

Prevention & Early Intervention in Peterborough

A Partnership Strategy

Version 1.11: December 2012

Forward by Cllr Sheila Scott, Lead Cabinet Member for Children's Services

I am pleased to be able to introduce this Prevention and Early Intervention Strategy, setting out our vision for ensuring that Peterborough's children and young people achieve their full potential.

Peterborough is a City of contrasts. There are areas of considerable affluence, sometimes existing close by areas of very high deprivation. Access to support services by some of our most disadvantaged communities is often not as widespread as we would like, with many disadvantaged families being less likely to access childcare for their pre-school age children, for example.

The increasing diversity of our population also presents challenges in relation to the accessibility of our services, with many of our newly arriving communities having only a limited knowledge of the availability of services to which they can turn.

Peterborough's population is also changing rapidly. The 2011 Census found that we have one of the fastest increasing child populations of any area in the country.

The purpose of this strategy is to articulate how the partnership working with children, young people and their families can work effectively together to secure the sustainable delivery of:

- The right mix of and choice of services,
- To the right children, young people and families,
- At the right time,
- In the right place, and
- At the right cost.

The partnership in Peterborough has a strategic ambition to support vulnerable people, tackle disadvantage and reduce the incidence of poverty and deprivation.

No agency working alone can achieve these ambitions. Cross-agency and cross City partnerships are needed on both City-wide and more local levels. These partnerships need to be based on a shared assessment of need and understanding that intervention cannot be focused simply on children or young people; parents as adults need to be supported to address their difficulties if outcomes for children are to be improved.

We know that we face a number of challenges if we are to succeed in ensuring that all our children achieve their full potential. As the Needs Assessment included within this strategy shows, too many of our children and young people do not achieve as well as they should in school, while too many others are exposed to negative experiences such as domestic violence, persistent poverty or a lack of parental aspiration.

There is however also a clear determination among all partners working with children, young people and their families in the City to really make a difference to children's lives.

This is matched by enormous capacity among the citizens of the City to support and help themselves and others to achieve – capacity that we have only just begun to develop. This capacity can enable us to deliver sustainable and accessible services in a period of significant pressures on public finances. But this approach will also help create paths into employment within the children's workforce

for those who participate, in turn helping to ensure that this workforce reflects the community served.

Many people have contributed to the development of this strategy. It should not be seen as a fixed document but as a fluid and ever changing one that reflects the continuing input by practitioners, agencies and most importantly, by children, young people and their families as they identify changing patterns of needs within the City.

Implementation of the Strategy will be monitored through the Children and Families' Commissioning Board. However, successful implementation will ultimately be dependent on the continuing commitment and effective partnership working of practitioners and agencies across the City and, again, through the commitment of children, young people and families themselves.

Cllr Sheila Scott

November 2012

Contents

Section	Page
<i>Part 1: Introduction & Overview</i>	
Introduction	5
Definitions and Background	6
<i>Part 2: Priority Needs in Peterborough</i>	
Increasing Child Population	11
Increasing Diversity of Population	11
Child and Family Poverty	13
Maternal and Child Health	15
Attainment and Young people Not in Education Employment or Training	16
Families with Multiple Needs and Children and Young People in need of Protection	25
Children with Special Educational Needs and who have Disabilities	34
Reviewing the Needs Assessment	36
<i>Part 3: Priority Outcome Areas and Actions</i>	
Safeguarding	39
High-need Families	41
Connecting Families	42
Early Years	43
Children & Young People with Special Educational Needs	45
Young people not in education, employment or training [NEET]	47
Supporting Vulnerable Young People	49
Promoting Emotional and Mental Health and Wellbeing	51
Children and Young People with Disabilities and their Families	53
<i>Part 4: Cross Cutting Themes</i>	
Supporting Children and Families	56
Citizen Engagement and Community Capacity	58
Access and Sustainability	59
Workforce Reform	61
Evidencing the Impact of Services	63
<i>Part 5: Governance & Delivery</i>	
Governance	66
Existing Delivery Groups	66
New Delivery Groups	66
Concluding Remarks	68
References	69



Part 1:

Introduction, Definitions & Background

Introduction

This Strategy provides a vision for prevention and early intervention for vulnerable children, young people and their families living in Peterborough.

