



## **DRAFT - Gloucestershire- works well for families**

**Gloucestershire Early Help and Children and Young People's  
Partnership Plan: 2015-18**

## Foreword

The vast majority of children and young people in Gloucestershire do well. They achieve well in school, enjoy good health; have comfortable homes and opportunities to not only reach their potential but to excel.

***90% of Gloucestershire's Children and Young People  
tell us they are confident about their future<sup>1</sup>***

However that is not the case for all children. A small but significant number of children have persistently poor outcomes and the gap between them and other children is persistent and wide. These are the children who are most dependent on effective, early help that is targeted on their needs.

It is these children that are the main focus of this plan – improving their outcomes are our priority as a partnership. Achieving change for the most vulnerable children and young people and their families will require all of us to work more effectively together – community groups, schools and statutory services.

This plan sets out our shared strategy for improving outcomes for our most vulnerable children and young people whilst maintaining good standards for the rest and managing reducing resources.

We will do this by providing information and support for people to do more for themselves and their families; investing in community capacity to provide support where people live; using intensive specialist support to make a lasting difference; and targeting specialist help on those with complex needs.

This plan represents our duty and our desire to work together and to challenge ourselves and our existing ways of working in the pursuit of excellent and lasting outcomes for vulnerable children, young people and families.

Signed

Signed

**Cllr Paul McLain**  
Cabinet Member for Children, Young  
People and Strategic Commissioning

**Linda Uren**  
Director of Children's Services  
Commissioning Director: Children and  
Families

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<sup>1</sup> Gloucestershire Online Pupil Survey, 2014 – Percentage of respondents saying that they feel quite confident, confident or extremely confident about their future.

## The context

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

National government priorities for children's services can be summarised as:

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

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

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

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

Outcomes for *most* children in Gloucestershire are good and getting better. The GCP Children's Partnership Plan has contributed to significant improvements as evidenced by the views of children and young people, for example, through the On-line pupil survey.

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

- ✓ *are happy, satisfied and confident in the future*
- ✓ *experience less bullying than before*
- ✓ *are smoking, drinking and drug using less than before*
- ✓ *experience less domestic abuse than in previous years*

Innovative service offers are proving successful in improving family relationships. We are seeing good working arrangements with courts, decisions, when needed, are being made at the child's pace. Our adoption performance has significantly improved as has progress for young children who are adopted. There continues to be low and downward trends in youth offending and re-offending and NEET numbers are low. Families First is successfully delivering an Early Help Offer and is preparing for the 2015 expanded programme as an early adopter.

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

However, it is not a positive picture for everyone. Demand for all specialist services remains high and there is a significant gap in attainment between vulnerable children and their peers.

Through the **2014 On-line Pupil Survey**, small but significant numbers of children told us that they...

- *are self harming in increasing numbers*
- *are worried, so often have problems sleeping*
- *have no one to turn to for help*
- *older girls are increasingly less confident*

Our collective information and knowledge tells us that the groups of children that need our help most are:


- Children in Care and care –leavers
- Children requiring safeguarding
- Children subject to the effects of poverty
  - Children living in challenging circumstances (Including those children, affected by, domestic abuse; young carers; sexually exploited; substance misuse; mental health issues; sick children; complex needs; those in chaotic families)


➤ Children and Young People with Learning difficulties and Disabilities/  
Complex Needs (CYPwLDD)

A large number of children are the subject of referrals to and between public sector agencies in particular children's social care, police, youth support, special educational needs provision and various NHS providers including the 2gether NHS Foundation Trust, Children and Young People's Service (the local Child and Adolescent Mental Health Service).

Many of these children receive unnecessary multiple assessments which too often result in little actual help and, as a consequence, they are referred again and again. Feedback from children, young people, parents/carers and partner-organisations tells us that the current configuration of services and interventions doesn't always work as well as it could. We know that it isn't always clear to families the range of early help is available to them, and therefore they find it difficult to access. Sometimes, through lack of clear alternatives, or lack of awareness, partner organisations refer families to services for which they are not eligible.

