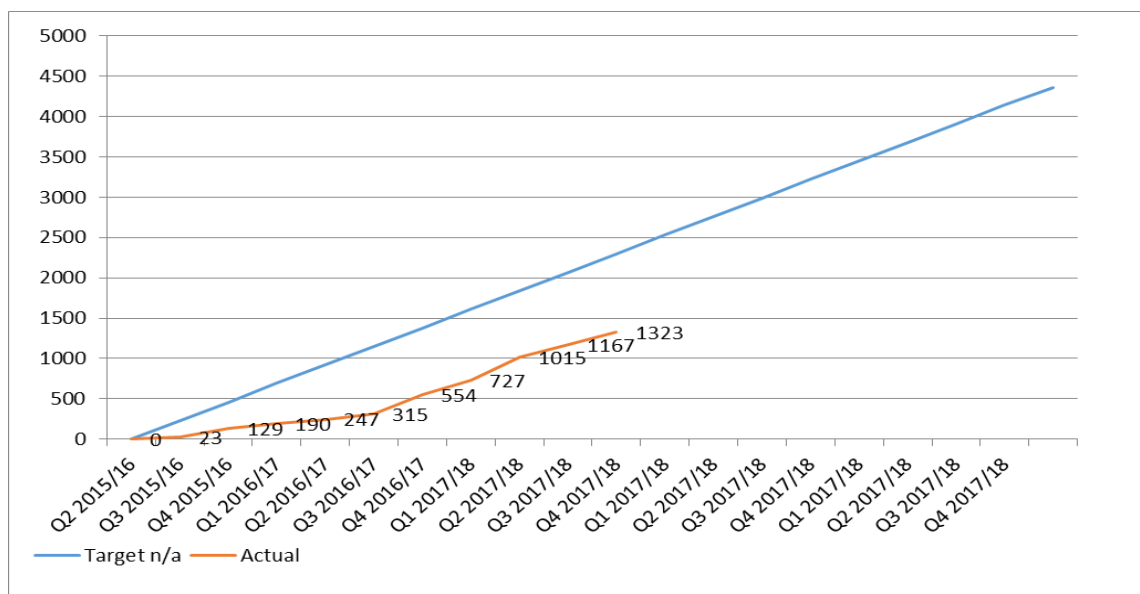
8 The annual attachment target for 2017/18 is to identify and work with a cumulative total of 3,367 families by March 2018. As of the end of January 2018, the programme has worked with a total of 5,202 families. This exceeds the 2017/18 attachment target by 1,835 families as shown in figure1.



**Figure 1 – Stronger Families Programme – Identification and attachment of families (December 2017)**

**Payment-By-Results (PBR)**

- 9 The current results window will remain open until 28<sup>th</sup> March 2018 allowing Local Authorities to make their next round of results claims. It is expected that an additional 200 results will be certified in Quarter 4 2017/18. This would place Durham at 35% of target and within 3 percentage points of the national troubled families’ teams expected rate of results (38% of target) for this stage in the programme.



**Figure 2 – Stronger Families Programme – PBR Performance at the end of January 2018**

- 10 Comparator performance information for 2017/18 has not yet been released from MHCLH, however, informal feedback from the Regional Troubled Families Data and Performance leads meeting suggests that Durham’s performance continues to be in-line with that of neighbouring authorities.
- 11 The reasons as to why some families do not meet the results criteria are recorded against each family. The most two prevalent barriers which prevent result are: a lack of progress to employment, and children’s attendance failing to reach the 90% threshold. A range of actions to help address these barriers have been identified.
- 12 The MHCLG has recently revised the mandatory education outcome and this is anticipated that as a consequence of this revised guidance, as well as the increased numbers of families on the programme since November 2016 (paragraph 6) that will begin to achieve their outcomes in the coming months, the rate of results claims will accelerate throughout 2018/19.

### **Earned Autonomy**

- 13 On 11th October 2017 MHCLG announced optional changes to the funding arrangements for LAs for the remainder of the programme, inviting those interested to submit formal proposals.
- 14 MHCLG will be both retaining the current payment-by-results (PBR) model, whilst also exploring the option of ‘earned autonomy’ for some areas for the remainder of the programme. EA will need to be able to demonstrate that receiving grant funding earlier will accelerate their service transformation and enhance the legacy of this programme.

