MIDDLESBROUGH COUNCIL

DRAFT FINAL REPORT
CHILDREN & YOUNG PEOPLE'S SOCIAL CARE & SERVICES SCRUTINY PANEL
EARLY HELP & PREVENTION SERVICES IN MIDDLESBROUGH

CONTENTS

Aims of the investigation	3
Terms of Reference	3
Mayors Vision	3
Council's three core objectives	3
Background Information	4
Setting the Scene	4
• Children & Young People's Plan	4
• Joint Strategic Needs Assessment (JSNA) for Children and Young People	5
• Local Government Association (LGA) – Bright Futures	6
• Government Guidance – "Working Together to Safeguard Children"	7
Evidence Gathered	8
• Children's Services – Prevention and Partnerships	8
• Stronger Families:-	
• School Readiness Team	9
• Family Partnership Team	13
• Family Casework Team	16
• Work Readiness Team	20
• Tees Esk & Wear Valley (TEWV) Children and Adolescent Mental Health Services (CAMHS)	27
• Public Health South Tees	29
• Headstart Programme	31
• Healthier Together Middlesbrough (0-19 Healthy Child Programme)	32
• Change, Grow, Live (CGL)	38
• Middlesbrough Voluntary Development Agency (MVDA)	41
• First Contact	47
Conclusions	48
Term of Reference A	
Term of Reference B	
Term of Reference C	
Term of Reference D	
Term of Reference E	
Recommendations	49

DRAFT

Term of Reference A Term of Reference B Term of Reference C Term of Reference D Term of Reference E	
Acknowledgements	49
Background Papers	50

DRAFT

AIM OF THE INVESTIGATION

1. The aim of the investigation was to examine the use of the term 'early help and prevention' and how it is used by statutory sector children's services in contradiction to how support is experienced by children and families. By examining the issue the Panel hoped to increase access to early help and prevention services for children and families as early as possible before more complex problems develop and to minimise waiting lists wherever possible, in turn reducing the need for more costly intervention of more complex issues and to ensure the most vulnerable children and families in society receive the help they need.

MAYOR'S VISION

2. The scrutiny of this topic fits within the Safer Middlesbrough priority, "Safer, independent lives – ensuring our children and vulnerable adults are protected" of the Mayor's Vision 2025.

COUNCIL'S THREE CORE OBJECTIVES

3. The Council's three core objectives, as detailed in the Strategic Plan 2018-2022, are as follows:-

   - Business Imperatives – Making sure that we work as effectively as possible to support physical and social regeneration.

   - Physical Regeneration – Investing in Middlesbrough to provide and improve facilities that improve the town's reputation, create opportunities for people and improve our finances.

   - Social Regeneration – Working with communities and other public services to improve the lives of our residents.

4. The scrutiny of this topic particularly aligns with the Council's Social Regeneration objective "Working with communities and other public services to improve the lives of our residents." Specifically:-

   SR05 – Transforming children's social work and early help to enable more families to stay together where it is safe to do so and reducing the need for children to be looked after by the Council.

   SR07 – Improving local health and wellbeing and reducing health inequalities within the town, focussing particularly on self-care, community-led prevention and early intervention.

   SR09 – Ensuring we continue to promote the welfare of our children and young people and vulnerable adults and protect them from harm, abuse and neglect.

TERMS OF REFERENCE

5. The terms of reference for the Scrutiny Panel's investigation were as follows:-

   a) To examine current provision of Early Help and Prevention services in Middlesbrough and explore current working arrangements between the Council and key partners, looking at how universal and targeted support interventions are delivered, including how children, young people and families are identified and monitored.

   b) To examine how information is recorded, analysed and shared between partners.

   c) To determine whether the most vulnerable children, young people and families are receiving the help and support they require in a timely way.

DRAFT

d) To develop an understanding of the issues and problems faced by children, young people and families and to identify gaps in early help service provision.

e) To investigate and assess the impact of the Council's Early Help and Prevention policies/services and how the impact of such policies/services are measured.

BACKGROUND INFORMATION

6. The suggestion to examine the topic of early help and prevention was received from the MVDA. After considering several topic suggestions at its initial meeting, the Panel decided to investigate early help and prevention in Middlesbrough.

7. Over the course of several meetings held between 31 July 2018 and 12 February 2019, the Panel was provided with detailed information from the Council's Stronger Families Service and a range of partners working with the Service.

Setting the Scene

8. There is a significant demand for Children's Services in Middlesbrough which mirrors the national picture of increasing demand coupled with decreasing funding. Early help is a critical element of demand management for Children's Social Care and effective delivery is key to achieving the best outcomes for children and their families.

9. The Early Help agenda is co-ordinated through the Children's Trust Board and Local Safeguarding Children's Board. The Trust works towards the objective of achieving a Fairer, Safer, Stronger Middlesbrough for children and the Board is governed by the vision "We will work together with you so that you can make the most out of your family life, to be healthier, to achieve, be safe, strengthen and enjoy your lives together."

Children and Young People's Plan 2018-2022

10. The Children and Young People's Plan 2018-22 was developed by the Children's Trust through discussion with partners and through public consultation about what the priorities should be for services for children, young people and families in Middlesbrough over the next four years.

11. The Plan concentrates on two imperatives focusing on delivering differently and promoting new ways of working. The delivery of the imperatives is built on a strengths-based model, around working 'with' families rather than delivering services 'to' them. Delivery will also focus on how services respond to the needs of families by recognising and building on the strengths that they already have and to build resilience enabling them to thrive in everyday life.

12. The imperatives are:-

i) To increase the number of families worked with at an Early Intervention threshold, for which the Adverse Childhood Experiences (ACE) features in the household.

The term 'Toxic Trio' has been used to describe the issues of domestic abuse, mental ill-health and substance misuse which have been identified as common features of families where harm to children and adults has occurred. The Toxic Trio are indicators of increased risk of harm to families and are significant factors in Interpersonal Violence and Adult Family Violence. Work in this area has shown that there is large overlap between these parental risk factors which impact on outcomes for children into adulthood through the research into Adverse Childhood Experiences (ACE). Tackling Adverse Childhood Experiences:-

- Physical abuse
- Sexual abuse
- Emotional abuse and neglect
- Domestic abuse
- Household substance misuse
- Household mental illness
- Parental separation / divorce
- Bereavement of a key adult
- Incarceration of a household member

A targeted approach to intervention with families in a package of early support will impact significantly on the outcomes of children and prevent the escalation of issues which result in Social Care intervention.

There are specific issues relating to Middlesbrough which support a focused intervention to this issue:-

- Cleveland has the second highest rate of domestic abuse incidents in the country and Middlesbrough has the highest rate of reported domestic abuse incidents to Cleveland Police.
- Children born in Middlesbrough are more likely to be admitted to hospital as a result of alcohol or substance misuse than national and regional comparators.

ii) Strengthen families to reduce the number of Children who are Looked After.

Middlesbrough has a disproportionate number of Looked After Children compared with National, Regional, Tees Valley and statistical neighbours and a greater number of children are worked with at Level 4 Social Care threshold, as opposed to working with families at an Early Help threshold. Social Care case files are approximately three times greater than those recorded Early Help cases.

Children and young people in care have poorer outcomes than those living in a safe and stable home and children placed in family settings are more likely to have better emotional well-being and educational achievement and less involvement in crime, substance misuse and teenage pregnancy.

DRAFT

Joint Strategic Needs Assessment (JSNA) for Children and Young People

13. Middlesbrough's Joint Strategic Needs Assessment (JSNA) for Children and Young People was published in November 2018, produced jointly by a range of partners with an interest in understanding the needs of children and young people.

14. The JSNA is a systematic way of assessing the health and social needs of the local population and should enable strategic partnerships and commissioning leads to make informed decisions about local action and services across a wide range of needs. The findings of the JSNA should inform commissioning decisions including the Children and Young People's Plan.

Demographics & Deprivation

15. Middlesbrough is one of the smallest, most densely-populated local authority areas in the North East. Since 2011, Middlesbrough's population has grown by 2% to 140,398, however, the percentage of children in the town has fallen by 2.3%.

16. Middlesbrough is the most ethnically diverse local authority area in the North East with 11.7% of the population identified as BME in the 2011 Census. 8.2% of the town's total population was born outside of the UK in 2011. Half of the town's BME population is under 25 years of age, compared with only a third of the remaining population. 19.2% of asylum seekers living in the North East reside in Middlesbrough.

17. Middlesbrough has health equalities within the town. Those living in the north and east of the town are more likely to have a long term health condition. From the southern edge of Middlesbrough, life expectancy reduces by two years for every mile travelled to the town centre.

18. Unemployment in Middlesbrough stood at 7.6% in 2011 – 3.2% higher than the England rate of unemployment.

19. The indices of Multiple Deprivation are a range of 37 indicators that assess the levels of deprivation experienced by people in every neighbourhood in England. Middlesbrough is the sixth most deprived local authority in England using these measures. 63% of Middlesbrough's children live in the top 20% most deprived wards.

20. The Child Poverty Map of the UK 2016, identified that 37% of children in Middlesbrough live in poverty, compared with 29% nationally.

Priorities

21. The JSNA sets out several conclusions and priorities, the key ones being:-

    i) To increase the cohort of children growing up in a safe, stable family, ensuring this impacts positively on key educational attainment, health and wellbeing outcomes for children, reducing the numbers of children in the future who will require targeted and specialist intervention services. The data within the JSNA supports a focus on early intervention and preventative services as a method of delivering this aim.

    ii) To safely reduce the number of children who are already subject to specialist services, such as local authority care. Improving the application of thresholds will ensure children, young people and their families receive the correct support and reduce demand for specialist services.

Local Government Association (LGA) – Bright Futures

22. In October 2017, the LGA launched Bright Futures – its vision for the future of children's social care. It published a paper, 'Getting the Best for Children, Young People and Families', and called for the Government to properly fund Children's Services.

23. The paper highlights that, by 2020, Councils face a £2 billion funding gap (this figure has since been updated to a £3 billion funding gap by 2025) in delivering children's services and sets out seven priorities for co-ordinated action across the public, community and voluntary sectors to drive improvement:-

- Stronger focus on outcomes for children

DRAFT

- Consistently strong local leadership
- A culture of continuous improvement
- The right support for children at the right time
- Sustainable funding to help children thrive
- Better understanding of what works for children
- Strengthened morale and support for social workers

24. In relation to "stronger investment in early help", the paper states that this is vital to ensure that children and families can access the support they need when they need it. "Councils have dealt with unprecedented demand for child safeguarding services in recent years – with a 140% increase in the number of child protection enquiries undertaken by councils over the past decade, while the number of children on child protection plans has almost doubled over the same period.

25. The reasons for this increase are complex and poorly understood. Increased public awareness or willingness to report abuse is often cited as a factor, while better partnership working may mean that more issues are identified and escalated to children's services (though some areas report that poor partnership working can result in issues being escalated inappropriately, rather than being addressed by the referring agency).

26. Recent research from Coventry University highlights that children living in areas of highest deprivation are up to ten times more likely to come into care than those in the areas of lowest deprivation, suggesting a link with wider social and economic factors that will require a deeper, coordinated response.

27. Early help can play an important role in catching issues early and preventing problems from escalating but meeting increasing demand for high need services appears to be forcing Councils to move funding away from services such as children's centres, early years and services for young people, with spending on these areas around 10% lower than budgeted in 2015/16.

28. In this context, local areas need more support to ensure that the early help they do provide is as effective as possible. It is vital that commissioning is well matched to local need so that children and families are able to access the support they need when they need it, to prevent further unsustainable increases in the number of children and families reaching crisis point.

29. The Early Intervention Foundation's latest analysis puts the cost of late intervention at almost £17 billion per year, £6.2 billion of which falls directly on children's social care. Our analysis shows that the national Early Intervention Grant to councils has been cut by almost £500 million since 2013, and is projected to drop by a further £183 million by 2020.

30. It is clearly vital that this unintended shift towards reactive spend is addressed as a matter of urgency".

31. In November 2018 Bright Futures published a further paper 'Getting the Best for Children, Young People and Families – one year on', updating what has been achieved over the past year and the work still to be done. Since the launch of Bright Futures and its campaign for funding, the Government has announced £84 million investment over five years to expand children's social care programmes in 20 areas and an additional £20 million for a range of sector-led initiatives which recognises the value of a collaborative approach enabling councils to learn from each other.

<u>Government Guidance – "Working Together to Safeguard Children"</u>

32. Government guidance, published in July 2018, "Working Together to Safeguard Children (A guide to inter-agency working to safeguard and promote the welfare of children) outlines the responsibility of Local Authorities and their partners for the delivery of early help.

33. The Guidance states that providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges at any point in a child's life, from the foundation years into their teens. 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, or in families with emerging parental issues such as mental health problems or substance misuse.

34. Effective early help relies on local organisations and agencies working together to identify children and families who would benefit from early help; to undertake an assessment of the need for early help; and to provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to improve the outcomes for the child.

35. Under Section 10 of the Children Act 2004, local authorities have a responsibility to promote inter-agency co-operation to improve the welfare of all children.

36. The Guidance also states that local areas should have a comprehensive range of effective, evidence-based services in place to address assessed needs early, drawing upon any local assessment of need, including the JSNA and latest evidence of the effectiveness of early help programmes. In addition to high quality support and universal services, specific local early help services will typically include family and parenting programmes, assistance with health issues (including mental health), response to emerging concerns and help for emerging problems relating to domestic abuse, drug or alcohol misuse by an adult or child. Services may also focus on improving family functioning.

EVIDENCE GATHERED

37. During the course of the investigation, the Scrutiny Panel was provided with detailed information from a range of sources and Members of the Panel undertook a variety of site visits including:-

- Visits to the Children's Centre sites
- Accompanied Family Casework Practitioners on home visits to clients
- Visit to the Work Readiness Team hub

Children's Services, Prevention and Partnerships, Middlesbrough Council

38. Within Children's Services, the Director of Prevention and Partnerships is responsible for co-ordinating the work of the following areas:-

- Head of Partnerships – Youth Offending, Troubled Families, Risk and Resilience, Children's Trust, Local Safeguarding Board.
- Head of Prevention – School Readiness Team, Family Case Work, Family Partnership Team, Work Readiness Team.
- Head of Strategic Services – Believe In Families Programme Management Team, Voice of the Child, Quality Assurance.

39. The Early Help offer in Middlesbrough is made up of many elements including pre-social work, taking a whole family approach to prevent the child from going further into the social care system.

40. Middlesbrough's **four levels of need model** has been designed to support services to identify where an individual child's needs lie and the level of response that should be provided. The four levels of need are:-

- Level 1 – Children's whose needs are met by universal services.
- Level 2 – Children with additional needs which can be met from one other agency.
- Level 3 – Children with a range of additional needs that require a multi-agency response.
- Level 4 - Children with complex/significant needs that require specialist or statutory intervention.

