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Nottingham
City Council

NOTTINGHAM CITY COUNCIL **CHILDREN'S PARTNERSHIP BOARD**

Date: Wednesday, 13 July 2016

Time: 4.00 pm

Place: Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG

Councillors and Board Members are requested to attend the above meeting to transact the following business

A handwritten signature in black ink, appearing to be "P. Wye".

Corporate Director for Resilience

Constitutional Services Officer: Phil Wye Direct Dial: 0115 87637

AGENDA

Pages

- | | | |
|----------|--|----------------|
| 1 | APPOINTMENT OF JOINT CHAIRS | |
| 2 | APPOINTMENT OF VICE CHAIR | |
| 3 | CHANGES TO MEMBERSHIP AND THE TERMS OF REFERENCE
To note the Terms of Reference and the appointment of the following new members: | 3 - 10 |
| | <ul style="list-style-type: none">• Gaynor Rossiter representing DWP Job Centre Plus;• Maria Ward as Voluntary Sector representative;• Jackie Newton and Sally Pearce as Primary School representatives;• Klaudia Cander and Chelsea Owen as Youth Cabinet representatives. | |
| 4 | APOLOGIES FOR ABSENCE | |
| 5 | DECLARATIONS OF INTEREST | |
| 6 | MINUTES
Meeting held on 30 March 2016 (for confirmation) | 11 - 18 |

7	CYPP PRIORITY: SAFEGUARDING AND SUPPORTING CHILDREN AND FAMILIES	
a	Family Support Pathway Refresh 2016/17 Report of the Director of Children’s Integrated Services	19 - 54
b	Young Carers Interim Joint Protocol Report of the Director of Children’s Integrated Services	55 - 80
c	Update on SRE Charter Report of the Corporate Director for Children and Adults	81 - 86
8	CHILDREN’S BEHAVIOURAL, EMOTIONAL AND MENTAL HEALTH Report of the Director of Quality and Personalisation, NHS Nottingham City Clinical Commissioning Group	87 - 92
9	YOUTH CABINET REPORT SUMMER TERM 2015-16 Report of the Corporate Director for Children and Adults	93 - 98
10	PARTNER UPDATE: VOLUNTARY SECTOR Presentation by Maria Ward, NCVS	99 - 102
11	CHILDREN AND YOUNG PEOPLE’S PLAN Report of the Corporate Director for Children and Adults	103 - 128
12	FORWARD PLAN	129 - 130
13	FUTURE MEETING DATES Agree to meet on the following dates at 4pm: 5 October 2016 18 January 2017 22 March 2017	

IF YOU NEED ANY ADVICE ON DECLARING AN INTEREST IN ANY ITEM ON THE AGENDA, PLEASE CONTACT THE CONSTITUTIONAL SERVICES OFFICER SHOWN ABOVE, IF POSSIBLE BEFORE THE DAY OF THE MEETING

CITIZENS ATTENDING MEETINGS ARE ASKED TO ARRIVE AT LEAST 15 MINUTES BEFORE THE START OF THE MEETING TO BE ISSUED WITH VISITOR BADGES

CITIZENS ARE ADVISED THAT THIS MEETING MAY BE RECORDED BY MEMBERS OF THE PUBLIC. ANY RECORDING OR REPORTING ON THIS MEETING SHOULD TAKE PLACE IN ACCORDANCE WITH THE COUNCIL’S POLICY ON RECORDING AND REPORTING ON PUBLIC MEETINGS, WHICH IS AVAILABLE AT WWW.NOTTINGHAMCITY.GOV.UK. INDIVIDUALS INTENDING TO RECORD THE MEETING ARE ASKED TO NOTIFY THE GOVERNANCE OFFICER SHOWN ABOVE IN ADVANCE.

NOTTINGHAM CITY CHILDREN'S PARTNERSHIP BOARD

Constitution and Governance Arrangements



July 2016

NOTTINGHAM CITY CHILDREN'S PARTNERSHIP BOARD

CONSTITUTION AND GOVERNANCE ARRANGEMENTS

The Nottingham City Children's Partnership Board is the partnership of statutory and voluntary agencies working together to deliver a joint approach to improving outcomes for children, young people and families in Nottingham.

STATEMENT OF PURPOSE

The Children's Partnership Board has been established to drive forward a robust collective response to improving the lives of children, young people and families in Nottingham City.

The *Nottingham City Children & Young People's Plan 2016 -2019 (CYPP)*, sets out the priorities to be addressed by the Children's Partnership Board, as agreed by the City Council and its partners. These priorities form the basis of the difference we are trying to make for children and young people in Nottingham City. The CYPP action plan is the delivery mechanism for the common vision and shared work programme of the Children's Partnership.

All partners are accountable for the delivery of a wide range of services to children and young people in Nottingham City. Some of these can be delivered better when partners work together.

The Children's Partnership Board is the vehicle for that joint working. It is a partnership vehicle from which different agencies achieve agreed outcomes towards:

- the delivery of their core service;
- greater efficiencies and economies of scale;
- more accurate information;
- targeting of appropriate resource and
- access to specialist skills.

The result will deliver a more comprehensive and effective service.

This constitution sets out the arrangements within which integrated working, joint planning and commissioning processes and service delivery will operate. It also sets out accountabilities for decision-making and resource allocation.

The governance arrangements apply solely within the Children's Partnership Board.

GOVERNANCE STRUCTURE AND TERMS OF REFERENCE

Nottingham City Children's Partnership Board

Role

The Board's role will be to provide strategic leadership of the Nottingham City Children's Partnership within a framework of prudent and effective controls.

Responsibilities

The Board will:

1. promote the values and standards of the Nottingham City Children's Partnership Board as set out in this constitution;
2. set clear priorities for services for children, young people and families and ensure these are delivered effectively taking into account risk and dispute resolution practices;
3. oversee the implementation of the Children and Young People's Plan (CYPP); including priorities for the implementation of the CYPP and for the allocation and prioritisation of resources;
4. agree proposals for the revision and development of the CYPP through regular review of performance of the CYPP.
5. regularly evaluate the effectiveness of the CYPP and its component elements, reviewing and adjusting plans and processes to maximise learning and refocus efforts in service delivery;
6. oversee the development of future governance arrangements;
7. approve the Partnership Board annual return;
8. approve the contribution of the Partnership Board partners to the work of One Nottingham, the Local Strategic Partnership ;
9. oversee the Early Intervention process and approve any progress reports for submission to the One Nottingham Board;
10. provide updates to the Health and Wellbeing Board on the delivery of those aspects of the Nottingham Plan to 2020, the Joint Health and Wellbeing Strategy, the Children and Young People's Plan and other priorities relevant to the Health and Wellbeing Board;
11. receive and act upon progress reports twice annually from the Independent Chair of the Nottingham City Safeguarding Children Board;
12. consider the report of any inspection of the Partnership Board itself or of services for children and young people provided by the partner agencies;

13. consider any relevant improvement actions arising from such reports and the implications for the Partnership
14. co-ordinate any Comments, Compliments or Complaints through the Have your Say system
15. log outcomes from any relevant improvement actions.

Meeting Procedures

1. Board meetings will normally be held in public, except where exempt or confidential information is to be discussed.
2. The Joint Chairs* and Vice Chair*, will be appointed by the Board at the first meeting of the municipal year. At the same meeting, the Constitution and Governance Arrangements will be presented for approval/ update.
3. The quorum for the Board is one third of its membership, provided that the Corporate Director for Children and Adults (or his/her representative) is present. If there is no nominated person acting on behalf of the Corporate Director present, the meeting cannot be quorate.
4. Decision-making will be by consensus wherever possible. If a consensus cannot be reached, decisions will be taken on a simple majority of those present and voting will be by show of hands. In the event of a tied vote, the person chairing the meeting may exercise a second or casting vote.
5. Meetings of the Board will be held at least quarterly and will be convened by the Constitutional Services Section of the City Council.
6. Board Members who wish to have an item on the agenda should notify the Corporate Director for Children and Adults via the partnership support officer so that the item can be programmed onto the agenda. An agenda will be circulated 5 days before the meeting. The Chair will have discretion to rule items out of the agenda.
7. A record of meetings and decisions of the Board will be maintained and published by the Constitutional Services Section of the City Council.

*Each of these roles can be shared by two members of the Board, subject to Board approval.

DRAFT

Membership

Nottingham Children's Partnership

Portfolio Holder for Early Intervention and Early Years
Portfolio Holder for Education, Employment and Skills
Chief Executive Futures Advice, Skills & Employment
Assistant Director of Joint Commissioning, NHS Nottingham City Clinical Commissioning Group
Director of Commissioning & Procurement
Commissioning Manager and Crime & Drugs Partnership
Strategic Commissioning Manager
Corporate Director of Children and Adults, Nottingham City Council
Director of Children's Integrated Services, Nottingham City Council
Directors of Education, Nottingham City Council
Assistant Chief Constable, Nottinghamshire Police Authority
Chief Executive, Nottinghamshire Probation Trust
District Manager, DWP Job Centre Plus
Independent Chair, Local Safeguarding Children Board
Voluntary Sector representatives
Primary Schools' representatives
Special Schools' representative
Secondary Schools' representative
Further Education representative
Engagement & Participation Officer
Representatives for Young People

Changes to membership organisations and partners are to be proposed at meetings.

Delegated responsibility

Where a decision is required before the next Board meeting is convened, the Chair of the Board may act on recommendations provided that:

- details of the proposed decision are circulated to all Board Members for consultation and;
- clear reasons are provided to explain why the decision could not have waited until the next full Board meeting.

The decision should be recorded and reported to the next full Board meeting.

STATEMENT OF ACCOUNTABILITY OF NOTTINGHAM CITY CHILDREN'S PARTNERSHIP BOARD PARTNERS

All members of the Board are accountable to the organisations/sector which appointed them and employees of partner organisations are accountable to their respective employers. Each member has a responsibility and a role to play in the communication of the Children's Partnership Board's business and progress through their respective agencies' mechanisms. They should be of sufficient seniority to represent the views of their organisation/sector and to commit resources to the business of the Children's Partnership Board. It will be the responsibility of each partner agency to determine what those arrangements are.

The activities of the Children's Partnership Board are delivered within a framework whose agreement by parties is led by the City Council as 'Local Authority'. Members of the Children's Partnership Board who represent the Local Authority, agree to operate within the framework of the Board's decisions. Each partner agency remains the accountable body for co-ordinating overall delivery.

In the interests of public accountability and transparency, all Children's Partnership Board partner organisations/sectors agree to provide the relevant Overview and Scrutiny Committee of the City Council with information about the planning, provision and operation of children and young people's services within their area. Partners will not be required to give:

- (a) confidential, information which relates to and identifies an individual, unless the information can be disclosed in a way that does not identify the individual, or an individual consents to disclosure;
- (b) any information where the disclosure is legally prohibited;
- (c) any information, which would breach commercial confidentiality if it was disclosed.

Children's Partnership Board members agree that their officers will attend and answer questions the committee asks to enable it to fulfil its scrutiny function. The committee will give the officer concerned reasonable notice of the intended date of his/her appearance.

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**NOTTINGHAM CITY COUNCIL
CHILDREN'S PARTNERSHIP BOARD**

MINUTES of the meeting held at Loxley House, Nottingham on 30 March 2016 from 16.02 - 17.55

✓	Cllr David Mellen (Joint Chair)	Portfolio Holder for Early Intervention and Early Years (NCC)
✓	Cllr Webster (Joint Chair)	Portfolio Holder for Schools (NCC)
	Candida Brudenell	Assistant Chief Executive (NCC)
	Alison Michalska	Corporate Director of Children and Adults (NCC)
✓	Helen Blackman	Director of Children's Social Care NCC
✓	Katy Ball	Director of Procurement & Children's Commissioning (NCC)
	Patrick Fielding Sarah Fielding	Joint Directors of Education (NCC)
	Chris Wallbanks	Strategic Commissioning Manager for Children (NCC)
	Jon Rea	Engagement & Participation Officer (NCC)
	Uzair Hashmi Chloe Mullins	Representatives for Young People (Youth Cabinet)
	Michael Manley (Superintendent)	Assistant Chief Constable, Nottinghamshire Police Authority
	Christine Oliver	Crime and Drugs Partnership, Head of Finance and Commissioning (NCC)
✓	Michelle Battlemuch (Small Steps, Big Changes)	Nottingham CityCare Partnership
✓	Chris Cook	Nottingham City Safeguarding Children Board, Independent Chair
✓	Sally Seeley	NHS Clinical Commissioning Group, Director of Quality and Delivery
✓	James Strawbridge	City of Nottingham Governors' Association (CONGA) Representative
	Julie Burton	Nottinghamshire Probation Trust, Chief Executive
	Karen Slack	Head Teacher of Rise Park Primary School (Primary School representative)
✓	David Stewart	Head Teacher of Oakfield School (Special School representative)
✓	Sean Kelly	Head of Top Valley Academy (Secondary School representative)
✓	Scott Mason	Head Teacher, Snape Wood Primary School (Primary School Representative)
	Malcolm Cowgill	Principal of Central Nottingham College (Further Education representative)

✓	Michelle Wright (Operations Director)	Futures Advice, Skills and Employment
✓	Katy Pearson	DWP Job Centre Plus
✓	Stephen McLaren	Voluntary Sector Representative

✓ Indicates present at meeting

Colleagues, partners and others in attendance:

Jonathan Allen - Senior Project Manager, Inclusion and Disability
Katy Pearson - Department for Work and Pensions
Sophie Russell - Head of Children's Strategy and Improvement
Sandra Whiston - Public Health England
Dot Veitch - Partnership Support Officer
Phil Wye - Governance Officer

34 APOLOGIES FOR ABSENCE

Phyllis Brackenbury
Malcolm Cowgill
Alison Michalska
Jean Sharpe
Karen Slack
Chris Wallbanks
John Yarham

35 DECLARATIONS OF INTEREST

Councillor Sam Webster declared an interest in item 8 as he works part time for Futures Advice, Skills and Employment

36 MINUTES

The minutes of the meeting held on 16 December 2015 were confirmed as a correct record and signed by the Chair.

**37 CHILDREN AND YOUNG PEOPLE'S PARTNERSHIP PRIORITY
PROMOTING THE HEALTH AND WELLBEING OF BABIES, CHILDREN
AND YOUNG PEOPLE**

a SMALL STEPS AT HOME PROGRAMME (Agenda Item 4a)

Michelle Battlemuch, Small Steps, Big Changes Co-ordinator, introduced the report highlighting the following:

- (a) the Small Steps, Big Changes programme will be one year old on Friday 1st April. It has been successful so far, with the following achievements:
- 140 downloads of the Baby Buddy app;
 - 552 children receiving books through the Imagination Library;
 - 194 new births engaged with the Small Steps at Home Programme;
 - 86 attended sessions of Triple P;

- 74 attended sessions of Bump, Baby and Birth;
 - 49 attended sessions of Infant Massage;
 - 544 promotional interviews;
 - 847 Universal Mental Health screenings carried out;
- (b) the Small Steps at Home Programme is delivered by Family Mentors, a workforce of paid peer supporters. These are parents from the area, who are trained and given manuals to support their work;
- (c) new parents are visited monthly from pregnancy until the child's 4th birthday, with every visit having a purpose mapped across three child development outcomes. The aim is primary prevention, which will help families even before the stage of early intervention;

The following answers were provided in response to questions from the Board:

- (d) there is no reason why children with disabilities could not take part in the programme. If Family Mentors had any concerns about progress, they would refer to a professional service;
- (e) the programme is currently active in 2 wards, Bulwell and Aspley, and works with around 200 families. Delivery in the Arboretum and St Ann's wards is due to begin in September 2016. These two wards may present additional problems such as language so some adaptations may need to be made to the programme;
- (f) discussions have taken place with Head Teachers of primary schools in St Ann's and there are also links with primary schools in Bulwell. At the moment there are not links with secondary schools but this could be helpful in future.

RESOLVED to

(1) note the report;

(2) support the Small Steps at Home Programme.

b UPDATE ON CHILDREN'S ORAL HEALTH IN NOTTINGHAM CITY (Agenda Item 4b)

Sandra Whiston, Consultant in Dental Public Health, Public Health England, introduced the report, highlighting the following:

- (a) good oral health is integral to general health and wellbeing. It is important that children are educated about this at an early age as dental decay is most common in children. Poor oral health can have wider impacts on education and the economy;
- (b) despite overall improvement significant oral health inequalities remain. Although dental decay is largely preventable, extractions under general anaesthetic remain the most common reason for hospital admission in 5-9 year olds. Nottingham has the second highest experience of dental decay in the East Midlands, after Leicester City;

- (c) since the Health and Social Care Act of 2012, local authorities have had responsibility to provide or commission oral health promotion programmes, monitor the oral health of the population by commissioning oral health surveys, and provide water fluoridation if deemed appropriate;
- (d) NHS England commissions all dental services, Health Education England develops the workforce and Public Health England provides expertise, evidence and intelligence;
- (e) Recent guidance from Public Health England has placed a bigger emphasis on prevention, and recommends that local authorities focus on oral health as a part of their health and wellbeing agendas. Oral health promotion in Nottingham was recommissioned from April 2015 to:
- deliver a supervised tooth brushing programme within early year settings, targeting the most deprived wards in Nottingham City;
 - train key health, social care and education professionals in order for them to deliver oral health advice to citizens;
 - distribute oral health resources such as tooth brushes and toothpaste, based on evidence of need;
 - participate in national oral health awareness campaigns.
- (f) access to dental care is good in Nottingham, with 84% of practices taking on new patients which is much higher than the national average. Uptake of care is improving, particularly amongst children;

The following answers were given during the discussion which followed:

- (g) fluoridation of water has been identified as an effective way of reducing oral health inequality. Whilst there is no water fluoridation currently in Nottingham City, this may be considered in future but would require a detailed process identifying need and feasibility studies. This would also then need to go through a public consultation;
- (h) providing dental care through schools would be convenient, however it may still not reach all children and it would be better to engage families with dental practices when children are young or even engender the culture before they are born;
- (i) fluoridation of milk is done in some other countries but has largely been decommissioned in the UK, primarily around milk supply to children.

RESOLVED to

- (1) note the local authority's responsibilities in terms of oral health and the issues highlighted regarding the oral health of children living in Nottingham including the potential wider health, educational and economic impacts;**
- (2) support the revision of the oral health pages of the Joint Strategic Needs Assessment;**
- (3) support the development and implementation of an Oral Health Improvement strategy for the residents of Nottingham City which will inform future**

commissioning strategies and collaborative working with partners;

(4) actively support current oral health promotion activity and encourage increasing numbers of children and young people to access dental services across the city;

(5) to discuss the feasibility of water fluoridation in Nottingham City.

38 PRIORITY FAMILIES PROGRESS UPDATE

Sophie Russell, Head of Children's Strategy and Improvement, introduced the report providing a high-level update on the Priority Families programme, with progress to date with phase 2 targets and recent changes to the governance of the Priority Families programme. Sophie highlighted the following:

- (a) Nottingham is currently implementing phase two of the Priority Families programme, which runs 5 years from 2015-2020. To be eligible, families must match at least 2 key criteria across two different family members;
- (b) A significant number of families are eligible for support through the programme. The scheme is funded nationally by the Department for Communities and Local Government and an £800 'payment by results' can be claimed for every family for whom significant and sustained progress can be demonstrated;
- (c) A tiered approach has been introduced, meaning that children and families receive appropriate support and more serious concerns can be escalated;
- (d) The Crime and Drugs Partnership has taken over the overall governance for the programme, rather than the Health and Wellbeing Board.

RESOLVED to

(1) note the progress being made within phase 2 of the programme and changes to programme governance;

(2) consider future reporting requirements for the Priority Families programme

39 NOTTINGHAM CITY CHILDREN'S SAFEGUARDING BOARDS STRATEGIC BUSINESS PLAN 2016 – 2018

Chris Cook, Independent Chair of the Nottingham City Safeguarding Children Board (NCSCB), introduced the report, highlighting the following:

- (a) the Strategic Business Plan was agreed last week by the Nottingham City Children's Safeguarding Board. The priorities are based on national drivers such as the development of Joint Target Area inspections and the National Review of Local Safeguarding Children Boards;
- (b) there will be a three year strategic plan, with the priorities remaining the same over the three year period. This three year action plan will be supported by an annual action plan

- that will be regularly reviewed. The detailed action plan for year one has been produced;
- (c) a priority will be to strengthen and support a competent workforce that is committed to learning and developing safeguarding practice with assurance that safeguarding is everyone's responsibility;
 - (d) being able to evidence the impact of the NCSCB will be important for inspections, and so impact assessments will be done for this;
 - (e) the annual work plan for year one has a particular focus on self-harm and physical abuse, as well as observing financial implications on the ability to deliver, and the effectiveness of the operating model;
 - (f) an engagement strategy will be developed as engagement with young people is important. Online safety is a growing issue.

The Board raised concerns around the possibility of Serious Case Reviews being taken from Safeguarding Boards and dealt with nationally, as it believes that Boards are best placed to deal with these and a national agency may be under-resourced.

RESOLVED to agree the Business Plan

40 YOUTH CABINET UPDATE

None.

41 PARTNER UPDATE - FUTURES ADVICE, SKILLS AND EMPLOYMENT

Michelle Wright, Operations Director, Futures Advice, Skills and Employment gave a presentation highlighting the following:

- (a) Futures Advice, Skills and Employment is a not for profit company owned jointly by Nottingham City Council and Nottinghamshire County Council. It has an annual turnover of £17m and reserves of £3m. It is treated as an in-house council service whilst realising the increased need for commerciality;
- (b) the primary focus of the service is to prevent NEET (Not in Employment, Education or Training), and works with all schools, for those young people most at risk in years 10 and 11. It also attends all Education Health and Care Plan reviews in years 9 and 11, provides statutory data to the Department for Education and supports all 16-18 year olds who are NEET;
- (c) Nottingham is ranked first among core cities for low numbers of NEET and Not Known young people, when taken together. It is fourth for NEET on its own;
- (d) the Aspire programme links schools with employers to allow young people to engage and achieve their potential. 4748 young people have benefited from Aspire activity;
- (e) Futures has won the contract to provide the Youth Engagement Initiative in Nottingham and is further aiming to decrease the numbers of NEET and Unknown young people further through the following programmes:

- Intensive Careers Support – 16-17 year olds;
- Pre Traineeships – 16-17 year olds;
- Step into Work – 18-29 year olds;
- Pre Traineeships Nottingham North – 18-24 year olds;
- Nottingham Jobs Funs+ - 18-24 year olds.

The following answers were provided during the discussion which followed:

- (f) Futures works closely with the voluntary sector, particularly on the Step into Work programme where they work with a different community partner in each area;
- (g) Futures does have a base in Leicester as well as Nottinghamshire. This is funded by the National Careers Service and is used purely for National Careers Service work.

RESOLVED to note the information in the presentation

42 JOINT OFSTED/CQC INSPECTION OF LOCAL AREA SPECIAL EDUCATIONAL NEEDS AND DISABILITY (SEND) SERVICES

Jonathan Allen, Inclusion and Disability, introduced the report which provides the background and overarching themes of the SEND reforms, a definition of the inspection's focus on 'local area' responsibility, and a summary of what is currently known about the Ofsted and Care Quality Commission (CQC) joint local area inspection process scheduled to begin May 2016. Jonathan highlighted the following:

- (a) SEND reforms came into force in 2014 and included a range of local area expectations and responsibilities in delivering SEND services, including the offer of personal budgets and the replacement of Statements of SEN with Education, Health and Care (EHC) plans;
- (b) from May 2016, Ofsted and the CQC will inspect and assess how effectively local areas fulfil their responsibilities towards children and young people aged 0-25 who have special educational needs and disabilities. Inspectors will assess how SEND services are being delivered through the wide range of partners in the local area, including nurseries, schools, further education colleges, and health and care services;
- (c) the final process is yet to be announced, but 8 local areas will be inspected by the end of the summer term. It has been made clear that the inspection will focus on partnership working, and is more an inspection of the whole local area than the local authority;
- (d) the inspection team will be multi-agency, with 3 members from Ofsted, the CQC and the local authority. The inspection will take place over 5 days with 5 days' notice, and once inspected there will be no more inspections for 5 years.