- 15 44 LAs submitted an expression of interest in earned autonomy and County Durham is one of only 19 LAs invited to progress their earned autonomy bid proposal.
- 16 Following the development of proposals and consideration by CYPS Senior Management Team and Corporate Management Team, a formal proposal and investment plan under 'earned autonomy' was submitted on 14 February 2018. Key aspects of the proposal include:
- (a) Redesign of early help services to form an intensive family support service to support families with complex needs alongside new 0-19 Family Centre's working with a range of partners including the Voluntary and Community Sector (VCS);
  - (b) Implement and evaluate a range of specialist services targeted at working with the most complex and vulnerable families to reduce the demand on high cost services;
  - (c) Develop and implement a VCS Alliance Programme to increase joint working with the VCS;
  - (d) Increased investment in ICT solutions, management information and analytical support;
  - (e) Development and implementation of Think Family Workforce Academy to provide intensive induction to newly appointed staff across the County Durham Partnership
  - (f) Implement a range of evidence-based interventions that facilitate family outcomes;
  - (g) Develop and implement a 'Place based' approach
- 17 Durham's proposals will be evaluated by representatives of the MHCLG and a Ministerial panel. Local Authorities that are granted autonomy will move to the new model with effect from 1<sup>st</sup> April 2018. DCC will be notified by in Mid-March on the outcome of the submission.

## **Key Messages**

- 18 The key messages from this update include:
- The programme has exceeded its target to identify and work with 3,367 families by March 2018
  - 1,323 families have been 'turned around' up to the end of January 2018;
  - Changes to national guidance around the education outcome, as well as the successes realised from increasing the number of families on programme since November 2016 is likely to accelerate results claims during 2018/19;
  - A proposal for 'earned autonomy' has been submitted that will release the remaining grant funding available in order to invest in an accelerated service transformation programme.

## **Recommendations**

19 The Children and Young People Overview and Scrutiny Committee are requested to:

(a) note progress of the phase 2 programme

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**Contact: Karen Davison, Strategic Manager - One Point and Think Family Services**  
**Tel: 03000 268904**

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## **Appendix 1: Implications**

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**Finance** – Stronger Families funding into LA would be increased if earned autonomy bid is successful. 100% of the funding would be paid.

**Staffing** – None

**Risk** - None

**Equality and diversity/Public Sector Equality Duty** – aims to reduce inequalities

**Accommodation** - None

**Crime and disorder** – aims to support reduction in crime and antisocial

**Human rights** – None

**Consultation** – None

**Procurement** – None

**Disability Issues** – None

**Legal Implications-** None

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## Children and Young People's Service Overview and Scrutiny Committee

1 March 2018



### One Point Service Update

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## Report of Margaret Whellans, Corporate Director of Children & Young People's Services

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### Purpose of the Report

- 1 The purpose of the report is to provide Durham County Council's Children and Young People's Service Overview and Scrutiny members with an update on the One Point Service.

### Background

- 2 The One Point Service is part of a wider system of services who provide universal plus and targeted support to vulnerable children, young people and their families across County Durham. This includes children, young people and families described as having complex needs requiring early help.
- 3 The aim of the One Point Service is to identify and support children, young people and families in need of early help with effective high quality service in order for their needs to be addressed and prevent the need for high cost statutory services.
- 4 The One Point Services delivers early help through a range of community venues such as Children Services Hubs, Family Centres and outreach community venues.

### One Point Service Review

- 5 Children Services are currently required to make £6,191,137 savings by 2021 as part of Medium Term Financial Plan. As part of this planning the One Point Service has undergone a significant redesign and associated restructure.
- 6 The redesign and restructure of the One Point Service has been undertaken based on sound research and learning from DfE Innovation programmes and the national Troubled Families programme.
- 7 A key objective of the review was to ensure effective targeting of resource in order to reduce inequalities and give vulnerable children the best start in life.
- 8 Another key objective was to develop more effective joint working with the Voluntary and Community Sector through the creation of a VCS Alliance in localities since these are not always well coordinated.

9 The restructure of the service within the financial budget requirement sees a reduction of 60 FTE posts. This has been achieved in the main through voluntary redundancies and early retirement with 4 staff being made compulsory redundant.