***Families said:***

 80% agree that support should be for the whole family not just family members

 40% think there is no wider community support for them

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

## Our children and young people



SEN  
**13,046**

YOUTH OFFENDING INTERVENTIONS  
**415**

FREE SCHOOL MEALS  
**8720**

CHILDREN IN POVERTY  
**16,300**

OBESE & OVERWEIGHT AT YR 6  
**33%**

CHILD PROTECTION PLANS  
**440**

CHILDREN IN CARE  
**500**

NEET  
16-18yrs  
**533**  
JSA claimants  
18-24yrs  
**1100**

## GCP's commitment to equality

GCP fully supports and promotes the requirements of the United Nations Convention on the Rights of the Child. Partners have a commitment to equality and meeting the needs of Gloucestershire's diverse community. The nine protected characteristics have been considered throughout the preparation for the new plan and we have checked, through an equality impact assessment that no group is disadvantaged.

The Plan exhibits a commitment to equality of opportunities for children and their families; recognising and addressing the gap between those who do well and those who do not. The partners will strive positively and creatively to close the gap for the most vulnerable. This commitment is reflected throughout the Priority Activity Cards.

## What you have told us

Gloucestershire County Council has the lead responsibility for ensuring children's services are working together collectively to improve outcomes. In order to stimulate this debate and begin the conversation with local communities and partners, the Council set out its ideas in the 'Together We Can' consultation in June. This described the role the Council thinks it should play, based on a 4-stage approach:

- Active individuals – signposting people to support and information to help them make good choices and take responsibility for themselves and their families
- Active communities – building on existing community support and investing in community capacity building so that more help is available within communities
- Getting people back to independence – Wherever possible, using short-term interventions to help people recover from an emergency or crisis
- Being there when we're needed most – Targeting support on those with the most complex needs.
- Respondents agreed with proposals to help families and individuals to be stronger, by providing support for people to stay fit and healthy and to deal with family troubles. Many felt that this would save money in the long term and that it would provide families with the support they need, when they need it. The strongest support was for the idea of communities taking on a bigger role in supporting local people. This mirrors the feedback we get from parents, who tell us they want to be involved in making decisions alongside practitioners e.g. 65% of

### ***In consultation Practitioners agreed:***

83% Early Help prevents problems getting worse

87% Practitioners should work better together

47% Are currently using data to improve outcomes

children centre parent users tell us that they want to be involved in running services.

Respondents also expressed the view that families and communities need some funding, support and training in order to be able to support their community. They supported the idea that we should respond quickly to avoid needs growing or situations getting worse, and that we should look for solutions that work and that are focussed on the particular needs of the child or family.





## Our Vision

'We want to ensure our children and young people thrive and reach their full potential, supporting when we are needed most'.

## Our aims

### **Children will thrive at home**

*Families stay together  
Keeping families together dealing  
with emerging problems*

### **Children will thrive at home with help**

*Preventing family breakdown providing  
help for children and parents  
Families stay safely together; with  
extra help from communities and  
practitioners*

### **Children will thrive with specialist help**

*Providing for effective and efficient responses and  
lasting solutions*  
Children, who need it, will have specialist  
help; have a good experience and settle  
permanently, quickly and safely