The following responses were given during the discussion which followed:

- (e) the decision as to whether a child qualifies for an EHC Plan is locally made. There has been a rise in the number of requests for ECH Plans – this could be as parents are frustrated by a lack of access to alternatives such as educational psychology and speech and language. The joint commissioning plan with the CCG should address some of this.

RESOLVED to

- (1) note the inspection's focus on local accountability for education, health and social care services to meet the requirements of the SEND reforms;**
- (2) note the local area inspection process;**
- (3) note expectations around roles of partners in the inspection;**
- (4) provide regular updates at future meetings on the Board.**

43 FORWARD PLAN

RESOLVED to note the Forward Plan

Title of paper:	Family Support Pathway Refresh 2016/17	
Report to:	Children's Partnership Board	
Date:	Wednesday 13 th July 2016	
Relevant Director:	Helen Blackman, Director of Children's Integrated Services	Wards affected: All
Contact Officer(s) and contact details:	Sara-Jane Brighthouse Sophie Russell	
Other officers who have provided input:		
Relevant Children and Young People's Plan (CYPP) priority or priorities:		
Safeguarding and supporting children and families: Children, young people and families will benefit from early and effective support and protection to empower them to overcome difficulties and provide a safe environment in which to thrive.		<input checked="" type="checkbox"/>
Promoting the health and wellbeing of babies, children and young people: From pregnancy and throughout life, babies, children, young people and families will be healthier, more emotionally resilient and better able to make informed decisions about their health and wellbeing.		<input checked="" type="checkbox"/>
Supporting achievement and academic attainment: All children and young people will leave school with the best skills and qualifications they can achieve and will be ready for independence, work or further learning.		<input checked="" type="checkbox"/>
Empowering families to be strong and achieve economic wellbeing: More families will be empowered and able to deal with family issues and child poverty will be significantly reduced.		<input checked="" type="checkbox"/>
Summary of issues (including benefits to customers/service users):		
<p>The Children's Partnership Family Support Pathway is the threshold document for the Nottingham City Safeguarding Children's Board, Children's Partnership Board and Local Authority Children's Services.</p> <p>The Family Support Strategy 2010/14 and the Family Support Pathway 2010/14 and 2014/15 documents are due for refresh and revision.</p> <p>The Family Support Strategy will be integrated with the Children's and Young People's Plan refresh and will align priorities and reduce duplication.</p> <p>Working Together states the LSCB should publish a threshold document that includes: "the process for the early help assessment and the type and level of early help services to be provided;"</p> <p>The Family Support Pathway 2016/17 - Threshold for Support and Safeguarding document was presented to and approved in March 2016 by the Nottingham City Safeguarding Children's Board (NCSCB).</p> <p>The short term refresh being presented to the Children's Partnership includes: Updates to the introduction and context includes, learning from Serious Case Reviews; updates on legislation, PREVENT, Care Act and Children & Families Act 2014; Priority Family /Think Family model and Signs of Safety approach; national themes such as Child Sexual Exploitation and parental mental health on parenting capacity; The Principles of Early Help and use of</p>		

language 'Early Help' & 'Early Help Assessment', CAF and Priority Families assessment. Revisions to the Model of prevention diagram and indicators of need. Refresh to access and request support at Children's & Families Direct and the launch of the Multi- Agency Request Form.

There is ongoing work to prepare and plan for multi-agency consultation for long term refresh of the Family Support Pathway 2017/20 that will align with the Safeguarding Children's Boards business planning.

Recommendations:

1	Partnership approval to the updates in the short term refresh of the Children's Partnership Family Support Pathway
2	Partnership approval for long term plan for refresh of the Children's Partnership Family Support Pathway and consultation

1. BACKGROUND AND PROPOSALS

This report is to present the short term refresh of the Children's Partnership Family Support Pathway for 2016/17 and the updates that have been included. The Family Support Pathway 2010/14 and 2014/15 were due to be revised and the Family Support Pathway 2016/ - Threshold for Support and Safeguarding document was presented to and approved in March 2016 by the Nottingham City Safeguarding Children's Board (NCSCB). The Family Support Strategy 2010/14 (FSS) will be integrated with the Children's and Young People's Plan refresh and will align priorities and reduce duplication.

Working Together states the LSCB should publish a threshold document that includes: "the process for the early help assessment and the type and level of early help services to be provided;"

Nottingham City's threshold is the Children's Partnership Family Support Pathway (FSP)

A plan is being developed for the longer term refresh of the Family Support Pathway for 2017/20 to align with the Safeguarding Children's Boards business plan.

The brief set for the short term refresh of the FSP to include:

- Recommendations and learning from Serious Case Reviews
- PREVENT
- Think Family

The following details are an overview to the updates that have been applied throughout the chapters in the Family Support Pathway 2016/17.

- The introduction and context, including learning from serious case reviews, legislation and national themes
- Vision and purpose
- The Principles of Early Help
- The use of language 'Early Help' & 'Early Help Assessment' /CAF
- Priority Families approach and alignment to the FSP levels of need
- Model of prevention diagram
- Signs of Safety
- Access to Support Children's & Families Direct and Multi- Agency Request Form
- Indicators of need

The next steps

Indicative timeline:

April 2016

FSP 2016 / 17 revision and communication plan

May - July 2016

Planning and preparation internally with Safeguarding Children's Board

Aug - Oct 2016

Multi-Agency Consultation

Nov 2016 - Jan 2017

Write and version control drafts

Feb - Mar 2017

Approval processes and communication plan

2. RISKS

By not undertaking the activity the LSCB and Local Authority Children's Services would be at risk of not producing a threshold document to support with future Ofsted inspections of Children's Services.

Working Together states the LSCB should publish a threshold document that includes: "the process for the early help assessment and the type and level of early help services to be provided;"

By undertaking the activity, the Children's Partnership Family Support Pathway Threshold for Support and Safeguarding ensures that the LSCB has produced a threshold document and the Local Authority Children's Services are prepared for future Ofsted inspections.

3. FINANCIAL IMPLICATIONS

None.

4. LEGAL IMPLICATIONS

None.

5. CLIENT GROUP

All children, young people and their families.

6. IMPACT ON EQUALITIES ISSUES

7. OUTCOMES AND PRIORITIES AFFECTED

The effective delivery of the Children's Partnership Family Support Pathway is essential to achieving all of the Children and Young People's plan objectives and priorities.

8. CONTACT DETAILS

Sophie Russell 0115 8763423 sophie.russell@nottinghamcity.gov.uk

Head of Service Strategy & Improvement

Sara-Jane Brighouse 0115 8764875 sara-jane.brighouse@nottinghamcity.gov.uk

Families Information Service and Project Officer

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Nottingham City



Family Support Pathway 2016/17

Threshold for Support and Safeguarding



NOTTINGHAM
CHILDREN'S
PARTNERSHIP



NOTTINGHAM CITY
Safeguarding
Children BOARD

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INTRODUCTION



Context

The Nottingham City Family Support Pathway is set within a new context for 2016/17. It sets out the threshold for access to support and services for professionals working with children and families.

It sets out new approaches to support working in a 'Think Family' way, and the Signs of Safety Framework, using a common language to engage with children and families to build resilience and capacity within our families and communities in Nottingham.

It highlights the need for professionals to engage in good quality and effective conversations with children, their families, networks and other professionals, and to undertake good quality assessments to ensure children and families get the right help, at the right time.

Nationally, the term Early Help Assessment is replacing the Common Assessment Framework (CAF) for the early identification and assessment for family support. Nottingham City Council is developing an Early Help Assessment for children and families, whilst across partnership agencies the CAF and Family Assessment are the tools for undertaking and recording quality assessments. The longer-term plan is to transition to Early Help Assessments for the whole of the Children's Partnership.

Since the refresh of the Family Support Pathway in 2014/15, there have been new developments in government legislation as well as learning and recommendations from Serious Case Reviews.

Serious Case Reviews have identified themes on types of abuse and presentation, such as Self-Harm, Emotional Abuse and Neglect. Child and Adolescent Mental Health services have established the Self-Harm Awareness Resource and Project to raise awareness and provide support to professionals, children and young people. NCSCB issued inter-agency practice guidance for practitioners working with child emotional abuse.

Other themes include strengthening joint working across agencies to support the whole family, and a 'Think Family' approach. The Troubled Families programme is well established across the Children's Partnership through Nottingham's Priority Families operating model, in particular for the early identification of adult mental health and behaviour in relation to parenting capacity. Guidance and information is widely communicated to the Children's Partnership and Adult Services on how to initiate Early Help. Further information is available on the Children's Partnership website at www.nottinghamcity.gov.uk/cfd.

National themes have seen an increased awareness in Child Sexual Exploitation (CSE) and new information and guidance is in place on how to identify and respond to CSE. Prevent is part of the government's approach to counter-terrorism and the government's view is that protecting children and young people from radicalisation and extremism is a safeguarding issue and is about protecting vulnerable children (and adults too). New legislation in 2015 placed a duty on all public bodies for staff to be trained to recognise vulnerability to being drawn into terrorism and be aware of available programmes and how to refer to Channel, the multi-agency panel that supports referrals.

New legislation and policy introduced the Children & Families Act 2014 and the Care Act 2014. The Children & Families Act transforms the Local Offer of support and help provided to children and young people with Special Educational Needs and Disabilities. The new Education Health & Care Plan (EHCP) brings together all the services that currently support families in a more joined-up way into a single legal document, covering the age range of people with special educational needs and disabilities from birth up to the age of 25. The Care Act 2014 and Young Carers Needs Assessment Regulations 2015, joins up support and help across Children's and Adults Services and local services for young carers, to ensure a family approach is taken when assessing and providing help for young carers.

VISION

Our Vision is a city where every child and young person can enjoy their childhood in a warm and supporting environment, free from poverty and safe from harm; a city where every child grows up to achieve their full potential.

(Nottingham City Children & Young People's Plan 2016/17)

PURPOSE

Our aim is for practitioners in the Children's Partnership to work collaboratively to effectively deliver the **right help, at the right time**. To reduce the demand for specialist services by preventing children growing up to experience behavioural problems, domestic abuse, exploitation, mental illness, substance misuse, teenage parenthood, low educational attainment, radicalisation, crime and antisocial behaviour.

The purpose of the Family Support Pathway is to ensure children and families receive the **right help, at the right time**. It highlights the level of support and safeguarding that may be needed by children and families from universal, early help and targeted and specialist services.

The Family Support Pathway is a guide for all practitioners and managers in every agency working with children, young people and their

families. It will enable practitioners within the Children's Partnership and Adult Services to work in collaboration and have a shared responsibility to support children and families in a more holistic and inclusive way, to deliver timely, effective and seamless services in order to improve outcomes for our children and families.

It highlights the need for good quality assessment, analysis and planning processes and the delivery of evidence-based interventions to meet the needs of the child and the whole family. The Early Help Assessment, (Child Early Help Assessment or a Family Early Help Assessment), is integral to the effective delivery of the Family Support Pathway. This will ensure that the needs of children and families are identified and assessed earlier and co-ordinated through a multi-agency action plan.



PRINCIPLES OF EARLY HELP

- **Ensure the right children, get the right help, at the right time**

Our aim is to identify needs early, to access and provide effective early help in promoting the welfare of children, rather than reacting later.

It means providing early help as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years.

Early help can also prevent further problems arising, for example, if it is provided as part of a support plan where a child has returned home to their family from care.

(Working Together 2015)

- **Talking and listening to children, families and professionals**

Listen to the voice of the child to understand their needs.

Use a common language and approach when engaging and talking to children, their family, wider networks and professionals.

Use a strength-based and Signs of Safety approach to understand a child's individual and personal set of circumstances, and their family's situation.

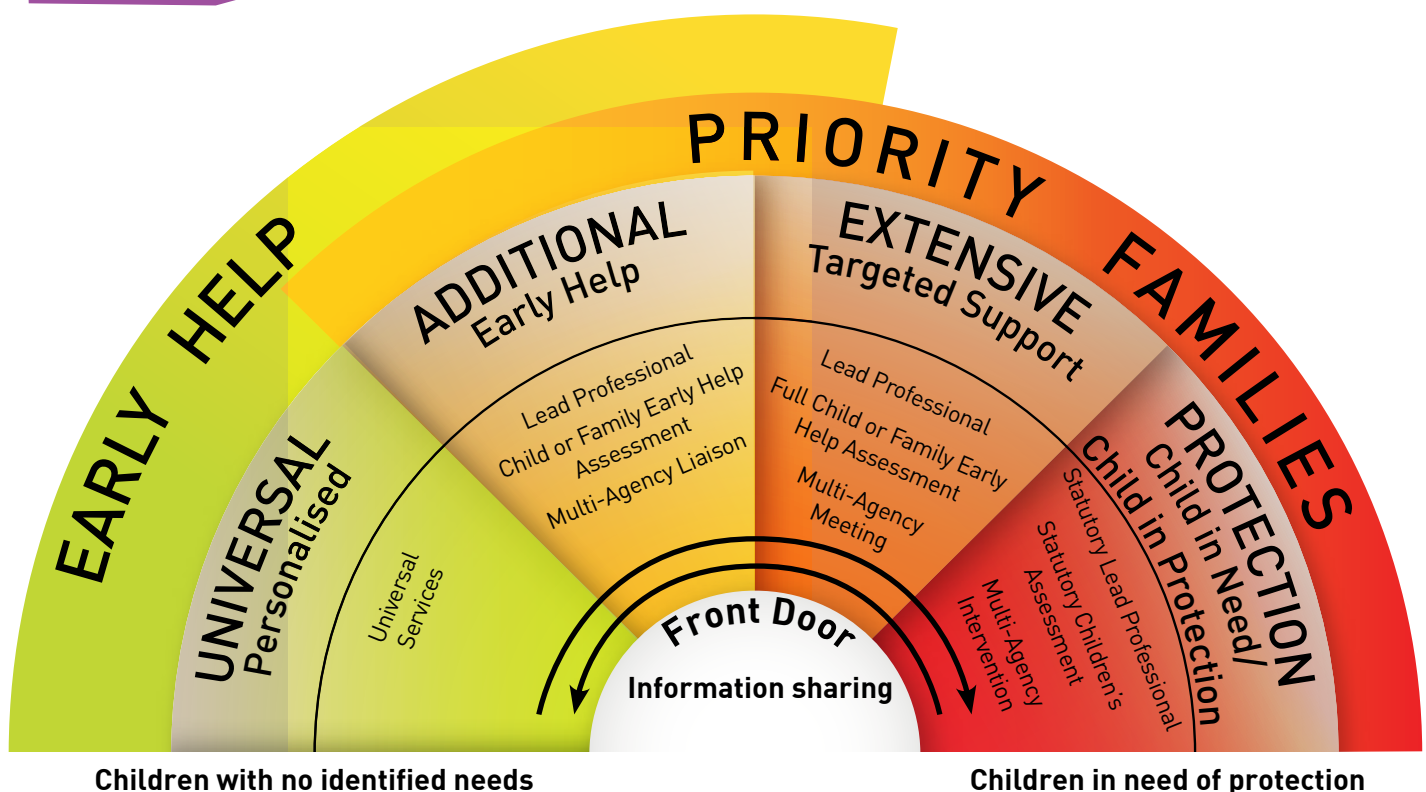
- **Help families to help themselves**

Work in partnership with the whole family to find solutions; 'Think Family' for healthy, happy and safe families. It must be remembered in law, that the needs of the child are paramount and therefore any concerns about their safety and welfare must be responded to by any practitioner.

Address challenges by working with family's strengths, providing early help, targeted family support and specialist services to build resilience, rather than dependency, in the children and families we work with.

Work with our communities to build their capacity to support one another, to safeguard our children and young people from abuse, harm and exploitation.

NOTTINGHAM'S MODEL FOR PREVENTION AND EARLY HELP AND SPECIALIST SERVICES



ACCESS TO SUPPORT AND DECISION MAKING

Nottingham City offers a wide range of support services enabling the needs of children, young people and families to be met through universal services. If needs cannot be met within universal services, practitioners will need to consider if additional and more extensive, or specialist and protective support is required.

Universal	Self help	Children and families are doing well and there are no significant concerns about health, development or achievement that cannot be met within universal services.	Routine Health and Educational Assessments
Additional	Early Help	Children and families are experiencing problems requiring universal services to work together with other support services to prevent problems increasing.	Child or Family Early Help Assessment
Extensive	Targeted Help	Children and families are experiencing a range of increasing problems that require extensive multi-agency support to meet the needs of the whole family and crisis is likely to be prevented.	Child or Family Early Help Assessment or Statutory Assessment may be required
Child in Need	Specialist Help	Children are 'in need' if they are disabled or unlikely to achieve a reasonable standard of health or development unless services are provided (Children Act 1989).	Statutory Assessment
Protection		Children who are suffering or likely to suffer significant harm.	

There is a clearly defined process and set of responsibilities to support and guide practitioners when a child's and/or family's needs move between additional or extensive help through to a social care threshold for support as a Child in Need or as a Child in Need of Protection.

Requests for extensive support and protective services can be particularly challenging for professionals, which is why it is important that decisions are based on high quality assessments using a multi-agency approach. Where children and family's needs are unable to be met through universal provision, an Early Help Assessment should be initiated with the child and family to identify needs and analyse the level of support that needs to be co-ordinated.

Practitioners and managers are expected to apply professional judgment to their decision making and work within their agency decision making policies and procedures. If a professional has ongoing safeguarding concerns about a child, the professional should pursue their concerns through escalation procedures within their line management structure.

Children & Families Direct Hub is the easy way to access family support and safeguarding services within Nottingham City. It can make decisions about the right services required to help and protect children and families. Children & Families Direct Hub can be contacted on the number opposite or by completing a **Multi-Agency Request Form** which can be found on the Children's Partnership website at www.nottinghamcity.gov.uk/marf and returned to candfdirect@nottinghamcity.gcsx.gov.uk by secure e-mail or by fax on **0115 876 2927**.

Best practice is for professionals to receive feedback and an outcome letter within 72 hours.

Children & Families Direct Hub is operational Monday to Friday 8:30am – 5:00pm.

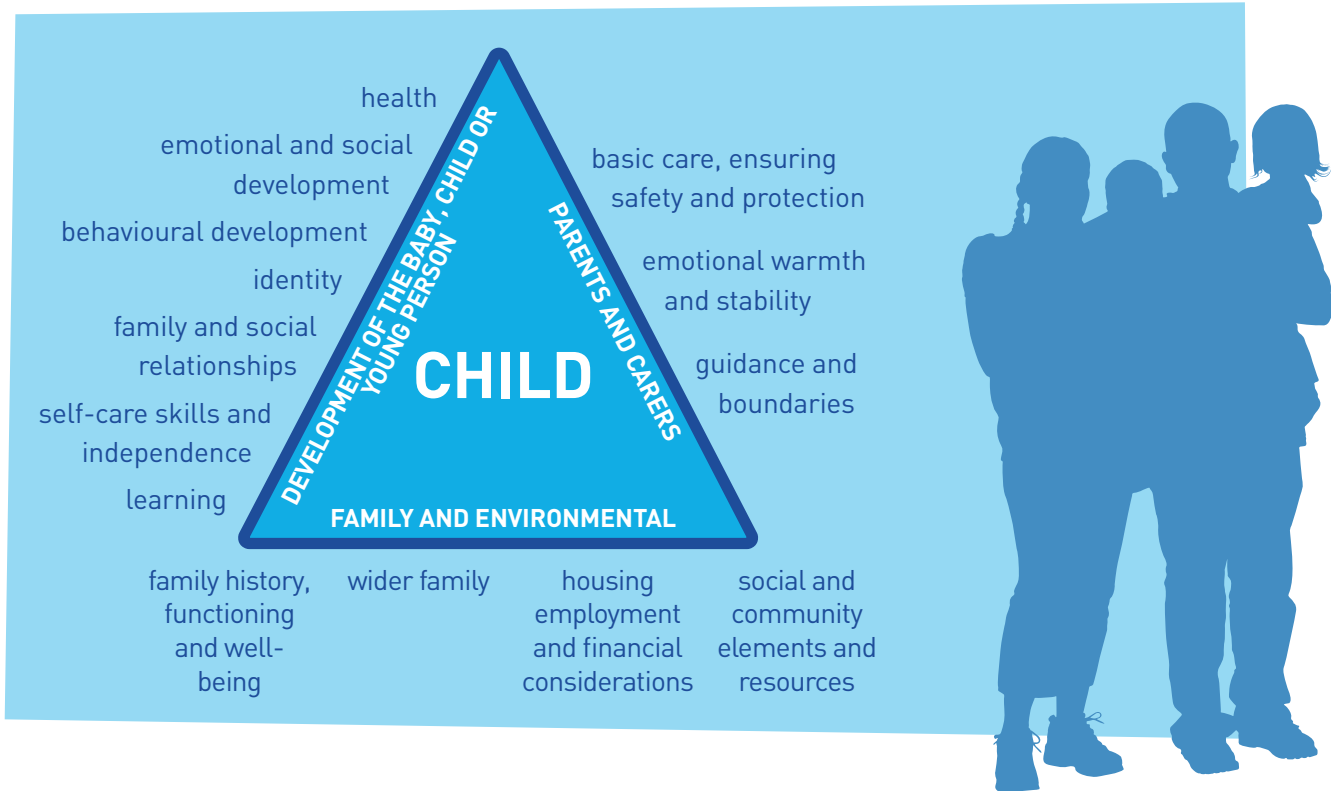
If a child is suffering or likely to suffer significant harm, an immediate referral should be made to Children's Social Care by contacting the Children & Families Direct Hub on 0115 876 4800.

For out of hours response call the Emergency Duty Team on 0115 876 1000.



EARLY HELP & CAF ASSESSMENT FRAMEWORK

Assessment Triangle - showing domains and dimensions



The Early Help Assessment & CAF is not to be used for children in need where there are significant or immediate child protection concerns.

The Early Help Assessment & CAF should be used when:

- You are worried about how well a child is progressing. You might be worried about their health, development, welfare, behaviour, progress in learning or any other aspect of their wellbeing.
- A child or their parent / carer raises a concern with you.
- The child's needs are unclear, or broader than your service can address i.e. multi-agency.
- The child would benefit from an assessment to help you or your colleagues understand their needs better.
- The child has substantial disabilities and their needs cannot be met by universal services.
- There are concerns regarding the child's/ young person's development.
- There are concerns regarding the parent's/ carer's capacity to meet the child's/young person's needs.
- There are concerns regarding the parent's/ carer's capacity to meet the unborn child's needs (pre birth assessment).
- The wider family and environmental factors are impacting on the child's/young person's development and the parent/carer's parenting capacity.

ASSESSING NEED AND PROVIDING HELP

Assessment requires practitioners to gather historical and current information and form judgements about a child's needs and the ability of the family to meet those needs within any given set of circumstances. In order to understand a child's and family's circumstances and history, practitioners from all agencies need to identify patterns and themes by completing a chronology of significant events. This practice ensures that the child remains visible and the focus of the work remains on the child. Agency chronologies can be drawn together to create a multi-agency chronology providing a wealth of information to support critical analysis and effective decision making.

At times, this will also require practitioners to consider the likely level of risk to a child where there are concerns about the circumstances the child is living within. Local agencies should work together to undertake an effective assessment of the needs of individual children who may benefit from early help services.