It describes our partnership model of prevention and early intervention, identifies priority areas for action between 2012 and 2015, and describes the actions that we will undertake to deliver improved outcomes for our children and young people. The strategy will be delivered through a series of annual implementation plans.

We are committed to improving outcomes for all children and young people in Peterborough, and recognise that a vital element of this is to ensure that children's needs are identified and met at the earliest opportunity, enabling families to get the support they need quickly.

We know that we currently have high levels of referrals to Children's Social Care, statutory educational assessment and other specialist services. We have seen unprecedented increases in the numbers of children and young people in care since 2009, alongside increasing numbers of children and young people who are being placed in independent schools. This has led to an increasing pressure on our specialist services, which is not cost effective and does not deliver the improved outcomes that our children and young people deserve to expect.

Outcomes for children and young people in care or in independent schools are usually poorer, while the high cost of these types of interventions result in fewer resources being available to support other children, young people and their families when they most need it.

Effective preventative services are vital in helping to ensure that children, young people and their families thrive. Key preventative roles are played by the principal universal services, including community health services and schools. This Strategy, however, prioritises targeted interventions for children and young people with higher levels of need, except where describing how targeted services can support universal services to be even more effective in preventing needs from escalating. This focus is not to detract from the role and value of universal and other preventative services, but to address the specific issues faced by Peterborough at this time.

Definitions and Background

This Strategy adopts the following definitions of prevention and early intervention:

Prevention: is seeking to prevent something from happening or getting worse;

Early Intervention: is intervening early and as soon as possible to tackle problems for children, young people and their families, or more broadly, with a population that is known to be at most risk of developing problems. Effective intervention may occur at any point in a child's or young person's life.

The continuum of prevention and early intervention can therefore be described as follows:

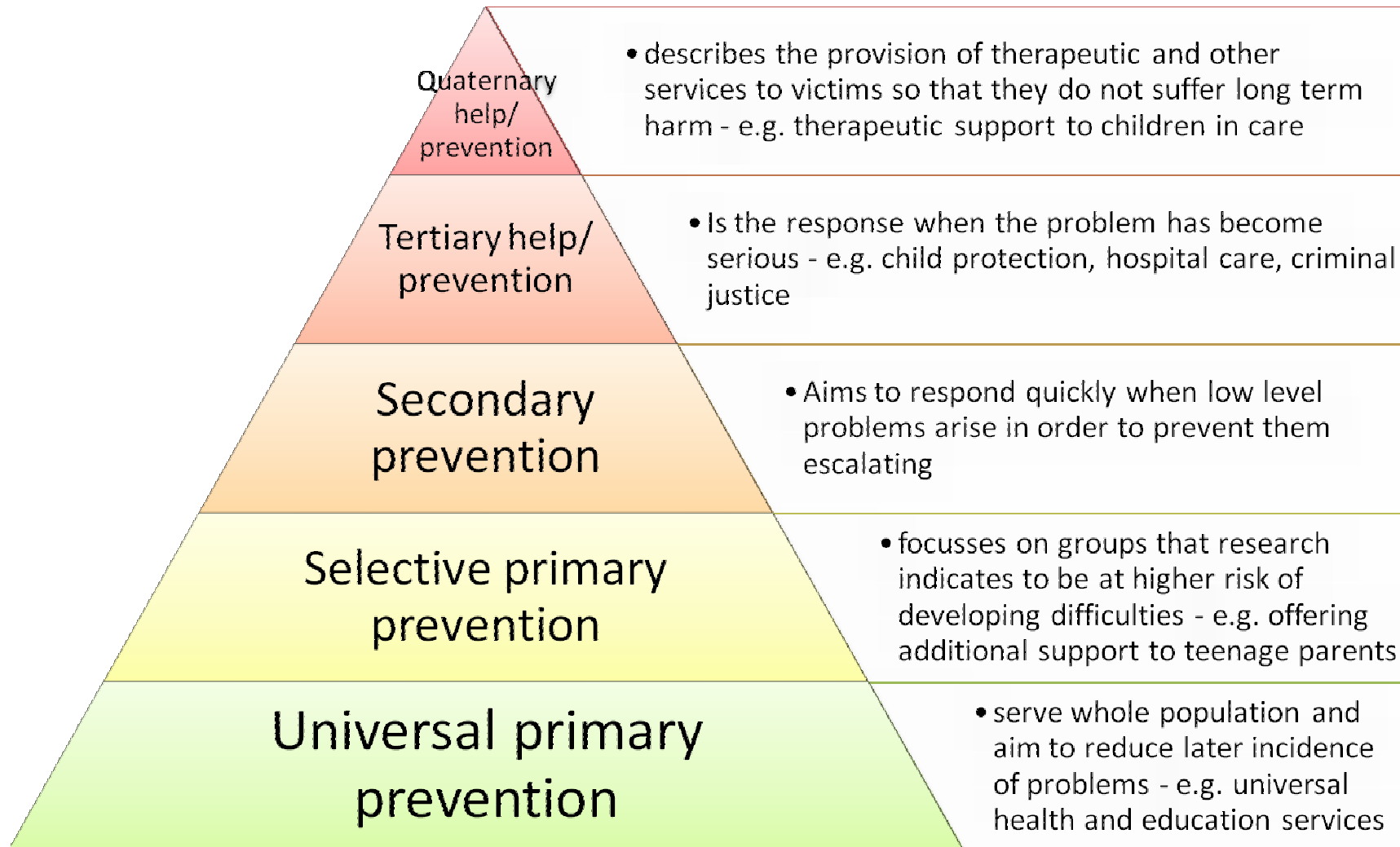
- **Early in life**, and/or;
- **Early in the development of the problem**, whatever the age of the child or young person.