### **We will work well together**

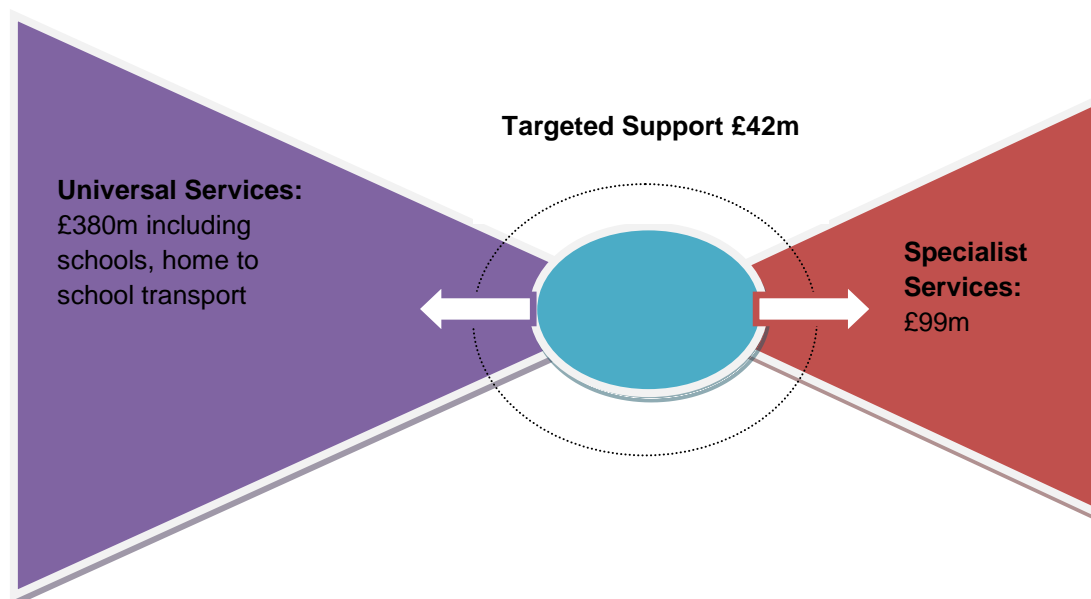
*We will change our systems  
Planning, developing and jointly  
providing appropriate support for  
families*

## Our strategy

Concerted improvement will not be achieved by expecting the current configuration of services and support to deliver more. We need to address the design of the system as a whole. As the saying goes 'We cannot go on like this!'

We cannot allow the twin challenges of decreasing resources and increasing demand to result in a situation where investment in targeted support gets squeezed. Rather, this is where we believe we should be focussing to achieve better, more lasting improvements for the most vulnerable children, young people and families. The diagram below illustrates the potential squeeze on investment in interventions and support for children and young people who may have significant needs but where there is an opportunity to avoid the need for specialist input such as children's social care or specialist CAMHs. In youth justice it has proved possible to divert funding into working with young people at risk of offending away from dealing with those who have already offended, and our aim must be to repeat this with other parts of the system.

The arrows show the risk of funding flowing from such targeted support in response to the pattern of demand, and we need to work together better to reduce this risk and stop it happening.



There will always be some children who need protecting, have suffered significant trauma and have particular complex needs; and for these we do we need high quality, evidence based services to respond to them. These services need to be better integrated, use evidence of what works and be more focussed on direct work with children and families which makes a difference. In particular we know that whilst Care can really transform the lives of many children the system often fails to work well for teenagers – yet this can often be the area of greatest spend, suggesting that we are not using our scarce resources for the best outcome.

Our overall strategy therefore is to create a more sustainable system focused on prevention & permanence that:

- Harnesses the energy, commitment and capacity of communities and universal services
- Intervenes to make a lasting difference and reduces process
- Takes preventative action to help teenagers and keep them out of trouble and out of Care

### **Harnessing the energy, commitment and capacity of communities and universal services**

Parents and Universal services (such as schools, community groups, Health Visitors, Police, Housing Providers, and GPs) already play a strong role in providing positive activities and community-based support for families. This needs to continue and professional help needs to be focussed on enabling

these partners and communities to address the needs of local families and to be better coordinated. We would expect to see more user-led services and multi-agency approaches with less professional ‘intrusion’ into the lives of families. The role of

**Parent Champions**  
*“It’s a win- win situation... we can be there to help parents and carers to find answers and be a link into services they need and not be aware of”*  
*“It is a chance to give something to the community, to be a positive influence for children and their carers”*

**Ambassadors** have improved the experience of children in care by:  
*Co-leading their forum*  
*Creating better documents*  
*Training staff*  
*Selecting new staff*

local early years providers, schools and other organisations in developing local services and support will be better recognised.