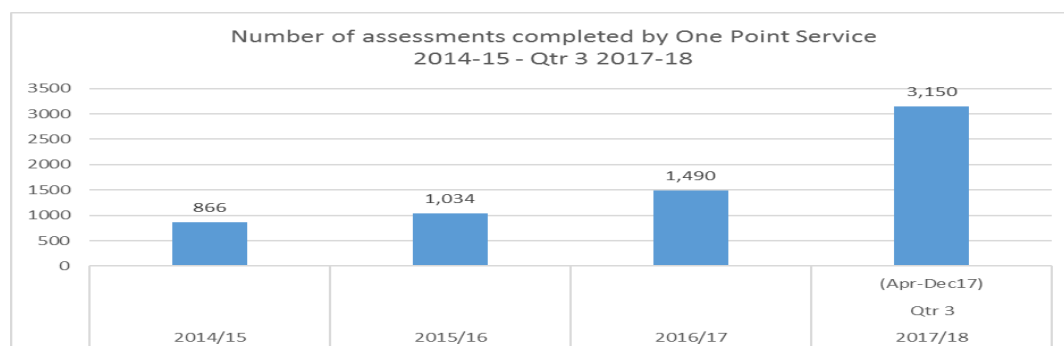
### Redesigned One Point Service

10 The One Point Service will consist of a three key elements:-

- a) **Intensive Family Support** for children and families with complex needs. These families will receive coordinated intensive whole family, outcome focussed support in order to help them to make positive changes. Seven OPS teams are aligned to the 14 Families First social work teams and in most localities are co-located to facilitate seamless service provision.
- b) **Family Centre ‘Early Help Offer’** will operate out of the 15 registered Children’s Centres, but will broaden the offer to ensure children, young people aged 0-19 years and their families can access early help within their local communities. Many children in County Durham are born into deprived communities and are vulnerable to the adverse impact of poverty and neglect. The Family Centres will help families avoid poverty, manage debt and improve family circumstances through support into early learning and education, training and work and will coordinate, voluntary and community partners to ensure all children get the best start in life, have access to services, activities and resources.
- c) **Voluntary and Community Sector Alliance** through the development of new relationships between local VCS provision, Children Services and key partner organisations. Families will be helped to access additional VCS provision and support both during and beyond support they may receive from either the Families First teams or One Point Service. Partnership networks will be created across County Durham utilising the 0 – 19 Family Centres.

### One Point Service Impact

11 There are a number of indicators of service impact including the number of early help assessments undertaken with children, young people and families and the outcomes achieved as a results of the service.



**Table 1: Number of assessments undertaken by the One Point Service 2014-17.**

12 Table 1 outlines the number of assessments completed by One Point Service (OPS) during the period April – December 2017. There has been a substantial

increase in the number of assessment completed by OPS SINCE 2014. Between April- Dec 2017, 3,150 assessments, compared with 1,229 during the same period of the previous year.

### **Re-referrals to One Point Service (12 months of previous referral)**

- 13 The re-referral rate of the Service has been monitored and reported since April 2017. Whilst a baseline is currently being established during 2017/18 this indicator at Quarter 3 2017/18 is 9.2%. This re-referral rate includes referrals into any part of Children Services including statutory social work teams. Whilst some caution should be applied here this provides some early optimism that the early help offer via One Point is having a lasting effect impact on children, young people and families engaged via the Service and helping to prevent referrals into statutory services.

### **Stronger Families Programme – Families ‘turned around’ by OPS**

- 14 The One Point Service continues to be a leading partner in delivering the objectives of the Stronger (Troubled) Families Programme, including ‘turning around’ 4,360 families by March 2020. Each family on the programme is tracked against a range of outcome measures across 6 themes. In many cases the outcomes required for the family to be ‘turned around’ must be sustained for a minimum of 6 months. As at the end of January 2018, the programme as a whole has claimed results for 1,323 families. The One Point Service has worked with 630 out of the 1,323 families which have been ‘turned around’ so far. This equates to almost half (48%) of results to date.
- 15 The One Point Service also provides a range of specific targeted support programmes aimed at children, young people and families who are particularly at risk of poor outcomes due to their circumstances and presenting needs. These include:-