41. The Early Help and Prevention Service in Middlesbrough is called Stronger Families and is made up of four work streams that work together to provide early help support to children, young people and families in Middlesbrough:-

- School Readiness
- Family Partnership
- Family Casework
- Work Readiness

42. The Children and Young People's Plan, informs Service Plans and Team Plans and contributes to the Mayor's Vision of a Fairer, Safer, Stronger Middlesbrough with the aim of reducing the numbers of children becoming looked after.

School Readiness Team

43. In 2015, Middlesbrough Council was successful in bidding for a "Delivering Differently in Neighbourhoods Project" funding resulting in the current Incremental School Readiness Model, created with Health colleagues. This was developed using the Greater Manchester good practice model based on learning from other local authorities. There are many integral elements crucial to the success of school readiness. The Delivering Differently Project sought to address each factor which resulted in several work streams:–

- School readiness pathway
- Nursery ready visioning session
- Children's Centre development
- Extending the achieving two-year offer
- Development of a Middlesbrough parenting approach.

44. Middlesbrough's School Readiness Model focusses on fewer target groups to achieve a greater impact with a reduced cost element to the Council.

45. The School Readiness Team delivers universal and targeted early help for families with children aged 0-5 years. The Team comprises a number of functions including management of the Children's Centre, the statutory duties of the Family Information Service (involving working with all private, voluntary and independent day care providers and childminders to ensure they provide good/outstanding care of Middlesbrough children), an element of managing the funded childcare (Achieving two-year-olds (A2YO) and 30 hour entitlement), along with undertaking safeguarding audits and staff training. The Team manages two Council nurseries – Bright Starts and Stainsby – and a small crèche team.

46. The main aims of the School Readiness Team are to work with families with children aged 0-5 years, by:-

- Helping children become ready for nursery and primary school.
- Accessing good quality childcare, including free early education for two, three and four year olds.

DRAFT

- Supporting childcare settings to maintain quality and standards, safeguarding, policies and procedures to help increase their Ofsted ratings.

47. The Children's Centre model consists of one central Middlesbrough Children's Centre, with seven outreach sites at Park End, Berwick Hills, North Ormesby, Thorntree, Hemlington, Martonside and West Middlesbrough. A further Children's Centre is located at Abingdon Primary School and is run by the school on behalf of the Council.

48. The Children's Centre staff work in small teams across each of the children's centre sites. The centres are also used by other social work teams to meet with families as they provide a more relaxed setting.

49. The Team includes 3.5 FTE Family Practitioners that work with all pregnant teens/teen parents in Middlesbrough. The Practitioners ensure all pregnant teens and teen parents have a 'My Family Plan' in place and work closely with Health Visitor colleagues to deliver a number of universal and targeted interventions to ensure the health and wellbeing of parents and children. There is now a more pro-active approach to engaging with families by having an outreach work element rather than waiting for families to visit the centres.

50. The School Readiness model includes the following targeted elements:-

- 6-8 week Health Visitor check – This check is undertaken by a Health Visitor who assesses whether parents require any additional support. All new parents are referred for 'Magical Moments' which encourages parents to engage in supporting their babies' development and is linked to the universal services that are available at the centres.

- Two year, three months Ages and Stages Questionnaire (ASQ) – The ASQ is a nationally recognised tool with a scoring system, used by Health Visitors to assess whether a child is meeting his/her developmental milestones.

- One year old ASQ – Health Visitors have now begun to undertake the ASQ at one year old in order to identify interventions at an even earlier age. This will eventually lead to a reduction in the number of children requiring interventions at age two.

51. After completing the ASQ assessment for a child, the Health Visitor determines whether the child has an identified development need and a follow up ASQ is carried out three months later. The Health Visitor can refer the family to the School Readiness Team to work with the family on the child's needs. For example, a mid-range score could mean that the child requires targeted interventions to improve fine motor skills and the team will work with parents to show them how they can help their child at home. If the child's ASQ score is extreme, the appropriate referral is made to more specialised services for support.

52. The Health Visiting Service in Middlesbrough is delivered by Harrogate and District NHS Foundation Trust. Health Visitors share information regarding the progress of 0-5 year olds following completion of their ASQs which allows the School Readiness Team to examine the numbers of children making progress. The School Readiness Team is able to identify those children in receipt of some form of targeted support that have made progress to the point where they now only require universal services. Currently, 93.5% of children that were identified as requiring some form of targeted support have improved so that they only require universal services.

53. The universal services on offer at the centres are free for all families in Middlesbrough with children under the age of five. There are currently 9,431 0-5 year olds in Middlesbrough and 8,301 of those children are registered with the Children's Centres. This equates to 88%. Over the last year, there have been 57,331 individual visits/contacts where families have either visited one of the centres or where staff have worked with families in their own homes.

54. A Literacy Pathway is also delivered as part of the School Readiness model. This includes Book Start Corner and Borrow a Book scheme operated jointly with libraries. Staff at the Children's Centre register families with the Library during universal Children's Centre activities and families are able to exchange books during those sessions.

55. The universal services offered at all of the centre sites are as follows:-

- Baby Play
- Stay and Play
- Child Health Drop-in
- Pregnancy, Birth and Beyond programme
- Healthy exercise and nutrition in the really young (HENRY)
- 0-5 Family Links parenting programme

56. In addition, the following services are provided by partner agencies at the centre sites:-

- Midwifery programmes, eg Early Bird clinics
- Physiotherapy drop-ins
- Speech and language interventions

57. The Children's Centre has four key target groups:-

- Achieving Two Year Olds (A2YO) – The centres worked with 956 of the 1,098 eligible children over the last 12 months (87.1%).
- Pregnant Teens – The centres worked with 35 out of 40 potential pregnant teens in the last 12 months (95%).
- Teen Mums – The centres worked with 104 out of 108 potential teen mums in the last 12 months (98.1%).
- Nursery Readiness cohort – 191 of the 197 cohort, were worked with by the centres in the last 12 months (97%).

58. Pregnant teens and teen parents receive support from a named Health Visitor until the child becomes five and starts school when they are then supported by a school nurse. During the five-year period there will be a point where the parent/family will only require access to universal services for support, however, at any point during this time if the family's needs become more complex they are linked up with colleagues in the Family Casework Team. In addition, Family Practitioners are able to commission specialised support when working with pregnant teens/teen parents where appropriate.

59. Once the child becomes one, the School Readiness Team liaises with the Work Readiness Team to assist Mum to engage in education, employment or training.

60. Middlesbrough has a high proportion of asylum seekers. The School Readiness Team works with the EMAT Team (Ethnic Minority Achievement Team) to provide interpreters for families who do not speak English as their first language, for example when making follow up visits with the families.

DRAFT

AY2O

61. Achieving Two Year Olds is a Government initiative aimed at improving outcomes for children from low income families. In Middlesbrough AY20 is available for the 40% most disadvantaged children and is one of the Centre's target groups. The Team receives information from the Department for Work and Pensions six times per year informing which children are eligible and Children's Centre staff contact families to encourage take up. Only places in good or outstanding Ofsted rated settings will be funded. A mixture of places are available in schools, nurseries and with childminders so that parents have a choice. Families are required to meet certain criteria in order to be eligible and are sent a 'golden ticket' to encourage them to take up the 15 hours free provision.

62. The Team works actively with childcare settings to ensure high standards of safeguarding, policies and procedures are in place. This includes a qualified teacher working with the settings to increase their Ofsted ratings and the Council only funds children in settings rated as good or outstanding by Ofsted.

63. The Golden Ticket and accompanying letter is being translated into the seven most common languages spoken after English, in Middlesbrough, to help break down barriers to accessing the service.

64. The School Readiness Team has worked hard to encourage schools to provide two-year-old nursery places. Ayresome Primary is one of the schools to provide such places and several more primary schools are now beginning to engage.

65. 30 hours free childcare provision is available to help working parents, or those whose income is equivalent to, 16 hours per week.

66. Take up of AY2O in Middlesbrough was relatively low when the initiative was first launched, however, take up has increased to a rate which is higher than that of Tees Valley and statistical neighbours.

67. AY2O does not have an element of parental involvement as the entitlement is specifically for the child, however, a parenting programme is available through the children's centre which is open to all parents.

Impact Data

68. The service works to a tight performance framework including how many children are registered and how many target groups are reached.

69. It is too early to determine what proportion of children are deemed to be school ready as the current cohort of children do not start school until next year.

70. The services available at the Children's Centre sites are published via the Family Service Directory website, Council website and the Council's facebook and twitter accounts. In addition, there are regular radio advertising campaigns in relation to specific campaigns such as the funded childcare and mobile phone free zones. The mobile phone free zone campaign was featured on the BBC One Show, encouraging parents to put down their phones and talk to their children.

DRAFT

Family Partnership Team

71. The Family Partnership Team was created in January 2018 following the cessation of the Early Help Hub as part of the Transformation Programme.

72. The Family Partnership Team is based at West Middlesbrough Children's Centre and provides information, advice and guidance to partner agencies to help them offer appropriate Early Help to families identified as requiring 'level two' support.

73. When a referral is made to First Contact ("the front door" of Children's Services), where it does not meet the threshold for Children's Social Care (level four) or the Family Casework Team (level three), it is directed to the Family Partnership Team (level two) in conjunction with the case being allocated to the appropriate partner agency. An Assistant Team Manager from the Family Partnership Team is situated within First Contact and engages in multi-agency discussions to decide which of the partners needs to offer help to families. The role is also part of the triage team in First Contact to examine referrals received by Children's Social Care and Stronger Families.

74. Once it is determined which partner agency is best placed to offer the help required by the family, they are named Lead Practitioner and the Family Partnership Team offers information, advice, guidance and mentoring to the lead partner. This may include help with signposting to relevant available services in order to help families and young people.

75. All services that have direct contact with adults, children and young people likely to identify problems/issues that are negatively affecting a member of the family or household are aware of the My Family Plan and, where appropriate, undertake the assessment.

76. Family Practitioners and Support Workers within the Team monitor cases open to partners by asking for a 'My Family Plan' to be completed and the outcomes of cases, once they are closed by the partners.

77. The Family Partnership Team has a further three Assistant Team Managers: a Senior Adult Social Worker completing adult assessments for adults wishing to go to into residential placements for detoxification from drugs or alcohol; An Adult Mental Health Worker who is a children and young people's counsellor, offering therapeutic sessions as well as managing the Family Practitioners; and a Domestic Abuse Family Solutions Worker who supports partners to identify and understand domestic abuse as well as tracking cases open to Harbour to ensure a whole family approach is undertaken. This role also delivers training around domestic abuse to the Council and partners.

78. All cases referred through the Family Partnership Team are mapped and monitored so that the outcomes for those families is known, for example, some cases will be stepped up to the Family Casework Team and some cases will be stepped down to universal services.

Early Help Forum

79. An Early Help Forum, consisting of representatives from partners, voluntary sector, police, health, children's social care and stronger families meets on a fortnightly basis and is chaired by the Family Partnership Team Manager. The Forum provides an opportunity for the Family Casework Team Manager or partners with cases open to them, to discuss any concerns around supporting families or engaging with families and to discuss whether cases need to be escalated or stepped

DRAFT

down. Discussions are also held around strengthening the early help offer to families whilst ensuring that children and young people are safe.

80. National research shows there is generally a lack of co-ordination with early help and part of the Family Partnership Team's role is to ensure there is a single assessment, telling a single story, with a single plan of action. The assessment now being used in all cases is the My Family Plan unless it is a Social Worker assessment which is undertaken when level four intervention is required. Whilst 'level two' intervention has always been in place and provided by partners such as schools and police, the Family Partnership Team has the expertise to provide guidance and a level of quality assurance to ensure that the correct issues are focussed upon.

81. The Early Help Forum examines all cases to ensure they are receiving the correct level of support. Some cases are stepped down to universal support or stepped up to level three or four, as appropriate. The nature of early help work means that the impact of the support provided is not evident until much later. However, from July to October 2018, only 28 cases were escalated to level four support.

82. On average, 84% of cases that had received early help did not progress to Children's Social Care (level four) in the following 12 months, with 5.3% of children becoming Looked After Children.

83. The Panel heard that this new way of working means that the Team has capacity to support the various lead partners on cases rather than the Team leading on cases. Currently the Team has sufficient resources to respond to increasing demand.

School Family Practitioners

84. In October-November 2018 four newly-created School Family Practitioners, approved by the Schools Management Forum, commenced working across primary and secondary schools in Middlesbrough. It is anticipated that this role will assist in addressing the challenges around schools being Lead Practitioners for families at risk of escalating to the Family Casework Team. The School Family Practitioners will hold cases for schools by becoming the Lead Practitioners offering early help to families. This will include completing My Family Plans and facilitating My Family Plan reviews, carrying out bespoke interventions with families or alternatively referring them to other appropriate services depending on the families' needs. The School Family Practitioners will use a whole family approach and link with the voluntary sector to provide support for families in the community.

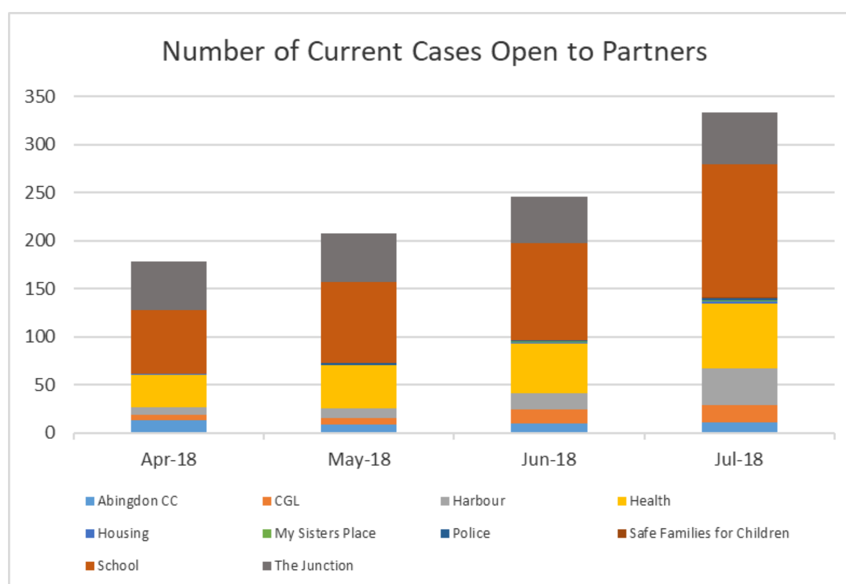
85. Funding for the posts is initially for a one-year period and proposals for the posts to continue will be submitted to the Schools Management Forum in October 2019. It is hoped that the provision can potentially be rolled out to additional schools, particularly as there is a growing number of Middlesbrough children being placed in out of area schools such (eg Redcar and Cleveland and Stockton) where support is also required for those children.