We have committed through the *Building Better Lives* policy to transforming the way we work with disabled people. Starting early is a crucial element of this and changing families’ early experiences will set the

platform for changed expectations in the future. Developing an all age disability service model is an important part of this, but enabling families and communities to support disabled children themselves is vital.

To do this we need to ensure that early advice from health and education services gives confidence in the opportunities available and that support, for example in the form of short breaks, is easily accessible in mainstream activities and services. Working closely with carers and making the Co-Production Charter a reality will impact on everything we do.

Up to date accurate accessible and relevant information will be available for families and young people to help themselves. They will be empowered by having the opportunity to make their own informed choices and influence the support they receive.

A more developed and integrated multi-disciplinary approach will have implications for the way that we plan and use buildings, technology and information. We will need

to be flexible and make it easier for people from different professions and organisations to share office space, systems and data. More mobile working can provide a degree of that flexibility

IT systems will be specified to allow for data from multiple sources to be pulled together, analysed in a safe and secure environment and used to identify, understand and address risk factors. Tracking the progress of children and young people to assess the impact of interventions on their outcomes will help us to learn what works in different communities in Gloucestershire. .

We will have effective information sharing governance in place to support data sharing in the best interests of families and children. Practitioners will aspire to a common understanding of what, how and when to share information to make sound decisions to meet needs.

We will review the Early Help 'system' so that it is better understood and more tangible and overseen in local areas. Practitioners will be better equipped, supported and more confident in assessing and managing risk and so support children in universal environments.

### **Intervening to make a lasting difference and reducing process**

We believe that by investing in diversion, multi-agency early intervention and robust quality assurance, we can focus resources on evidence-based interventions that work, and so begin to reduce demand for and investment in re-active specialist services for children with the most acute needs.

Partners want to build a 21<sup>st</sup> Century service which will deliver improved outcomes for vulnerable children and young people supporting them safely in universal services and having a 'front door' which opens up to an appropriate level of support when needed.

#### **Turn Around for Children**

*.... Those families working with the TAC team get fast access to services, including therapies and detox, plus help with housing issues, parenting, domestic violence and financial hardship. Children receive fast track access to the services and support they need to be ready for school and do well.*

We will establish a more integrated and strategic approach to commissioning services across the agencies that spans the whole of childhood and adolescence and which supports investment in integrated support and services. The services will offer more coherent, understandable, effective and timely support, leading to improved outcomes and effective use of resources.

Children and family's needs vary widely by type and intensity across the county. Partner organisations are planning to develop a response to those needs which is more fit for purpose. Children 0-11yr require a different approach to achieve good outcomes than the approaches used for 11-25yr; we will differentiate our advice, support and intervention to reflect those differences.

The rural, urban nature of the county delivers different challenges for children and families. Our response and service provision will reflect those differences, it can no longer be a one size fits all approach, to achieve the best use of shrinking resources, it must be a model to meet the diversity of need, not simply a scaled up or scaled down version of a service

### **Functional Family Therapy**

*...‘your work has resulted in my grandson going home’  
...‘vastly different now... and we are looking forward to the future’*

The future shape of children’s services will build on existing learning and work. We already have a number of services where

practitioners from a variety of service backgrounds work together in (virtual) teams to support families and meet their needs. These sorts of models need to grow, with multi-agency, multi-disciplinary, locality-based teams becoming the norm, encouraging staff to share expertise, learn from each other, as well as making information sharing easier. Mature relationships will result in more flexible, more holistic responses to the needs of families and individuals, with a designated key worker co-ordinating and brokering in the support that families need.