The principles and purpose of a good quality assessment is to identify level of need, risk and support; focus on the needs and views of the child; develop a clear analysis and plan; share analysis and plan; good recording; and focus on outcomes.

Children and families may need support from a wide range of local agencies. Where a child and family would benefit from co-ordinated support from more than one agency, a multi-agency CAF or Early Help Assessment should be initiated. The Early Help Assessment and the Signs of Safety Framework will enable practitioners to identify what help the child and family require, preventing needs escalating to a point where intervention would be needed via a statutory assessment under the Children Act 1989.

The assessment should be undertaken with the agreement of the child and their parents or carers and it should involve the child and family as well as all the professionals who are working with them.

If parents and/or the child do not consent to a CAF or Early Help Assessment, the Lead Professional should make a judgement as to whether, without help, the needs of the child will escalate. If so, a referral into Children's Social Care may be necessary.

Signs of Safety Framework

The tools used in the Signs of Safety model have a wider application to all levels of work and different settings where workers need to communicate with children about their feelings and engage families in making changes.

Signs of Safety are about building on the strengths and safety already present within families to create resilience and encourage families to find their own solutions to what's happening in their lives. Safety and wellbeing is not created in services but within families homes. Practitioners **involve children and young people** and work with their family and support network to build safety for the child/young person.

The SOS framework consists of four key questions:

1. **What's working well?** – Strengths and Safety
2. **What are we worried about?** – Dangers, Risks, Needs
3. **How worried are we?** – Safety and Wellbeing scale including Danger and Worry statements
4. **What needs to happen?** – Safety and Wellbeing goals

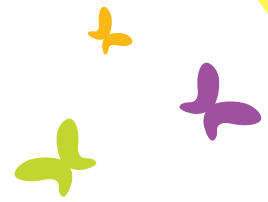


ASSESSMENT PROCESS AND STAGES

The following diagram illustrates the process of assessment.



INFORMATION SHARING AND CONSENT



Effective sharing of information between professionals and local agencies is essential for effective identification, assessment and service provision that are co-ordinated around children and families.

Early sharing of information is the key to providing effective early help where there are emerging problems. At the other end of the continuum, sharing information can be essential to put in place effective child protection services.

Fears about sharing information cannot be allowed to stand in the way of the need to promote the welfare and protect the safety of children.

If a professional has concerns about a child's welfare and believes they are suffering or likely to suffer harm, then they should share the information with Local Authority Children's Social Care.

More extensive guidance can be accessed at www.gov.uk/government/publications/information-sharing-for-practitioners-and-managers

In all cases, if a worker remains in any doubt about whether or not to share information then they should consult with their line manager.



“RESPONSIVE” IMMEDIATE PROTECTION

Where there are immediate concerns about a child’s safety and a view that a child is suffering or likely to suffer significant harm, a referral should be made into Social Care (via Children and Families Direct Hub or, out of hours, the Emergency Duty Team) without delay and without the need for an Early Help Assessment.

However, normally, in situations when a child has additional/emerging safeguarding needs, an Early Help Assessment will have already been in place to support them.

Determining whether a child or young person is suffering, or at risk of suffering, significant harm can be complex. Practitioners in all agencies have a responsibility to be aware of

the indicators of significant harm, the NCSCB Safeguarding Children Procedures and their own agency’s Child Protection Policy.

Children’s Social Care is the lead agency for undertaking Child Protection enquiries including Section 47. If there is any doubt about whether to refer to Children’s Social Care or not, the case should be discussed with the line manager and/or agency safeguarding lead as well as contacting Children and Families Direct Hub for advice and guidance.

Further more detailed guidance from a safeguarding perspective is available online in the Nottingham City Safeguarding Children Board Procedures.

Indicators requiring an immediate referral to Social Care

- **Child is at immediate risk or has suffered significant harm including physical, sexual, emotional harm or neglect**
- **Unexplained injuries or injuries where there is an inconsistent explanation of the injury**
- **Under two years old and has unexplained bruising**
- **Children with repeated incidents of minor bruising that are causing professionals concern**
- **Under 1 year old where the parents/carers have significant substance use issues**
- **Where there are serious concerns regarding the risk of significant harm to an unborn baby**
- **Lives or has contact with adults who are known to pose a risk to children**
- **There is evidence of repeated domestic violence witnessed and/or experienced by child; adult mental health issues or substance use issues**
- **Allegations or disclosures of abuse including sexually abused or evidence of grooming**
- **Left “home alone” and their age and vulnerability places them at risk, certainly all children “home alone” aged 5 years old and under should be referred**
- **Child victims of trafficking**
- **Anyone who is 16 or under who is being looked after for 28 days or longer by a carer who is not a parent, grand-parent, aunt, uncle or sibling.**
- **Self-harm concerns in relation to children under 11 years of age (E.g. primary)**
- **Unaccompanied migrant children**

FAMILY SUPPORT PATHWAY LEVELS OF NEED

Using the domains of the Assessment Triangle the following tables provide a summary of the level of need a child and their family may be experiencing to help practitioners identify the appropriate levels of support that may be required.

The tables are not intended to be a definitive list but give examples.

UNIVERSAL SUPPORT	
Child and family are doing well and there are no significant concerns about health, development or achievement that cannot be met within universal services.	
Assessment Framework Indicators	
Child and Young Person Health and Development Needs	Parents and Carers
<p>Health:</p> <ul style="list-style-type: none"> • Good physical health • Developmental checks & immunisations up to date • GP & health appointments are kept • Regular dental and optical care • Developmental milestones met: speech & language, appropriate height & weight, healthy lifestyle • Sexual health and relationships appropriate for age • Good state of mental health • No substance misuse • Child with disabilities all needs are met by universal support <p>Education and Learning:</p> <ul style="list-style-type: none"> • Attends school, college, training • No barriers to learning • Achieving key stages • Has appropriate access to books and toys • Appropriate cognitive and language development <p>Emotional and Behavioural Development:</p> <ul style="list-style-type: none"> • Good early attachments • Demonstrates appropriate responses in feelings and actions <p>Identity:</p> <ul style="list-style-type: none"> • Positive sense of self & abilities • Demonstrates sense of belonging & acceptance • Confident in social situations, distinguishing between safe and unsafe contacts <p>Family and Social Relationship:</p> <ul style="list-style-type: none"> • Good, stable relationships with care givers • Good relationships with siblings • Positive relationships with peers <p>Self-Care Skills and Social Presentation:</p> <ul style="list-style-type: none"> • Development of appropriate self-care skills • Development of independence and independent living skills 	<p>Basic Care and Protection:</p> <ul style="list-style-type: none"> • Carers able to provide secure and consistent parenting & caring • Carers able to provide for children's needs and protect from danger and harm • Carers able to provide for child's physical needs <p>Emotional Warmth and Stability:</p> <ul style="list-style-type: none"> • Shows warm regard, praise and encouragement • Ensures secure attachments are not disrupted • Provides consistent emotional warmth over time <p>Guidance, Boundaries and Stimulation:</p> <ul style="list-style-type: none"> • Provides appropriate guidance and boundaries to help child develop appropriate values • Supports development through interaction and play • Facilitates access to leisure services and activities <p>Family and Environmental Factors</p> <p>Family History and Functioning:</p> <ul style="list-style-type: none"> • Good family relationships including when parents are separated and/or reconstructed • Positive relationships with wider family and networks <p>Housing, Employment and Finance:</p> <ul style="list-style-type: none"> • Appropriate accommodation, facilities and amenities • Appropriate levels of hygiene and cleanliness • Not living in poverty <p>Family Social Integration:</p> <ul style="list-style-type: none"> • Family feels integrated into the community • Good social and friendship networks exist <p>Community Resources:</p> <ul style="list-style-type: none"> • Family accessing universal services • Community supportive of families with children & young people
Service Providers	
Families Information Service; Health Visiting Service; Midwifery Services; General Practitioners; Early Years; Children's Centres; Education; Schools & Special Schools; Play & Youth Services; Leisure Services; Voluntary & Community Sector; Community Policing; Police.	

ADDITIONAL SUPPORT

Child and Family with some Additional Needs

Child and family are experiencing problems requiring universal services to work together with other support services to prevent problems increasing.

Assessment Framework Indicators

Child and Young Person Health and Development	Parents and Carers
<p>Health:</p> <ul style="list-style-type: none"> • Not reaching developmental milestones • Registered with GP & Health services • Missing routine and non-routine health appointments • Concerns about weight and diet, poor nutrition, obesity • Concerns about hygiene, clothing • Dental decay and not accessing treatment • Concerns about sexual health and relationships • Pregnant under 17 • Disability requiring support services • Mental health issues emerging <p>Education and Learning:</p> <ul style="list-style-type: none"> • Few opportunities to play, socialisation, stimulation • Poor school attendance • Poor links with home, childcare, school • At risk of fixed term exclusion • Additional learning needs, school action or school action plus • Lack of confidence in self as a learner • Disengagement from school and education • Not achieving key stage benchmarks <p>Emotional and Behavioural Development:</p> <ul style="list-style-type: none"> • Mental and emotional health concerns • Unable to express emotions or cope • Disruptive or anti-social behaviour • Involved in criminal activity / offending • Uses substances • Experiences bullying • Victim of crime <p>Identity:</p> <ul style="list-style-type: none"> • Some insecurity around identity • Poor sense of self and low self esteem • Child prevented from making links with own community <p>Family and Social Relationship:</p> <ul style="list-style-type: none"> • Dysfunctional/inconsistent family relationships • Lack of positive role models • Lack of friends / social network • Receiving poor/inconsistent standards of care • Undertaking caring duties, young carer <p>Self-Care Skills and Social Presentation:</p> <ul style="list-style-type: none"> • Poor self-care skills, poor hygiene • Slow to develop or takes no responsibility for self-care skills • Over protected/unable to develop independence • Lacks sense of safety 	<p>Basic Care and Protection:</p> <ul style="list-style-type: none"> • Parent requires advice and guidance on parenting capacity and abilities • Mental / physical health needs may affect ability to provide basic care • Concerns about substance misuse may impact on ability to provide basic / adequate care • Concerns and suspected domestic violence • Teenage parent • Cared for adult <p>Emotional Warmth and Stability:</p> <ul style="list-style-type: none"> • Child perceived to be a problem by parent • Poor maternal health – not accessing ante or post-natal health care / concealed pregnancy / post-natal depression • Attachment issues <p>Guidance, Boundaries and Stimulation:</p> <ul style="list-style-type: none"> • Inconsistent boundaries and lack of routine • Parent provides limited stimulation/interaction • Condone absence from school • Child is not exposed to new experiences • Lack of interaction/stimulation inside and outside of home, lack of toys/games in house <p style="background-color: #ffff00;">Family and Environmental Factors</p> <p>Family History and Functioning:</p> <ul style="list-style-type: none"> • Family have conflicts / difficulties which may affect the children • Experience loss of significant adult • History of involvement with statutory services • Parent previously looked after by Local Authority • Caring for adult or siblings, young carer • Carer is not getting a break from the care of their disabled child and this could be facilitated by access to additional support <p>Housing, Employment and Finance:</p> <ul style="list-style-type: none"> • Poor housing • Poor financial planning / debt • Stress factors impacting on ability to adequately care for children • Not in employment, education and/or training <p>Family Social Integration:</p> <ul style="list-style-type: none"> • Poor social networks and friendship networks • Family socially isolated / excluded • Family seeking asylum or refugees <p>Community Resources:</p> <ul style="list-style-type: none"> • Family not accessing universal services • Parental engagement with services is poor and is impacting on their ability to meet the needs of the child

Additional Needs Emerging

Initiate Early Help Child or Family Assessment and record evidence to establish appropriate action plan and collaboration of services to meet needs.

Consider: Team around the Child and/or Family and identification of a Lead Professional

Examples of Assessment, Approaches and Interventions

- Early Help Assessment / Common Assessment Framework (CAF)
- Family Assessment – Priority Families
- Signs of Safety Approach
- Education Health & Care Plan (EHCP)
- Early Support Programme (ESPCAF)
- Parent Assessment Manual (PAM)
- Portage Assessment – Home Based Precision Teaching
- Early Years Action/Early Years Action Plus
- School Action/School Action Plus
- Ngage
- Solihull Approach
- Motivational Interviewing
- Solution Focused Brief Therapy
- Parenting Programmes
- Children’s Centre 0-5 Activities and Early Learning sessions
- Children’s Centres Targeted Group work
- Children’s Centres - Forest Schools Education outdoor activities
- Play & Youth Activities
- 2 Year Old Early Learning Programme

Please also refer to the following information as appropriate:

- Local Offer for Special Educational Needs and Disabilities
- Disabled Children’s Teams Access to Short Breaks
- Pathway for Children and Young People with Behavioural, Emotional or Mental Health Needs
- The Teenage Pregnancy Pathway

Service Providers

- Families Information Service
- Health Visiting Service
- Midwifery Services
- General Practitioners
- Early Years
- Children’s Centres
- Schools & Special Schools
- School Nursing
- Play & Youth Services
- Leisure Services
- Voluntary & Community Sector
- Targeted Youth Support
- Education Welfare Service
- Community Child and Adolescent Mental Health Services
- Self Harm Awareness & Resource Project
- Short Breaks Offer
- Base 51 Service for Young People
- Contraception and Sexual Health Services
- Domestic Violence & Abuse Services
- NHS Therapeutic Services
- Family Nurse Partnership
- Counselling Services
- Drug and Alcohol services
- Inclusive Education Services
- Parent Partnership
- Community Policing
- Police
- Housing Services
- Futures
- Job Centre Plus

EXTENSIVE SUPPORT

Child and Family with some Additional Needs

Child and family are experiencing problems requiring universal services to work together with other support services to prevent problems increasing.

Assessment Framework Indicators

Child and Young Person Health and Development	Parents and Carers
<p>Health:</p> <ul style="list-style-type: none"> • Life threatening conditions • Chronic or recurring health problems • Substantial and lifelong disability needing enhanced or specialist offer of short breaks • Substantial and lifelong disability needing enhanced or specialist offer of short breaks • Serious obesity • Multiple A & E attendance causing concern • Misses routine and non-routine health appointments • Pregnant under 17 • Inappropriate sexual activity and relationships <p>Education and Learning:</p> <ul style="list-style-type: none"> • Education Health Care plan requiring intensive support • Pre-school child under stimulated impairing development • Persistent absenteeism from school with or without parental acceptance • Behaviour leads to risk of permanent exclusion or previous permanent exclusion • Multiple temporary exclusions • High level of intensive support in school to meet education needs • Not achieving key stage bench marks • Crime used as an alternative to education or to fill time <p>Emotional and Behavioural Development:</p> <ul style="list-style-type: none"> • Significant attachment issues • Significant mental health needs, emotional and behavioural difficulties • Behaviour puts own life at risk-self harming / suicide attempts • Self-harm concerns in relation to children aged 5-10 • Witnesses and experiences domestic violence & abuse • Persistent and problematic involvement in alcohol / substance misuse • At risk of sexual exploitation • Missing from home /care • Disruptive violent, anti-social behaviour • Involved in criminal activity • Beyond parental control • Placed in custody <p>Identity:</p> <ul style="list-style-type: none"> • Difficulty in accepting/identifying race, gender, sexuality • Subject to discrimination • Significant low self esteem • Involved in gang culture / associates with criminals • Extremist views 	<p>Basic Care and Protection:</p> <ul style="list-style-type: none"> • Mental or physical health problems, learning disability impacts on ability to provide care for child /family • Chaotic substance misuse severely impacts on ability to provide care for child /family • Pregnant care leavers up to 25 yrs. concerns exist about lifestyle and ability to provide suitable care • Providing substantial care to a child with substantial and lifelong disabilities whose needs cannot be met by additional support • Incidents of domestic violence / abuse • Teenage parent(s) • Cared for adult <p>Emotional Warmth and Stability:</p> <ul style="list-style-type: none"> • Significant attachment issues • Parent critical of child and provides little warmth, encouragement or praise • Inconsistent parenting • Poor maternal health / post-natal depression <p>Guidance, Boundaries and Stimulation:</p> <ul style="list-style-type: none"> • Significant attachment issues • Parent critical of child and provides little warmth, encouragement or praise • Inconsistent parenting • Poor maternal health / post-natal depression <p>Family and Environmental Factors</p> <p>Family History and Functioning:</p> <ul style="list-style-type: none"> • History or current problematic substance misuse (parent / sibling) • Family involved in or history of criminal activity • Acrimonious divorce/separation • Parent in prison • Caring for adult or siblings, young carer <p>Housing, Employment and Finance:</p> <ul style="list-style-type: none"> • All children in homeless accommodation for more than 6 months • Serious debts / financial exclusion / poverty • Unable to meet family's basic needs, (heat, food, clothing, hygiene) and ability to care for child • Inaccessible housing or need for aids and adaptations • Parent impairment affects access to education and training

Family and Social Relationship:

- Socially excluded and isolated
- Regularly needed to care for another family member / young carer
- Peers involved in anti-social behaviour

Self-Care Skills and Social Presentation

- Independence beyond years
- Poor self-care skills
- No support given to develop self-care skills and independence
- Presents as being neglected, persistent hygiene problems/clothes regularly unwashed
- Undertaking caring duties, young carer

Family Social Integration:

- Family significantly socially excluded / isolated
- Escalating victimisation / harassment
- Family seeking asylum or refugees
- Transient family

Community Resources:

- Non-engagement with services and community
- Services not meeting needs of family
- Services and community resources not accessible to family

Examples of Assessment, Approaches and Interventions

- Early Help Assessment / Common Assessment Framework (CAF)
- Family Assessment – Priority Families
- Signs of Safety Approach
- Specialist Occupational Therapy (OT) Assessment by Disabled Children’s Team
- Early Support Programme
- Ngage
- Domestic Abuse Risk Identification Form
- Portage Assessment – Home Based Precision Teaching
- Education Health & Care Plan (EHCP)
- Parent Assessment Manual (PAM)
- Drugs and Alcohol (Hidden Harm Assessment)
- Schools Assessments
- CAMHS Assessments
- Solihull Approach
- Solution Focused Brief Therapy
- Motivational Interviewing
- Parenting Programmes - Triple P, Webster Stratton (Incredible Years), Strengthening Families Strengthening Communities
- Multisystemic Therapy Intervention (MST)

Please also refer to the following information as appropriate:

- Local Offer for Special Educational Needs and Disabilities
- Disabled Children’s Teams Access to Short Breaks
- Pathway for Children and Young People with Behavioural, Emotional or Mental Health Needs
- The Teenage Pregnancy Pathway

Support needs increasing and/or continuing support

Continue a multi-agency Early Help Child or Family Assessment and consider more support services

- Form Team around the Child and/or Family
- Allocate Lead Professional role
- Multi-Agency Action Plan
- Use Specialist Assessments as part of multi-agency action plan
- Regular meetings to review plan and intervention

Service Providers

- | | | |
|---|---|---|
| <ul style="list-style-type: none"> • Families Information Service • Health Visiting Service • Midwifery Services • General Practitioners • Early Years; Children’s Centres • Schools & Special Schools • School Nursing • Play & Youth Services • Leisure Services • Voluntary & Community Sector • Targeted Youth Support • Education Welfare Service • Community Child and Adolescent Mental Health Services • Multi-Systemic Therapy and MST Child Abuse & Neglect | <ul style="list-style-type: none"> • Self Harm Awareness & Resource Project • Short Breaks Offer • Base 51 Service for Young People • Contraception and Sexual Health Services • NHS Therapeutic Services • Family Nurse Partnership • Counselling Services • Drug and Alcohol services • Inclusive Education Services • Parent Partnership • Community Policing • Housing Services • Futures • Job Centre Plus • Disabled Children’s Team | <ul style="list-style-type: none"> • Family Intervention Project • Paediatricians • Palliative Care Services • Children’s Development Centre (City Hospital) • Adult Mental Health Services • Clinical Psychologists • Drug Treatment Services • Domestic Abuse & Violence Services • Community Education Psychology • Learning Centres (Pupil Referral Unit) • Special Educational Needs Services • Transitions Team |
|---|---|---|

PROTECTION & SPECIALIST

CHILD IN NEED OF PROTECTION

Child is suffering or likely to suffer significant harm.

Assessment Framework Indicators

Child and Young Person Health and Development

Health:

- Substantial, lifelong disability, complex health needs, extreme challenging behaviour, significant learning disabilities, autistic spectrum disorder with safeguarding concerns
- Severe/ chronic health problems
- Acute mental or physical health needs
- Dental decay no access to treatment
- Seriously obese or underweight
- Inappropriate and/or unsafe sexual activity and relationships

Education and Learning:

- No educational provision
- Permanently excluded from school
- Significant development delay due to neglect / poor parenting

Emotional and Behavioural Development:

- Victim of trafficking
- Fabricated or induced illness
- Sexual activity under 13
- Sexual exploitation
- Female genital mutilation
- Watchful and wary of carers / people
- Causes significant harm/abuse to others through violent or sexual offending
- Endangers own life through self-harm/substance misuse, including alcohol, eating disorder
- Self-harm concerns in relation to children aged 5-10
- Significant attachment and emotional difficulties

Identity:

- Experiences persistent discrimination
- Is socially isolated and lacks positive role models
- Alienates self from others
- Significantly distorted self-image
- Significant low self esteem
- Extremist views

Family and Social Relationship:

- Unaccompanied asylum seeker
- Pregnancy where there have been previous child protection concerns
- Forced marriage of a child under 18 yrs.
- Subject to Anti-Social Behaviour Order (ASBO) or Acceptable Behavioural Contract (ABC)
- Young carer has significant responsibilities that result in neglect
- Looked after child
- Care leaver

Self-Care Skills and Social Presentation

- Unable to make positive choices for self
- Significant self-neglect due to substance misuse

Parents and Carers

Basic Care and Protection:

- Child previously subject to Child Protection Plan
- Child previously removed from parents care
- Families with history of statutory involvement and repeat referrals to Social Care
- Parents/Carers do not accept concerns, fail to or are unwilling to engage in extensive support offered
- Parents unable to provide care for child that is safe
- Victim of crime
- Persistent domestic violence / abuse

Emotional Warmth and Stability:

- Inconsistent parenting / highly critical / apathetic towards child, impairing the child's emotional development
- Child rejected or abandoned

Guidance, Boundaries and Stimulation:

- Involved in serious criminal acts that may impact on the child e.g. drug dealing, anti-social behaviour
- No effective boundaries, guidance, positive stimulation set by parents

Family and Environmental Factors

Family History and Functioning:

- Chronic substance misuse
- Persistent anti-social behaviour within family

Housing, Employment and Finance:

- Extreme poverty/debt impacting on ability to care for child/children
- Chronic and long term unemployment due to significant lack of basic skills or long standing issues such as substance misuse / offending
- Accommodation places the child in physical danger
- No fixed abode or homeless

Family Social Integration:

- Family extremely socially excluded / isolated
- Persistent transient families

Community Resources:

- Family refuse access to services and community resources

Examples of Assessment, Approaches and Interventions

Specialist needs or risk assessments as required such as:

- Children's Assessment
- Signs of Safety Approach
- Strategy Meeting & Section 47 Enquiry
- Core Group Meetings
- Section 17 Child in Need and Plan
- Section 20 Provision of Accommodation for Children
- Child Protection Conference
- Child Protection Plan
- Discharge Planning meeting
- Legal Planning Meetings
- Multi-agency Pregnancy Liaison Group
- Pre-Birth Assessment
- Section 31 Care Proceedings
- Children in Care - Care Plan
- Placement Panel
- Private Fostering Assessment
- Edge of Care Panel
- Multisystemic Therapy
- Multisystemic Therapy Child Abuse & Neglect
- Asset Risk of Serious Harm
- Multi-Agency Public Protection Arrangements
- Restorative Justice Panels
-

Please also refer to the following information as appropriate:

- Local Offer for Special Educational Needs and Disabilities
- Disabled Children's Teams Access to Short Breaks
- Pathway for Children and Young People with Behavioural, Emotional or Mental Health Needs
- The Teenage Pregnancy Pathway

Service Providers

- | | | |
|---|---|---|
| <ul style="list-style-type: none"> • Families Information Service • Health Visiting Service • Midwifery Services • General Practitioners • Early Years • Children's Centres • Schools & Special Schools • School Nursing • Play & Youth Services • Leisure Services • Voluntary & Community Sector • Targeted Youth Support • Education Welfare Service • Community Child and Adolescent Mental Health Services • Multi-Systemic Therapy and MST Child Abuse & Neglect • Self Harm Awareness & Resource Project | <ul style="list-style-type: none"> • Short Breaks Offer • Base 51 Service for Young People • Contraception and Sexual Health Services • NHS Therapeutic Services • Family Nurse Partnership • Counselling Services • Drug and Alcohol services • Inclusive Education Services • Parent Partnership • Community Policing • Housing Services • Futures • Job Centre Plus • Disabled Children's Team • Family Intervention Project • Paediatricians • Palliative Care Services • Children's Development Centre | <ul style="list-style-type: none"> (City Hospital) • Specialist Child and Adolescent Mental Health Services • Adult Mental Health Services • Clinical Psychologists • Drug treatment services • Domestic Abuse & Violence Services • Community Education Psychology • Learning Centres (Pupil Referral Unit) • Special Educational Needs Services • Transitions Team • Children's Social Care Teams • Targeted Support Team • Children in Care Teams • Children's Residential Care Services |
|---|---|---|

ESCALATION PROCESS

Resolving Inter-Agency Disagreements

To ensure positive multi-agency working, a discussion between partner agencies and Social Care about the nature and level of concern and the most appropriate level of intervention is expected. It is essential, however, that practitioners from all agencies do not let these discussions take the focus away from the welfare of the child and the need to safeguard and promote welfare.