These themes are all addressed in some detail below. However it is helpful to begin by describing the approach to Prevention and Early Intervention adopted throughout this strategy.

There is considerable national and international research that evidences the high cost of failing to intervene effectively and early in the lives of children and young people or when problems they are facing first begin to emerge. Without adequate help, children and young people's difficulties are likely to escalate and entrench. When difficulties are not resolved early, costs – direct and indirect – tend to spiral, and specialist services become diverted away from focusing on supporting children and young people who have an identified higher level of need.

Professor Eileen Monro's review of child protection describes a model of early intervention and prevention with five levels of activity, as illustrated below.

Professor Monro's Levels of Prevention:

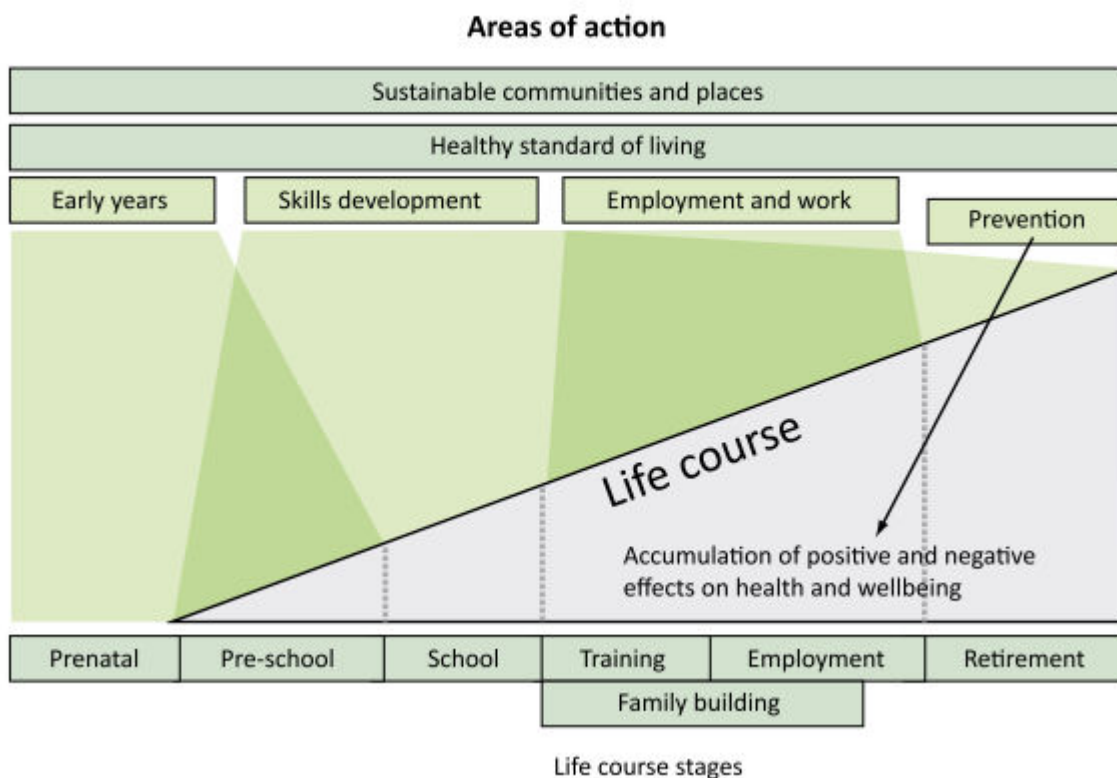


The Munro approach is helpful as it identifies both the continuum of preventative and early intervention activity and the importance of recognising that preventative measures are relevant to the most vulnerable of children and young people. Central to this concept of prevention is the acknowledgement that the assessment of a child’s needs will change over time as difficulties resolve, and for some children and young people, new problems will emerge.