### **Family Group Conferencing**

*Communication is key to FGC:*

- *Being able to talk honestly to friends and relatives*
- *Listening to what others have to say*

*‘Chris and Jessica have not entered the care system due to the extended family support mechanism’*

### **Fast Track Team**

*Success factors include: quick and assertive engagement; physical & mental health screening; substance misuse and speech & language needs*

Partners will focus on providing targeted interventions, based on sound evidence of what works. We will be assertive in evaluating the effectiveness of interventions and reviewing what we commission accordingly. Equally, we will reward success, empowering providers to develop their capabilities and extend their remit.

The role of social workers will change to spend more time on intervention and less time on assessment. We will do this by focussing on preventing family breakdown, fundamentally reshaping services in order to achieve a step change in effectiveness and supporting children to attain a permanent outcome more quickly

### **Taking preventative action to help teenagers and keep them out of trouble and out of care**

We know that adolescence is a difficult time for many young people. We will work hard to join together the support and services available to help them when they need it, and to reduce the risk of difficulties repeating themselves.

We are also looking for the system as a whole to substantially reduce the number of older children who experience Care, using both early intervention and by a strong emphasis on getting children back home or into permanence quickly. The aim is to achieve the best outcomes with these young people, retaining family ties and support.

We will work to transform the approach used with our most vulnerable children aged 10-15yrs, recognising that they do not neatly fit into traditional safeguarding systems. We are proposing an innovative re-think of our social care, youth justice and mental health services. We will establish a multi-agency team; adopt a unifying model of practice based on risk resilience and build on our experience of delegating of statutory functions.

## Our Core principles

Our approach is based on the following core principles:

- **Providing help at the earliest opportunity:** we will use screening tools which will help us to identify issues as they emerge and enable help to be offered early to deliver sustained and significant progress and change lives. We will address causes, rather than just symptoms
- **Making the experience of the child paramount:** we will really listen to what children tell us about their experiences and what they would like to be different; identifying those at risk of not coping. We will develop an outcomes framework to help to monitor and deliver better outcomes.
- **Focussing on the whole family:** we will offer support including adult services that takes account of how the family is affected as a whole by their issues. We will have appropriate offers for the individuals to reach good outcomes within the whole family.
- **Enabling well informed self-help:** we will provide accessible, clear information and advice for families and their communities to help them make sensible choices and improve their own outcomes.
- **Providing safe, timely and lasting solutions to issues:** we will focus on what we know makes a difference to reduce the risk of escalation and persistence of problems. We will use early help, targeted or specialist responses appropriate to the levels of need of the family; assuring quality across the system; equipping practitioners to manage risk at all stages

**High quality specialist service interventions:** Where specialist responses such as mental health or social care interventions, are required, they will be well specified

and monitored for effective outcomes. We will know the unit cost of interventions and what works well. Reducing duplication and bureaucracy and enabling specialists more time to work with families.

## GCP's commitment to equality

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## How we will know our plan is helping children and their families

- We will ask them using the on-line pupil survey and our Ambassadors
- We will monitor and challenge our own progress
- We will report progress to the Local Health and Wellbeing Board
- The Safeguarding Children's Board will hold us to account
- Our inspectors will tell us!



# Annex 1 – About the Partnership

## What is the Gloucestershire Children’s Partnership?

It is a partnership of those different organisations that have a duty to cooperate to ensure that children and young people have support appropriate to their needs. The plan is a vehicle for the partners to share understanding, challenge, plan and deliver activity to meet the priorities identified for Gloucestershire. The CYPPP is agreed and signed of by the agencies that make up the Board and by full Council.

Members:

Gloucestershire County Council Six District Councils- (Cheltenham, Tewkesbury ,Cotswold, Forest of Dean, Gloucester, Stroud) FE providers Voluntary Sector Providers Academies Schools Job Centre Plus	NHS Gloucestershire Clinical Commissioning Group(CCG) Gloucestershire Constabulary Gloucestershire Care Services NHS Trust Probation Services Prospects Services Ltd 2Gether NHS Foundation Trust Gloucestershire Hospitals NHS Foundation Trust
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## What is the Gloucestershire Health and Wellbeing Board?