In some cases, a more formal mechanism is required to assist in the speedy resolution of disagreement using problem solving and mediation, particularly when responding to complex cases. It is generally accepted that all agencies manage risks in different ways and that these differences are mostly helpful in providing checks and balances in work with families. There is a need, however, to avoid polarisation by different agencies. Where this occurs there is a risk that the focus on the child will be lost and services can lose sight of the needs of the child.

It is impossible to set strict timescales for the resolution of disagreements, however good practice would dictate that we should resolve them as soon as it practically possible and in some cases where there is a perceived high level of risk, this should be resolved as far as is possible within a 24-hour period.

There are two examples at which conflict may arise most frequently:

1. When agencies make referrals into Social Care and a decision is made not to accept a referral. When this occurs, feedback should be made to the referrer verbally within 24 hours. If disagreement occurs this needs to be resolved quickly to prevent drift. Where possible the disagreement should be resolved within 48 hours, however the mediation stages could take longer. The stages are as follows:

- If the referrer is unhappy with the response from the Duty Social Care Worker, they should seek to raise their concerns with the Duty Manager and the time in which this should be done is dependent on the level of concern but again attempts should be made to resolve this within 24-48 hours. If the situation is deemed to be high risk then attempts to raise and resolve this should be done within a much quicker timeframe.
- Should this fail to resolve the issue and the referrer remains concerned about the child's welfare, the referrer should liaise with their line manager or the safeguarding lead for their agency. The line manager or safeguarding lead should then discuss the issues with the Duty Team Manager.
- Where disputes about access to Social Care services remain, the line manager or safeguarding lead should take their concerns to the Duty Service Manager. In most situations it is hoped this would lead to a resolution.
- If concerns are not resolved at this stage the concern should be escalated up to Head of Service, for Duty & Targeted Family Support and ultimately the matter will be resolved by the Director of Children's Integrated Services and their equivalent in the Agency concerned.

2. Where agencies have concerns about families, already open to Social Care and this concern is not shared by the allocated Social Worker. In this instance a similar process is to be followed:

- If the referrer is unhappy with the response from the Fieldwork Social Care Worker, they should seek to raise their concerns with the appropriate Team Manager and the time in which this should be done is again dependent on the level of concern but as before, attempts should be made to resolve this within 24-48 hours. If the situation is deemed to be high risk, then attempts to raise and

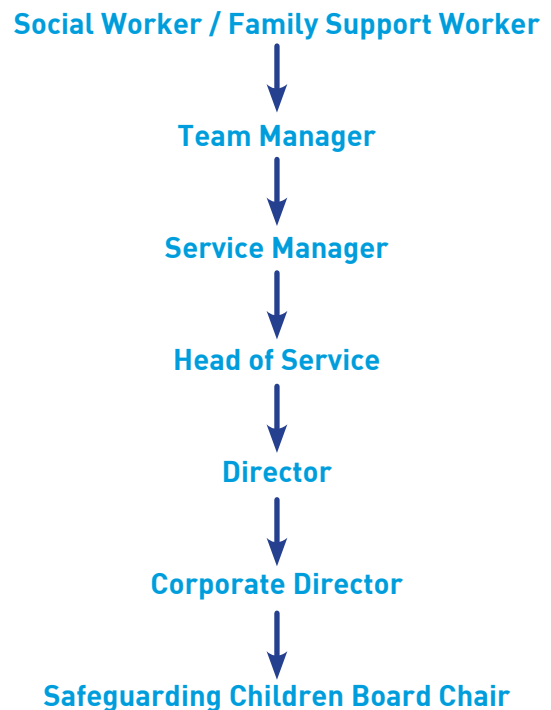
resolve this should be done within a much quicker timeframe.

- Should this fail to resolve the issue and the referrer remains concerned about the child's welfare, the referrer should liaise with their line manager or the safeguarding lead for their agency. The line manager or safeguarding lead should then discuss the issues with the appropriate Team Manager. Again if this fails to resolve the issue, the safeguarding lead should seek to liaise with the relevant Service Manager for that area.

It is important to note that in some situations it may be difficult to contact the Social Worker or Team Manager in a timely manner. If this is the case, contact should be made with the relevant Service Manager. Again this should be done within a timeframe which is commensurate with the situation and the perceived level of risk. This may need resolving at the earliest point possible (i.e. within a matter of hours) or within a 24 hour period depending on perceived level of risk.

Escalation processes should be followed through an agency's line management structure.

For example in Fieldwork Social Care Teams,



CONTACTS

Children & Families Direct Hub	0115 876 4800
Families Information Service	0800 458 4114
Emergency Duty Team	0115 876 1000
Disabled Children's Team	0115 883 8266
Child & Adolescent Mental Health Team	0115 915 8900
Prevent	0115 876 5512



USEFUL INFORMATION

For more information on the following themes please visit the Children's Partnership website www.nottinghamchildrenspartnership.co.uk

- Children and Families Direct www.nottinghamcity.gov.uk/cfd
- Priority Families
- Teenage Pregnancy Pathway
- E-learning for Integrated Workforce Core Development Standards

For more information on Special Educational Needs and Disabilities please visit Nottingham City Council website

- Local Offer for Special Education Needs and Disabilities
- Education, Health and Care Plans

For more information about Support for Children and Young People with Mental Health Issues please visit:

- Pathway for Children and Young People with Behavioural, Emotional or Mental Health Needs www.nottinghamcity.nhs.uk/portal-for-general-practice/pathway-cyp-bemhn.html
- Self-Harm Awareness Resource and Project www.nottinghamcity.gov.uk

Further information on the following themes can be found on the Safeguarding Children Board website:

www.nottinghamcity.gov.uk/children-and-families/safeguarding-children/safeguarding-children-procedures-and-practice-guidance-documents/

- Guidance to Support Practitioners with Emotional Abuse – Inter-Agency Practice Guidance http://nottinghamshirescb.proceduresonline.com/files/guide_pract_emot_abuse.pdf
- Safeguarding Babies at Birth Practice Guidance http://nottinghamshirechildcare.proceduresonline.com/pdfs/sg_babies.pdf
- Inter-Agency Practice Guidance in relation to Children & Domestic Abuse www.equation.org.uk/wp-content/uploads/2012/12/s-Board-Guidance-on-children-and-domestic-violence.pdf

PREVENT Duty Guidance and Training

For further information or if you have concerns about an individual, speak to your manager in the first instance.

Before any decision to make a referral contact: Nottinghamshire Police Prevent Team prevent@nottinghamshire.pnn.police.uk or call 101 and ask for Nottinghamshire's Prevent Team who can advise you.

If you want to discuss Prevent arrangements, including training or other general queries, please contact Steve Harrison, Cohesion, Community Protection on the number above.

APPENDIX 1 - CHILD SEXUAL EXPLOITATION (CSE)

Child Sexual Exploitation is different from 'traditional' forms of child abuse. The current Local Authority mechanisms for statutory child protection were originally designed to protect children from abuse and neglect inflicted by family members in their home environment. The work of child protection services has also been extended to tackle individual perpetrators amidst our communities and perpetrators who have managed to manipulate access to vulnerable children through working for schools, community groups or even children's residential care services.

CSE is a form of abuse in which children are sexually exploited. The nationally agreed definition of CSE is:

- sexual exploitation of children and young people under 18 involving exploitative situations, contexts and relationships where the young person (or third person/s) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or others performing on them, sexual activities.
- child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post images on the internet/mobile phones.

CSE can be highly organised and committed by lone perpetrators or operate across groups of dangerous adults. Groups or gangs of dangerous adults can be working together as an organised criminal network, with the purpose of grooming children in order to abuse them and make money from their abuse by others.

Violence, coercion and intimidation are commonly linked to CSE. Involvement in exploitative relationships is characterised by the child's or young person's limited availability of choice, as a result of their social, economic or emotional vulnerability. A common feature of CSE can be that the child or young person

does not recognise the coercive nature of the relationship with perpetrators and may not see themselves, at least initially, as a victim of exploitation.

The children who are most at risk of being targeted by CSE perpetrators are children who:

- are frequently 'missing' from school, home or residential care
- are vulnerable due to living in neglectful households
- have been separated or trafficked
- are unaccompanied and seeking asylum
- are living in residential care.

When taking into account the complex and devious nature of serious, organised criminals, it is clear that addressing CSE requires a broader, cross-agency response. Sometimes the perpetrators are organised through criminal networks which have been established for other elements of criminality, such as drug dealing, money laundering or intimidation.

To disrupt the activities of serious organised criminals, new mechanisms are needed including a national approach for local authorities, the Police and other partners to co-ordinate all intelligence relating to their prevention, protection and prosecution activities.



APPENDIX 2 - PREVENT DUTY 2015

From 1 July 2015 authorities and agencies are subject to the Prevent Duty under section 26 of the Counter-Terrorism and Security Act 2015.

The Prevent objectives are as follows:

- Respond to the ideological challenge of terrorism and the threat from those who promote it.
- Prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support.
- Work with sectors and institutions where there are risks of radicalisation that we need to address.

There has been an awareness of the specific need to safeguard children, young people and families from violent extremism. There have been attempts to radicalise vulnerable children and young people to hold extreme views including views justifying political, religious, sexist or racist violence or to steer them into a rigid and narrow ideology that is intolerant of diversity and leaves them vulnerable to future radicalisation.

Keeping children safe from these risks is a safeguarding matter and should be approached in the same way as safeguarding children from other risks. Children should be protected from messages of all violent extremism.

There is no standard template for radicalisation but issues that may make an individual vulnerable to radicalisation can include:

- **Identity crisis** – distance from cultural, religious heritage and uncomfortable with their place in the society around them
- **Personal crisis** – Family tensions, sense of isolation, adolescence low self-esteem, disassociating from existing friendship group and becoming involved with a new and different group of friends, searching for answers to questions about identity faith and belonging

- **Personal circumstances** – Migration, local community tensions, events affecting country or region of origin, alienation from UK, values having a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy
- **Unmet Aspirations** – perceptions of injustice feeling of failure rejection of community values
- **Criminality** – Experiences of imprisonment previous involvement with criminal groups

However those closest to the individual may first notice the following changes of behaviour:

- Use of inappropriate language
- Possession of violent extremist literature
- Behavioural changes
- The expression of extremist views
- Advocating violent actions and means
- Association with known extremists
- Seeking to recruit others to an extremist ideology

It should be borne in mind that someone radicalised over the internet may exhibit little change in behaviour.

Practitioners should ensure that assessments place behaviour in the family and social context of the young person and include information about the young person's peer group and conduct and behaviour at school. Holding radical or extreme views is not illegal but inciting a person to commit an act in the name of any belief is in itself an offence. The safeguarding aim should be to engage with the young person and if there is a cause for concern, to ensure that such views are constructively challenged before an offence is committed.

APPENDIX 3 - PRIORITY FAMILIES

Priority Families are families with multiple problems who are most likely to benefit from an integrated, whole family approach.

To be eligible each family must have at least two of the following six problems relating to at least two people (2/2):

- Parents or children involved in **crime or anti-social behaviour**.
- Children who have not been **attending school regularly**.
- **Children who need help**: children of all ages, who need help, are identified as in need or are subject to a Child Protection Plan.
- **Adults out of work** or at risk of financial exclusion or **young people at risk of worklessness**.
- Families affected by **domestic violence and abuse**.
- Parents or children with a range of **health problems**.

Adult behaviours and health problems are key to understanding parenting capacity, which can be impaired to a greater or lesser degree by their specific needs, risks and protective factors.

The four Priority Families Principles for the Operating Model:

1. **Lead Worker** recognised by the family and professionals involved.
2. **Assessment** to take into account the needs of the *whole* household.
3. A **Family Plan** takes account of all household members.
4. The Family Plan **objectives align** with the outcomes in the **Priority Family Outcomes Plan**.



APPENDIX 4 - PRIORITY FAMILIES OPERATING MODEL AND FAMILY SUPPORT PATHWAY LEVELS OF SUPPORT

Additional Support	Additional Support	Extensive Support	Protection
Early Help Services Education Welfare	Police Housing Schools & School Nurses Targeted Youth Support	Targeted Family Support Services Family Intervention Project Youth Offending Team Health	Social Care Fieldwork Teams
Case Allocation	Case Allocation	Case Allocation	Case Allocation
Early Help Family Assessment	Early Help Family Assessment	Early Help Family Assessment	Statutory Child Protection or Child in Need procedures and processors
Agency Liaison Or Multi-Agency meeting where appropriate	Multi-Agency Meeting	Multi-Agency Meeting	
Plan	Plan	Plan	
Intervention	Intervention	Intervention	Family Support provided by Qualified Social Worker
Family Support work provided by Lead Worker	Family Support commissioned by Lead Worker	Family Support provided by Lead Worker	
Review	Review	Review	
Case Closure	Case Closure	Case Closure	Case Closure
Outcomes & Next Steps e.g. Transfer /Step Across →	← Outcomes & Next Steps e.g. Transfer /Step Across →	← Outcomes & Next Steps e.g. Transfer /Step Across →	← Outcomes & Next Steps e.g. Transfer /Step Across



APPENDIX 5 - SIGNS OF SAFETY

The Signs of Safety (SOS) model is a strengths-based, safety-organised approach to child protection work. It expands the investigation of risk to encompass strengths and signs of safety to make an overall judgment of safety, using a safety and well-being scale of 0-10. Where 10 means that everything that needs to happen for the child to be safe and well is happening and no extra professional involvement is needed and where 0 means things are so bad the child is no longer able to live at home.

A judgement needs to be made to determine the current level of concern/need for the child. The judgement is undertaken by children, families and professionals where they rate the situation right now. The most important aspect about scaling is to understand people's explanations for where they are on the scale. It aids discussion around what's already happening in the family and what steps need to be taken so that change will take place.

The tools used in Signs of Safety have a wider application to all levels of work and different settings where workers need to communicate with children about their feelings and engage families in making changes.

The Signs of Safety model is about building on the strengths and safety already present within families to create resilience and encourage families to find their own solutions to what's happening in their lives. Safety and wellbeing is not created in services but within families homes. Practitioners work with the child/young person, their family and their support network to build safety for the child/young person.

Good Quality Assessment

The framework within SOS allows practitioners to critically think through and analyse the information gathered about a child and their family; mapping out their thinking about what's happening and what they need to see the family doing in order to know the child/young person is safe or that their needs are being met. This process provides a clear understanding of the current situation for that child and family.

The Framework for Signs of Safety

Involving Children and Young People is at the centre of Signs of Safety and there are a range of practical tools to support children to express their wishes and feelings.

Family safety circles help to identify the people who are part of the child's/young person's safety and support network.

Three houses help to explore with the child/young person what worries they have, what is good in their lives and what would they like to see or have happen.

Words and pictures help families and professionals explain to a child/young person what has happened to them, what people are worried about and what people are doing about these worries.

The safety house is designed to be used with child/young person to find out what safety means to them, and what needs to happen to make them feel safe and keep safe.

The future house is used as a means of gaining family members' views about what safety and wellbeing for their child/young person will look like in the future.

The SOS framework consists of four key questions:

1. **What's working well?** – Strengths and Safety
2. **What are we worried about?** - Dangers, Risks and Needs
3. **How worried are we?** – Safety and Wellbeing Scale including Danger and Worry Statements
4. **What needs to happen?** - Safety/Wellbeing Goals

APPENDIX 6 - INTEGRATED WORKFORCE – CORE DEVELOPMENT STANDARD

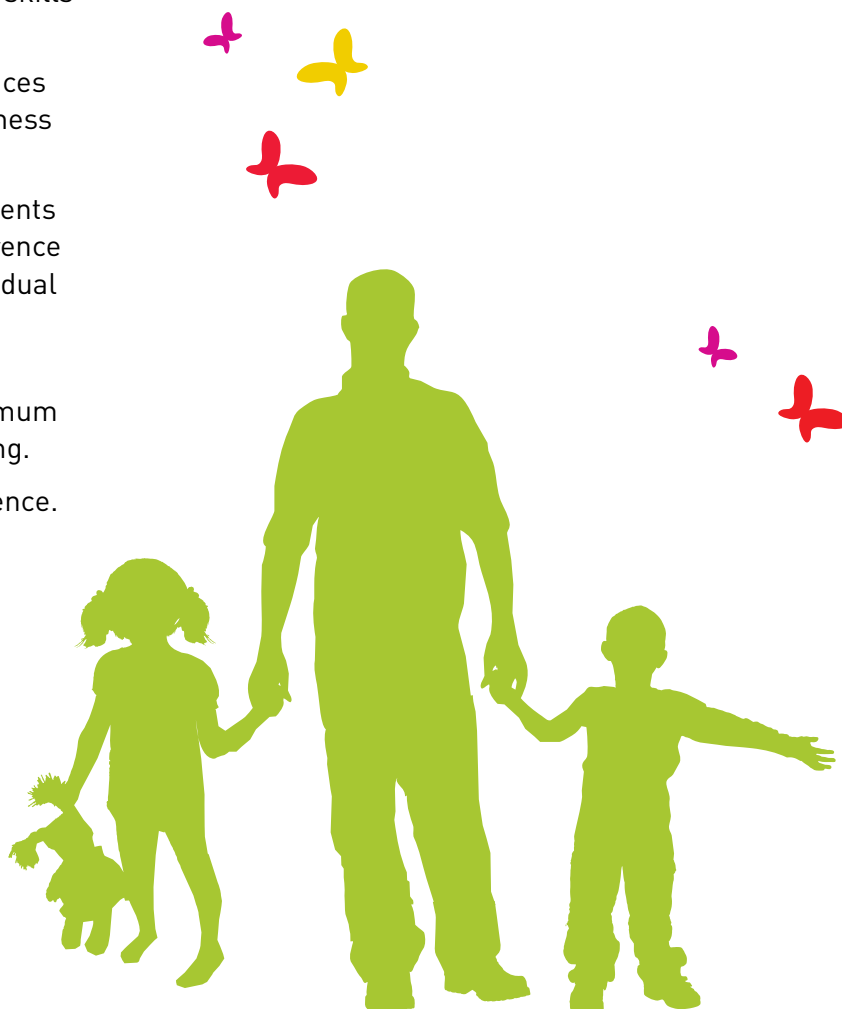
The Core Development Standard sets out to provide a framework for considering standardised essential development to be undertaken by individuals across the children's workforce, from those who have no direct contact with children and families to those who have direct contact; ensuring that all individuals are trained adequately to do their jobs effectively and meet national guidance.

The Core Development Standard will help achieve:

- Coherent and logical training provisions based on not just individual needs, but on nationally recognised role competencies and the wider needs of others.
- Wider participation in key training activities and increased individual knowledge and skills in critical areas.
- Common professional knowledge, practices and vocabulary, and an improved awareness of other service areas.
- Potential for service standard improvements through better networking, closer adherence to processes and improvements to individual capacities.
- Greater service user and organisational protection through enforcement of minimum standards and documentation for auditing.
- Improved training robustness and resilience.

What training will people receive?

All individuals will be expected to engage with the Core Development Standard as a condition of their work with the Nottingham Children's Partnership. Depending on an individual's role and the regularity with which they have contact with children and their families individuals will either be expected to undertake the different levels of training about the frequent courses being offered for individuals to enrol onto. Training is available for colleagues who have no direct contact with service user covers on fundamental topics delivered solely by e-learning, and can be completed through self-directed study, at a time and location of an individual's own choosing.