Impact Data

86. In terms of impact data, in December 2017, there were 60 cases allocated to partners via the Partnership Team. By October 2018, the number of cases open to partners was 325, involving more than 500 children. This is a significant increase.

87. The table below shows a month on month increase in the number of cases allocated to partners – from 178 cases in April 2018 to 333 cases in July 2018.

DRAFT



Agency	**Apr-18**	**May-18**	**Jun-18**	**Jul-18**	**Aug-18**
Abingdon CC	13	9	10	11	12
CGL	6	6	14	18	18
Harbour	8	11	17	38	33
Health	33	44	52	68	68
Housing	1	1	1	2	2
My Sisters Place	0	0	1	1	1
Police	0	2	1	2	2
Safe Families for Children	0	0	0	1	1
School	67	84	101	139	135
The Junction	50	51	49	53	52
Voluntary Sector	0	0	0	0	1
Grand Total	**178**	**208**	**246**	**333**	**325**

88. As a result, if a parent, child or young person needs help, those services could help them, for example a GP, teacher, special educational needs worker, health visitor, children's centre or a worker from any community service. Such services often work together as a team to help families depending upon the complexity of the family's needs.

89. Families and/or services can request help by contacting the Family Partnership Team who will ensure that families receive the right support by involving the right services. The Team provides information, advice and guidance to families and services to help them work together. The Team has strong working relationships with other local community services, the voluntary sector, church sector and adult services.

90. As at November 2018, approximately 512 families were receiving support through the Family Partnership Team.

91. Case work audits are undertaken by the Director with staff on a monthly basis and this is replicated by the Head of Service and Team Managers to ensure caseloads and work is effectively monitored.

Family Casework Team

92. The Family Casework Team was created in November 2016 following a restructure of Stronger Families. The Team is made up of Practitioners that carry complex cases, providing 'level three' support for a range of issues such as domestic violence, parental mental health and substance misuse. The overall aim of the Team is to support every child in Middlesbrough to achieve their full potential and to 'narrow the gap' by improving outcomes for those who achieved less well.

93. This is done by using a common strength-based approach to family support and early help, and to recognise family goals and priorities, with partners in the Middlesbrough Children's Trust and Middlesbrough's Safeguarding Children's Board.

94. The Team's aims are to:-

- Understand families where children may be at risk of not reaching their full potential and to share concerns (early identification).
- Build a relationship with families as early as possible, to work with them to create a positive family environment to provide children with the best life chances and to prevent problems from arising and escalating (early help).
- Reduce the number of families requiring support from specialist services, eg improving support for children on the edge of care (edge of social care).

95. By working together with families, the Family Casework Team's target is to help families become healthier, to achieve, to be safe and to enjoy family life together. Effective early help can reduce demand for statutory interventions within Children's Social Care.

96. The Team consists of:-

- Six (FTE) Assistant Team Managers - The role of the ATMs includes managing and supporting staff to deliver early help services and to supervise and manage completed My Family Plans. The ATMs risk assesses the My Family Plans to ensure they are appropriate to family situations and to provide effective leadership of practitioners and other staff, providing professional guidance, reflective practice and appraisals and contributing to performance monitoring and quality assurance to ensure required service outcomes and relevant inspection frameworks are met.

- 16.1 Senior Practitioners - The role of the Senior Practitioners is to develop and deliver early help support to identified complex cases, to increase family resilience and improve outcomes.

- 9.2 Family Practitioners – Assessments and planning to provide early help services to improve outcomes and provide direct impact on the welfare of vulnerable families.

- Both Senior and Family Practitioners act as lead practitioners to organise and facilitate multi-agency meetings.

- Staff work with colleagues across the Council, from partner agencies and with individuals to create bespoke programmes to engage children, young people and families using a variety of methods in order to meet their identified needs using a whole family approach with the voice of the child being the focus of the My Family Plan.

DRAFT

Referrals

97. When a referral is made into First Contact ("the front door" of Children's Services), but did not meet the threshold for social care, early help is considered. A multi-agency decision is made within First Contact and identified families are forwarded to the Family Casework Team where a lead practitioner is allocated. Families in Middlesbrough are also able to self-refer for additional help via First Contact.

98. Receiving support from the Family Casework Team is voluntary and not statutory, therefore, families cannot be required to engage. When the Team was initially established in November 2016, there was a high rate of decline of help from families, however, within the last quarter just two families had declined help/support from the Team. Staff within the Team engage with families in many different ways, including meeting parents outside of the home or wherever they feel most comfortable in order to speak freely.

99. Once a case is received by Team, restorative allocations take place each morning with the staff team and Assistant Team Manager. This provides staff with the opportunity to highlight any particular skills they possess that may be particularly suited to helping particular families. This promotes motivation and effective use of skills within the Team.

100. Upon allocation of a case, the allocated officer has a timescale of three days in which to contact and introduce themselves to the family and to arrange a home visit. The My Family Plan is discussed during the initial home visit enabling the Practitioner to determine the level of support required. The Lead Practitioner works with the family, and other agencies if appropriate, to assess the family's needs and agree a plan. Consent is sought from the families to share information with appropriate services and a genogram is produced which can help to identify potential support networks within the extended family.

101. The Lead Practitioner holds a review meeting with the family, and any other professionals involved with the case, every four to six weeks. The meetings are used to discuss progress and actions to address/resolve issues.

102. A family's case is closed to the Casework Team once work with them is complete and their needs have been met. Prior to the final family review meeting, the Lead Practitioner offers to complete a Crisis Card with the family. The card is kept by the family to help them identify when issues may be arising and to help them manage the situation before it escalates into a crisis.

103. Some families remain within the Team in 'Maintenance'. In such cases, a maintenance plan is completed with the family which includes contact details of available support for specific issues without necessarily resulting in the case being referred back to the Family Casework Team. A family in maintenance will have review meetings at one, three, six and 12 months. Not all families will require maintenance for a full 12 months and the case is closed sooner if appropriate. When a case is 'closed' by the Family Casework Team, the family has either been stepped up to (level four) Children's Social Care for support or stepped down to (level two) Family Partnership Team – depending on the needs of the family.

104. Any escalation of cases to Children's Social Care are first discussed at the Early Help Forum. In cases where families are escalated to Children's Social Care, the Casework Team works closely with the allocated Social Work Manager, using 'Signs of Safety' framework, and keeps the case

DRAFT

open until the handover has taken place. The Casework Team attends a joint visit to the family with the Social Worker so that the family is fully aware of what is happening.

105. Staff within the team have a maximum of 30 working days to complete the My Family Plan. Staff use various tools to gain the Voice of the Child, one of which is called 'three houses' and is completed with children and young people as part of the My Family Plan. It embeds the Signs of Safety framework within the assessment. Three houses is based on artwork with a 'house of worries', 'house of dreams' and 'house of good things'. This focusses on the voice of the child and enables them to work with the practitioner using words or drawings to communicate the things that worry them, things that they like in their lives and how they would like things to be in their lives without any worries. Workers always send a letter to the child with their completed work as this was found to be a positive experience for the young person as the majority of young people enjoyed receiving feedback.

Impact Data

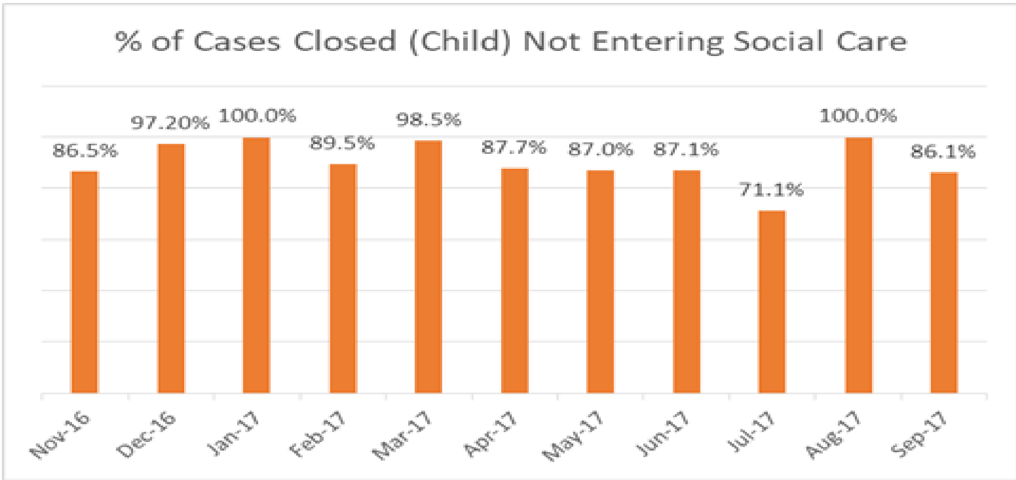
106. The number of new cases allocated to the Casework Team has increased month on month, with referrals received from various agencies including Education, Police, Health and families that self-refer. The number of new cases significantly increased during July and August (school holidays) and patterns were identified.

107. In April 2018, 23 new cases were opened by the Family Casework Team. This increased to 71 new cases in August 2018.

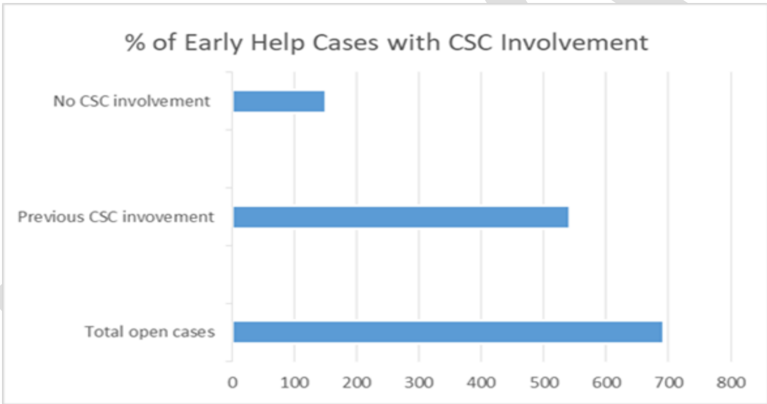
108. The average length of time that cases are open to the Casework Team is six months, however some cases are open for longer. From November 2016 to September 2017, 86% of cases closed to the Family Casework Team did not progress to statutory Children's Social Care as a result of the support received from the Team. This is seen as a very good impact measure. It is worth noting that some families are directed straight to Children's Social Care without having been referred through early help first.

109. The table below shows the impact of the Family Casework Team's involvement highlighting the percentage of cases closed where the child did not enter Children's Social Care following a 12 month period. The percentage of children not entering Children's Social Care, and therefore prevented from progressing further into the statutory care system, remains consistently high.

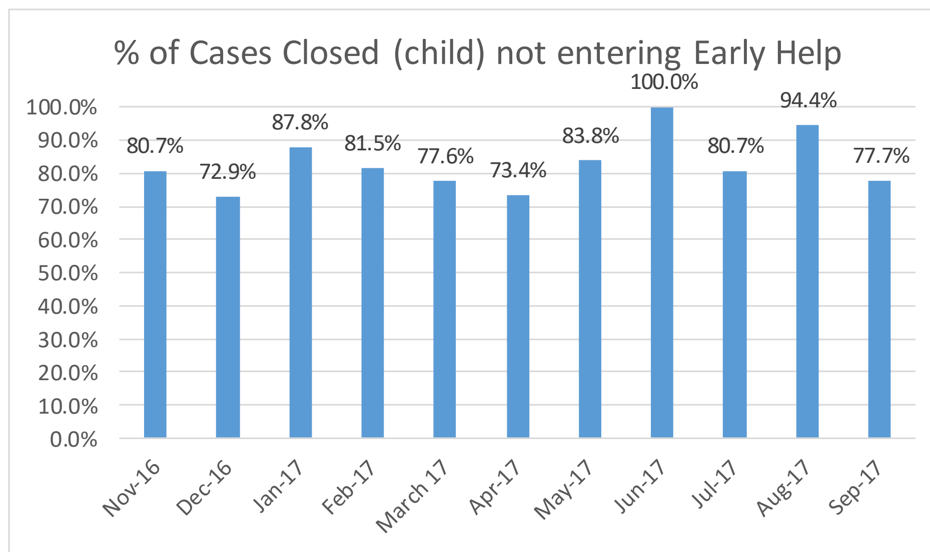
DRAFT



110. At November 2018, 693 cases were open to the Family Casework Team. Of those cases, 542 (78.2%) had previously been open to Children's Social Care; 15% of cases were stepped down from Children's Social Care and 151 (21.7%) of cases had no previous involvement with Children's Social Care.



111. The table below shows the impact of Family Casework Team involvement and highlights the percentage of cases closed to the Team where the child did not re-enter Early Help following a 12 month period. Where cases have re-entered Early Help this could be for universal or level two (Partnership Team) interventions.



Adverse Childhood Experiences (ACE) Pilot

112. A national troubled families study highlights that where there was a prevalence of a particular issue, or issues, within a family historically, members of the family are more likely to repeat those issues in the future. Those families are targeted for support and are equally free to seek support. Work around ACEs is being developed to address this.

113. Whilst work is currently ongoing in relation to a pilot programme, Adverse Childhood Experiences (ACE) where families need to present with certain issues from a defined list in order to receive specialist help as part of the ACE pilot. The Service (with partners) has defined its own list and is working in partnership with two schools to identify families that are affected by adverse experiences (such as domestic abuse, bereavement, etc) that would benefit from early support.

114. ACE training has taken place exploring how best to work with families around trauma. Work has been undertaken with Abingdon Primary School and a poster was designed by the children which aims to encourage children to ask for help. The posters will be placed in doctors' surgeries, community centres and other appropriate public places.

115. A piece of work was undertaken, based on Middlesbrough's ACE model using 10 indicators, to assess children/young people aged 0-19 within the Family Casework Team's caseloads, and all of the young people were found to have four or more indicators in their lives.

Minority/hard to reach groups

116. The Family Casework Team is able to access interpreters to translate the My Family Plan for those families whose first language is not English, or where there is a language barrier to understanding the support being offered. Both the Casework and Partnership Teams are diverse in their make-up and are able to understand differing cultural and religious beliefs when supporting families.

Pressures/Challenges

117. There are currently 25.3 FTE members of staff within the Casework Team and the average caseload of each team member is 35 cases which has implications in the longer term regarding

DRAFT

the quality of outcomes which may be potentially reduced if the number of caseloads per member of staff remains high or increases further.

118. Unlike statutory social care, there are no target guidelines within early help regarding the level of caseloads per member of staff, however, as the Team uses an intensive intervention model it would not be acceptable to have a consistently high number of cases per worker.

119. One of the strategic priorities of the Children's Trust is to reduce the number of Looked After Children. Middlesbrough has the second highest LAC costs in the country and Early Help plays a crucial role in the prevention of higher cost interventions. For every £1 spent in early help, £14 is spent in Children's Social Care.