It is a high-level strategic group, whose purpose is to improve health and care outcomes for people of all ages by promoting integrated working between health and social care providers. The board uses intelligence from the Joint Strategic Needs Assessment (JSNA) and other sources to produce the Joint Health and Wellbeing Strategy (JHWS).

The Health and Social Care Act (2012) placed a new shared statutory obligation on Clinical Commissioning Groups and councils to work together; to produce Joint Health and Wellbeing Strategies (JHWS) through the Health and Wellbeing Board and to commission services based on the identified priorities.

The Health and Wellbeing Board’s strategic priorities are to:

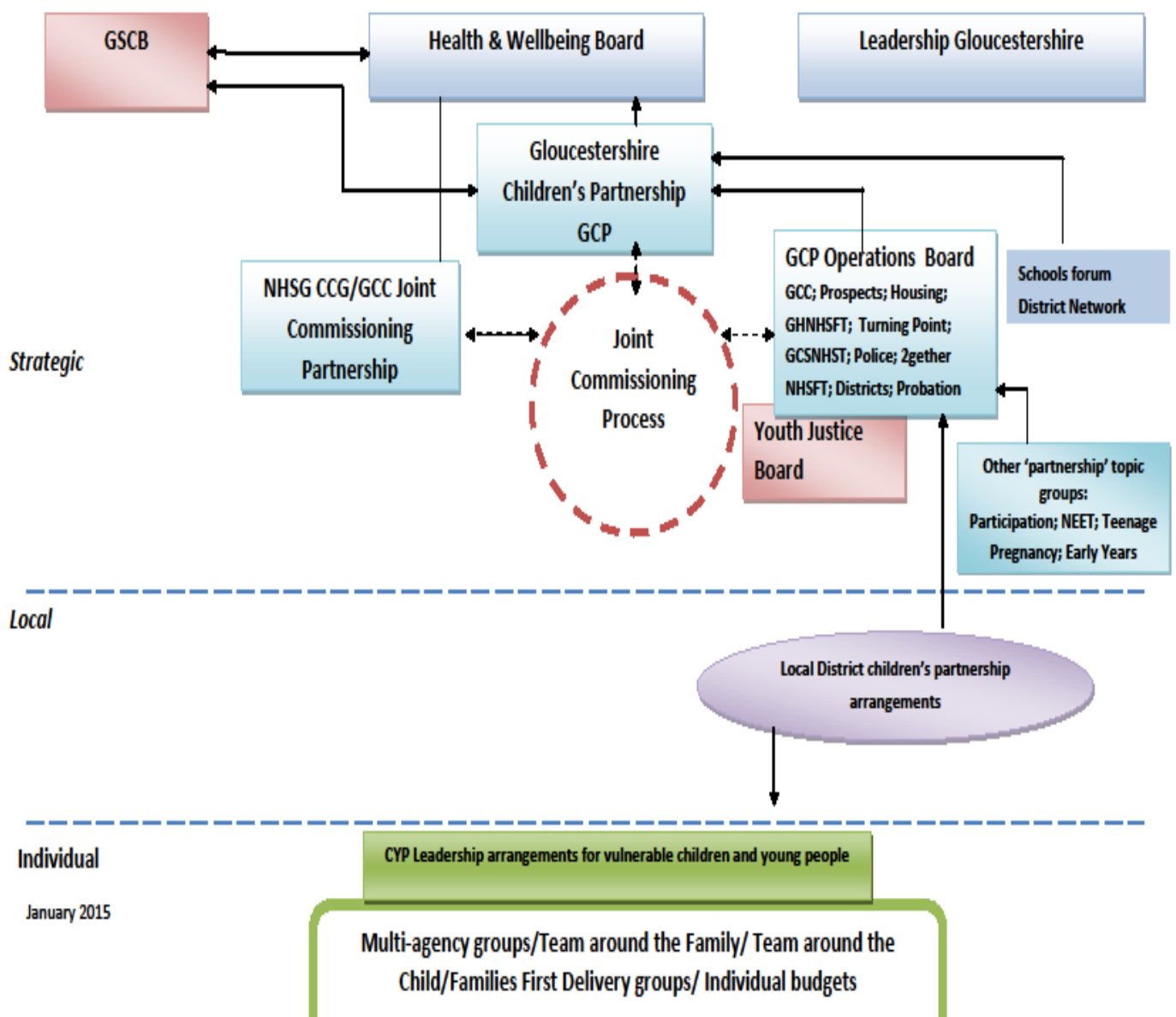
- Reduce obesity
- Reduce the harm caused by alcohol
- Improve mental health
- Improve health and wellbeing into older age
- Tackle health inequalities.