The minimum skills and knowledge expected for the

Communication and Engagement

- Trust and respect
- Consulting, informing and negotiating Active listening and empathy
- Clear language
- Choices and decision making

Social Work Knowledge Skills Ref: 2, 3, 7, 9

Child Development

- Physical, intellectual, linguistic, social and emotional growth
- Developmental difficulties
- Attachment
- Understanding mental health
- Recognising the need for Referral

Social Work Knowledge Skills Ref: 2, 3, 4, 5, 6

Supporting T

To support development of skills and knowledge listed a

For colleagues and managers who have NO or MINIMAL DIR

E-learning portfolio – free e-learning

- Forming and maintaining relationships
- Barriers to communication
- Communicating in challenging situations

- Theories on child development
- Parental mental health – think child, think parent and think family
- Parental substance misuse – the impact on children

For all colleagues and managers who have DIRECT C

- Introduction to working with children and families in the city (including child development)

- Solihull Approach (Attachment) (including child development)

- Good assessment skills
- N-Gage assessment toolkit

- Practical approaches and tools for child development

Colour code: Universal support

Additional support

For further information and details of the e-learning please go to the Nottingham Chil

the whole workforce from the Workforce Strategy

Integrated Working and Information

- Sharing
- Early intervention
- Informed consent
- Referrals and communication
- Multi-agency Teams and Networks (CAF)

Social Work Knowledge Skills Ref: 1, 2, 5, 6, 7, 9, 10

Safeguarding and Welfare

- Identifying harmful behaviour, neglect or abuse
- Legal obligations for disclosure
- Understanding risk factors and effects
- Facilitating discussion
- Listening to concerns
- Planning solutions

Social Work Knowledge Skills Ref: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10

Transitions

Knowledge and Skills Ref: 1, 10

above some development options are described below

CONTACT with children, young people or their families

and Bite-sized Learning Worksheets

- Information sharing overview
- Overview of communication skills in social work
- Priority families IT platform

- Excellence in Safeguarding tool
- Female Genital Mutilation (FGM)
- Child Sexual Exploitation (CSE)

CONTACT with children, young people or their families

- CAF Awareness

- Using CAF and understanding the role of the lead professional
- Priority families induction

- Introduction to safeguarding children
- Signs of safety awareness briefing
- Child sexual exploitation briefings

- Working together to safeguard children
- Self-harm awareness and suicide modules 1 and 2
- Mental health awareness

- Multi-agency risk assessment (MARAC)

Extensive support

Children's Partnership website: www.nottinghamcity.gov.uk/ics/TrainingSkillsDevelopment



NOTTINGHAM
CHILDREN'S
PARTNERSHIP



NOTTINGHAM CITY
Safeguarding
Children BOARD

Title of paper:	Young Carers Interim Joint Protocol	
Report to:	Children's Partnership Board	
Date:	Wednesday 13 th July 2016	
Relevant Director:	Helen Blackman, Director of Children's Integrated Services	Wards affected: ALL
Contact Officer(s) and contact details:	Tajinder Madahar 0115 8765027 Sara-Jane Brighthouse 0115 8764875	
Other officers who have provided input:		
Relevant Children and Young People's Plan (CYPP) priority or priorities:		
Safeguarding and supporting children and families: Children, young people and families will benefit from early and effective support and protection to empower them to overcome difficulties and provide a safe environment in which to thrive.		<input checked="" type="checkbox"/>
Promoting the health and wellbeing of babies, children and young people: From pregnancy and throughout life, babies, children, young people and families will be healthier, more emotionally resilient and better able to make informed decisions about their health and wellbeing.		<input checked="" type="checkbox"/>
Supporting achievement and academic attainment: All children and young people will leave school with the best skills and qualifications they can achieve and will be ready for independence, work or further learning.		<input checked="" type="checkbox"/>
Empowering families to be strong and achieve economic wellbeing: More families will be empowered and able to deal with family issues and child poverty will be significantly reduced.		<input checked="" type="checkbox"/>
Summary of issues (including benefits to customers/service users):		
<p>The law changed for Young Carers from April 2015 with the introduction of the Care Act 2014 and the Children & Families Act 2014, which means the Local Authority has a legal requirement to undertake and record a young carer's needs assessment as noted below.</p> <ul style="list-style-type: none"> • Care Act 2014 - A duty to consider the needs of children living in households where there is an adult who has a disability or impairment that requires help or care as part of a whole family assessment. • Children & Families Act 2014 - Young Carers entitled to an assessment of their support needs. <p>This report sets out Nottingham City Local Authority's response to meet the statutory duty by establishing a Young Carers Interim Joint Protocol working in partnership with Children's and Adult services, Carer's Federation- Action for Young Carers, Explore Family and Nottingham City Council Commissioning services.</p> <p>A significant amount of work has been undertaken during 2015 / 16 to meet this duty and the stakeholders meet regularly to review ways of working and the next steps.</p> <p>The Interim Joint Protocol was presented to the Children and Adult's Leadership team in December 2015 for approval and this was granted pending reference to the regional Memorandum of Understanding for work with Young Carers and advice to present at the Children's Partnership Board.</p> <p>The protocol is due to be reviewed in November 2016 and presented to Children's & Adult</p>		

Leadership Team for final approval.	
Recommendations:	
1	The Children’s Partnership to approve the Interim Joint Protocol between Children’s & Adult services and Action for Young Carers.

1. BACKGROUND AND PROPOSALS

Context

This report is to present the Young Carers Interim Joint protocol which sets out the pathway for support for young carers and the responsibilities of Nottingham City Council Children and Adult Services and the main commissioned provider, Carers Federation- Action for Young Carers (AYC) in light of the Children and Families Act and the Care Act 2014.

This document is an interim protocol with ongoing development work to establish a ‘Think Family’ approach to the identification, assessment and provision of support to young carers, their siblings and families. To prevent crises arising through early identification and intervention, and for assessment and support for families to be combined where appropriate. It supports the Memorandum of Understanding ‘Working Together to Support Young Carers and their Families’ to aid joint work between Children and Adult Services and Action for Young Carers.

For the Local Authority to meet the legal requirements to undertake and record a young carer’s needs assessment, an interim solution is in place.

Legislation

The law changed for Young Carers from April 2015.

Care Act 2014

A duty to consider the needs of children living in households where there is an adult who has a disability or impairment that requires help or care as part of a whole family assessment

Children & Families Act 2014

Young Carers are entitled to an assessment of their support needs. The law changed for Young Carers from April 2015.

What this means for local authorities

The legislation affects both Children’s and Adult services.

The local authority must ensure that a “Young Carer’s needs assessment” is carried out to decide the amount, nature and type of care the young carer provides or intends to provide. It must also consider the impact on the young carers and their family’s needs if the young carer or their parents request this or it is identified that the young carer is negatively affected by their caring role.

All circumstances should be taken into account when assessing the tasks the young carer is performing or intends to perform and whether they are excessive and inappropriate for the young carer’s age, sex, wishes and feelings.

The assessment must adopt a 'Think family' approach. The young carer's needs assessment can be combined with any other assessment of needs for support of the young carer, the person cared for or a member of the young carer's family.

Nottingham's Response

In Nottingham City, our approach has been to work closely with stakeholders in Children's and Adult services and with the main commissioned organisation Carers Federation Action For Young Carers (AYC), as well as Explore Family and the local authority's Commissioning team, to develop an Interim Young Carers Joint Protocol between Children, Adults and Action for Young Carers.

AYC is the main commissioned service in Nottingham City to assess family needs, and have an established 'Think family' approach to their assessment for the Cared For and the Young Carer.

AYC provide 1:1 work with young carers, group work and activities, events and trips, link with schools and local services. AYC has significant impact in their work with Young Carers.

Advice from NCC legal team is that the current children's assessments and Common Assessment Framework (CAF) do not meet requirements for the Young Carer's Needs Assessment. To address this issue for Children's services to be compliant, guidance notes have been written and attached to Children's Assessments in the case management recording system CareFirst for Targeted Family Support and Children's Social Care teams.

Adult's services have revised their assessment form in CareFirst to meet the requirements.

The protocol was presented to Children & Adult Leadership team in December 2015 and was approved with a note to cross reference this work with the regional Memorandum of Understanding and advice to present to the Children's Partnership Board.

The protocol has been in operation for the last six months. In May 2016, the group met to review how the protocol was working in practice with AYC, Adults and Children's services representatives.

The group reviewed the protocol very positively and gave examples of working really well in practice for the identification and assessment of a young carer and their family and referral to the right support and services. It was noted that:

- Work between Adult services and AYC has been really successful and has strengthened ways of working between the services.
- Amending the protocol made it clear that where Children's Services identify a Young Carer, this will also be referred to AYC for a Young Carer's assessment to provide support;
- Strengthening of work between Explore Family and AYC, where Explore Family identify a Young Carer, AYC and Explore Family will jointly undertake a visit and assessment.

Next steps

Children's long term work will be the development of a Young Carer's Needs Assessment in the new case management system with Liquid Logic through work on Project Evolution.

Performance measures for the identification of Young Carers will be monitored and reported quarterly.

Ongoing development work to meet legal requirements for Young Carers across Children's, Adults and AYC is planned. The interim protocol will be reviewed in November 2016 and presented at Children's and Adults Leadership team for final approval.

2. RISKS

By not undertaking the activity and producing a local joint protocol for the identification, assessment of Young Carers, there would be a risk that Nottingham City Local Authority would not meet its statutory duty.

By undertaking the activity, the protocol ensures that the Local Authority is compliant with the statutory legalisation set out in the Care Act 2014 and Children's Families Act 2014. The protocol sets out Nottingham City's local arrangements and processes to meet the Local Authority's duty.

3. FINANCIAL IMPLICATIONS

None.

4. LEGAL IMPLICATIONS

Advice sought from Lorraine Buckberry Children's & Adult Legal Services, July 2015 by the Commissioning team.

5. CLIENT GROUP

Young Carers and Cared For families in Nottingham City.

6. IMPACT ON EQUALITIES ISSUES

The work is targeted at young carers and their families of all backgrounds to ensure that support and services is effectively identified and assessed appropriately.

7. OUTCOMES AND PRIORITIES AFFECTED

The effective delivery of the Young Carers Needs Assessment and Interim Joint Protocol across Children's, Adults and Carers Federation Action for Young Carers is essential to achieving all of the Children and Young People's plan objectives and priorities.

8. CONTACT DETAILS

Tajinder Madahar 0115 8765027 tajinder.madahar@nottinghamcity.gov.uk

Head of Service for Children's Duty and Targeted Services

Sara-Jane Brighouse 0115 8764875 sara-jane.brighouse@nottinghamcity.gov.uk

Project Manager and Families Information Service Manager



Young Carers Pathway

Interim Joint Protocol 2015 – 2017

To be reviewed 1st November 2016

**Nottingham City Children and Adult Services
and Carers Federation Action for Young Carers**

**For the identification and assessment
of young carers, siblings and their families**

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1.0 Aim

The purpose of this protocol is to set out the pathway for support for young carers and the responsibilities of Nottingham City Council Children and Adult Services and the main commissioned provider, Carers Federation Action for Young Carers, in light of the Children and Families Act and the Care Act 2014.

This document is an interim protocol with ongoing development work to establish a 'Think Family' approach to the identification, assessment and provision of support to young carers, their siblings and families. To prevent crises arising through early identification and intervention, and for assessment and support for families to be combined where appropriate. It supports the Memorandum of Understanding 'Working Together to Support Young Carers and their Families' to aid joint work between Children and Adult Services and Action for Young Carers.

For the Local Authority to meet the legal requirements to undertake and record a young carer's needs assessment, an interim solution is in place. In the current case management system, adjustments are planned for guidance in the Children's Assessment, the Common Assessment Framework and the Priority Families Assessment. Further development on children and family assessments will be incorporated into the transformation project for the new case management system for Children and Adult Services.

The document sets out:

- How we will identify, assess and support young carers;
- The duties and responsibilities for Children and Adult Services and Carers Federation Action for Young Carers in relation to young carers; and
- Good practice in working with young carers.

2.0 A Young Carer - Definition

Under the Children & Families Act 2014, the definition of a young carer is a person under 18 who provides or intends to provide care for another person. The concept of care includes practical or emotional support, and 'another person' means anyone within the same family, be they adult or child.

Most young carers look after one of their parents or care for a brother or sister, for example, where a family member has a condition such as a disability, illness, mental health condition or a drug and alcohol problem. They do extra jobs in and around the home, such as cooking, cleaning or helping someone to get dressed and move around. In some cases young carers may be involved in providing personal care around assistance in going to the toilet and washing. Young carers can also be involved in the administration of medication. A young carer may also provide ongoing emotional support or undertake a monitoring role to keep the person that they are caring for safe. Older siblings may also be required to look after younger children in the family.

3.0 Young Carers' Rights

The law changed for young carers from April 2015. The new rights to assessment include:

- All young carers under the age of 18 will have a right to an assessment regardless of who they care for, what type of care they provide or how often they provide it.
- A young carer has the right to an assessment based on the appearance of need, which means that young carers will no longer have to request an assessment or be undertaking a 'regular and substantial' amount of care.
- An assessment can still be requested but should also be offered.
- The Local Authority must take a whole family approach to assessing and supporting adults, so that young carer's needs are identified when undertaking an adult or adult carer's needs assessment.
- The Local Authority should ensure that Adult's and Children's Social Services work together to ensure assessments are effective.

4.0 Young Carer's Needs Assessment

The Local Authority must ensure that a young carer's needs assessment is carried out to determine the amount, nature and type of care the young carer provides or intends to provide. The assessment must consider the impact of the needs of the young carer's family, on the well-being of the young carer and any child in the family and in particular on the young carer's education, personal and emotional development and identify whether the young carer is negatively affected by their caring role. All circumstances should be taken into account when assessing the tasks the young carer is performing or intends to

perform and whether they are excessive and inappropriate for the young carer's age, sex, wishes and feelings.

The young carer's needs assessment can be combined with any other assessment of needs for support of the young carer, the person cared for or a member of the young carer's family. The assessment should identify what the young carer's support needs would be if they were relieved of their caring tasks or if the person cared for is assessed and provided with alternative support and to what extent the family and wider family relies upon the young carer.

An assessment can be refused if the young carer does not appear to have needs for support or the Local Authority has carried out an assessment and the needs or circumstances **have not** changed.

The Local Authority must also look at the young carer's education, training, leisure opportunities and their views about their future. When assessing a young carer the Local Authority should always involve and ask the young carer about their wishes, feelings, preferences and outcomes of the assessment. It must also include differences of opinion between the young carer, their parents and the person cared for.

To ensure full participation in the assessment the Local Authority must provide information in a way that is understandable for the young carer, the person cared for, their parents and anyone else the young carer or their parents want to be involved. The assessment should identify and consider the young carer's friends and family to contribute to the intended outcomes.

The parents and where appropriate the young carer, should receive a written record of the assessment. This should include whether the Local Authority thinks the young carer needs support, whether their services could provide the young carer with that support and whether they will give the young carer that support. It should also explain what the young carer can do if they or their parents disagree with the assessment.

Provided that the child or young person and their family both agree, the Local Authority can assess both their needs as a young carer and the needs of the person they are caring for, at the same time.

If the young carer is 16 or over, and they are not in full-time education the young carer may be eligible for help finding work as well as help with their family's finances, for instance through benefits such as Carer's Allowance.

The young carer's needs assessment is the best route to find out about what is available in their situation.

5.0 Carers Federation Action for Young Carers, Nottingham

Carers Federation Action for Young Carers (AYC) is the main commissioned provider for young carers in Nottingham City.

AYC's aim is to identify and offer as much support to young carers within the city as possible whether through 1-1 support, advocacy, group work and/or activities. AYC continue to link with local services alongside schools to ensure all professionals are aware of young carers and the support they require, whilst undertaking tasks that may have a significant impact on their own day to day lives.

Below are some examples of what young carers have told AYC some things that are really important to them.

- **Having a whole family approach assessment.**
"Having an assessment gave me a better understanding of what I do for my mum. It is the first time that I have recognised myself as a young carer." (October 2015, 16yrs)
- **Taking a break.**
"I really loved it going to the cinema with other young carers as it gave me a break from my sister without having to worry." (October 2015, 11 yrs)
- **Having someone to talk to.**
"My Support Worker is very kind and friendly. She is really interested in listening to and helping me." (November 2015, 15 yrs)

6.0 Explore Family, Lifeline Nottingham

Explore Family work in Nottingham City with the whole family and carers where there is an impact on family life from substance misuse.

This work enables Explore Family to identify whether there is a child or young person providing care to other family members or carers.

Where a child or young person has been identified as providing care to an adult, Action for Young Carers and Explore Family will jointly assess the young carer's needs.

7.0 Young Carers Pathway

Roles and responsibilities in the Identification and Assessment of Young Carers

7.1 Carers Federation Action for Young Carers (AYC)

When AYC receives a referral, an assessment will be undertaken with the young carer and their family to identify their support needs by completing an Action for Young Carers Family Assessment of Need.

If a young carer has additional needs and there are no immediate safeguarding concerns, AYC will initiate a CAF.

If the child is not known to Children's Services and it is identified that they are a child in need or a child at risk of significant harm, a referral will be made to Children's Services by contacting **Children and Families Direct on 0115 87 64800 and submit a Multi-Agency Request Form (MARF) within 48 hours. Send the MARF to Nottingham City Council Children's Services by secure email: candf.direct@nottinghamcity.gcsx.gov.uk.** (See Appendix 3 and form attached.)

In most circumstances, if a referral is made to Children's Social Care, AYC will continue to work with the young carer.

Where AYC believes a young carer is providing inappropriate care to an adult, they will make a referral to Adult Social Care through the **Rapid Response Team**. AYC will refer the young carer to the Rapid Response Team by completing a referral form to Adult Social Care. (See Appendix 2 and form attached).

The referral will clarify what support the young carer is providing and whether there are concerns in relation to the young carer. AYC will inform the family that they are making a referral to Adult Social Care and that in some circumstances this information may be passed on to Children's Social Care.

AYC will provide monthly performance reports on all young carers who have received an assessment to the Children and Adults Commissioning Team.

7.2 Explore Family, Nottingham

Explore Family will identify a child or young person who is providing care to other family members or carers where there is impact from substance misuse.

The child or young person identified as providing care will be offered a referral to Action for Young Carers (AYC). Action for Young Carers and Explore Family will jointly complete a referral form to Adult Social Care to determine whether the young carer is providing inappropriate care to an adult.

If it is identified that the young carer is providing inappropriate care, AYC will complete a referral to Adult Social Care through the Rapid Response Team. If the Rapid Response Team identifies concerns for the young carer, unless there is an immediate safeguarding concern, Rapid Response will liaise with Action for Young Carers and/or Explore Family as appropriate, before referring into Children and Families Direct. Additional support to the young carer will be provided by the Rapid Response Team and/or Explore Family as appropriate.

7.3 Adult Services

Where there has been a new referral to the Nottingham Health and Care Point and a young carer is identified, an assessment of the family will be carried out by Adult Social Care. A decision will then be made as to whether to refer the young carer to Children's Services where:

- Additional needs are identified
- There is a safeguarding concern

If support is required only in relation to their caring role, a referral will be made to AYC.

Where a referral is made to the Nottingham Health and Care Point and the case has previously been open to one of the Specialist Teams, the Specialist Team will be responsible for making the referral to Children's Services.

Children's Services referrals will be made through Children & Families Direct. Children & Families Direct will decide whether the threshold for a Children's Assessment is met, in which case they will transfer the case through to the Duty Team for a Children's Assessment or decide whether a package of Early Help or Targeted Family Support is appropriate through a CAF (Common Assessment Framework), in which case the referral will be passed to the relevant team in Children's Services.

Where an assessment of the adult is carried out and there is a young carer, AYC will be asked to carry out a parallel assessment of the young carer's needs and this will form the joint assessment. The assessment will consider what is required to prevent the young carer from undertaking an inappropriate caring role.

7.4 Children's Services

If a child is identified through Children's Services as being a young carer, where a child is identified as:

- Having additional or extensive needs, a CAF will be initiated.
- A child in need or safeguarding concerns, a Children's Assessment will be undertaken.
- If none of the above, a referral should be made to AYC.

Where a young carer meets the criteria for Children's Services, all Children's Services will refer to Adult Services through the Rapid Response Team.

Where Children's Services remain involved with the young carer and it is identified that the young carer has inappropriate caring responsibilities, Children's Services will be responsible for referring to Adult Services through the **Rapid Response Team**.

Children's Services will refer all young carers who do not meet the Children's Services threshold to AYC who will complete a Family Assessment of Need. Children's Services will be responsible for making a referral to Adult Services through the **Rapid Response Team**.

Children's Services will continue to provide support in line with the Children's Partnership Family Support Pathway. In most cases AYC will continue to provide support in relation to the young carer's caring role.

Referrals to Adult Services for both Children's Services and AYC will be undertaken by email. (See Appendix 2 and form attached).

Adult Services will notify the referrer as to whether the adult is eligible for provision.

Where it is not assessed that there is a need for care, but the young carer is providing inappropriate care, this may indicate a safeguarding concern.

7.5 Other agencies

Agencies such as health or schools that have identified a child as a young carer should make a referral to Children and Families Direct for an assessment to take place.

8.0 Where a Young Carer Cares for a Disabled Sibling

Siblings should be considered as part of a disabled child's assessment with a response that is consistent with identified need. Where a young carer cares for a disabled sibling the Children's Disability Team may have already identified their sibling and support needs. The Children's Disability team will be best placed to undertake an assessment.

In some circumstances, a sibling may be identified who is a young carer and may require a CAF (Common Assessment Framework) to identify their support needs and provide a care plan.

9.0 Identification of Emerging Adult Mental Health Concerns

In complex family situations where Adult Services identify emerging adult mental health concerns and/or the adult refuses services and/or the adult is not eligible for services and there is a young carer present in the household, a Young Carer Needs Assessment should be undertaken to measure the impact and risks of the caring role on the young carer.

The Team Manager for Adult Services should contact the Team Manager in Children and Families Direct by phone or by e-mail or may require completion of a Multi-Agency Request Form.

If the young carer is known to Children's Services, a meeting should be convened with representation from Adult Services, Children's Services and Action for Young Carers to agree an action plan to address the child's needs.

This meeting should be arranged within 14 working days from notification of the emerging adult mental health concerns.

The agreed actions should be recorded on both Children and Adult Services case recording system.

10.0 Escalation Process

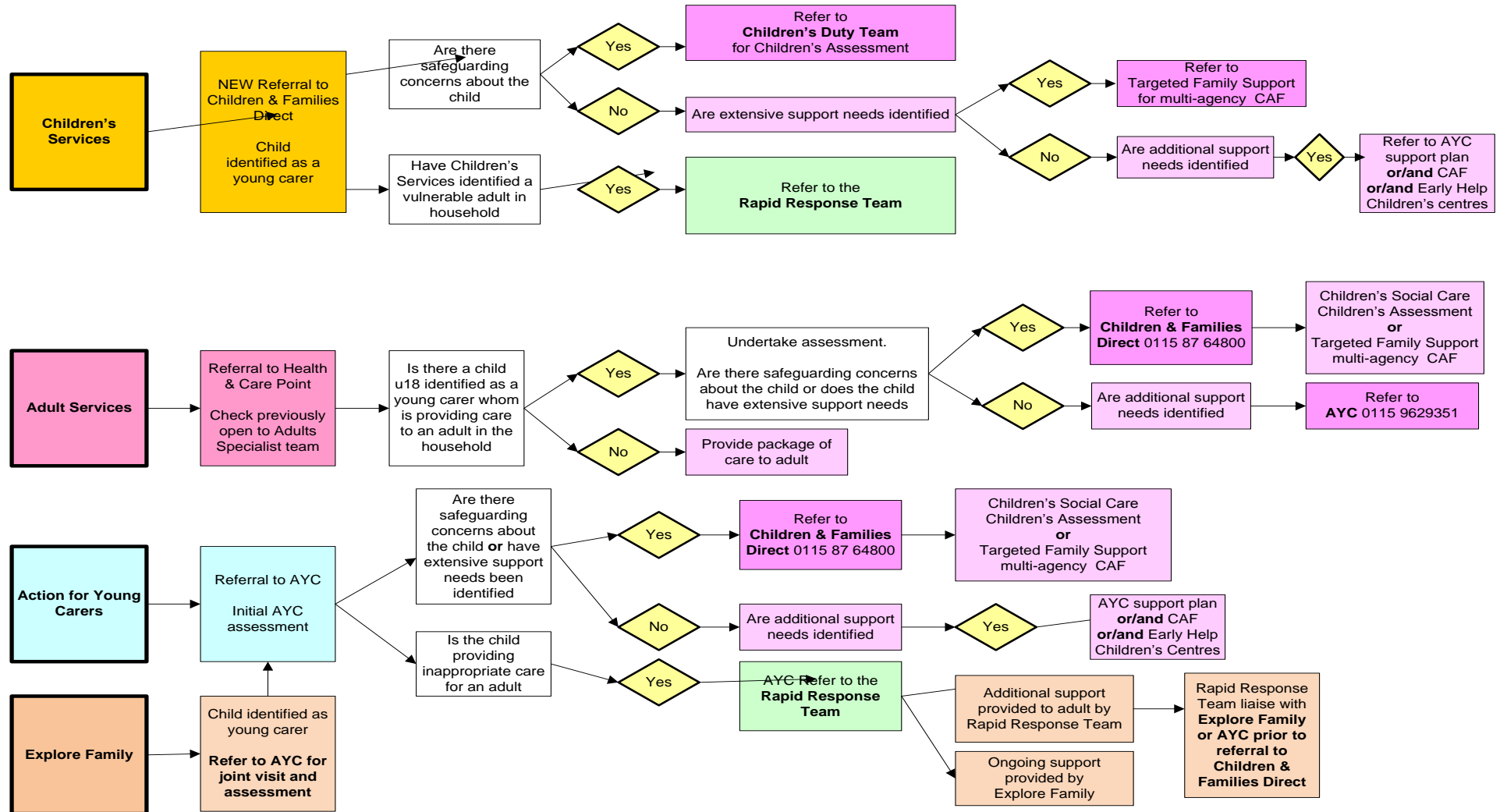
In the event of services being unable to agree on issues and identify appropriate ways of resolving blocks, the issue must be resolved within 48 hours. This will involve referring the case to the relevant Service Manager for resolution within 24 hours. If this cannot be achieved, the case must be referred to the relevant Heads of Service for resolution within a further 24 hours.