Munro is also very clear about the need for assessments of children and young people to focus on the impact of a difficulty on the life of the child or young person. This is to recognise that children and young people respond to difficulties differently. To some extent, this will be dependent on previous events that the child or young person has experienced, and the response to those experiences by others around them.

The Report of the Children and Young People’s Outcomes Forum urges those working to support children and young people’s health and wellbeing to take a life-course approach that recognises that disadvantage starts before birth and accumulates through life, as illustrated below:

Action across the life course

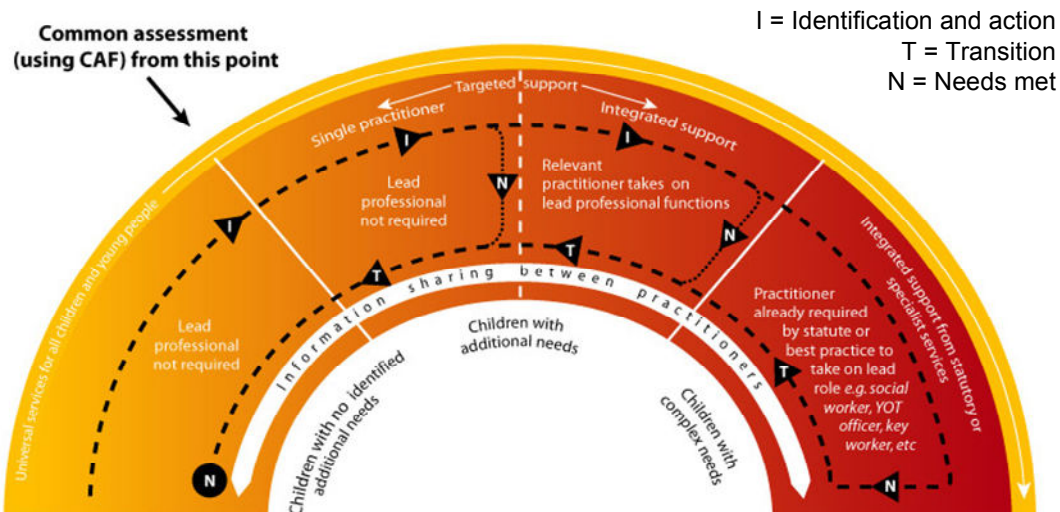


This approach is consistent with other research into effective models of prevention and early intervention that highlight that of key importance to the way in which we all deal with difficulties that we all experience in life is the degree to which we have developed emotional resilience, self-awareness, social skills and empathy.ⁱ