### **Young Parent Support Programme**

- 16 The One Point Service has delivered 21 Young Parent Support Programme between 2015 -17. The Young Parent Support Programme aims to support young parents aged 16-19 years develop parenting skills, prepare for further education, employment or training and build support networks. The programme is delivered one day per week for 20 weeks and provides clear pathway opportunities on completion into education, employment, training or volunteering, as well as supporting their parenting. The programme is delivered in collaboration with Learning and Progression colleagues.
- 17 The programme has engaged 204 young parents over three yearly cohorts with 72% of young parents completing the course. Of those completing the programme, 97% progressed into Education, Employment or Training or volunteering opportunities. Through working with young parents on the programme a small number of young people were identified as having a range of additional vulnerabilities which required statutory intervention to ensure the safety and wellbeing of the child.
- 18 A qualitative evaluation by Teesside University concluded that the programme seems to be effective at increasing the emotional and social capabilities of those who take part and reduced social isolation. The programme also had a

positive impact on parents' engagement in education and employment and a positive impact on child development by encouraging socialising with other children.

- 19 Public Health have allocated £40,000 to continue to deliver the programme in 2018.

### Team around the School (TAS)

- 20 Working in partnership with secondary schools, TAS provides early help to improve young people's engagement in their education, to reduce and prevent fixed term or permanent exclusions and to reduce the rate of persistent non-attendance.
- 21 The support usually includes either one to one work and/or group activities determined on need. A range of group sessions has been designed, covering a range of themes. The TAS menu includes-
- i. **Safety** – The Dying to be Cool campaign was developed by the One Point Service, in conjunction with the 'Safe Durham Partnership' and Fire Service, to raise awareness of the dangers of jumping into cold water, following the tragic death of a County Durham teenager. This successful campaign has reached over 10,000 young people, delivered in assemblies across the County by OPS practitioners. The Dying to be Cool campaign has received national recognition.
  - ii. **Transition sessions** – these sessions support vulnerable young people to make the move from Y6 to Y7. Activities include building relationships and resilience through team building activities. Activities also support the transition from compulsory education into employment and further learning for Vulnerable Y11 pupils.
  - iii. **Attendance** –covering routines, bullying, boundaries, learning styles, progression and participation.
  - iv. **Emotional Wellbeing and Resilience** – Art Therapy groups have used creative processes of making art to improve physical, mental and emotional well-being. Students have said they find "the group relaxing and a good place to be able to make friends in a positive and safe environment".
  - v. **Risk Taking Behaviours** – particularly around CSE and online safety. Activities have helped raise young people's awareness of staying safe online: grooming, self-esteem, healthy relationships, drugs, alcohol and consequences. In collaboration with Durham Constabulary 800 young people aged 15-17 years have received a presentation called 'Kayleigh's Love Story' an online video aimed at raising awareness of Child Sexual Exploitation and internet safety.
  - vi. **Behaviour and Anger Management** – this has been particularly effective when delivered in partnership with school nurses and the resilience nurses.

### TAS Impact

- 22 During the period of April 2016 - Sept 2017, 704 young people were referred into the Team around the School Programme.
- i. 74% showed improved behaviour in school ,
  - ii. 51% improved attendance;

- iii. 100% young people reported improvement in at least one social and emotional capability.

### **Team around the Community (TAC)**

- 23 In September 2016, Durham County Council approved a Strategy for Youth Support in County Durham. The strategy outlined a revised delivery model for a targeted youth support service including a Team around the Community provision. Small teams of part time sessional youth workers are deployed to work flexibly across the county.
- 24 To date TAC has delivered 2 sessions per week in Horden and Peterlee, and 3 sessions per week in Consett, Stanley and Chester le Street / Great Lumley.
- 25 All requests for the deployment of a TAC are processed through the Multi Agency Problem Solving Groups (MAPS). MAPS will identify and prioritise communities that are in need of, or which would benefit from a TAC approach, as part of the "Time Limited Projects" intervention. The TAC intervention will not normally last more than 12 weeks.

### **Impact of TAC**

- 26 Between May 2017 (start of TAC) and November 2017, TAC workers have engaged with 166 young people.