At all stages of this process until a resolution is achieved, continuing case responsibility for managing risk and meeting needs will be held by the exporting team.

It is important to compile an audit trail of case resolution, agreed actions and evidence of decision making. This must be clearly recorded on CareFirst within the observations section of the child's case file; for example, the date actions were agreed and by whom.

In order to capture ongoing learning from this process a meeting will take place between children, adults and AYC every three months. A record of these meetings will be maintained by AYC and a copy provided to Head of Service in Children and Adult Services.

Young Carers Pathway Identification and assessment of need, support and protection



ADULT SOCIAL CARE REFERRAL FORM

REFERRAL MADE BY			
Name:		Address:	
Tel No:			
Professional/Relationship:			
Agency/Team:			
Date:			

Have you discussed & obtained agreement for this referral?	Yes		No		
If no – does it meet one of criteria to continue without permission?					
Mental Health	<input type="checkbox"/>	Abuse or neglect	<input type="checkbox"/>	At risk	<input type="checkbox"/>

REFERRAL AND BASIC INFORMATION FOR THE YOUNG CARER/S:							
			Permanent Address including Postcode				
First Name(s)							
Second Name							
Date of Birth			Current Address/Location if Different including Postcode:				
Gender	Male	<input type="checkbox"/>				Female	<input type="checkbox"/>
Phone No:							
Care First ID:							
Ethnicity:			Religion:				
Language			Interpreter required Yes / No	Yes	No		
REFERRAL AND BASIC INFORMATION FOR ADULT & CARED FOR:							
Title			Permanent Address including Postcode				
First Name(s)							
Second Name							

Date of Birth								
Gender	Male		Female	Current Address/Location if Different including Postcode:				
Phone No:								
NHS Number								
Care First ID:								
Ethnicity:				Religion:				
Language				Interpreter required Yes / No	Yes		No	
Accommodation Type	House			Ground Floor Flat		2 nd Floor Flat (Highrise)		
	Bungalow			1 st Floor Flat		Sheltered		
Tenure	Owns Property			Private rented		Social rented		

REFERRAL AND BASIC INFORMATION:

What support/care needs is the young carer/s providing?

What impact is this having on the young carer/s?

What sort of help is being requested?

Are there any allegations of abuse or neglect?

The following information is required by Adult Social Care to complete a referral. Please provide as much of this information as possible from your existing notes so that citizens only have to tell their story once.

HEALTH CONDITIONS OR DISABILITIES REGARDING THE CITIZEN BEING CARED FOR:

--

CURRENT SUPPORT

Detail any help or support received – list services and also support from family, friends or carers:

--

COMMUNICATION NEEDS

Preferred first language, sensory impairment, speech and language difficulties, language used/interpreter needed:

--

PERSONAL CARE NEEDS

Are they able to wash and dress independently, any continence issues

--

MOBILITY

How does the citizen mobilize? Any walking aids? How are transfers - including chair, toilet, bed and stairs. Is there a history of falls? Is there a care alarm in place?

--

DOMESTIC TASKS

Can they complete their own shopping, cleaning etc.

--

SOCIAL ACTIVITIES

Does the citizen complete any social activities i.e. a day centre

--

MEALS

How are they managing meals, can they prepare themselves? Can they use a cooker/microwave?

--

MEMORY PROBLEMS

Any cognitive impairment, short term memory loss or diagnosis?

--

REFERRAL AND BASIC INFORMATION**GP NAME****NAME OF PRACTICE****TEL NO.**

--	--	--

NEXT OF KIN/ OTHER SIGNIFICANT PEOPLE – CARERS/RELATIVES/FRIENDS**Full Name:****Relationship:****Tel No.**

WHAT IS THE BEST WAY TO CONTACT THE PERSON? TICK ALL THAT APPLYTelephone E-Mail Letter Via Carer Other

ANY OTHER RELEVANT INFORMATION INCLUDING IDENTIFIED RISKS

Are there any Key safes, Pets, any warnings / alerts, any parking issues, etc.

--

CHILDREN'S SERVICES Multi Agency Request for Services Form (MARF)

This form should be used to make a referral/request for services to Nottingham City Council Children's Services for safeguarding or support services.

(Where you believe there is immediate risk of significant harm please contact the Police.

For urgent safeguarding concerns please make the referral by telephone to 0115 8764800 and submit the MARF (within 48 hours)

Send the MARF to Nottingham City Council Children's Services by secure email: candf.direct@nottinghamcity.gcsx.gov.uk

CONSENT AND CONFIDENTIALITY (NB when seeking consent please ensure that parents/carers understand that the information will be shared with services where considered appropriate to do so)

Is this a safeguarding referral?

DETAILS of the child/young person you are making the referral/request about

FAMILY NAME		FIRST NAME (S)	
DOB / AGE/EDD		GENDER	
ETHNICITY		RELIGION	
FIRST LANGUAGE		INTERPRETER NEEDED	
Disability	If you are aware that the child has a diagnosed disability, please provide details including any Education, Health and Care Plan (EHCP).		
NHS No			
ADDRESS			
HOME TELEPHONE		MOBILE No.	
GP ADDRESS		Health Visitor, School Nurse,	

		Family Nurse Practitioner	
NURSERY / SCHOOL / CHILDREN CENTRE			
Has this referral/request been discussed with the parent/carer ?			
Has the parent given consent to the referral/request being made?			
What are the parents/carers views about your concerns and this referral/request? What is the family/individual hoping to achieve?			
Has this referral/request been discussed with the child/young person?			
What are the child/young person's views about your concerns and this referral/request? What is the Child/Young Person hoping to achieve?			
If the answer is 'no' to any of the above please state reason why. NB Requests for support services need parent consent.			
Is there any information contained in this referral/request that needs to remain confidential from the child or family? If yes please outline specific information to remain confidential and why.			
<u>NB</u> DETAILS OF THE REFERRER, A PROFESSIONAL, CANNOT REMAIN CONFIDENTIAL UNLESS THERE ARE <u>EXCEPTIONAL</u> CIRCUMSTANCES.			
Name of person completing referral/request			
Relationship to child			
Date			
Telephone number			
Secure email			

Address					
FAMILY COMPOSITION AND HOUSEHOLD MEMBERS					
NAME	M/F	DOB	Relation to child	Ethnicity	Language
SIGNIFICANT OTHERS – NOT IN THE HOUSEHOLD.					
NAME & Contact Details if known	M/F	DOB	Relation to child	Ethnicity	Language
Have you initiated or completed a CAF/ Priority Families Assessment? Yes					
If yes please submit CAF/ Priority families Assessment with this form.					
Name and contact details of Lead Worker:					
Presenting issues in the family household at the time of this referral. This information will be used to pre-check eligibility for Priority Families.					
Parents & children involved in crime or anti-social behaviour			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known		
Children have not been attending school regularly			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known		
Children who need help			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known		
Adults out of work or have serious debt issues			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known		
Young people at risk of worklessness.			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known		
Domestic violence and abuse			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known		
Parents and children with health problems			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known		

DETAILS OF THE REFERRAL/REQUEST—(Harm/Need Statement) What are you worried about?
Provide reasons for the referral; describe the (significant) harm that has already happened/ likely to happen to the child/unborn. Include how those responsible for the child were involved. If this is a request for support services please state why additional support is needed.
What do you know about this family, why are you involved?
What's Working Well? - What contributes to the child's general wellbeing?
What's Working Well? Existing Safety -Describe actions taken by parents/caring adults that are proven to help meet the child/young person's needs or reduce the danger /risk when it occurs – give examples of how and when this happened.
DANGER/WORRY STATEMENT: If things carry on without change, what are you worried will happen in the immediate future, medium and long term. Be specific and base your thinking on research and professional expertise.
Outline what you are worried the parent/carer may do or not do or will happen in the future and the possible impact of these actions on the child/ren. Which are the most significant for the child and describe the likely impact on their safety or well-being if there needs remain unmet?
Having thought about what you're worried about and what is working well, rate how worried you are about _____ today and why ? Where on a scale of 0-10. Where 10 means that everything that needs to happen for the child to be safe and well is happening and no extra professional involvement is needed 0 means things are so bad the child is no longer able to live at home.
Based on everything that you currently know please provide your safety/wellbeing scale along with the reason why to help us understand your level of worries about the situation.
What needs to happen? SAFETY /WELLBEING GOALS. Describe precisely what outcomes you need to see to be satisfied that _____ is safe and their needs are being. This must directly relate to the Danger/worry Statement.
What needs to change in order to make the situation safer and healthier for the child? What would indicate that progress is being made? What would you need to see to say this problem was really sorted?
ACTION. What do you expect to happen next? (be specific about support being requested and focus for any assessment and who you think should contribute to that assessment)
The information provided here and above will help determine the urgency and nature of any action required, particularly the need for statutory intervention. Please consider whether the

child's primary need is for protection and requires urgent statutory intervention.

Please detail any special needs or circumstances of any family member, which may affect this referral or communication and understanding between the family and professional agencies.

DETAILS OF OTHER AGENCIES INVOLVED WITH THE FAMILY/CHILD (REN): The form also allows for other agencies to be listed. Details of agencies involved allows for easier sharing of information and therefore more effective provision of service/support. Please list all agencies, working with the family

Agency	Names	Address and tel. no.	Current involvement

ANY FURTHER RELEVANT INFORMATION

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Title of paper:	Update on SRE Charter	
Report to:	Children's Partnership Board	
Date:	13 th July 2016	
Relevant Director:	Alison Michalska, Corporate Director for Children and Adults	Wards affected: All
Contact Officer(s) and contact details:	Catherine Kirk, SRE Consultant Catherine.kirk@nottinghamcity.gov.uk	
Other officers who have provided input:	Alistair Conquer, Head of Education Partnerships Martin Smith, Sports, Outdoor Learning, Adventure and Safety Management Services Manager	
Relevant Children and Young People's Plan (CYPP) priority:		
Safeguarding and supporting children and families: Children, young people and families will benefit from early and effective support and protection to empower them to overcome difficulties and provide a safe environment in which to thrive.		<input checked="" type="checkbox"/>
Promoting the health and wellbeing of babies, children and young people: From pregnancy and throughout life, babies, children, young people and families will be healthier, more emotionally resilient and better able to make informed decisions about their health and wellbeing.		<input checked="" type="checkbox"/>
Supporting achievement and academic attainment: All children and young people will leave school with the best skills and qualifications they can achieve and will be ready for independence, work or further learning.		<input type="checkbox"/>
Empowering families to be strong and achieve economic wellbeing: More families will be empowered and able to deal with family issues and child poverty will be significantly reduced.		<input type="checkbox"/>
Summary of issues (including benefits to customers/service users):		
<p>This report:</p> <ul style="list-style-type: none"> • Provides an up-date on the number of schools that have signed up to the Nottingham City SRE Charter • Outlines future plans to ensure that all schools in the City make a commitment to quality SRE 		
Recommendations:		
1	For the board to continue to support the SRE Charter as a vehicle for schools to pledge their commitment to effective SRE.	
2	For the board to continue to support the work of the SRE Consultant.	
3	For the board to endorse the plan for the progressive sign-up of schools to the SRE Charter.	

1 BACKGROUND AND PROPOSALS

- 1.1 Sex and Relationships Education is lifelong-learning about the emotional, social and physical aspects of growing up, relationships, sex, human sexuality and sexual health. A comprehensive SRE programme through primary and secondary school gives children and young people the skills for building positive and healthy relationships and staying safe, as well as factual information about the body, reproduction, sex and sexual health and online safety. Effective SRE is inclusive of all children and young people, reflecting different families and relationships, exploring faith and cultural perspectives and meeting the needs of more vulnerable children such as those with disabilities or from abroad.

The provision of SRE in Nottingham City schools reflects the national context outlined in the Ofsted report 'Not Yet Good Enough.'. We have schools that are providing excellent SRE to all pupils and others where provision needs further development. Nottingham City Council launched the Sex and Relationships Education (SRE) Charter on 12 January 2016 to encourage schools to make a public commitment to effective SRE provision.

The Charter is a set of principles for effective SRE and states that it is a key element of a school's work to safeguard children and young people. Effective SRE in schools supports broader local authority priorities around for example, teenage pregnancy and child sexual exploitation. To ensure all children and young people in the City receive their entitlement to SRE the City Council offers support for schools to develop their provision in line with the principles of the Charter through a dedicated SRE Consultant.

The Charter has three levels of engagement. The first step is for a school to show commitment by signing the Charter and sending a copy of this agreement to the SRE Consultant. The school is then sent an online audit to complete, along with guidance notes. In level 2 they create an action plan to address any areas of development highlighted by the audit. Support will be available at level 2 through the SRE Consultant and other relevant colleagues. Once everything is in place the school moves to level 3 which is about maintaining provision through evaluation, assessment and monitoring and sharing their good practice with others.

By signing the Charter a school is committing to an ongoing process of development and review; the Charter is not an award. This commitment is important as, similar to other subjects, SRE should be regularly assessed, monitored, and adapted to meet the evolving needs of the pupils.

The launch of the Charter in January 2016 was accompanied by a letter from Cllr Webster to all Headteachers asking them to sign up. The Charter has also been advertised via SCENE, the e-newsletter for schools, and through various training and networking events hosted by the PSHE Advisory Service. Another letter to schools regarding the Charter was sent in May.

- 1.2 Since the launch in January there has been a positive response to the SRE Charter. The number of schools that have signed the Charter to show their commitment to effective SRE is shown below:

Type of school	Number	% of total
Primary	31	39%
Secondary	8	42%
Special/Learning Centre	3	37%
Total	42	40%

Of these schools two have so far assessed themselves as being at level 3 status, that is 'providing effective SRE'. The majority of schools are currently at level 2, working towards effective SRE' with support. It is important to consider the timelines involved in improving SRE when looking at these figures. For an average primary school the process of development will take two terms, with delivery in the third term, so a school starting in September will usually not deliver their SRE programme until the summer term.

These figures represent only schools that have signed the Charter, there may be schools that are providing effective SRE that are yet to sign up.

The feedback from schools that have signed the Charter and started their journey to effective SRE is positive. The curriculum leader of our first level 3 school said 'As a school which places very high importance on Personal, Social, Health and Economic Education (PSHEE); providing relevant and rigorous sex and relationship learning was of up-most importance. Thanks to the support of the PSHE Advisory Service, we were able to train our staff in order for them to feel confident and competent teaching SRE - supported by quality, age appropriate resources. Following successful implementation, we moved on to using the SRE charter framework to evaluate where our practice stands at current, and where to take it in the future.'

- 1.3 It is projected that by the end of March 2016 85 schools will have signed the Charter which represents 82% of all schools in the City. Of these it is envisaged that 43 (50%) will have assessed themselves of being at level 3, that is 'providing effective SRE', with the remaining schools working towards this. Schools will be recruited via the on-going work of the SRE Consultant and the PSHE Advisory Team alongside publicity around the benefits of signing the Charter.

As the number of schools signing the Charter grows the SRE Consultant will be identifying good practice and sharing this with the network of signed-up schools. This has already begun to happen with one of our level 3 schools working with a school that has just signed the Charter. The SRE Consultant is hoping to hold a good practice sharing event for schools in the Spring term 2017.

The SRE Consultant has met with the Primary Advisor from the Diocese to explore how we can further support catholic faith schools with SRE. Initial discussions centred on developing guidance and making available suitable resources to fit the faith context. It is hoped that these will be disseminated to schools in 2017 alongside training.

The Sex Education Forum is using our work in Nottingham as a case study in a national good practice guide entitled 'Relationships and sex education – a briefing for councillors'. The case study focuses on the positive engagement of elected members in promoting effective SRE and will be published in the Autumn Term. The SRE Consultant is working with colleagues in communications to highlight this national recognition with local press, provide an update on take-up of the SRE Charter and encourage other schools to sign-up.

2 RISKS

2.1 None

3 FINANCIAL IMPLICATIONS

3.1 None

4 LEGAL IMPLICATIONS

4.1 None

5 CLIENT GROUP

5.1 Children and Young People

6 IMPACT ON EQUALITIES ISSUES

6.1 Through the SRE Charter audit process schools are encouraged to address the needs of their school community ensuring that the SRE they provide is inclusive of all pupils and their families. The Charter states that SRE provision should be delivered in partnership with parents/carers.

7 OUTCOMES AND PRIORITIES AFFECTED

7.1

- Safeguarding and supporting children and families
- Promoting the health and wellbeing of babies, children and young people



Making a Commitment to Quality SRE for All

THE PSHE ADVISORY SERVICE

SRE Charter

At our school we believe that the provision of good quality SRE is essential for our pupils. The SRE we provide safeguards our pupils by allowing them to explore what a safe and healthy relationship is, giving them information on appropriate support services, and enabling them to make positive and informed choices about their bodies, sexual health and relationships as they move into adulthood.

Our school believes that:

- effective SRE supports us in safeguarding pupils
- SRE is an entitlement for all young people throughout their school life
- equality and respect lie at the heart of all relationships and that sexist or homophobic language and behaviour are not acceptable and must be challenged

We are committed to providing SRE that:

- is based on the real needs of pupils and is informed by current experiences of young people in today's society
- is inclusive of a range of relationship choices and families
- is delivered regularly throughout a pupil's time at the school as part of a comprehensive PSHE programme
- is progressive, enabling pupils to gain knowledge, develop skills and explore attitudes and values in an age-appropriate way from when they start at the school to when they leave
- enables children and young people to make informed, healthy choices and keep safe
- is delivered by trained, confident staff using a variety of active teaching and learning methods
- is complemented by the input of appropriate external providers
- is a partnership with parents/carers
- signposts young people to sources of support both in and out of school
- is delivered in a safe way that enables all pupils to contribute
- is accessible for all regardless of gender, sexuality, sexual orientation, faith, ethnicity, culture or disability



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Title of paper:	Children's Behavioural, Emotional and Mental Health	
Report to:	Nottingham Children's Partnership Board	
Date:	13 July 2016	
Relevant Director:	Sally Seeley Director of Quality and Personalisation, NHS Nottingham City Clinical Commissioning Group	Wards affected: All
Contact Officer(s) and contact details:	Lucy Anderson- Assistant Director of Quality Governance, Children and Learning Disabilities, NHS Nottingham City Clinical Commissioning Group lucy.anderson@nottinghamcity.nhs.uk tel: 0115 8839318	
Other officers who have provided input:	Lucy Peel- Programme Lead, Children and Young People's Mental Health and Wellbeing (Nottinghamshire and Nottingham City) Helene Denness –Consultant in Public Health, Nottingham City Council	
Relevant Children and Young People's Plan (CYPP) priority or priorities:		
Safeguarding and supporting children and families: Children, young people and families will benefit from early and effective support and protection to empower them to overcome difficulties and provide a safe environment in which to thrive.		<input checked="" type="checkbox"/>
Promoting the health and wellbeing of babies, children and young people: From pregnancy and throughout life, babies, children, young people and families will be healthier, more emotionally resilient and better able to make informed decisions about their health and wellbeing.		<input checked="" type="checkbox"/>
Supporting achievement and academic attainment: All children and young people will leave school with the best skills and qualifications they can achieve and will be ready for independence, work or further learning.		<input checked="" type="checkbox"/>
Empowering families to be strong and achieve economic wellbeing: More families will be empowered and able to deal with family issues and child poverty will be significantly reduced.		<input checked="" type="checkbox"/>
Summary of issues (including benefits to customers/service users):		
This report provides an overview and update on the Future in Mind programme and our progress in implementing the recommendations from the Child and Adolescent Mental Health Services (CAMHS) Pathway Review in 2013/14.		
Recommendations:		
1	That the Children and Young People's Partnership Board notes the progress made in implementing the children and young people's mental health transformation plan and agree a timescale for future updates.	

1. BACKGROUND AND PROPOSALS

(Explanatory detail and background to the recommendations)

Background

In September 2014, a national children and young people's mental health and wellbeing taskforce was established to consider ways to make it easier for children, young people, parents and carers to access help and support when needed and to improve how children and young people's mental health services are organised, commissioned and provided. This was against the context of the taskforce finding that children and their families were experiencing services that were fragmented, difficult to access and often with long waits for assessment or treatment. It also found that many children and young people requiring inpatient support for their care had to travel significant distances to receive the appropriate treatment. The taskforce review culminated in the publication of *Future in Mind – Promoting, protecting and improving our children and young people's mental health and wellbeing*, which was published in March 2015. The report made a number of recommendations that encompass the following themes:

- Promoting resilience, prevention and early intervention: acting early to prevent harm, investing in early years and building resilience through to adulthood.
- Improving access to effective support – a system without tiers: changing the way services are delivered to be built around the needs of children, young people and families.
- Care for the most vulnerable: developing a flexible, integrated system without barriers.
- Accountability and transparency: developing clear commissioning arrangements across partners with identified leads.
- Developing the workforce: ensuring everyone who works with children, young people and their families is excellent in their practice and delivering evidence based care.

Future in Mind describes an integrated, whole-system approach to transforming children and young people's mental health and wellbeing, and sets local areas ambition of delivering the recommendations by 2020. Recommendations are multi-agency and will only be achieved through improved working across the NHS, local authorities, voluntary and community services, schools and other local services.

In Nottingham City, a CAMHS Pathway review was undertaken in 2013/14, prior to the national review, however, many of the findings align with the national taskforce report. The review gathered the views of children, young people and parents/cares as well as wider stakeholders and reported that children and young people were often feeling confused and frustrated by the current service offer, with a lack of understanding of what was available to them and how they could access support. In response to the review, the City developed and launched in December 2014 a new pathway for behavioural, emotional and mental health services. The new pathway aimed to:

- Strengthen support from universal services with increased focus on prevention and early intervention
- Improve communication and information sharing across the pathway
- Improve access to services through a single point of access
- Deliver evidence based interventions via 'care bundles' instead of current 'tiers' of mental health service provision.

Services that are currently commissioned to provide emotional and mental health support to children, young people, families and carers in the Nottingham pathway include:

- 'Tier 2' Child and Adolescent Mental Health Services (Nottingham City Council)
- 'Tier 3' Child and Adolescent Mental Health Services (Nottinghamshire Healthcare NHS Foundation Trust)
- Behavioural and Emotional Health Team (Nottingham CityCare Partnership)

- Counselling and self-harm services; Xenzone (KOOH), Base 51 and Nottingham City Council (SHARP).

'Tier 4' inpatient provision is commissioned and managed by NHS England.

Developing the local transformation plan

Following the publication of *Future in Mind*, in August 2015 the Government announced that all Health and Wellbeing Board areas would be required to develop a local transformation plan to describe how the recommendations of Future in Mind would be implemented. The plans needed to be multi-agency and system-wide, and demonstrate how capacity and capability would be built within the workforce supporting children and young people's emotional and mental health. To support delivery of the transformation plan an additional £647,000 of national funding was made available to NHS Nottingham City Clinical Commissioning Group in 2015/16. £180,000 of this funding was specifically to fund a community eating disorder service for children and young people in line with new Access and Waiting Time Standards.

Nottingham City's local transformation plan for children and young people's mental health was developed by the members of the Nottingham City CAMHS Executive, building on the implementation of the CAMHS Pathway Review. The overall objective of the transformation plan is to develop and implement a simplified, responsive and efficient pathway that supports and improves the emotional wellbeing and mental health needs of children and young people in Nottingham. The plan is aligned to the City's Wellness in Mind strategy and specifically aims to ensure that:

- Children and young people will be supported as programmes to support mental resilience and preventing mental health problems are implemented
- Problems will be identified earlier and effective interventions will be in place
- Outcomes will be measured and improved through effective treatment and relapse prevention
- Support will be in place for children and young people with mental health problems
- The wellbeing and physical health of children and young people with mental health problems will be improved.