The Children’s Plan aims to deliver the children and young people’s elements of this agenda for vulnerable children and their families.

Common themes link the Children’s Plan and the HWB strategy. They both propose to:

- Work with communities to encourage and support families to take an active role in helping themselves and each other
- Encourage, educate and support children, young people and families to develop safer and healthier lifestyles
- Provide appropriate, cost effective, early and more targeted support for those who need it most

### Supporting Children & Young People Relationship Framework 2015



## Annex 2 - Links to other local plans and strategies

- Health and Wellbeing strategy
- Healthy Individuals Programme
- Building Better Lives
- Your Health Your Care
- Public Health Outcomes Framework
- Active Communities; Active Individuals
- Community Services Commissioning Plan

## Annex 3 - Due Regard



## Annex 4 – Needs Analysis:

### Sources used to inform planning include:

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

### Data sources

- Overall CYP population

**Source:** 2013 Mid-year estimates (ONS)

<http://www.gloucestershire.gov.uk/inform/index.cfm?articleid=114247>

- Youth Offending

**Source:** Prospects, via 2014 CYP Needs Analysis

<http://www.gloucestershire.gov.uk/inform/index.cfm?articleid=94001>

- Children in poverty

**Source:** <https://www.gov.uk/government/statistics/personal-tax-credits-children-in-low-income-families-local-measure-2012-snapshot-as-at-31-august-2012>

- Obese and overweight children

1,771 (32.9%) overweight or obese children in Y6 (2012/13 academic year)

**Source:** <http://fingertips.phe.org.uk/profile/national-child-measurement-programme/data#gid/8000011/pat/6/ati/102/page/4/par/E12000009/are/E10000013>

- NEET

**Source:** Prospects Services.

- JSA

**Source:** <https://www.nomisweb.co.uk/reports/lmp/la/1941962903/report.aspx#tabwab>

- SEN:

Source is October 2014 School Census for children aged 2-19yrs. This is the total number of pupils registered as SEN support (formerly known as School Action and School Action Plus) and Education, Health and Care Plans (formerly Statements). This information is held by GCC Data & Performance Team in the school census database and summary spreadsheet.

➤ Free School Meals (\*):

Source is October 2014 School Census for children aged 2-19yrs This information is held by GCC Data & Performance team in the school census database and summary spreadsheet.

*(\* this does not include those children 'eligible; for the universal free school meal element, and is based purely on those eligible for free school meals as a result of being in receipt of relevant benefits.)*

➤ Child Protection Plans:

Source is the GCC Data & Performance Team data warehouse, informed by data from the Liquid Logic system. This figure is a snapshot as at end of November (latest available at time of reporting) for number of children subject of a CP Plan. Other published sources are available Children in Care:

Source is the GCC Data & Performance Team data warehouse, informed by data from the Liquid Logic system. This figure is a snapshot as at end of November 2014 (latest available at time of reporting) for number of children subject of a CP Plan. Other published sources are available

➤ On-Line Pupil survey 2014

<http://www.gloucestershire.gov.uk/schoolsnet/CHttpHandler.ashx?id=61733&p=0>

<http://www.gloucestershire.gov.uk/article/117937/Pupils-survey-shows-young-people-feeling-safer-and-making-healthy-choices>