### **Example**

- 27 A joint project between TAC Workers, PACT house and the local neighbourhood Police team in Stanley to provide diversionary activities on a Friday evening run at the Louisa Centre has engaged 61 young people. TAC staff worked on the street in the surrounding locality to encourage young people to attend, accompanying them into the sessions if needed. This was initially a 12-week programme with 60 young people now actively engaged. Police are reporting the young people are having attitude shifts in their behaviour which is having a wider reach on other days in the Town centre.

### **Support for parents with children with SEND**

- 28 Children identified as requiring an Education, Health and Care Plan, (EHCP) who are not already open to Children Services will now have their social care needs assessed through the OPS to help them access a range of early help support for the whole family. This can prevent needs escalating and requiring high costs statutory services. The One Point Service provides a range of support for children, young people and families affected by SEND including access to portage in Family Centres, self-help and Peer Support Groups in conjunction with VCS such as North East Autistic Society and commissioned provision such as Rollercoaster Support Group, for parents of children with emotional wellbeing and mental health concerns.

### **Example of early help for children with SEND and their families:**

- i. A peer support group in Ferryhill called 'Little Treasures' has between 20-50 parents attending;
- ii. A parent led Autistic Support group is held once a month at Seaham Family Centre with about 10 parents attending regularly;
- iii. 'Happy Talkers' group for children with speech, language and communication difficulties - 12 children and 15 adults have attended since January 2017;
- iv. Parents and children have access to Family Centre in Stanley which has a sensory room;

### **Joint Local Area SEND Inspection**

- 29 A recent Joint Local Area SEND Inspection feedback highlighted in relation to the effectiveness of the local area in identifying children and young people's special educational needs and/or disabilities.
- 30 'The good liaison taking place in the 0- 19 service, the 'One Point' service and the 'Stronger Families' programme is contributing to better and more timely identification of children and young people's needs. This is especially the case when a need for help and support has not been identified at an earlier stage in a child or young person's life.'

### **Wellbeing for Life**

- 31 The Wellbeing for Life (WBfL) programme aims to support children aged 5-13 and their families to improve their wellbeing through resilience building programmes. The Strengthening Families programme which is a 7 week evidence based parenting programmes designed to increase resilience and reduce risk factors for behavioural, emotional, academic and social problems. Young people and parents attend together.

### **Impact**

- 32 Since June 2016 308 families have completed the Strengthening Families programme with 90% attrition rate.
- 33 At the end of the programme:-
- i. 99% of Children and families satisfaction with the service is rated good or above;
  - ii. 87% parents demonstrated a positive increase in their emotional wellbeing;
  - iii. 83% of young people demonstrated a reduction in their difficulties with emotions and behaviour;
  - iv. 72% have demonstrated an improvement in their behaviour in school;
  - v. 83% of parents demonstrated a reduction in their perception of their child's difficulties with their emotions ad behaviours;
  - vi. Parents demonstrated an increase in their parenting self-efficacy.



## **Collaborative working with Police Community Support Officers (PCSO)**

- 34 Five PCSOs work two days per week in the One Point hubs since 2016. The aim of the PCSO role is to provide specialist support in order to improve outcomes for children, young people and their families with a specific focus on Anti-Social Behaviour (ASB) and crime. Each PCSO provides a link between the Neighbourhood Police Teams and the One Point Service, identifying children, young people and families at the earliest opportunity. The PCSOs have developed a range of innovative approaches to engaging and working with young people.

### **Case Study 1**

- 35 A PCSO became involved with a family where long standing ASB, crime and non-school attendance was a concern. The family were well known to the Police, had 104 telephone calls into the Police regarding ASB with a costs associated of £107,499. As part of the support offered to the children and family by the OPS the PCSO delivered a range of interventions with the family to address ASB within the community. The family report that they now have friendships within the community, no further reports to the Police regarding ASB and school attendance has also improved.

### **Case Study 2**

- 36 The PCSO and OPS Worker developed a six week group based programme in response to increasing number of referrals linked to CSE issues. The programme included topics such as underage sex and the law, knowing internet sites and their dangers, sexual exploitation, sharing images on social media, grooming and risk taking behaviour. The young people involved developed the name 'Be Safe'. Following the initial success, groups have continued to run in the Seaham One Point Hub. To date 36 young people have accessed the group.