The Nottingham plan outlines a range of priority actions in line with the five themes of *Future in Mind*, and the key actions are outlined below:

- Promoting Resilience, Prevention and Early Intervention
 - Provide better information for children and families about how to help themselves and when to seek support
 - Increase the numbers of children and young people able to take part in programmes to build resilience in schools
- Improving Access to Effective Support
 - Increase the amount of consultation, advice and guidance available to schools and health service providers to enable them to better support children and young people with emotional health needs
 - Improve the access to CAMHS so that children in need of support get prompt access to the right service
 - Ensure that different organisations providing mental health services to children and young people work together effectively and that children are effectively supported
 - Set up a crisis team to respond quickly to young people who have a mental health crisis
- Care for the most vulnerable
 - Review services for children and young people with learning disabilities and neurodevelopmental disorders
 - Review access to services for children and young people from minority backgrounds
- Accountability and transparency

- Make sure that we get the most out of the money that is spent on children's mental health and wellbeing, and that services are making a difference to children and young people's lives
- Developing the workforce
 - Improve and make more training available to professionals working with children, young people and families where there are emotional or mental health difficulties.

The Nottingham plan and a one page summary are included with this report. Implementation of the plan is overseen locally by the multi-agency CAMHS Executive who report to the Commissioning Executive Group and the Clinical Commissioning Group's Governing Body, with quarterly monitoring reports being provided to NHS England who are responsible for assuring delivery against the plan.

Key achievements in delivering the plan to date include the following:

- Piloting the Behavioural, Emotional and Mental Health (BEMH) Pathway, in order to facilitate easier access for children, young people and their families to appropriate early support in relation to behaviour and emotional health needs. This included establishing a pilot team to provide specialist support to these children, including delivering evidence based parenting programmes. The pilot has recently been independently evaluated and the report will be finalised in July 2016. This will inform future service provision in relation to BEMH and will be progressed in 2016/17.
- Progressing operational integration of Tier 2 Targeted CAMHS provided by Nottingham City Council and Tier 3 Specialist CAMHS provided by Nottinghamshire Healthcare NHS Foundation Trust to ensure that children and young people experience a seamless transition between services. This includes increasing capacity in the City's Single Point of Access and offering weekly joint assessment appointments in line with the Choice and Partnership Approach to providing CAMHS. The plan also includes workforce development opportunities for staff in both services to receive training in evidence based interventions such as Cognitive Behavioural Therapy (CBT) and the development of care bundles for presenting needs such as anxiety and low mood.
- Development work by the Council's Personal, Social and Health Education Team to implement academic resilience programmes in Nottingham schools in autumn. This builds on existing work with the Central Learning Partnership on a Whole School Character Audit (based on the Whole School – Healthy Schools review) and will create a focused Health Improvement Model on 'Emotional Resilience' that will support the implementation of an emotional resilience programme across a school. The Implementation model will be underpinned at the class and pupil level through a range of school-based resources that combine learning approaches, both inside and outside the classroom. Most of the resource development will pull together existing material that has been tried and tested in other areas or as part of other programmes.
- A pilot Crisis and Intensive Home Treatment Service for young people in mental health crisis was established in January 2016. The objectives of the service are to rapidly respond to children and young people in mental health crisis in the community by providing timely assessment and where indicated, offering comprehensive acute psychiatric care at home until the crisis is resolved, with the aim of reducing avoidable hospital admissions. The service is now fully staffed and has been offering crisis assessments in the community and in acute hospital settings, in-reach support to acute hospital and tier 4 (inpatient mental health) settings, and intensive home treatment to those young people deteriorating into crisis. Stakeholder feedback to date has been positive in relation to the weekend provision the service offers, which includes shared care for young people supported by the Community Eating Disorder Service who require input around mealtimes, and young people supported by the Looked After Children team whose needs escalate over the weekend period.
- Evaluation of the Nottingham City Eating Disorder service, against national guidance that was published in autumn 2015.

Priorities within the plan for the remainder of 2016/17 include the following:

- Development of a plan to respond to the recommendations of the independent evaluation into the effectiveness of the pilot Behavioural, Emotional and Mental Health Pathway
- Ensuring that future commissioning plans are joined up and take account of all programmes being delivered in the City e.g. Small Steps, Big Changes
- Evaluation of the pilot Crisis and Intensive Home Treatment Service and developing a model for service delivery based on the outcome of the evaluation
- Development of a multi-agency workforce development offer in relation to emotional and mental health
- Focusing on minimising barriers between service providers and streamlining how services work together to ensure children, young people, their families and carers have improved access to services and support when it is needed
- Implementation of the performance framework for children and young people's mental health. This will ensure the same indicators are measured across all providers

Future Developments

It is likely that further national requirements will follow in relation to children and young people's mental health, as indicated in the national document, the *Five Year Forward View for Mental Health*. This will include the development of access and waiting time standards for CAMHS, with a particular focus on crisis provision. Going forwards, the children and young people's mental health transformation plan will become part of the sustainability and transformation plan (STP) for Nottingham and Nottinghamshire; information on Future in Mind has been included in the STP. This is intended to ensure that the ongoing improvement of services in support of children and young people's mental health is prioritised.

1. RISKS

(Risk to the CYPP, risk involved in undertaking the activity and risk involved in not undertaking the activity)

The risk in not delivering the plan would be in increasing the likelihood that children's outcomes are not improved and their needs escalate such that they require more costly, specialist service provision.

2. FINANCIAL IMPLICATIONS

Service developments are funded through the national allocation; following review of the BEMH pathway the financial plan for transformation will be reviewed.

3. LEGAL IMPLICATIONS

None.

4. CLIENT GROUP

(Groups of children, young people or carers who are being discussed in the report)

All children and young people will be supported by the implementation of the plan, as their individual needs will be met by universal through to specialist services depending on their specific needs.

5. IMPACT ON EQUALITIES ISSUES

(A brief description on how many minority groups are being engaged in the proposal and how their needs are being met: This section includes traveller and refugee families. The themes of the Shadow Boards – children and young people; parents and carers; equalities issues and the voluntary and community sector should be considered here).

One specific strand of the transformation plan is to ensure that vulnerable populations receive the support they need. The key actions in this area of the plan are as follows:

- Review the provision of mental health and wellbeing support to children and young people with learning disabilities and physical disabilities. This work has commenced and will take into account the Nottingham City SEND Review and the Transforming Care programme.
- Review access to services for children and young people from black and minority ethnic backgrounds, identifying any barriers, through a Health Equity Audit undertaken by Public Health.
- Ensure priority access to CAMHS provision for children and young people who are looked after by other local authority areas but who are placed in Nottingham City
- Review the available emotional support to particularly vulnerable groups such as children and young people experiencing domestic violence and refugees.

6. OUTCOMES AND PRIORITIES AFFECTED (Briefly state which of the CYPP priorities will be addressed)

All CYPP outcomes are affected by the transformation plan as it seeks to drive system change to support children and young people's emotional and mental health and thus improve wider outcomes such as attainment and economic wellbeing.

7. CONTACT DETAILS

Lucy Anderson- Assistant Director of Quality Governance, Children and Learning Disabilities, NHS Nottingham City Clinical Commissioning Group
lucy.anderson@nottinghamcity.nhs.uk

Lucy Peel- Programme Lead, Children and Young People's Mental Health and Wellbeing (Nottinghamshire and Nottingham City)
lucy.peel@nottscc.gov.uk



Nottingham City Future in Mind Summary
Nottingham City FiM Transformation Plan C

Title of paper:	Youth Cabinet Report Summer Term 2015-16	
Report to:	Children's Partnership Board	
Date:	13 th July 2016	
Relevant Director:	Alison Michalska, Corporate Director for Children and Adults	Wards affected: ALL
Contact Officer(s) and contact details:	Jon Rea, Engagement & Participation Lead jon.rea@notttinghamcity.gov.uk	
Other officers who have provided input:	Rachel Armitage, Electoral Services Engagement Officer rachel.armitage@notttinghamcity.gov.uk	
Relevant Children and Young People's Plan (CYPP) priority or priorities:		
Safeguarding and supporting children and families: Children, young people and families will benefit from early and effective support and protection to empower them to overcome difficulties and provide a safe environment in which to thrive.		<input checked="" type="checkbox"/>
Promoting the health and wellbeing of babies, children and young people: From pregnancy and throughout life, babies, children, young people and families will be healthier, more emotionally resilient and better able to make informed decisions about their health and wellbeing.		<input checked="" type="checkbox"/>
Supporting achievement and academic attainment: All children and young people will leave school with the best skills and qualifications they can achieve and will be ready for independence, work or further learning.		<input checked="" type="checkbox"/>
Empowering families to be strong and achieve economic wellbeing: More families will be empowered and able to deal with family issues and child poverty will be significantly reduced.		<input checked="" type="checkbox"/>
Summary of issues (including benefits to customers/service users):		
Update on work of the Youth Cabinet and associated Participation in Governance programme groups and activities in Summer Term 2015-16. It includes a report on work being done by the Electoral Services Engagement Officer to improve civic engagement of young people including a summary of voter registration activity.		
Recommendations:		
1	The Board acknowledges and supports the achievements of children and young people engaging in participation and active citizenship work through the Participation in Governance programme and the work of the Youth Cabinet.	
2	The Board recognises the importance of encouraging civic engagement and voter registration in helping children and young people become active and informed citizens who can confidently take part in civic life and make a contribution to democratic society.	
3	Each member organisation of the Board is asked to support this work and promote, wherever possible, voter registration amongst its 16+ service users; and provide a lead contact for civic engagement and voter registration who can liaise with the Electoral Services Engagement Officer.	

1. BACKGROUND AND PROPOSALS

a) Children and Young People's Participation in Governance programme update

Summer Term has seen a range of activity conducted through the Participation in Governance programme.

- Monthly Youth Cabinet meetings in this period have focused on the subject of engaging young people on education improvement issues. Working with the Portfolio Holder for Schools a proposal has been developed by the Youth Cabinet to help the Education Improvement Board listen to the voice of children and young people. It includes doing work on EIB priorities with the existing Primary Parliament network and also initiating a new annual Student Conference to involve student representatives from all city schools.
- A Youth Council event entitled 'Your Voice Counts' was co-produced by young people from Central Locality. Themed around the Early Help priority of A Resilient City, the event was held at Forest Fields Community Centre. It included three workshops designed and delivered by young people exploring community safety, cleanliness and personal contribution. The workshops used art, conversation and sports activities to engage participants and were very well planned and run by the young leaders. A group discussion about issues arising from the workshops resulted in a rich conversation about social media, cyber bullying, the importance of things to do and places to go in the community and the role of schools in educating students about staying safe online. Actions around these themes were taken back to youth projects to develop further. The afternoon session featured sports activities for participants and their younger siblings. In all around 40 young people took part in the day.
- The next Youth council event is scheduled for August 5th at Oliver Hind Youth Club in Sneinton and will be on Early Help theme of 'A Healthy City'. Planning is currently underway with young people from South and Central localities.
- Two Primary Parliament meetings in June engaged over 150 year 5 and 6 children from 34 city schools. The theme of the meetings was 'Building a Whole and Healthy You' with workshops delivered through partners including Healthy Schools Team, Opportunity Notts, the Clinical Commissioning Group (for the NHS CCG Commissioning Strategy consultation) and the Institute of Mental Health at UoN.
- A delegation of six Youth Cabinet members will represent Nottingham at the Debate Science! Final European Conference in Manchester July 24th – 28th. Trinity School students Theresa Jennings, Emily Spray, Klaudia Cander and Tiarnan Giles will be joined by Chelsea Owen and Lottie Sawford from Nottingham City Council for the three day conference, which forms part of the prestigious European Science Open Forum programme. Around 100 students from 16 countries will take part in the event which follows up on local science parliaments held across Europe in February and focuses on the 'Future Human'.
- A new Participation in Governance programme calendar for the academic year 2016-17 is currently being prepared by the Engagement Lead and Youth Cabinet and will be circulated prior to the next Board meeting.

b) Civic engagement and voter registration

The Youth Cabinet has been acting as a reference group for the work of the Council's Electoral Services Engagement Officer, Rachel Armitage, around the development and delivery of her civic engagement and voter registration programme. This reference group activity helps 'youth-proof' Rachel's work and enables the development of more impactful plans and activities.

The role of Electoral Services Engagement Officer (hereafter referred to as the ESEO) has been in place at the Council since the start of 2015-16 albeit under a different name. It was previously funded by national voter registration campaign Bite the Ballot but is now funded and managed as a permanent post through Electoral Services.

The work of the ESEO is focused predominantly on young people aged 16 - 25 and includes the following activities:

- Awareness raising and sign-up workshops delivered in schools and colleges
- Voter registration stalls at universities and community centres
- Presentations delivered during conferences, assemblies and partner events
- "Democracy cafe" engagement events staged in local venues

Examples of work include:

- "DeDay" event at the National Videogame Arcade in advance of the 2015 general election
- Tailored workshops to National Citizen Service participants from Summer 2015 to Spring 2016 NCS programmes
- Intensive voter registration activities for National Voter Registration Drive, February 2016
- Public panel and targeted media appearances to promote voter registration

Impact

These efforts have delivered approximately 2000 direct registrations and pledges to register between March 2015 and February 2016; leading to likely engagement in voting at elections.

The impact in terms of wider influence is harder to measure but would include:

- Deciding to register at a later date
- Influencing others to register or become involved in p
- Engaging in and/or building networks around political activity and civic engagement

Providing education about voting, politics and civic engagement to our younger citizens encourages and increases democratic engagement. It removes some of the barriers to participation, such as apathy or lack of understanding, and empowers people by encouraging them to become informed and to use their votes. Political education levels the playing field: it gives people access to the tools necessary for real democratic participation; it is essential in helping Nottingham's children and young people become active and informed citizens who can confidently take part in democratic society.

Development of programme and partnership working

The ESEO currently works with a number of internal and external partners including Engagement and Participation Lead, Youth Cabinet, Early Help team, Action for Young Carers, city schools and colleges and the National Citizenship Programme.

In 2016-17 the intention is to:

- extend the range of partners and through them increase the reach of civic engagement activities to include new groups/communities
- do more co-creation with young people of the resources for civic engagement
- expand the work to under include more 16s, looking at what it means to be a citizen at primary and secondary school age
- do more work with specific and targeted groups of children and young people e.g. young carers, disabled young people, children in traveller communities

Reaching out to new communities is one of the hardest and most time consuming aspects of this role so establishing and maintaining connections through partner organisations is vital. Building capacity in partners to support the work is crucial to increasing engagement.

To support this where possible organisations of the Children's Partnership Board are encouraged to promote voter registration amongst young people aged 16+ as part of their engagement and communication with young service users and their families.

2. RISKS

Risk of not doing: Local Authorities have a legal responsibility to spend money on increasing political participation.

3. FINANCIAL IMPLICATIONS

The engagement programme requires resources for delivery, e.g. for room hire, materials, refreshments etc. It is proposed that these modest resource needs are found from the existing CYP Engagement and Participation budget held by the Engagement and Participation Lead.

Children's Partnership Board partners would be expected to contribute to some or all of the costs of any significant additional engagement activity undertaken with the ESEO, not including time costs.

There is potential for commercialisation of the resource/approach.

4. LEGAL IMPLICATIONS

None. Legal Services manage the protocol for civic engagement during election periods.

5. CLIENT GROUP

Young people and young adults aged 16 - 25; younger children engaged through school.

6. IMPACT ON EQUALITIES ISSUES

Work contributes to active citizenship and community engagement.

7. OUTCOMES AND PRIORITIES AFFECTED

All CYPP strategic priority and CYPP cross-cutting theme of Children and Young People's participation in decision making.

8. CONTACT DETAILS

Jon Rea
Engagement and Participation Lead
Strategy and Commissioning Directorate
Nottingham City Council, Loxley House, Station Street, Nottingham, NG2 3NG
Tel: 0115 8764817
Mob: 07957 202333
Email: jon.rea@nottinghamcity.gov.uk

Rachel Armitage
Electoral Services Engagement Officer
Electoral Services
Nottingham City Council, Loxley House, Station Street, Nottingham, NG2 3NG
Tel: [0115 8763845](tel:01158763845)
Mob: [07845 404499](tel:07845404499)
Email: rachel.armitage@nottinghamcity.gov.uk

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Voluntary Sector Involvement:



There are over 500 VCS organisations providing services in Nottingham City.

Nottingham Community and Voluntary Service (NCVS) facilitates two networks for voluntary sector providers who work in collaboration to improve outcomes for children and families.



Working in partnership with the LA, CCG and other providers to:

- Shape and influence local strategy
- Co-produce services
- Deliver local services

The networks facilitate:

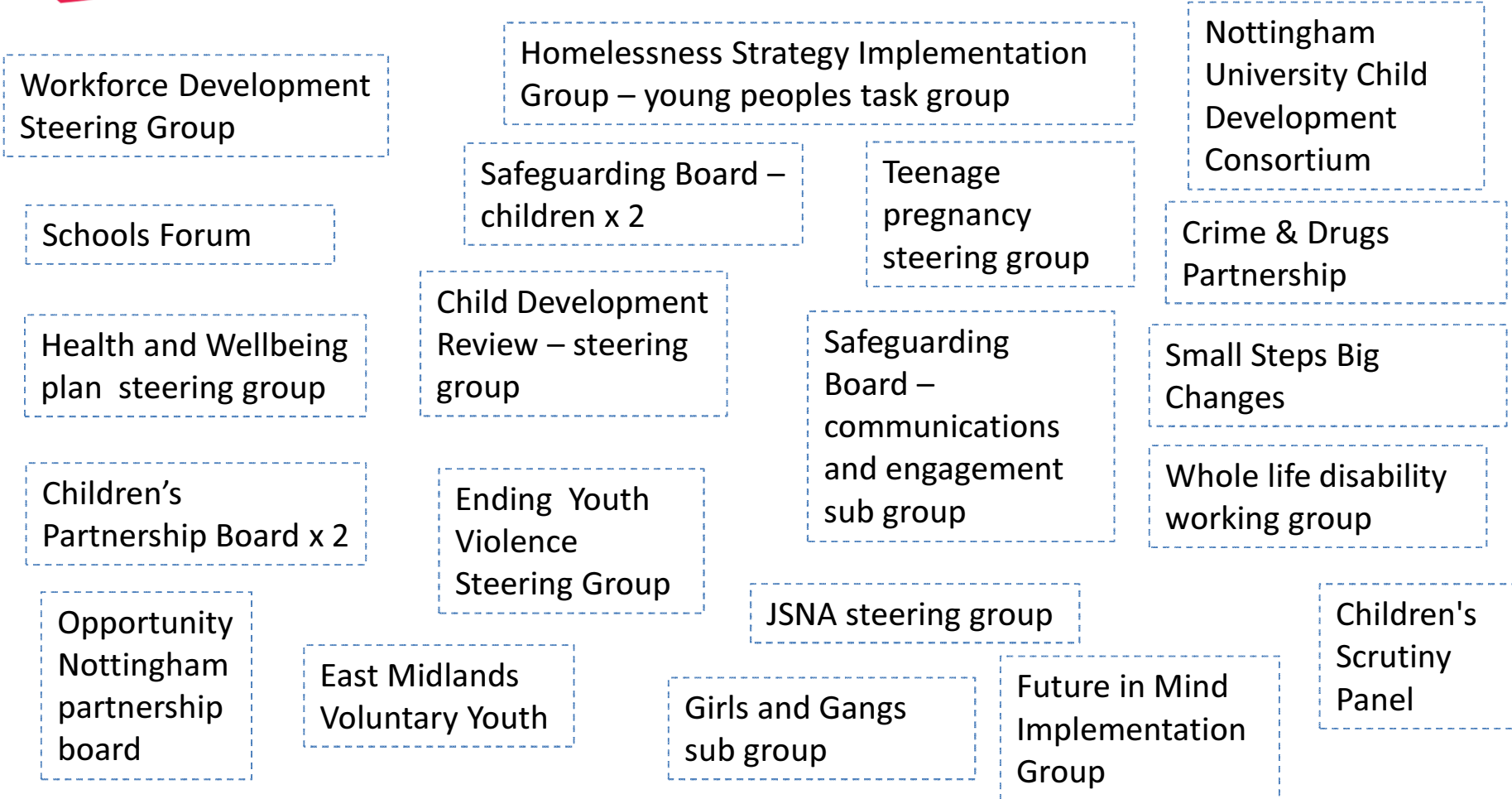
- Peer learning
- Best practice
- Safe working
- Consultation and informing

The networks have inputted into a number of strategies affecting children and families in the city, including:

- The Child Development Review and the Children's Plan
- The Health and Wellbeing plan
- The Vulnerable Adults Plan

More information is available on our website www.nottinghamcvs.co.uk/networks

Where are we connected?



Engagement and consultation activities through out the city, county and East Midlands

National work with NAVCA, Public Health England, NCVO, Kings Fund and Children's Commissioner

VAPN

Vulnerable Adults'
Providers Network

Where are we connected?