Work Readiness Team

120. The Work Readiness Team was formed in 2016 and is located at a single base at Easterside Hub, allowing improved and increased focus, with dedicated staff, on Work Readiness which is a key outcome of the service restructure within Prevention and Partnerships. The current Team consists of a Work Readiness Team Manager and two Assistant Team Managers, managing the Work Readiness Practitioners and Work Readiness Support Workers. The Team also has an administrator and an apprentice. Despite being a small team, it has impacted greatly on helping young people in Middlesbrough into education, training or employment.

121. The aims of the Work Readiness Team are to:-

- Ensure all year 11 and year 12 young people had an appropriate offer of learning (known as the September Guarantee).
- Support young people leaving year 11 to ensure they began and sustained a learning destination.
- To track and follow up all those in the cohort and to ensure that young people were supported into education, employment or training and, therefore, reducing the number of NEET (not in education, employment or training) young people in Middlesbrough.

122. The team offers:-

- Impartial careers information, advice and guidance for Year 12 and Year 13 young people and for Year 11s excluded from school. All practitioners are qualified in Information, Advice and Guidance to either level 4 or level 6 which is graduate level.
- To ensure Year 11s and Year 12s have an offer of learning for September (September Guarantee).
- To track and follow up all 16 and 17 year olds and those in a targeted vulnerable group.
- To target support to young people who do not have a September Guarantee.
- Support to teenage parents into education, employment or training.
- Support to young people with special educational needs or disabilities into education, employment or training.
- A dedicated worker to support care leavers into education, employment or training to sustain their placement.
- Support to the Youth Employment Initiative.
- Completion of a My Family Plan where appropriate to support the needs of the young person and their family members.
- Early identification of those young people who are at risk of dropping out of education, employment or training.

- To work with partners including MAP (Middlesbrough Achievement Partnership) to reduce the number of young people in Middlesbrough who are not in education, employment and training (NEET).

123. The Work Readiness Team provides a statutory function for Middlesbrough Council as the Department for Education (DfE) Statutory Guidance for local authorities states that whilst the DfE provides the framework to increase participation and reduce the proportion of young people who are NEET, the responsibility and accountability rests with local authorities.

124. The Work Readiness model used in Middlesbrough is based on various good practice from across the country, in addition to what has worked well previously in Middlesbrough. Other local authorities are beginning to approach Middlesbrough to find out how its Work Readiness model operates and the reasons for its achievements.

125. The Work Readiness Team works with a wide range of agencies and organisations including schools, colleges, training providers, Youth Employment Initiative (YEI), Job Centre and the National Careers Service. It also works closely with other Teams within the Council including the Middlesbrough Achievement Partnership and the School Readiness Team (supporting teenage parents), Youth Offending Service, Pathways Team, Virtual School, Ethnic Minority Achievement Team, SEND Team and Elective Home Education.

126. The Team also works with other local authorities in the region and the NCCIS system allows tracking of young people moving from one local authority to another. The Work Readiness Team relies on gaining and sharing information with partners in order to identify those young people that need support and where resources need to be targeted, therefore, appropriate data sharing agreements are in place to allow this to happen.

127. From Year 10, all young people who attend schools in Middlesbrough are entered on to the Capita One IYSS database. This is the database the Work Readiness Team uses to complete the statutory returns required by the DfE. The DfE monitors the performance of local authorities in delivering their duties, specifically in the tracking and supporting of 16 and 17 year olds.

128. Once a young person commences Year 11 in school, the Work Readiness Team collects data from schools to identify those young people that do not have an offer of learning – enabling the Team to target support to young people making the transition from Year 11 to Year 12. Once a young person leaves Year 11, the Work Readiness Team is responsible for tracking the destinations of young people residing in Middlesbrough, regardless of where they learn.

129. The Work Readiness Team is currently working with the following numbers of young people:-

Number of young people	
10	Pre 16 (Permanently Excluded and Elective Home Educated)
3026	Yr 12-13 All Post 16
146	Y14 Vulnerable SEN Support
38	Y14 Vulnerable Teenage Parents/Pregnant Teenagers

DRAFT

188	Y14 - Y20 Vulnerable Education Health Care Plan 25 years old.
167	Y14 - Y20 Vulnerable Looked After Children /Care Leavers

130. All young people who are ‘Not in Education, Employment or Training’ (NEET) are allocated a Work Readiness Practitioner or Support Worker. The Team has a designated Practitioner who supports young people who are care leavers and practitioners supporting teen parents. All Practitioners and Support Workers are allocated specific themes including a Practitioner that has direct links with the Youth Offending Service; two Practitioners supporting young people with SEND and a named practitioner that links to post-16 providers. This allows close monitoring and follow up of young people in vulnerable groups.

131. The minimum statutory contact period for each young person who is NEET is once every three months but the majority of young people are contacted more frequently depending on need, for example, they may require transporting to interviews or visits. They could be seen as often as twice a week.

132. The Panel heard that caseload supervision is monitored by Assistant Team Managers and data is monitored on a weekly basis through the Work Readiness Dashboard. This database also alerts staff in relation to when a young person’s destination is due to expire as part of the follow up process.

133. Tracking young people can be difficult due to the transient population in Middlesbrough. When a young person no longer lives at the address recorded for them, the Work Readiness Team examines data from other sources available to them to try and locate the young person. Working with partners such as the Council’s SEND Team and Middlesbrough Community Learning is key to sharing and refining data in order to track and follow up young people. Telephone calls are made at different times of the day and evening in an attempt to speak to the young person or appropriate family member. If this is not successful, staff carry out home visits at different times of day and evening to maximise potential contact.

<u>September Guarantee</u>

134. The September Guarantee entitles all 16 and 17 year olds to an offer of a suitable place in education or training, eg apprenticeship, college course or employment with training. Since the introduction of the September Guarantee, the Council has worked with partner agencies to improve performance year on year, by tracking and engaging with more young people to maximise the numbers of young people receiving an appropriate offer of learning. Middlesbrough is performing better than regional, national and statistical neighbours in ensuring the September Guarantee. Middlesbrough’s performance has increased from 93.3% in 2013 to 96.8% in 2016, with a provisional figure of 97.1% for 2017.

DRAFT

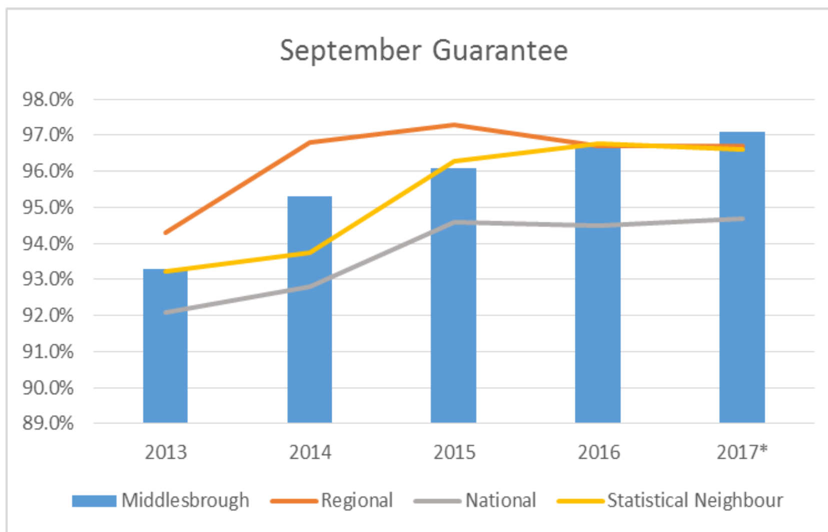
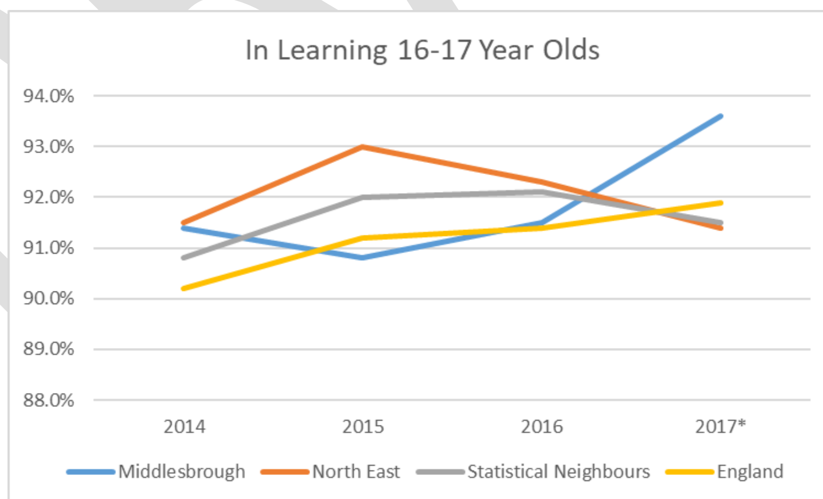


*Figure 1: * Provisional Figure*

	2013	2014	2015	2016	2017*
Middlesbrough	93.3%	95.3%	96.1%	96.8%	97.1%
Regional	94.3%	96.8%	97.3%	96.7%	96.7%
National	92.1%	92.8%	94.6%	94.5%	94.7%
Statistical Neighbour	93.2%	93.7%	96.3%	96.8%	96.6%

NEET

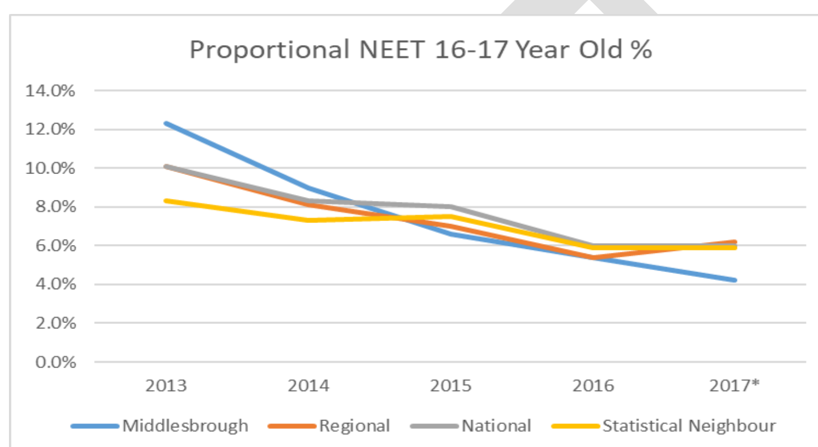
135. In relation to the number of young people who successfully entered further education, employment or training and those who remain NEET, 91.5% of 16-17 year olds were in learning in Middlesbrough in 2016. This is in line with the national figure and marginally below North East and Statistical neighbours. The provisional figure for 2017, however, is 93.6%.



**provisional figures*

	2014	2015	2016	2017*
Middlesbrough	91.4%	90.8%	91.5%	93.6%
North East	91.5%	93.0%	92.3%	91.4%
Statistical Neighbours	90.8%	92.0%	92.1%	91.5%
England	90.2%	91.2%	91.4%	91.9%

136. Middlesbrough has made good progress over the last five years and the proportional NEET figures for 16-17 year olds has reduced from 12.3% in 2013 to 5.4% in 2016. The provisional figure for 2017 is 4.2%. Middlesbrough is performing better than regional, national and statistical neighbours. The figures are based over a 'stretch period'. This is a combination of the number of NEET young people added to the number of young people who were 'Not Known' and the average performance is taken over the months of December, January and February.



**provisional figures*

	2013	2014	2015	2016	2017*
Middlesbrough	12.3%	9.0%	6.6%	5.4%	4.2%
Regional	10.1%	8.1%	7.0%	5.4%	6.2%
National	10.1%	8.3%	8.0%	6.0%	6.0%
Statistical Neighbour	8.3%	7.3%	7.5%	5.9%	5.9%

DRAFT

Vulnerable Groups - NEET

137. In terms of NEET figures for young people in vulnerable groups such as care leavers and special educational needs, the Panel heard that, as of March 2018, for Special Educational Needs and Disabilities (SEND) NEET was 9.6% in Middlesbrough, compared with 10.2% nationally. The SEND proportional NEET figure (where NEET and Not Known figures are added together) is 8.5% in Middlesbrough, compared with 35.2% nationally.

138. The figures for NEET Care Leavers (taken from the 903 birthday return which is for 18-21 year olds) in 2017 was 44% in Middlesbrough compared with 40% nationally. This figure cannot be compared with NEET figures for young people in Middlesbrough as the returns provided to the DfE by the Work Readiness Team are different to those required from the Pathways (Leaving Care) Team. The Pathways Team is required to provide data in relation to young people leaving care, up to the age of 25 and also for those living 'out of area'.

	Middlesbrough	National
SEND NEET	9.6%	10.2%
SEND Proportional NEET	8.5%	35.2%
Care Leavers NEET	44.0%	40.0%

139. The NEET figures for Middlesbrough Care Leavers is below the national figure and work is currently being undertaken to improve outcomes for these young people. A member of staff from the Work Readiness Team now works within the Pathways Team and both teams are exploring ways to reduce the numbers of Care Leavers that are NEET. A targeted event, showcasing a number of learning providers and employers providing information, advice and taster sessions for young people, was hosted in October 2018 at Teesside University and 48 young people had attended.

140. The Work Readiness Team is also involved in preparing the Personal Education Plans (PEPs) for Year 11 young people through the virtual school and offers earlier careers guidance to enhance support already being offered by the school to the young person to assist in the post-16 transition. The Work Readiness Team also supports the SEND Team and is involved in the Preparation for Adulthood Plan.

141. The Panel heard that all of the Team's work and initiatives are based on good practice from other high performing local authorities. Over the past three years the Team has worked positively with Middlesbrough College and other providers to offer joint NEET events.

142. The Youth Employment Initiative has also helped to support young people back into education, employment and training and has been extended until July 2022.

Referrals

143. In terms of the referral process, the Work Readiness Team accepts referrals from First Contact where the main barrier to the young person or family was a NEET issue. Practitioners carry cases and complete My Family Plans when working with the whole family. They also co-work on cases where the family is open to Children's Social Care and has a Social Worker or where the family is open to the Family Casework Team within Stronger Families.

144. In addition, schools identify young people they consider to be at risk of becoming NEET when leaving Year 11 so that the Team can provide additional NEET prevention support. College and training providers also notify the Team when a young person is at risk of disengaging from provision so that Practitioners can respond quickly with careers guidance and explore alternatives.

Pressures and Challenges

145. The main pressures and challenges for the Work Readiness Team include Middlesbrough's transient population. Once a young person is locked into the cohort, the Team has full responsibility for tracking, following up and supporting them as required. The Panel heard that it was becoming increasingly challenging to track and fulfil statutory returns as a number of young people had moved out of the area with some returning to other countries.