### **Case Study 3**

- 37 In the Ferryhill locality, the PCSO worked closely with the One Point Service to deliver 'Prison! Me! No Way!' Initiative.
- 38 Each cohort has had 11 participants and involved sessions covering the following, consequences of actions, substance misuse, car crime and dangerous driving. The fully interactive sessions are delivered by a serving prisoner and a Prison Officer and takes place within a mobile cell van.
- 39 The programmes initial evaluation and analysis has identified a positive impact on both the participants and for the wider community as follows:
- i. Cohort 1 - 63% reduction in reoffending,
  - ii. Cohort 2 - 75% reduction in reoffending.
- 40 The programme has clearly demonstrated the added value multi-agency, early intervention has. Feedback from the young people includes comments such as how they now feel that they can make positive lifestyle choices and understand fully the consequences of entering the criminal justice system.

## **Conclusion**

- 41 The One Point Service review aims to ensure the effective targeting of its resource in order to reduce inequalities and give vulnerable children the best start in life and prevent the need for high cost statutory services.

## **Recommendations**

- 42 Children Services Overview and Scrutiny Committee members are requested to:
- (a) Note the recent changes to the One Point Service and the outcomes it is achieving in supporting vulnerable children young people and families.

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## **Appendix 1: Implications**

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**Finance** – MTFP savings

**Staffing** – A reduction of 60 FTE STAFF

**Risk** - None

**Equality and diversity/Public Sector Equality Duty** – Targeted provision aims to reduce inequalities

**Accommodation** - None

**Crime and disorder** – None

**Human rights** – None

**Consultation** – None

**Procurement** – None

**Disability Issues** – None

**Legal Implications**- None

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## Children & Young People's Overview and Scrutiny Committee

1 March 2018

## Summary of Minutes from Children and Families Partnership (CFP)

15 January 2018



### 1. Child Poverty Update

Poverty can affect every area of a child's development - social, educational, health and personal. Living in a poor household can reduce children's expectations of their lives and lead to a cycle where poverty is repeated from generation to generation. As adults, they are more likely to suffer ill health, be unemployed or homeless, and become involved in offending, drug and alcohol abuse, and abusive relationships.

In County Durham, a Child Poverty working group has been established as a sub group of the Children and Families Partnership, to address the cause and impact of poverty on children, young people and families across the county. The working group has membership from across a range of services and partner organisations.

The working group have agreed the Joseph Rowntree Foundation definition of poverty, *'When a person's resources are well below their minimum needs, including the need to take part in society'*. This definition describes not only monetary and resource poverty but also poverty of opportunity.

The working group agreed the following three priorities:

1. Promote positive language and values associated with child poverty
2. Poverty Management in communities linked to early help
3. Economic- inclusive growth approach

A Plan on a Page (POP) has been developed, and agreed by the CFP, to show how the three priorities will be tackled, which includes:

- Developing a Child Poverty Communications Plan
- Developing a Child Poverty Charter through the Children and Families Partnership, and involving children and young people in its development
- Looking at ways to cut the costs of the school day
- Coordinating a county wide activities programme where food is provided
- Promoting access to high quality, flexible and affordable childcare to parents on low incomes.

### 2. Children and Young People's Mental Health, Emotional Wellbeing and Resilience Local Transformation Plan

The nationally required County Durham Children and Young People's Mental Health, Emotional Wellbeing and Resilience Local Transformation Plan (CYP LTP)

was originally agreed by the Health and Wellbeing Board in November 2015, with a refreshed plan agreed in January 2017.

A workshop took place in June 2017 to refresh the document, in line with requirements of an annual update, which was submitted to NHS England on 31<sup>st</sup> October 2017.

The CYP LTP reflects the vision and principles of the national 'Future in Mind' strategy and the 5-year forward view for mental health. The core overarching aims of the CYP LTP are to:

- Facilitate greater access and standards for mental health services
- Promote positive mental health and wellbeing for children and young people
- Have greater system co-ordination and a significant improvement in meeting the mental health needs of children and young people from vulnerable backgrounds.

The CYP LTP is based on the five themes within 'Future in Mind':

- Promoting resilience, prevention and early intervention
- Improving access to effective support
- Care for the most vulnerable
- Accountability and Transparency
- Developing the workforce

The CYP LTP has been edited into an easy read version to ensure it is accessible to all. Copies are available on request from [Jayne.watson@durham.gov.uk](mailto:Jayne.watson@durham.gov.uk) It is important to note that the voice of children, young people and parents have been considered in its development.