Building Health Partnerships

Workforce Development Steering Group

Health & Wellbeing + board

Looking After Each Other board and steering group

Self Care Project

Safeguarding Board Adults x 2

Age Friendly Nottingham x2

Mental Health Pathway

Vulnerable Adults task and finish and steering group

Homelessness Strategy Implementation Group

Loneliness Steering Group

Healthwatch Nottingham and Nottinghamshire

Health and Wellbeing plan steering group

JSNA steering group

Whole life disability working group

Crime & Drugs Partnership

Integrated health and social care steering group and task and finish group

Opportunity Nottingham partnership board

Mental Health Concordat Board and steering group

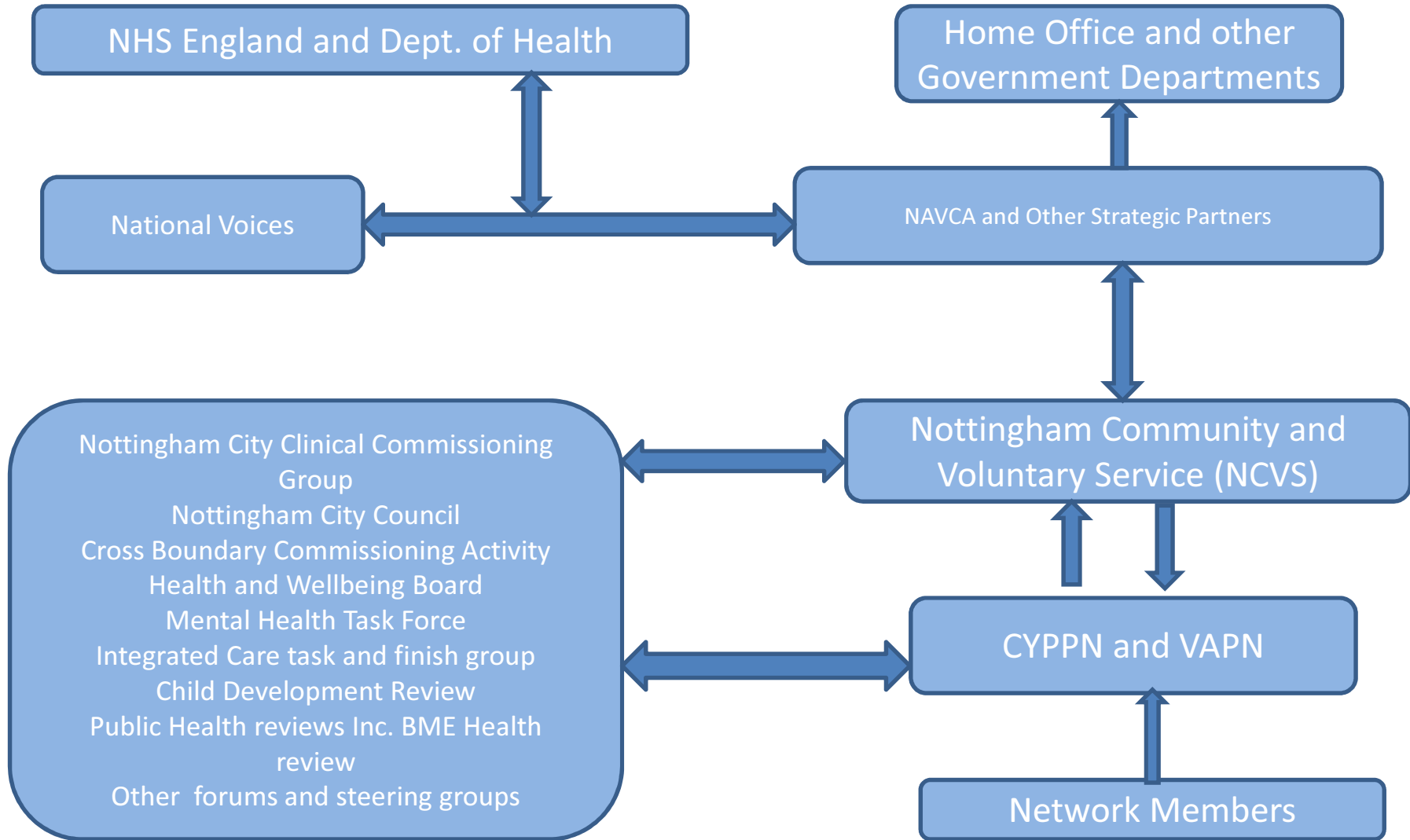
Integrated mental health steering group and task and finish group

Mental Health Steering Group

Engagement and consultation activities through out the city, county and East Midlands

National work with NAVCA, Public Health England, NCVO, Kings Fund

HOW THE VOLUNTARY AND COMMUNITY SECTOR IN NOTTINGHAM CONTRIBUTE TO THE HEALTH AND WELLBEING AGENDA



Title of paper:	Children and Young People's Plan: action plan	
Report to:	Children's Partnership Board	
Date:	13.07.2016	
Relevant Director:	Alison Michalska, Corporate Director for Children and Adults	Wards affected: All
Contact Officer(s) and contact details:	Helen Blackman helen.blackman@nottinghamcity.gov.uk	
Other officers who have provided input:	Members of the Children's Partnership	
Relevant Children and Young People's Plan (CYPP) priority:		
Safeguarding and supporting children and families: Children, young people and families will benefit from early and effective support and protection to empower them to overcome difficulties and provide a safe environment in which to thrive.		<input checked="" type="checkbox"/>
Promoting the health and wellbeing of babies, children and young people: From pregnancy and throughout life, babies, children, young people and families will be healthier, more emotionally resilient and better able to make informed decisions about their health and wellbeing.		<input checked="" type="checkbox"/>
Supporting achievement and academic attainment: All children and young people will leave school with the best skills and qualifications they can achieve and will be ready for independence, work or further learning.		<input checked="" type="checkbox"/>
Empowering families to be strong and achieve economic wellbeing: More families will be empowered and able to deal with family issues and child poverty will be significantly reduced.		<input checked="" type="checkbox"/>
Summary of issues (including benefits to customers/service users):		
<p>The Children and Young People's Plan (CYPP) identifies key headlines, challenges and an overview of areas relating to Children and Young People.</p> <p>The CYPP action plan contains the four priorities of the CYPP and their related indicators and is the mechanism for driving forward combined performance across the Children's Partnership Board.</p>		
Recommendations:		
1	The Board to note activity against the CYPP action plan	

1 BACKGROUND AND PROPOSALS

The Children and Young People's Plan is based on evidence about past performance, needs assessments, consultation with local families and agreed priorities between partners. It was reviewed and adjusted to take account of changes in policy direction and early intervention approaches that were impacting on design and delivery of services to children, young people and their families and was refreshed to cover the period 2015/2016. The new CYPP for the period 2016 - 2019 is now in a period of consultation.

This strategic plan, set the overall direction and provided the headlines, but is supported by a more detailed action plan which can be found on the Children's Partnership website. A new action plan is also under development.

The action plan covers the four shared priorities agreed by the partnership:

1. Safeguarding and supporting children and families:

Children, young people and families will benefit from early and effective support and protection to empower them to overcome difficulties and provide a safe environment in which to thrive.

2. Promoting the health and wellbeing of babies, children and young people:

From pregnancy and throughout the life course, babies, children, young people and families will be healthier, more emotionally resilient and better able to make informed decisions about their health and wellbeing.

3. Supporting achievement and academic attainment:

All children and young people will leave school with the best skills and qualifications they can achieve and will be ready for independence, work or further learning.

4. Empowering families to be strong and achieve economic wellbeing:

More families will be empowered and able to deal with family issues and child poverty will be significantly reduced.

Within these four priorities the action plan contains a number of indicators to which the majority of organisations on the Children's Partnership Board contribute. Partners have provided information available at the end of year on activity and progress within these indicators.

2 RISKS

Changing strategic, economic and internal governance factors may impact on or change the direction of individual partners' performance contributions.

3 FINANCIAL IMPLICATIONS

Financial implications within partner organisations.

4 LEGAL IMPLICATIONS

Not applicable

5 CLIENT GROUP

All groups of children, young people or carers who are being discussed in the report.

6 IMPACT ON EQUALITIES ISSUES

The initial CYPP and action plan was equality impact assessed.

7 OUTCOMES AND PRIORITIES AFFECTED

All

Contacts:

Helen Blackman
Director of Integrated Children's Services
Helen.blackman@nottinghamcity.gov.uk

Chris Wallbanks
Strategic Commissioning Manager
chris.wallbanks@nottinghamCity.gov.uk

Dot Veitch
Partnership Support Officer
Dot.veitch@nottinghamcity.gov.uk

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CYPP: 2015/16 Bi-annual Performance Report

Key	Measure	Frequency	2014/15 Outturn	2015/16 Q2	2015/16 Q4	Statistical Neighbour Average	England Average	Responsible Officer / Data Provider
1. Safeguarding and supporting children and families								
1a. Children and young people are safe								
1a.	% of CAFs where there has been a reduction in the level of need at closure	Quarterly	57.0%	51.5%	47.7%	~	~	Tajinder Madahar
1a.	% of CAFs where both the parent and child report an improvement in the level of circumstance	Quarterly	65.9%	66.2%	67.1%	~	~	Tajinder Madahar
1a.	Number of children subject to a Child Protection Plan (per 10,000)	Quarterly	548 (86)	509 (78)	564 (87)	526 (59)	~	Clive Chambers
1a.	Number of new children subject to a Child Sexual Exploitation strategy meeting <i>Cumulative total</i>	Quarterly	28	36	62	~	~	Clive Chambers
1a.	Number of children who stop being subject to a Child Sexual Exploitation strategy meeting process due to their risks being reduced <i>Cumulative total</i>	Quarterly	26	31	55	~	~	Clive Chambers
1a.	Number of offences where children and young people are victims <i>Cumulative total shown</i>	Quarterly	1527	859	1694	~	~	Police
1a. .6 (4	Number of incidents of domestic violence where children and/or young people are in the family (mirror DV indicator from Priority 4) <i>Cumulative total shown</i>	Quarterly	3783	1245	1745	~	~	Police
1a.	Number of Accident and Emergency attendances caused by deliberate or unintentional injuries for children age 0-4 years (per 10,000)	Annual	110 (2013/14)	~	114 (2014/15)	163 (2014/15)	137 (2014/15)	Helene Denness
2. Promoting the health and wellbeing of babies, children and young people								
2a. Good maternal health and healthy babies								
2a.	% of women reporting smoking at the time of delivery	Annual	18.5% (2013/14)	17.0%	18.8%	~	10.5% (Q2 15/16)	Helene Denness
2a.	% of mothers who breastfeed their babies 6-8 weeks after delivery	Annual	48.6%	47.7%	48.0% (Dec 2015)	~	42.9%	Helene Denness
2a.	Rate of infant mortality per 1,000 live births (aged under 1 year)	Annual	5.2 (2011-13)	~	No new data	5.3 (2011-13)	4.0 (2011-13)	Helene Denness
2a.	% of eligible children who have received 3 doses of Dtap/IPV/Hib5 vaccine by their first birthday	Annual	93.4%	92.8%	92.4% (2015/16 Q3 data)	94.4% (2014/15)	94.2% (2014/15)	Helene Denness
2b. Children and young people adopt healthy lifestyles								
2b.	% of Year 6 children who are obese (Nottingham Plan target)	Annual	23.4% (2013/14)	~	22.5% (2014/15)	~	~	Helene Denness
2b.	% of children aged 5 with tooth decay	Annual	38.5% (2011/12)	~	No new data	34.1% (2011/12 mean)	27.9% (2011/12)	Helene Denness
2c. Children and young people have positive mental health								
2c.	Number of hospital admissions for self harm for those age 10-24 (per 100,000)	Annual	338.37 (2012/13)	~	435.8 (2014/15)	482.9 (2014/15 mean)	398.8 (2014/15)	Helene Denness

Key	Measure	Frequency	2014/15 Outturn	2015/16 Q2	2015/16 Q4	Statistical Neighbour Average	England Average	Responsible Officer / Data Provider
2c.	Number of referrals into the Behavioural, Emotional or Mental Health Pathway which lead to appropriate support from Child and Adolescent Mental Health Services (CAMHS) (cumulative totals shown)	Quarterly	1206	607	717 (1324 YTD)	~	~	Anna Masding
2c.	Rate of hospital admissions for mental health conditions for those aged 0-17 <i>Cumulative total shown</i>	Quarterly	61	33	63	~	~	Alicia Rowley
2d. Young people have a positive, informed approach to risk taking								
2d.	Under 18 conception rate (Nottingham Plan target)	Quarterly	37.5 (Dec 2013)	35.8 (Jun 2014)	32.7 (Dec 2014)	30.9 (Dec 2014)	22.8 (Dec 2014)	Helene Denness
2d.	Rate of first time entrants to the Youth Justice System (Nottingham Plan target) (per 100,000) <i>Cumulative total shown</i>	Quarterly	245 (959)	105 (822)	210 (830)	(530) (Oct 14 - Sep 15)	(376) (Oct 14 - Sep 15)	Shelley Nicholls
2d.	Number of new presentations to young peoples' drug and alcohol service <i>Cumulative total shown</i>	Quarterly	127	29 (Q1)	51 (Q2)	~	~	Helene Denness
2e. Young people are ready for independence								
2e.	% and number of 16-18 year olds who are NEET	Quarterly	6.4% (505)	5.4% (506)	6.2% (479)	~	~	Michelle Wright (Futures)
2e.	% and number of 16-18 year olds whose destination is Not Known	Quarterly	2.0% (158)	2.1% (199)	2.2% (178)	~	~	Michelle Wright (Futures)
2e.	% and number of Looked After Children who are NEET	Quarterly	22.6%	17.7% (20)	17.0% (19)	~	~	Michelle Wright (Futures)
2e.	% and number of Looked After Children whose destination is Not Known	Quarterly	4.0%	3.4% (4)	2.6% (3)	~	~	Michelle Wright (Futures)
2e.	% of 19 year olds who have achieved Level 2 qualifications or more	Annual	78.2%	~	79.3%	~	86.0%	~

Key	Measure	Frequency	2014/15 Outturn	2015/16 Q2	2015/16 Q4	Statistical Neighbour Average	England Average	Responsible Officer / Data Provider
3. Supporting achievement and academic attainment								
3a. Children are ready for school								
3a.	% of eligible 2 year olds accessing free nursery provision (Nottingham Plan target)	Quarterly	48.0%	58.0%	60.5%	58.0% (Jan 2015)	62.0% (Jan 2015)	Kathryn Bouchlaghem
3a.	% of children achieve a good level of development in their Early Years Foundation Stage Profile in the following areas of learning: Communication and Language, Physical Development, Personal, Social & Emotional Development, Literacy and Maths	Quarterly	47.0%	58.0%	~	61.7%	66.3%	Kathryn Bouchlaghem
3b. Children and young people achieve their full potential								
3b.	Percentage of schools rated 'Good' or 'Outstanding' by Ofsted	Quarterly	74.0%	78.9%	78.4%	~	~	Nick Lee
3b.	% of pupils achieving 5 or more A*-C GCSEs including English and Maths (Nottingham Plan target)	Annual	44.6% (2013/14)	~	42.4% (2014/15)	49.8% (2014/15)	53.8% (2014/15)	Nick Lee
3b.	% of Key Stage 1 pupils achieving Level 2 in Reading, Writing and Maths	Annual	R: 84.0% W: 79.0% M: 87.0% (2013/14)	R: 86.0% W: 81.0% M: 89.0% (2014/15)	~	R: 88.0% W: 84.0% M: 91.0% (2014/15)	R: 90.0% W: 88.0% M: 93.0% (2014/15)	Nick Lee
3b.	% of Key Stage 2 pupils making the expected progress in Reading, Writing and Maths	Annual	R: 90.0% W: 92.0% M: 90.0% (2013/14)	~	R: 91.0% W: 94.0% M: 90.0% (2014/15)	R: 90.0% W: 93.0% M: 90.0% (2014/15)	R: 91.0% W: 94.0% M: 90.0% (2014/15)	Nick Lee
3b.	% of pupils leaving school with no qualifications (Nottingham Plan target)	Annual	96.9% (2013/14)	~	95.4% (2014/15)	97.5% (2013/14)	97.7% (2013/14)	Nick Lee
3b.	Rate of Primary and Secondary School permanent exclusions (per 100)	Quarterly	Prim: 0.07 Sec: 0.76 (2014/15)	~	Prim: 0.04 Sec: 0.44 (2015/16)	Prim: 0.03 Sec: 0.16 (E.Mids 2013/14)	Prim: 0.02 Sec: 0.13 (2013/14)	Mirth Parker
3b.	Rate of Primary School absences	Quarterly	4.7% (Q4 2013/14)	4.1%	4.1%	~	~	Nick Lee
3b.	Rate of Secondary School absences	Quarterly	6.7% (Q4 2013/14)	5.3%	5.3%	~	~	Nick Lee
3c. Children from disadvantaged groups achieve their potential								
3c.	GAP between SEN and Non-SEN pupils achieving KS2 Reading, Writing & Maths combined Level 4+	Annual	Non-SEN: 87.9% SEN: 41.9% Gap: 46.0% (2013/14)	~	Non-SEN: 87.0% SEN: 47.0% Gap: -40.0% (2014/15)	~	Non-SEN: 90.0% SEN: 39.0% Gap: -51.0% (2014/15)	Mirth Parker
3c.	Gap between SEN and non-SEN pupils in achieving 5 A*-C GCSEs including English and Maths	Annual	Non-SEN: 52.7% SEN: 13.6% Gap: 39.1% (2013/14)	~	Non-SEN: 48.1% SEN: 14.1% Gap: 34.0% (2014/15)	~	Non-SEN: 64.2% SEN: 20.0% Gap: 44.2% (2014/15)	Mirth Parker
3c.	GAP between pupils receiving the Pupil Premium (disadvantaged) and their peers in achieving the expected level at KS2 (Reading, Writing & Maths combined Level 4+)	Annual	Non-PP: 82.0% PP: 69.0% Gap: 13.0% (2013/14)	~	Non-PP: 83.0% PP: 70.0% Gap: 13.0% (2014/15)	~	Non-PP: 85.0% PP: 70.0% Gap: 15.0% (2014/15)	Nick Lee
3c.	Gap between pupils receiving the Pupil Premium (disadvantaged) and their peers in achieving the expected level at KS4 (5+ A*-C GCSEs including English and Maths)	Annual	Non-PP: 55.4% PP: 31.5% Gap: 23.9% (2013/14)	~	Non-PP: 52.9% PP: 29.0% Gap: 23.9% (2014/15)	~	Non-PP: 65.1% PP: 36.8% Gap: 28.3% (2014/15)	Nick Lee
3c.	% of Children in Care achieving the expected level at KS2 (Reading, Writing & Maths combined Level 4+)	Annual	50.0% (2013/14)	~	50.0% (2014/15)	~	52.0% (2014/15)	Malcolm Wilson

Key	Measure	Frequency	2014/15 Outturn	2015/16 Q2	2015/16 Q4	Statistical Neighbour Average	England Average	Responsible Officer / Data Provider
3c.	% of Children in Care achieving 5 or more A*-Cs GCSEs	Annual	13.0% (2013/14)	~	6.5% (2014/15)	~	18.3% (2014/15)	Malcolm Wilson
4. Empowering families to be strong and achieve economic wellbeing								
4a. Parents feel confident and equipped to address family issues								
4a .1 (1)	Number of incidents of domestic violence where children and/or young people are in the family (mirror DV indicator from Priority 1) <i>Cumulative total shown</i>	Quarterly	3783	1245	1745	~	~	Police
4a.	Number of Priority Families supported (in Phase 2) <i>Cumulative total shown</i>	Quarterly	0	327	898	~	~	Tajinder Madahar
4b. Parents are supported into education, employment or training								
4b.	The proportion of children living in poverty (locally defined as who live in households dependent on out-of-work benefits, Nottingham Plan target)	Annual	34.6% (2012/13)	32.9% (2013/14)	30.4% (2014/15)	28.4% (2013/14)	19.1% (2013/14)	Geoff Oxendale / Nikki Kirk (mat leave)

Children's Partnership Board

*2015/2016 End of Year action plan
review*

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13th July 2016



NOTTINGHAM
CHILDREN'S
PARTNERSHIP

PROUD OF NOTTINGHAM'S CHILDREN & YOUNG PEOPLE



Nottingham
City Council

Achievements:

1. The percentage of Common Assessment Frameworks where parents and children report an improvement in their circumstance has risen from 65.9% to 67.1%
2. The number of children who became subject to a Child Sexual Exploitation meeting rose from 28 to 62, the number of children who no longer needed to be subject to a CSE meeting rose from 26 to 55.

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- 3.. 25 schools have signed up to the Sex and Relationships Education Charter.
4. The Safe Families for Children pilot is making excellent progress. This has supported 93 children so far and provided alternative care for 25 children who might otherwise have been taken into care.

Page 1 of 19

Areas for future progress:

1. Child Protection Plans continue to increase.

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2. The number of offences where children and young people are victims has risen from 1527 to 1694

3. The number of Accident & Emergency attendances for children age 0 – 4 years has risen slightly from 110 to 114

Supportive actions:

1. The appointment of a CSE co-ordinator has both increased identification of cases and also reduced the number still needing help as their circumstances had improved.
2. Paediatric emergency pathways specialist led training now in place
3. Lifeline A & E pathway is in place and a detailed workforce plan is being implemented for 2016/17.
4. The Home Safety pilot has been extended until 31/3/17.

2.Promoting the health and wellbeing of babies, children and young people.

Achievements:

1. 48% of infants are being breast fed at 6 to 8 weeks.
2. Obesity in Year 6 children has dropped from 23.4% to 22.5%
3. Tooth decay in children aged 5 has improved from 38.5% to 33.4%.
4. Teenage Pregnancy continues to meet annual incremental targets and has reduced from 37.5% to 32.7% conceptions per 1000 girls aged 15 - 17.

5. The rate of first time entrants to the Youth Justice System has dropped from 245 to 210
6. 6.2% (506) of 16 – 18 year olds are NEET (6.4% March 2015)
7. 17% of children in care are not in education, employment or training (22.6% March 2015)
8. 2.6 % of children in care destination is not known (4% March 2015)

Areas for future progress:

1. Smoking at the time of delivery is 18.8% compared to the England average of 10.5% and a target of 17.0%
2. Hospital admissions for self harm for those age 10 – 24 were at 338.37 (2012/13), rose to 533.7 (2013/14) and now stand at 435.8 (2015/15)
3. There has been a 1% drop in immunisations for Dtap/IPV/hib
4. The rate of hospital admissions for mental health conditions has had a very slight rise from 61 to 63.

Supportive actions:

1. The Sheriff's Award, Opportunity Notts and specific activities such as the Daily Mile and School Swimming challenge are supporting children and young people to be more active.
2. The SSBC Family Mentor model is operational in Aspley & Bulwell with a 90% acceptance rate for the home visiting element.
3. Self Harm Awareness and Resource Project (SHARP) and Healthy Schools work.
4. Family focussed healthy weight programme

Achievements:

1. There has been a 12.5% increase in two year olds accessing free nursery provision
2. 79% of children are in schools judged good or better which is a rise of 19% from last year
3. Absence has reduced in Primary Schools from 4.7% to 4.1% and in Secondary Schools from 6.7% to 5.3%

4. KS2 Nottingham pupils have maintained or improved in Reading. Writing and Maths and match the England average.
5. Gap between SEN and non SEN pupils has reduced from 46% to 40% in KS2 RWM and from 39.1% to 34% in GCSE

Areas for future progress:

1. The percentage of pupils achieving 5 or more A* - C GCSEs including English and Maths stands at 42.4% against the English average of 53.8%
2. Ensuring Children in care are supported to access best quality education and learning is both a commitment and a challenge
3. On average 29% of high performing pupils continue to choose to transfer out of the city for secondary provision

Supporting activity:

1. Dolly Parton Imagination Library
2. Educational Improvement Board Strategic Plan 2015 - 2025
3. Teaching Schools Alliances

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4. Empowering families to be strong and achieve economic wellbeing.

Achievements:

1. Numbers of Priority Families worked with across the Partnership this year is 898 against a target of 852
2. The number of children in workless poor families has reduced from 34.6% to 30.4%

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Areas for future progress:

1. There is the continuing challenge of achieving the Priority Family targets overall and in particular evidencing where we are making a difference.

Page 125 The number of domestic violence incidents where children or young people are in the family needs on-going scrutiny.

Supportive actions:

1. The Domestic and Sexual Violence and Abuse Strategy (DSVA) re-launch has co-ordinated specialist and statutory sector actions.
2. The Domestic Abuse Referral Team (DART) is part of the Front Door Into Children's Services' review.
3. DWP is committed to work with ' Troubled Families' to support parents into education, employment and training until March 2020

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4.. The Safe from Harm review

5.. Stronger Families therapeutic programme for child survivors of domestic abuse

6.. Projects supporting children where there is domestic abuse in the family:

- Stride
- The GREAT project
- Equate

Helen Blackman

Director of Children's Integrated Services

helen.blackman@nottinghamcity.gov.uk

Chris Wallbanks

Strategic Commissioning Manager

chris.wallbanks@nottinghamcity.gov.uk

Dot Veitch

Partnership Support Officer

dot.veitch@nottinghamcity.gov.uk



Children's Partnership Board Forward Plan 2016-2017

October 2016

CYPP Priority: Empowering Families to be Strong and Achieve Economic Wellbeing
Quarterly report from the Youth Cabinet
Independent Chairs' Safeguarding Annual Report
Child Development Review
Oral Health assessment update
Partners update: Further Education

January 2017

CYPP Priority: Supporting achievement and academic attainment: Early Years, academic results and SEN
Quarterly report of the Youth Cabinet
Partner update: The Probation Service

March 2017

CYPP priority: Promoting the Health & Wellbeing of Babies, Children and Young People.
Quarterly report of the Youth Cabinet
Independent Chairs' Safeguarding Business Report
Partner update: The Police

June 2017

CYPP priority: Safeguarding & Supporting Children & Families
Quarterly report of the Youth Cabinet
Six month CYP Action Plan
Partner update: DWP

Please contact Dot Veitch if you have any suggestions for future items for the forward plan
dot.veitch@nottinghamcity.gov.uk