146. Data provided by schools can sometimes cause a challenge. Addresses for young people are often out of date which causes challenges in tracking and locating young people to check destinations. In addition, data collection from schools can be challenging and sometimes arrive late which places additional pressure on the Work Readiness Team.

147. Home visits are also very time consuming but this is essential in order to engage with the young person. Staff are required to undertake home visits in pairs and plan appropriate routes in order to make visits as cost effective as possible and in order to comply with health and safety requirements.

148. The home visits undertaken by the Work Readiness Team are unplanned and are often met with resistance. In order to try and address this, for the current year, letters were sent to all parents/carers within the Year 11 cohort which has helped when making the visits as it explains that the Team are there to support and help the young person and it helps parents/carers to be better informed.

149. Following service reviews to achieve savings, the Work Readiness Team is a very small Team and needs to be extremely focussed to ensure it meets the targets and returns set by the DfE. The team relies on support from the Strategy, Information and Governance Team to prepare data and cohorts.

150. Middlesbrough is part of an ESF (European Social Fund) Tees Valley wide bid, led by Stockton Council which, if successful, will ensure that Middlesbrough receives additional funding to support pre-16s at risk of becoming NEET.

151. Whilst the numbers of 16-17 year olds that are NEET has reduced, post-18 unemployment has begun to rise. This is an area where potential links with appropriate partners may be required in the longer term.

152. In terms of targeted support for specific groups, the Panel heard that analysis of the cohort can be undertaken in relation to gender, ethnicity, teen parents, those not available due to health issues, etc. Middlesbrough has a small NEET population and the Team examines the reasons why the young people are NEET. This analysis helps inform Work Readiness partners, for example, a proportion of the NEET cohort are teen parents and the Work Readiness Team works closely with the School Readiness Team and NACRO on specific programmes.

Tees, Esk And Wear Valley (TEWV) Children And Adolescent Mental Health Service (CAMHS)

153. One of the partners that Stronger Families works alongside is TEWV CAMHS. The Panel was provided with information by a Clinical Nurse Specialist from TEWV CAMHS in relation to early help and prevention services in Middlesbrough.

154. The Tees, Esk and Wear Valley (TEWV) Children and Adolescent Mental Health Service (CAMHS) in Middlesbrough works with children and young people, aged 0-18 years, and their families and aims to:-

- Improve and enhance the emotional wellbeing and mental health of children and young people experiencing emotional and mental distress and ill-health.
- Provide high quality, comprehensive, multi-disciplinary and multi-model specialist child mental health provision to the children and families of Teesside and support seamless transition to adult services.
- To provide effective, outcome-focused services that puts the needs of children, young people and their families at the centre of their care, delivering as part of an integrated model of multi-agency service provision.

Referrals

155. The Panel heard that there have been many changes to the Service over recent years, particularly at the 'front door'. Professionals including GPs, Social Workers, Speech and Language Therapists, Occupational Therapists and Educational Psychologists, can make referrals to CAMHS and self-referrals can also be made directly to CAMHS by young people/parents/carers. CAMHS accept referrals from families/carers/individuals and professionals for children and young people aged 0-18 years. The referral must highlight the issues in relation to the young person's mental health/emotional wellbeing/behaviour.

156. A duty worker is available to provide guidance, assistance or referral Monday to Friday from 9.00am – 5.00pm and is also able to provide assistance to other organisations seeking support.

157. In terms of timescales, when a referral is received by CAMHS, the subject of the referral is usually seen within two weeks, however, if the referral is urgent on the basis of clinical need they will be seen the same day.

158. There has been a shift in the way referrals are made and received. Previously, the highest number of referrals were received from GPs, however, following the changes to the referrals process CAMHS now receives the majority of referrals through self-referrals. It is worth noting that some GPs now ask families to self-refer.

159. Young people are able to refer themselves to CAMHS, if old enough, and the contact details for CAMHS is available through all school counsellors, pastoral support workers, GPs, community hubs, etc and CAMHS own website.

160. Around 30% of all referrals received by CAMHS, including self-referrals, do not require CAMHS support, however, those referrals are offered initial support in terms of signposting.

161. CAMHS works with young people and their families when they feel sad, worried or troubled and provides a range of activities and interventions to help promote and develop young people's skills,

DRAFT

and family relationships. CAMHS also provides techniques for positive parenting, and supports other professionals providing support to children and young people in mental health promotion, early recognition and early prevention of problems.

162. Young people experiencing emotional wellbeing difficulties may be offered any one, or a combination, of the following interventions:-

- Individual or group support
- Family support
- Supportive work with parents
- Support to other professionals that work with the young person/family

163. The Community Team in Middlesbrough consists of psychiatrists, psychologies, therapists, clinicians, support staff, psychological well-being practitioners and specialist staff who work solely with children/young people diagnosed with a learning disability. The Early Intervention in Psychosis Team is part of the Adult Directorate but works alongside CAMHS staff for children and young people aged 14 years and over who require specialist service input for the early identification, assessment and treatment of first episode of psychosis or suggestive symptoms.

164. CAMHS also offers a variety of groups including:-

- Sensory support
- Incredible years
- Positive behavior support

165. In addition, CAMHS provides education and training to families and professionals with a wide range of programmes, including information about ASD, ADHD, depression and anxiety.

166. West Lane Hospital in Middlesbrough has inpatient units including:-

- Newberry Centre
- Westwood Centre (low secure)
- Evergreen Centre (Eating disorders) – this facility has expanded to include support for a range of eating difficulties in young people such as excessive weight and emotional issues.

167. There is also a specialist community service serving Teesside for children/young people with eating difficulties that do not warrant inpatient treatment. Forensic CAMHS (community) is also available to the population of Middlesbrough where staff work closely with the Youth Offending and Liaison and Diversion Services.

168. In terms of strategies supporting Early Help, TEWV CAMHS offer the following:-

- Incredible Years Group. (Available at CAMHS with additional individual coaching where appropriate)
- Early Help Community Panel – CAMHS attends the Panel and reviews when requested.
- Positive Behaviour Support – Consultation can be accessed by any person that feels this strategy may assist. Support for children and parents.
- Multi Agency Screening Team (MAST) – one member of staff attends 3-4 hours daily to provide input into safeguarding issues at First Contact Team.
- A pilot consultation model is currently operating at Unity City Academy, Park End and will be extended to Outwood Academy, Ormesby. CAMHS staff are available each morning to speak

DRAFT

to teaching staff about any concerns they may have regarding pupils' emotional wellbeing/mental health.

- A new venture commencing in relation to Adverse Childhood Experiences (ACE) in Middlesbrough schools. Two staff have been identified to provide 2.5 – 3 days each per week. This is being piloted in two primary schools and works with children with four or more ACE indicators. A newly-established Team comprising of staff from Harrogate and District NHS Trust, TEWV CAMHS, and Headstart will commence working with children in February 2019.
- Early Help Forum – chaired by the Family Partnership Team Manager, a member of CAMHS staff attends the twice monthly forum.
- Hollis Academy – A member of CAMHS staff is currently seconded to this provision to provide specialist behavior input.
- VEMT (Vulnerable, Exploited, Missing, Trafficked) – A member of CAMHS attends the review meetings to update on all children and young people known to CAMHS.
- Headstart – regular communication between staff within Headstart and CAMHS.

169. In terms of evaluating the service provided by CAMHS, all families have access to an electronic evaluation form within the waiting area. 54% of families completed the evaluation following a CAMHS session. The results of the evaluations are fed into Parents for Change and feedback can be provided.

Pressures/Challenges

170. There are pressures on all services working with children and young people and CAMHS tries to meet the challenges by working in a more streamlined way and by working more closely with partners. The Service has reviewed its performance targets in respect of need and demand and has created creative strategies to meet population demands.

171. Ongoing considerations include the potential for a multi-agency 'drop in'; stronger school support and increased presence in GP buildings to ensure early help is available. CAMHS also aims to improve and develop training packages and links with voluntary organisations such as Parents for Change.

172. The Panel was provided with an example of good practice discovered in Birmingham where various initiatives have been implemented to provide early help support. Although Birmingham is much bigger than Middlesbrough geographically, it has similarities in terms of diversity, high numbers of asylum seekers and social issues. Staff in Birmingham relayed that it had issues with social care 'revolving door' families, children with poor school attendance and children and young people with mental health issues but that did not meet the threshold to require statutory intervention. It has developed a model that provides intensive support in cluster groups and operates 'drop-ins' at school/community sites twice weekly between 4.00 and 8.00pm. Young people and accompanied children can attend the drop-ins to access low grade activities with access to a tv and electronic devices, training and events and can also complete homework. The drop-in sessions have been successful and Birmingham has seen a reduction in the numbers of referrals it receives.

173. The drop-ins are operated by a multi-agency team comprising of a social worker, early help support worker, CAMHS worker and other agencies on a rota basis (for example, housing, money advice, etc). The sessions provide young people and their families with easy access to advice and support.

Public Health South Tees

174. The following services have a direct impact on the early help agenda and are delivered or commissioned by Public Health. The Scrutiny Panel was provided with information in relation to

DRAFT

each service and how it contributes towards the provision of early help and prevention in Middlesbrough:-

- Public Health South Tees
- CAMHS Transformation/Headstart Programme
- Change, Grow, Live (CGL)
- Healthier Together Middlesbrough 0-19 Service

175. South Tees contains 17 wards within the top 10% most deprived wards nationally and experiences many issues that go hand-in-hand with deprivation - such as high unemployment, poor health, higher than national average levels of substance addictions, low incomes, high rates of crime and anti-social behaviour, high numbers of children in care and significant numbers of children living in poverty.

176. Middlesbrough also has a higher proportion of Black, Asian and Minority Ethnic (BAME) population, 11.8%, compared with the north east average of 4.7%. This presents its own challenges in terms of potential cultural and language barriers which can result in the BAME population not accessing the support and services they need.

177. Public Health South Tees was established on 1 April 2018. The service aligns to both Middlesbrough Council and Redcar and Cleveland Council.

178. The services, relevant to the early help agenda, directed by Public Health South Tees are as follows:-

<u>Maternal Infant and Child Health Partnership</u>

179. Health inequalities for many children across South Tees begin from conception and follow throughout their life course. Life expectation of babies born in Middlesbrough is on average 3.6 years less than the England average, and 1.6 years less in Redcar and Cleveland. Two male babies born on the same day in South Tees could have as much as a 12 year difference in life expectancy due to their circumstances making the inequality gap within Middlesbrough and Redcar and Cleveland even more significant.

180. Subsequently, the Maternal Infant and Child Health Partnership was established by Public Health, following the 2012 NHS reforms, which resulted in fragmented commissioning and delivery of maternal and infant services.

181. In terms of early help and prevention, the Partnership – comprising a wide range of partners from early years services, maternity services, the Healthy Child Programme, South Tees CCG and Public Health – consists of a strategic board and several sub-groups to tackle the following:-

- Maternal smoking
- Healthy weight
- Maternal substance misuse
- 1,001 days (including development of a child aged two)
- Infant feeding

182. The Partnership has been instrumental in driving improvements to maternal and early years support across the South Tees area. Achievements of the partnership include:-

- 737 less women smoking during pregnancy.
- Increased collaboration between professionals.

DRAFT

- Women screened for alcohol use during pregnancy and receive immediate early support.
- Significant increase in referrals to talking therapies.
- Development delays identified at the earliest opportunity to ensure children receive support earlier to help them start school on an equal footing with peers.
- Healthy weight.
- Introduction of Pregnancy Birth and Beyond.
- Infant feeding.

183. In relation to maternal smoking, the Panel heard that a hard-hitting campaign to stop people smoking around the entrance to the Women and Children's Unit at the James Cook Hospital had resulted in a 35% reduction in women smoking during pregnancy. The Baby Clear programme - which operates in partnership with local authorities and stop smoking services – offers nicotine replacement and support for pregnant women who are also routinely screened by midwives for CO2.

184. The South Tees NHS Foundation Trust has signed a national pledge to become smoke-free across all its hospital sites by 1 April 2019 to help improve and protect the health of patients, visitors and staff.

Information sharing

185. The Panel heard that ways of improving data sharing and analysing data between Harrogate and District Trust and early help services is currently being explored through information governance.

Headstart Programme

186. The CAMHS Transformation programme in Middlesbrough is called 'Headstart'. (For clarity, this is separate to TEWV CAMHS).

187. Middlesbrough was awarded a £1 million Big Lottery grant in 2014 to develop a local programme of transformation to support the emotional and mental health of children and young people at an early stage. This funding was invested in testing a new model of support in schools, homes, the community and through digital solutions.

188. In 2015 the Government published a report – Future in Mind (FiM) – providing national recognition of the need to make dramatic improvements in children's mental health services. The report highlights that investment and services are insufficient to meet the rising demand and sets out five key themes to improve children's emotional wellbeing:-

- Promoting resilience, prevention and early intervention
- Improving access to an effective support system without tiers
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce

189. Local areas are challenged to achieve this systematic change by 2020.

190. Middlesbrough has the highest levels of children and young people's emotional and mental disorders in England. It is estimated that three pupils in every classroom will develop a diagnosable emotional or mental health disorder and that most adults with a diagnosable condition had developed it by the age of 14.

DRAFT

191. The Early Intervention Foundation (2015) (EIF) states that damaging social problems affecting children and young people, such as mental health problems, cost the Government almost £17 billion a year. It is estimated that a further £4 billion a year is spent on benefits for 18-24 year olds not in education, employment or training (NEET), with another £900 million spent helping young people suffering with mental health issues or addictions. These figures represent the immediate cost in a single year and do not capture the long term impact which can last into adult life and sometimes impact on the next generation. The EIF analysis shows that Council services pick up the largest share of the national late intervention spend into the next generation.

192. Following the end of the Big Lottery grant, FiM, Public Health and Middlesbrough Achievement Partnership funding was allocated to roll-out the tested model to achieve systematic and sustainable change, working in partnership to commission differently, share resources and budgets, co-produce new delivery models with young people and key stakeholders and effectively share vital information.

193. A multi-agency Board – Headstart/CAMHS Transformation Board - was established, feeding into the Children and Young People's Trust which leads on children and young people's mental health. A number of sub groups were also established to develop specific areas of work.

194. The Headstart Programme Team comprises of a Programme Manager, Programme Officer, School Development Officer and a Communication and Engagement apprentice. The Team carries out a mix of strategic and operational duties.

195. The current delivery model is based on employing the Resilience Framework to build upon the assets of the children and young people; a commitment to working with children, young people, their families and communities; and sustainability to create lasting change.