The CFP will be consulted on the refresh of the CYP LTP for 2018/19 at its meeting on 6<sup>th</sup> March 2018, with a particular focus on:

- Workforce
- Communications
- Clarity of the pathway

The CYP LTP will then be presented to the Health and Wellbeing Board in July 2018 for agreement and a summary document outlining the plans will be developed following full assurance and sign off from partners.

### **3. Healthy Child Programme Board, Local Maternity System and Best Start in Life**

#### Healthy Child Programme Board

The Healthy Child Programme Board (HCPB) is a sub group of the Health and Wellbeing Board, and focused on improving life chances for children in County Durham.

The HCPB has been established to bring a small multi-disciplinary strategic group together to discuss close collaborative working to improve the health and social care offer to children and young people aged 0-19 years (24 year for Special Educational Needs and Disability (SEND)). The work of the HCPB does not duplicate that of the CFP, but brings added value by aiming to bring together joint planning, leadership and commissioning to ensure services to children, young people and families are joined up from prevention, through treatment and to recovery.

A Transformational Route Map (TRM) has been developed to support the move to a 'one team' approach, which offers seamless services at the point of contact for all children, young people and families. This new approach will be achieved over the next two years through the following six work streams:

- Communication
- End to end pathway development
- Planning
- Commissioning
- Leadership and people management
- Performance management, including information management and technology.

### Local Maternity System

The work of the HCPB has a robust relationship with the Local Maternity System (LMS). The five year forward view for maternity care 'Better Births' has been published with the ambition to improve outcomes for maternity services in England. It makes explicit reference to the importance of improving prevention and reducing health inequalities.

On a local level, providers and commissioners should act as LMS's with the aim of ensuring women, babies and families are able to access the services they need and choose, in the community, as close to home as possible.

In the North East, there are two LMS board which are reflective of the Sustainability and Transformation Plan footprints, with a third to cover North Cumbria.

The following ambitions are seen as priorities:

- Reducing smoking in pregnancy
- Increase vaccination uptake in pregnancy
- Improve perinatal mental health
- Reduce alcohol consumption in pregnancy
- Increase breastfeeding initiation rates and rates of breastfeeding at 6-8 weeks
- Promoting healthy weight, and supporting women who are obese before, during and after birth
- Increase making every contact count.

### Best Start in Life

County Durham is a pilot site for the system led improvement programme, which will focus on ensuring that every child has the Best Start in Life (BSIL), as this is central to the health inequalities agenda.

A multi-agency BSIL delivery group, which is accountable to the CFP and the HCPB, has been established and has worked through a self-assessment process, looking at how County Durham is performing on offering children and young people the best start in life.

Following completion of the self-assessment work is taking place with stakeholders to develop a BSIL framework and action plan for County Durham, which will be consulted on and then ratified by the CFP, and Health and Wellbeing Board.

A Public Health nurse specialist has been appointed for a 12 month secondment, providing focused leadership to implement the changes required to drive forward the importance of BSIL.

BSIL progress will be actively monitored through the HCPB, and a workshop with regional Directors of Public Health and Directors of Children's Services is planned for Spring 2018 to share progress and learning.

A detailed summary of the self-assessment results are available on request from [Jayne.watson@durham.gov.uk](mailto:Jayne.watson@durham.gov.uk)

#### **4. Family Action, The Bridge Young Carers Charter**

Being a young carer can have a significant impact on a young person's education, social development and self-confidence. The Bridge young carers' service works hard to raise awareness of young carers and to provide support to children, young people and families to improve outcomes, enabling them to achieve their full potential.

The CFP achieved Young Carers Charter status in 2015, making a number of pledges to help support young people with caring responsibilities across the County. As a result of the work of the Partnership, charter status has been re-accredited for a further two years.

Member organisation of the CFP who have not already achieved charter status within their individual organisations are encouraged to work towards this.

If you are aware of any other organisations or schools who would like to support young carers, and work towards achieving carer status, please contact Kerryann Stewart, at Family Action by email [Kerryann.Stewart@family-action.org.uk](mailto:Kerryann.Stewart@family-action.org.uk) or phone 0191 383 2520.