196. One of the best ways to benefit children is by working with schools and subsequently, staff are now based in all Middlesbrough schools to deliver the Headstart Programme. A local quality standard has been developed to facilitate a whole school approach – evidencing emotional wellbeing and mental health is a key priority from policy to practice. Key features of the school transformation are as follows:-

- Workforce development to upskill staff to better understand and cope with pupil emotional and mental health.
- Emotional wellbeing practitioners in all schools providing universal support at an early stage.
- Transition support for year 6-7and years 11-12.
- Accredited training to create Headstarter pupil mental health champions – 32 schools have currently signed up to this. The model was tested in schools. (Acklam Grange school reports an 87% improvement in behaviour and a 5% improvement in attendance following the introduction of Headstarter Youth Champions.)
- A single referral point for emotional wellbeing practitioners, CAMHS clinicians and school nurses – currently under development in order to establish an integrated pathway of support.

197. Living in poverty is often a contributory factor to emotional and mental ill health, however, the transformation model is asset based and solution focussed, providing universal support. Appropriate agreements are in place with TEWV CAMHS where a diagnosable disorder is present

DRAFT

in a child/young person and, to date, the transformation programme has achieved approximately £600,000 of savings for TEWV CAMHS by diverting unnecessary referrals where universal support is more appropriate and effective.

198. In addition to schools, work is currently underway with sixth form and further education colleges to introduce the Headstart model. All colleges are engaging in the process and good progress is being made.

199. Extensive consultation has taken place in the community to identify an appropriate and viable model to provide support within community settings. Family drop-ins were established in a community setting during the school holidays to prevent problems escalating when young people do not have the security and routine of school. A funding bid has recently been submitted to the Big Lottery to pilot the programme in several communities. Through the community consultation, community pharmacies were identified as a key community setting where people would like to see the model delivered. Work will be undertaken to build upon this.

200. Work has also commenced, in partnership with Harrogate and District and Tees, Esk and Wear Valley NHS Foundation Trusts, to upskill parents and pre-school settings in infant and child mental health. To date, this includes the provision of specialist training to all health visitors.

Impact/outcomes

201. The CAMHS transformation is well developed in schools and all schools are in receipt of Headstart support and services. The Reach Partnership was commissioned by the Headstart Programme Board to provide therapeutic services. Between April 2017 and May 2018, 833 school referrals for early help were made. The reported improvements in emotional wellbeing for pupils receiving support are positive – those under the age of six reported a 100% improvement; 6-11 year olds between 92% and 100%; and 11-16 year olds between 90% and 92%. Similar improved outcomes were reported for anxiety, anger and conduct.

202. Specifically, the following outcomes have been achieved:-

- More than 35 schools accessed training specifically relating to pupil mental health, including academic resilience training which complements restorative practice.

- Headstarter youth mental health champions have been recruited in 32 schools with 250 guided learning hours delivered. This is the first accredited pathway for youth mental health champions in the country and the first accreditation was achieved by a group of primary schools.

- TEWV CAMHS reported a dip in referrals for specialist support which it attributes to the introduction of Headstart early help support in schools. This equates to non-recoverable savings of £600,000. This is against the trend in neighbouring local authority areas. TEWV is redirecting savings into early help provision, including provision of additional staff to resource the Headstart delivery in schools.

- School referrals to TEWV CAMHS are as follows over the last three years:-

  - 2015/16 – 2,600
  - 2016/17 – 1,400
  - 2017/18 – 1,700

203. In addition, the Headstart Team has developed good working relationships with the Family Partnership Team and supports the implementation of the My Family Plan.

204. Headstart is recognised as best practice within the Early Help Strategy and has attracted regional interest resulting in opportunities for collaboration. The Headstart Programme Manager was appointed as a Department for Education Regional System Lead for Mental Health in all schools which includes supporting schools across the region.

205. It is anticipated that the Headstart Programme will benefit 16,431 school age and further education pupils through a preventative and early intervention approach.

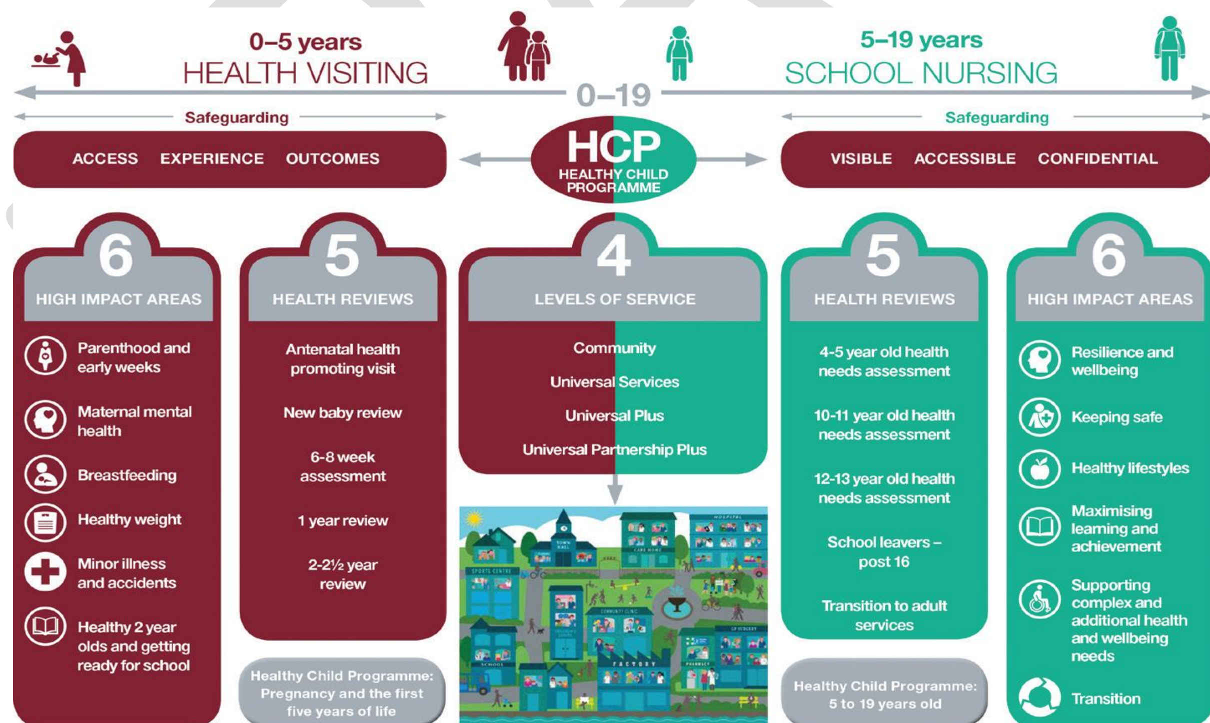
<u>Healthier Together (0-19 Healthy Child Programme)</u>

206. The 0-19 Service in Middlesbrough is called Healthier Together Middlesbrough and is delivered by Harrogate and District NHS Foundation Trust (HDFT).

207. Healthier Together Middlesbrough provides 0-5 and 5-19 services for young people and families across Middlesbrough to ensure the emotional and physical health and wellbeing of families, children and young people.

208. Healthier Together Middlesbrough provides a strong evidence-based universal offer comprising of health visiting and school nursing, leading to early identification of needs and provision of early intervention, enhanced offer and early help through both single agency and wider multi-agency interventions.

209. It is very rare for people to decline the health visiting service which is seen as a non-threatening service. Whilst it is an early help resource it is not branded under the social care model.



210. The Healthy Child Programme (HCP) is an evidence-based framework for the delivery of public health services to families from conception to age 19 (age 25 for SEND). It is a universal prevention and early intervention programme that forms part of Public Health England's priority to support healthy pregnancy, ensure children's early development and school readiness and to reduce health inequalities in children and young people.

211. Using key contacts, as mandated by the Healthy Child Programme in Middlesbrough, the 'Healthier Together' service provides a consistent framework for delivery of Early Years services and the opportunity for closer partnership working through an integrated school readiness pathway.

212. The Health Visiting service is mandated to have five key contacts with families in the early years, however, Middlesbrough also include a further contact at age three.

213. The Healthy Child Programme offers a programme of screening tests, immunisations, developmental reviews, information and guidance to support parenting and healthy lifestyle choices and is also responsible for:-

- Measuring and weighing children in reception and year 6 as part of the National Child Measurement Programme.
- Universal screening for vision and audiology (hearing) for reception children.
- Designated immunisation team undertaking immunisation and vaccinations.
- Advice and support on enuresis.
- Emotional health and wellbeing support.
- Supporting children and families with additional health needs or disabilities.
- Parenting and behavioural problems.
- Risk taking behaviour, including drugs and alcohol.
- Stopping smoking.
- Relationships, sexual health and pregnancy.
- Promoting healthy lifestyles in schools and communities through health education.

214. Specialist support and advice is offered to children in need of protection and their families; children and families in need; foster carers and children who are in care.

215. Targeted interventions may be provided solely by the Team or delivered in conjunction with partners such as Stronger Families, Education, Weight Management Services, Leisure or Youth Services.

216. Healthier Together Middlesbrough offers a Single point of contact for 0-19 services to facilitate ease of access for initial contacts for young people, parents, schools and key partners. An audit of calls is currently being undertaken to establish the reasons why people contact the service and which of these are requests for early help.

DRAFT

217. The Team works in community settings to deliver universal and targeted interventions designed to meet public health outcomes and to ensure the emotional and physical health and wellbeing of families, children and young people across Middlesbrough. The team is accessible at a range of venues including the family home, children's centres, schools and other community venues. In addition, school drop-ins are available in most secondary schools. Child health clinics, open to all families, are held in most areas in in the community (usually children's centres, or community settings). The service works in partnership with other agencies to ensure all families receive support.

218. The Health Visiting and School Nurse Teams are based at Beresford Buildings, Thorntree; West Middlesbrough Children's Centre; and Hollowfield Square, Coulby Newham.

219. Healthier Together also provides a duty system offering 9am – 5pm cover by a Health Visitor and School Nurse via a duty system to ensure a timely and efficient response to requests for advice, support and information sharing to support assessment and risk analysis.

220. Through universal provision, many issues can be identified and addressed before reaching early help services through access to an enhanced offer from 0-19 delivered by staff with a mixed skillset who take a professional lead role to co-ordinate additional support through the My Family Plan, alongside referrals to specialist services. Some of the help provided by the 0-19 service includes:-

- Pregnancy Birth and Beyond
- Breast feeding support
- Perinatal mental health screening/listening visits
- Solihull online parenting module
- Behaviour management
- Sleep management
- Health promotion community activities
- Promoting and managing healthy weight
- Community nurse prescribing
- Stop smoking brief intervention and intermediate support
- Making every contact count
- Unintentional childhood injuries follow up pathway

221. Public Health South Tees has invested finances into a 12-month project to promote integrated working practices by improving joint working between local authority Early Help and the Middlesbrough Healthier Together service. At the present time both services are unable to fully meet demand and services need to bring resources together to become more efficient and effective for the population of Middlesbrough. Joint pathways and joint assessments are the two key areas identified as being essential to both services working together better. Therefore, over the next year, two nurses will be working with Early Help and Middlesbrough Healthier Together to develop a joint pathway for those requiring extra support during pregnancy and early years and to develop a holistic Health Needs Assessment that will fit with Middlesbrough's Early Help Assessment (My Family Plan).

222. Two members of staff from the 0-19 Service will sit within the Stronger Families Team. One role will be based within the Family Partnership Team and act as a link between the Family Partnership Team and the 0-19 Service. This role will lead on the development of a Vulnerable Parenting Pathway and a robust Family Health Needs Assessment and the implementation of a Home Environment Assessment Tool pilot. This will be piloted in East Middlesbrough in early 2019. The

DRAFT

role also represents the 0-19 service at Early Help Forums and will be further developed to support the ACE pilot.

223. The second role will be based within the Family Casework Team and lead on casework pertinent to emotional health within family units utilising the Solihull Approach in relation to interventions and will support the 0-19 service with the completion of My Family Plans to increase uptake.

Referrals

224. Referrals to the service can be received from:-

- Self-referrals from parents/carers or young people
- Midwifery services
- GPs and other professionals
- Schools
- Other statutory and voluntary organisations

225. The Team works closely with midwives and school nurses to identify, as early as possible, children and families with complex health and social care needs. When children and families are identified as requiring targeted interventions, these are provided by the Healthy Child Team either solely or in partnership with other services such as midwives, children's centres, education or voluntary sector.

Impact Data

226. The following data shows the numbers of caseloads of children aged 0-5 that the service is working with and the levels of intervention required:-

No. of children aged 0-5	Type of Intervention	Description of provision
7,317	Universal provision	Universal services provided by Health Visiting Team working with GPs to ensure families can access the Healthy Child Programme and that parents are supported at key times with access to a range of community services.
673	Universal Plus provision	A single agency response providing rapid response from the local Health Visiting Team when specific expert help is needed (eg postnatal depression, sleepless baby, weaning, parenting concerns).
326	Universal Partnership Plus	A multi-agency response providing ongoing support from the Health Visiting Team and a range of local services to deal with more complex issues over a period of time. Including services from Children's Centres and other community services. Where appropriate, the Family Nurse Partnership.
99	Child Protection	A multi-agency response where children are subject of a Child Protection Plan.

DRAFT

Pressures/Challenges

227. Whilst Healthier Together Middlesbrough works closely with, and has developed good working relationships with, Stronger Families some aspects of information sharing could be improved.

228. There is no single database in operation across all of the services. The data recording system used by the Healthy Child Programme contains health information which cannot be shared with some of the other services due to data protection restrictions. However, ways of improved data sharing are being explored.

229. Stronger Families are to commence using the system currently used by the Children's Social Work Team which will allow improved tracking and follow up of families.

Change, Grow, Live (CGL)

230. Change, Grow, Live (CGL), Treatment and Care Service is a free and confidential drug and alcohol service for adults and young people in Middlesbrough.

231. CGL provides the psycho-social treatment aspect of the Middlesbrough Recovering Together (MRT) model for adults and young people with a whole family approach wherever possible. The model provides a clear recovery pathway ensuring service users and partners experience the journey as a single treatment system.

232. In terms of early help and prevention, figures published by Public Health England (PHE) 2018, show a high number of parents with substance misuse issues living with children in Middlesbrough. Whilst Middlesbrough performs well in engaging parents in treatment, there remains a cohort that is not being reached.

233. The table below shows estimates of annual met treatment need for opiate dependency 2014/15 to 2016/17.

Table 1: Annual met treatment need estimates, opiate dependency 2014/15 to 2016/17

Adults with an opiate dependency	Middlesbrough			Benchmark	National
	Prevalence	*Treatment*	*% met need*	*%*	*%*
The number of women with a dependency who live with children	240	176	73%	52%	60%
The number of children who live with a woman with a dependency	436	401	92%	55%	60%
The number of men with a dependency who live with children	537	312	58%	45%	48%
The number of children who live with a man with a	1017	718	71%	47%	49%

DRAFT

dependency					
Total number of adults with a dependency who live with children	777	488	63%	48%	52%
Total number of children who live with an adult with a dependency	1453	1119	77%	50%	53%

234. The number of opiate dependent women living with children shows a 73% met need in Middlesbrough, compared with 60% nationally. The number of opiate dependent men living with children shows a 58% met need in Middlesbrough compared with 48% nationally.

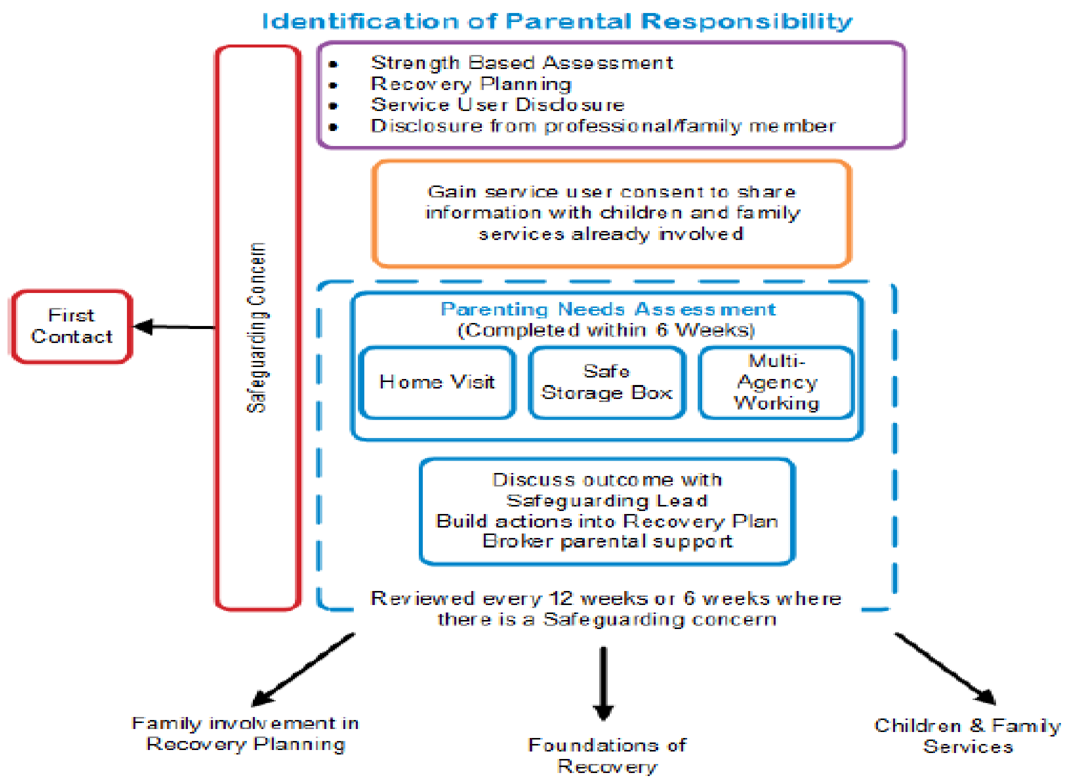
235. A whole family approach is taken within MRT from treatment entry where data is collated around parental status, contact with children, living circumstances, etc. A risk assessment is then undertaken in terms of the impact of a parent's substance misuse on the child.

236. The dataset below from Public Health England (2018) details the results of treatment entry screening.

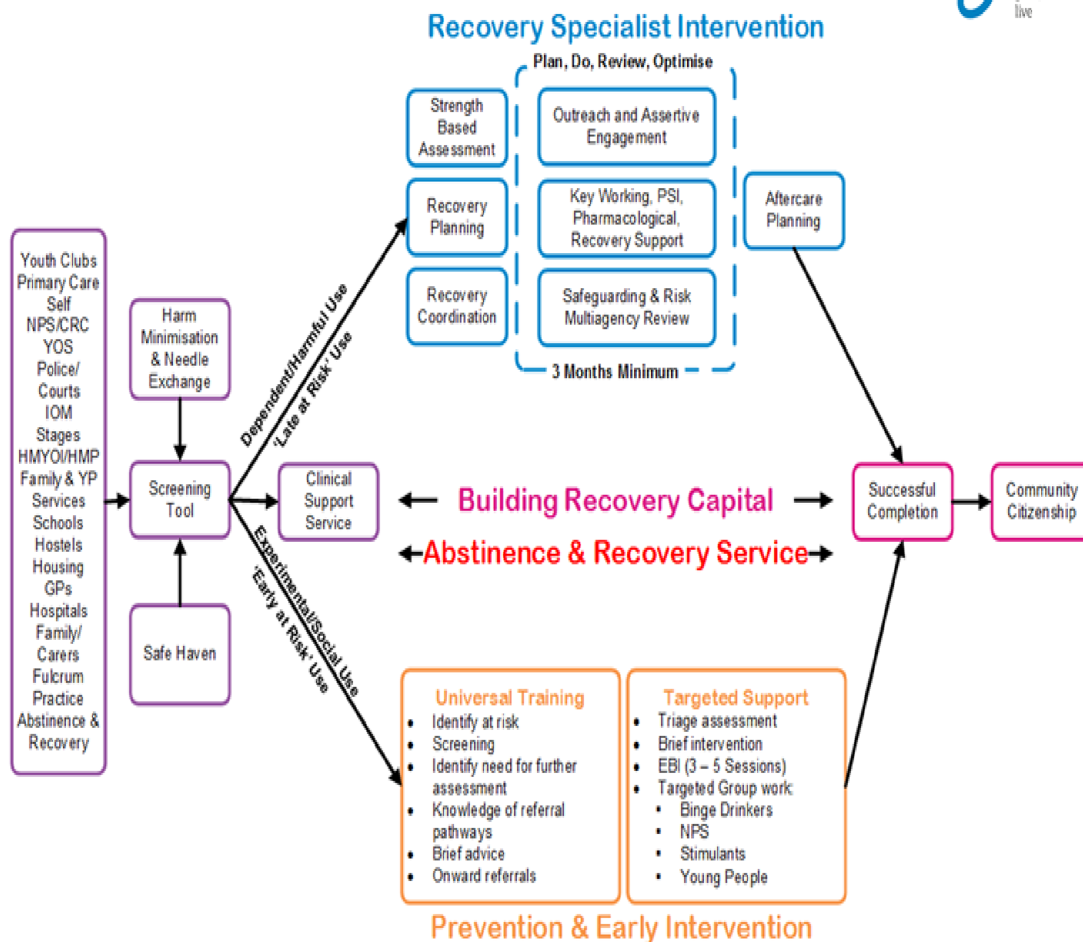
Parental status	Local	Proportion of new presentations	Proportion by gender		National	Proportion of new presentations	Proportion by gender	
	n		M	F	n		M	F
Living with children (own or other)	92	17%	14%	29%	13,626	18%	14%	27%
Parents not living with children	225	42%	44%	36%	25,946	34%	34%	34%
Not a parent/no child contact	214	40%	42%	36%	36,623	48%	51%	38%
Missing / incomplete	1	0%	0%	0%	456	1%	1%	1%
Living with children	**Local**		Proportion of children by client gender		**National**		Proportion of children by client gender	
	n		M	F	n		M	F
Number of children living with drug users entering treatment in 2017-18	212		60%	40%	25,205		61%	39%
Clients' children receiving early help or in contact with children's social care								
	Local	**Proportion of clients with child contact**	Proportion by gender		**National**	**Proportion of clients with child contact**	Proportion by gender	
	n		M	F	n		M	F
Early help	10	3%	1%	8%	920	2%	2%	4%
Child in need	15	5%	3%	11%	1,111	3%	2%	5%
Child protection plan in place	23	7%	7%	7%	2,975	8%	5%	13%
Looked after child	8	3%	2%	5%	2,115	5%	3%	10%
Pregnancy data		**Proportion of new female presentations**				**Proportion of new female presentations**		
	n				n			
New female presentations who were pregnant	8	6%			896	4%		
Missing / incomplete	35	27%			596	3%		

237. Following the initial assessment, where it is identified that a child/children lives in the household, a home visit is carried out by a care co-ordinator. The home environment and the children are observed and a Parental Capacity Assessment is completed. The outcome of the assessment is discussed with CGL's Safeguarding Lead and actions are built into a Recovery Plan. All staff have been trained to use the My Family Plan and this is completed by the member of MRT staff working with the family.

238. The diagrams below detail the process for identifying families and assessing risk, and also the adult care co-ordination pathway that will be followed with parents, but with some tailored elements taking into account their living situation and needs as a whole family:



DR



239. A Senior Practitioner post, working across both MRT and Early Help, was established three years ago and ensures that families are identified and supported at the earliest opportunity. Information is shared between both services where required.

240. Whole family interventions are delivered involving children and parents – MPACT and Parent Factor. Both are evidence-based and specifically designed for parents that misuse substances.

241. The Senior Practitioner carries a caseload of families requiring parenting interventions and some substance misuse support. This is carried out alongside any interventions deemed appropriate by Early Help. The role also involves upskilling of MRT staff in early help pathways and processes ensuring there is resilience built into the model as all staff have a full understanding of early help and the benefits to clients of such work.

242. In addition, the Senior Practitioner works with the CGL Safeguarding Lead to discuss and decide the next steps for families where needed. The benefits of both roles is that it has increased staff confidence in taking a whole family approach and has improved the assessment process followed at treatment entry. The roles also help with the sharing of information between both services.

Middlesbrough Voluntary Development Agency (MVDA)

243. The Panel heard how the MVDA supports the early help agenda in Middlesbrough from a Voluntary and Community Sector (VCS) perspective.

244. Whilst the MVDA do not deliver any direct services, it works with around 800 organisations across the voluntary and community sector (VCS) in Middlesbrough - ranging from small church groups to large organisations such as Barnardo's and NSPCC.

245. MVDA plays a strategic role in representing the interests of the VCS as a whole (not necessarily representing the interests of individual organisations) and sits on a range of strategic partnerships such as the Children's Trust Board and the Joint Health and Wellbeing Board.

246. Middlesbrough Council commissioned the MVDA to undertake a specific piece of work, between April 2016 and April 2018. The study, *"Supporting Middlesbrough's Children and Families: A VCS Contribution"* explores opportunities for the VCS to support the development of Middlesbrough's multi-agency Early Help Hub, now known as the Family Partnership Team. MVDA looked specifically at where it felt the VCS could add resilience and contribute towards established services at a statutory level.

247. MVDA agreed to:-

- Increase access to local VCOs (eg debt counselling, direct family-focussed support, youth work, holiday provision).
- Develop VCS pathways.
- Better understand the needs of children and families and how these were currently being met.
- Support VCOs with capacity building.
- Identify opportunities for collaboration and innovative solutions to increase support for children and families.

248. Initially the study focussed on becoming embedded within the Family Partnership Team by developing relationships with key staff and learning about the day to day work, identifying key agency partners and understanding the pressures within the Team. By working directly with the Family Partnership Team Practitioners and the wider children's workforce, including schools and health visitors – where the majority of early help referrals are generated – the MVDA was able to examine and analyse the types of referrals being received to understand the needs of children and families and to identify gaps in support/provision.

249. As the study progressed, more time was spent working directly with VCOs and engaging with partnership forums, responding to issues and themes emerging from the information gathered from cases referred into the Family Partnership Team.

250. The MVDA has:-

- Increased the number of consultations to practitioners working within the children's workforce (including schools, health, VCOs) across a range of partners to discuss cases and broader VCS solutions.

- Attended Family Partnership Team meetings which supports the exchange of information regarding VCOs, new services and changes in VCO referral pathways and ways of working. This provides the opportunity for dialogue with practitioners about VCOs especially to address issues around partnership working.

- Brokered attendance of VCOs at Family Parntership Team meetings in order to raise awareness of organisational roles, ensuring families can access appropriate services or support from communities at the right time.

- Attended multi-agency Early Help Forums where practitioners discuss supporting families. MVDA is able to offer solutions from the VCS to support families and partnership working.

251. MVDA has increased awareness of the support available in the VCS. It introduced a diverse range of more than 200 organisations of varying sizes and structures and asked practitioners within the Early Help Teams to think about how those VCS organisations/groups can provide the support that the whole family needs without necessarily requiring a formal referral for direct intervention. For example, a family may be in crisis with an adult needing access to drug treatment services or domestic abuse support and children within the household may be outside the statutory system but require support for themselves. MVDA is working with Middlesbrough's youth offer to examine opening up low level support – a whole family approach to identify a range of solutions to respond to the needs within the whole family unit rather than one specific area.

252. Part of MVDA's role is to build in support with groups and organisations within the VCS, for example with the Feast of Fun Project, MVDA assisted in joining up the work that many churches were undertaking informally. MVDA has assisted in developing training, raising understanding and helping to attract resources to Middlesbrough so that such projects are not reliant on local authority funding.

253. Occasionally, the quality of support provision required for vulnerable families is not achieved through some voluntary groups so MVDA only actively promotes organisations/groups that it feels meet the minimum criteria. MVDA also ensures that parents are given information in order to make informed decisions and helped to understand the context in which the organisations operate.

254. It is important to manage expectations of statutory agencies in relation to what VCOs are able to provide, as well as increasing understanding of the funding climate and the capacity and demand pressures within the VCS.

255. MVDA ensures that any formal organisations it works with has the minimum requirements in place on a range of policy areas, however, this can be more difficult with community groups. It is, therefore, important to ensure that professionals are clear about the status of a group/organisation in the community and the context in which they operate.

256. During the study, MVDA learned that agencies rely on directories of services that are often out of date and unhelpful in identifying the range of available resources and the bespoke solutions to families' needs. Whilst the narrative around early help practice is 'a whole family integrated approach', the focus of assessments is often the key issues identified in in the early help referral and the exclusion of addressing the broader, often lower-level issues at an earlier opportunity. MVDA is supporting the Family Partnership Team to increase its understanding of which services are best placed to support particular needs within families and has worked closely with the Family Partnership Team and other teams within Stronger Families, and range of VCS partners to examine how issues within a family are identified in order for the correct support to be provided in a timely fashion. This is a better way of working rather than providing a directory of organisations which can lead to delays for the family receiving the most appropriate support.

257. As previously mentioned, an Adverse Childhood Experiences (ACE) pilot has recently commenced in Middlesbrough, bringing together an integrated team to work in a different way. MVDA is discussing the issues with commissioners across the local authority, Health and PCC to come up with a more integrated approach.

DRAFT

258. In relation to community intelligence, the Panel heard that due to the relationships developed between VCOs and the people they worked with, VCOs gather a significant amount of information about the needs and impact of unmet need on children and families. Much of this information is anecdotal and is not formally recorded or reported but this information is invaluable in helping to understand the needs of families and their motivation and barriers to engagement with a range of services.

259. The 'Believe in Families' VCS engagement events explored re-occurring themes for families with:

- Supported and emergency housing providers
- Kinship care groups
- Refugees and asylum seeker groups
- Youth work providers
- Faith sector groups

260. Some of the resulting work included:-

- Promotion of Together Middlesbrough and Cleveland's 'Feast of Fun' holiday activities with food programme across children's workforce.

- Direct contact between Family Partnership Team and faith groups to access activities and identify gaps/areas for development.

- Contribution to 'My Family Plan'.

- Employment of a families worker at North Ormesby which incorporates a partnership with early help as part of the job description. The worker has agreed to complete My Family Plans with relevant cases and is providing a community-based link with the North Ormesby community.

261. MVDA works with commissioning teams where people decide where money should be spent to address particular needs. Many decisions are based on data collected from community organisations. For example, when working with youth providers, young people exchange a lot of dialogue with youth workers which is not formally recorded (as it is not required to be). This information can provide reasons as to why the young person needs a particular service or why they choose not to access particular services.

262. One piece of project work being undertaken by MVDA, in conjunction with the Children's Trust, is to examine the types of information that are meaningful and how this can be translated into practice. There can be many reasons why people in communities do not engage with formal systems so MVDA works with specific organisations where community intelligence is important in addressing breaking down cultural barriers in a person-centred way.

263. The MVDA's Senior Strategic Development Officer attends the Early Help Forum where dialogue is exchanged around community intelligence, however, this can be difficult to translate into commissioning and funding as whilst the information is useful, it is not evidence based.

264. MVDA's core business includes identifying new VCOs and gaps in provision. It works with VCOs to support capacity at organisation level and in partnership with others to meet identified needs. MVDA communicates with VCOs around training and development available to support their work and also works with the Local Safeguarding Children's Board (LSCB) to ensure safeguarding and other relevant training is promoted across the local VCS.

DRAFT

265. In terms of support services potentially being duplicated, the Panel heard that there is a prevalence of scarcity in provision, rather than duplication. Identified gaps are relayed to the Children's Trust Board and other statutory partners, however, most of these areas require funding which statutory partners are currently not in a position to provide. Discussions are continuing in relation to problem solving and finding better ways to work. MVDA has attracted funding into Middlesbrough, one example being from an organisation called Street Games, to address inactivity where funding is distributed to small local community groups that meet the criteria.

266. One of the biggest gaps identified in support is in relation to befriending. Many families are resistant to receiving the family interventions that are required due to a wide range of mistrust issues. MVDA is currently working on how the VCS can provide solutions to services that do not exist and establishing a befriending service model. Safe Families for Children do this at an informal level, however, their work has shifted towards working with higher risk families which, in turn, removes some of the lower level preventative support that they had previously offered. Middlesbrough Council no longer funds this organisation so there is now a gap where the provision previously existed. MVDA is looking at whether there are any VCS organisations that could assume that role although funding would be required.

267. The Panel heard examples of collaborative working and integrated working which is key to the success of early help. Barriers to integrated approaches can leave families being 'bounced around' services and/or contact with services being delayed due to access criteria not being met at an early enough or serious enough level.

268. In summary, in relation to what had been learned, MVDA had:-

- Gathered community intelligence
- Undertaken strategic development work with: Kinship arrangements; supported children and young people's wellbeing; food poverty.
- Held VCS engagement events: relationship building for understanding and problem solving; bespoke approaches (refugee and asylum seekers, BAME, kinship, etc).

269. The Panel heard that the Community Connect Service, led by MVDA and funded by the Council, is based on the principals of early intervention for adults. A working group has been established with key organisations with a view to developing a theory of change model exploring a similar approach for children and families.

Challenges/pressures

270. In terms of the challenges of working together, the Panel heard that a key issue for the early help system is the challenge of multi-agency involvement and working together to better support children and families. Recognising that children and families are a whole unit requiring a range of early help responses from a range of agencies is understood at an individual level, however, in practice the responsibility for co-ordination, leading on assessments and brokering of support from services can be a cause of disagreement between Early Help Practitioners and partner agencies.

271. Whilst expectations around leading on assessment and co-ordination of support is easier to achieve within statutory and directly funded VCOs, difficulties occur where agencies disagree on their role in responding to identified needs. This often results in conflicting expectations about who is responsible at agency level with a detrimental impact on the children and families requiring support.

DRAFT

272. Some of the issues include:-

- Disagreement on the interpretation and responsibilities of working together between different parts of the system.
- Reluctance of wider partners to share lower risk, needs-based information at an earlier opportunity.
- Capacity pressures in different parts of the system.
- Delays in support which could prevent the escalation of more complex issues that become more costly to support in the long term.
- Repeated referrals and time wasted on cases that do not meet the criteria for some services but are not being directed to universal services.
- Possibilities available within the VCS subject to funding and capacity landscape.

273. In response to the issues identified, MVDA provides development support to VCOs and supports collaboration; promotes training and opportunities for growth; identifies resources; develops partnership working; supports strategic engagement and planning and identifies innovative and bespoke solutions for testing.

274. In terms of demand versus capacity, the Panel heard that many of the services previously funded by the local authority within the voluntary sector simply no longer exist. There has been a shift towards crisis intervention with little funding available for prevention. In the VCS those organisations that routinely operated in prevention have also shifted towards crisis intervention as this is often the only way to obtain funding. This has generally led to volunteer local community groups and local activists trying to plug the gaps but this is unsustainable. Over the last 10 years the funding climate has shifted into crisis intervention, with increasing public sector cuts leading to the loss of low-level community support.

<u>Response</u>

275. From birth onwards, preventing cultures and attitudes that support many of the problems being experienced by children and families - often stemming from poverty and deprivation - need to be addressed, however, it is difficult to make a social change until authentic prevention can be put into practice.

276. Following the work undertaken with Early Help, MVDA is facilitating a range of ongoing conversations with key VCOs that work directly with children and families in Middlesbrough. This dialogue includes what life is like for Middlesbrough's children and families; what future we want for Middlesbrough's children and families; and what the VCS can do collectively to close the gap between current and improved experiences. A VCS-led project group has been established with a desire to work towards a stronger VCS offer of early help and preventative support for children and families.

277. The feedback from the Family Partnership Team, two years on from the consultation work, is that staff have significantly increased their understanding of the VCS and different, bespoke approaches to working with families.

DRAFT

278. From the evidence gathered, a theory of change model is under development and MVDA is in the process of working with key voluntary organisations such as Mind, My Sister's Place and Barnardo's to look at how VCOs can support statutory services without seeking funding. This work is ongoing and will lead into the strategic planning and commissioning process.

<u>First Contact/South Tees Multi Agency Children's Hub (STMACH)</u>

279. First Contact is the 'front door' of the Council's Children's Services, providing a single point of contact for referrals, advice, consultation and support into Children's Services. First Contact brings together a range of professionals and agencies.

280. The Panel heard that Middlesbrough Council is entering into a new joint arrangement with Redcar and Cleveland Council and will be named the South Tees Multi Agency Children's Hub (STMACH).

281. In addition to Middlesbrough and Redcar and Cleveland Councils, the partners in the STMACH will include Police, South Tees CCG, South Tees NHS Hospitals Foundation Trust, Public Health South Tees, Education, Harrogate and District NHS Foundation Trust (HDFT), Tees Esk and Wear Valley NHS Foundation Trust (TEWV).

282. The STMACH will become the first point of contact for children's referrals, including Safeguarding and Early Help, and will replace both Councils' First Contact Children's Services.

283. Redcar and Cleveland Council will host the STMACH which will be based at Daisy Lane, Ormesby. This is also the location of the single point of access for the South Tees Single Point of Access for Adults.

284. The STMACH will provide an integrated single point of access for Children's Services across the South Tees, including access to early help and a multi-disciplinary triage at the point of access. It will provide improved information sharing and decision making at the earliest possible opportunity enabling the correct decisions to be made as soon as possible and ensuring that the correct interventions are employed.

285. Crucial to the success of the STMACH will be ensuring all information is available to the multi-agency team and increasing enablement in terms of engagement of all partners.

286. The Panel heard that there is a variance in approaches to joint arrangements for children's hubs across the country and Middlesbrough has examined best practice from other areas to ensure the STMACH will best suit the needs of the South Tees locality.

287. A similar joint arrangement is already in operation in the North Tees area, between Hartlepool and Stockton. This model varies from the STMACH model, in that it does not include early help as part of the hub and Hartlepool owns and manages the Hub on behalf of Stockton, whereas the STMACH will be jointly co-ordinated by Middlesbrough and Redcar and Cleveland.

288. A business case for the STMACH is being finalised and will progress through the required approval processes. The STMACH aims to 'go live' on 1 June 2019.

289. The implementation of the STMACH will be overseen by the Multi Agency Children's Safeguarding Strategic Group, chaired by the Chief Executive of Middlesbrough Council. A South Tees MACH

DRAFT

Project Board has been established with key stakeholders and has developed the following significant workstreams:-

- HR Workstream
- ICT Workstream
- Design Workstream
- Information Governance Workstream.

290. There is an expectation that decisions in relation to referrals received will be made within 24 hours (as was currently the case).

291. Whilst the various partners based within the STMACH will not be in a position to use one single data recording system, appropriate information sharing agreements are in place to allow all staff working in the Hub access to all aspects of information available to them.

292. The Local Authority Designated Officers (LADOs) from Middlesbrough and Redcar and Cleveland Councils will also be located within the STMACH. This will improve information gathering and make the process more robust.

293. Schools are one of the biggest deliverers of early help but there is often greater clarity required as to who should deliver the support in some cases. One advantage of the STMACH is that because it will be a single point of access, the decision around whether the referral is a safeguarding or early help issue is taken away from the referrer who would not necessarily know where to direct their referral. In addition, over the past 18 months, an Education Support Worker, has worked with safeguarding leads around understanding thresholds and what is available in terms of support. As a result, the number of referrals received into the current First Contact service from schools has reduced. Further work in this area is required and will be progressed in conjunction with the Director of Education.

294. Holding the STMACH to account will be done at several levels by the Strategic Leaders Safeguarding Group, through OFSTED inspections and through Elected Member involvement. Further clarity is required in relation to the legal responsibilities for the task of decision making but Middlesbrough is keen to retain a level of oversight, audit and scrutiny to ensure the best outcomes for children and their families in Middlesbrough.

CONCLUSIONS

The scrutiny panel reached the following conclusions in respect of its investigation:

295. **TERM OF REFERENCE A** - ***To examine current provision of Early Help and Prevention services in Middlesbrough and explore current working arrangements between the Council and key partners, looking at how universal and targeted support interventions are delivered, including how children, young people and families are identified and monitored.***

TO BE DETERMINED AND AGREED BY THE SCRUTINY PANEL

296. **TERM OF REFERENCE B –** ***To examine how information is recorded, analysed and shared between partners.***
TO BE DETERMINED AND AGREED BY THE SCRUTINY PANEL

297. **TERM OF REFERENCE C –** ***To determine whether the most vulnerable children, young people and families are receiving the help and support they require in a timely way.***

DRAFT

TO BE DETERMINED AND AGREED BY THE SCRUTINY PANEL

298. **TERM OF REFERENCE D - *To develop an understanding of the issues and problems faced by children, young people and families and to identify gaps in early help service provision.***
TO BE DETERMINED AND AGREED BY THE SCRUTINY PANEL

299. **TERM OF REFERENCE E - *To investigate and assess the impact of the Council's Early Help and Prevention policies/services and how the impact of such policies/services are measured.***
TO BE DETERMINED AND AGREED BY THE SCRUTINY PANEL

RECOMMENDATIONS

300. The Children and Young People's Social Care and Services Scrutiny Panel recommends to the Executive:-

301. **TERM OF REFERENCE A - *To examine current provision of Early Help and Prevention services in Middlesbrough and explore current working arrangements between the Council and key partners, looking at how universal and targeted support interventions are delivered, including how children, young people and families are identified and monitored.***

TO BE DETERMINED AND AGREED BY THE SCRUTINY PANEL

302. **TERM OF REFERENCE B – *To examine how information is recorded, analysed and shared between partners.***
TO BE DETERMINED AND AGREED BY THE SCRUTINY PANEL

303. **TERM OF REFERENCE C – *To determine whether the most vulnerable children, young people and families are receiving the help and support they require in a timely way.***
TO BE DETERMINED AND AGREED BY THE SCRUTINY PANEL

304. **TERM OF REFERENCE D - *To develop an understanding of the issues and problems faced by children, young people and families and to identify gaps in early help service provision.***
TO BE DETERMINED AND AGREED BY THE SCRUTINY PANEL

305. **TERM OF REFERENCE E - *To investigate and assess the impact of the Council's Early Help and Prevention policies/services and how the impact of such policies/services are measured.***
TO BE DETERMINED AND AGREED BY THE SCRUTINY PANEL

ACKNOWLEDGEMENTS

19. The Children and Young People's Social Care and Services Scrutiny Panel would like to thank the following for their assistance with its work:-

- Rob Brown – Director of Prevention and Partnerships
- Gail Earl – Head of Prevention
- Sheila Marley – School Readiness Team Manager
- Elaine Carter – Family Casework Team Manager
- John Scadden – Family Partnership Team Manager
- Hazel Clark – Work Readiness Team Manager

DRAFT

- Rebecca Scott – Advanced Practitioner, Public Health South Tees
- Wendy Kelly – CAMHS Transformation/Headstart Manager
- Amanda Smith – General Manger, HDFT 0-19 Service
- Lilian Horner – Manger, HDFT 0-19 Service
- Rachel Burns – Health Improvement Specialist
- Tracey Brittain – Senior Strategic Development Officer, MVDA
- Alison Brown – Director of Children's Care

BACKGROUND PAPERS

20. The following sources were consulted or referred to in preparing this report:

- Minutes of, and reports to, the meetings of the Children and Young People's Social Care and Services Scrutiny Panel meetings held on: 2 July, 31 July, 11 September, 16 October, 13 November, 11 December 2018, 15 January, 12 February 2019.
- Children & Young People's Plan 2018-22
- JSNA Children & Young People 2018
- LGA Bright Futures - 'Getting the Best for Children, Young People and Families' 2017 and 'Getting the Best for Children, Young People and Families – One Year On' 2018.
- Government Guidance – Working Together to Safeguard Children – A guide to inter-agency working to safeguard and promote the welfare of children – July 2018.

DRAFT

COUNCILLOR TERESA HIGGINS - CHAIR OF CHILDREN & YOUNG PEOPLE'S SOCIAL CARE & SERVICES SCRUTINY PANEL

The membership of the Scrutiny Panel is as follows:-

Councillors Higgins (Chair), Storey (Vice Chair), Coupe, Hellaoui, Lewis (until 16/01/19), McGee, McGloin, Uddin and Walters.

Contact Officer: Joanne Dixon, Democratic Services Officer
Democratic Services
Telephone: 01642 (direct line) 729713
Email: joanne_dixon@middlesbrough.gov.uk