The ‘Windscreen’ model as illustrated below shows the continuum of children and young people’s needs and the interventions relevant to each element of need. This model stresses the importance of:

- The effective identification and assessment of need, based on the experience of the child or young person, and;
- Effective information sharing between practitioners, and;
- Delivering services in a coordinated way so that identified needs can be de-escalated as quickly as possible:

Levels of Need



Getting prevention and early intervention right is therefore critical in terms of enabling children and young people to achieve positive outcomes, while ensuring that needs do not escalate to the point that they can only be managed through the delivery of specialist services.

While there will always be some children and young people who will need input from specialist services, the challenge for all partners is to ensure that those children and young people who are developing more complex needs are identified and supported so that these needs are addressed and they can continue to derive full benefit from the support offered by universal services. This is not only much better in terms of their long term development and resilience, but results in a much more efficient use of public resources.



Part 2:

Priority Needs in Peterborough

Priority Needs in Peterborough

This section describes the priority needs identified through analysis of available statistical information, supplemented by information from a wide range of practitioners.

Peterborough has a fast growing child population:

The early statistical release from the 2011 census tells us that there are 48,200 children and young people aged 0-19 in Peterborough. This is a significant increase from the 2001 census figure of 43,000. This increase has taken place across all age bands but is most pronounced in the 0-4 age range, which has increased by 36% since 2001.

The birth rate in Peterborough is much higher than our statistical neighbours, with 3,000 births per year. If current trends continue, this will have risen to 3,500 per year by 2021.

Much of this increase in the child population has been ascribed to the increased migration of people from Eastern Europe.

This increasing child population is resulting in pressure on the availability of child care, particularly in certain parts of the City. It will have a continuing impact on demand for a whole range of other services as well – not least on community health services and school places.

Peterborough's Population is becoming increasingly diverse:

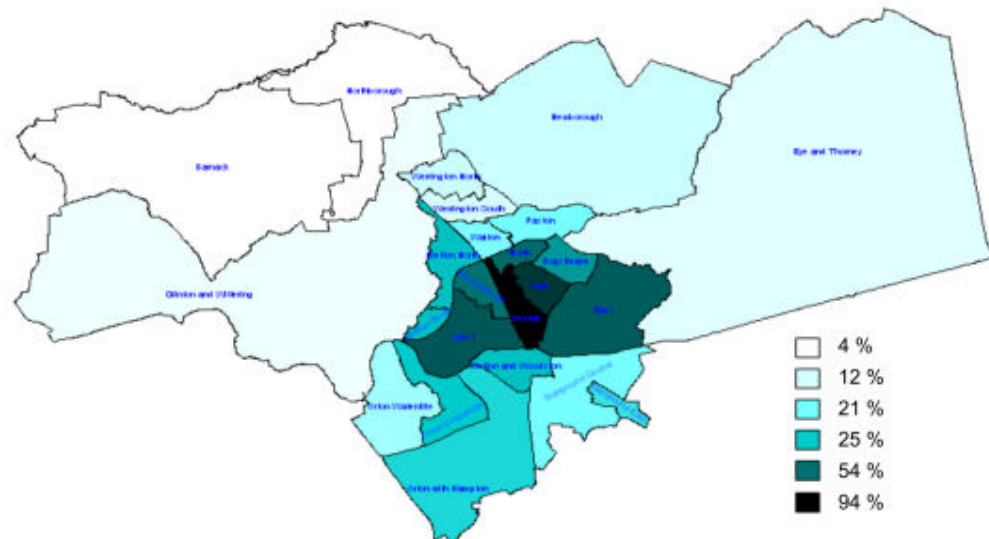
In terms of the general population, 80% are from White British backgrounds, compared with 85.2% in the East of England and 82.8% nationally.

However, diversity among school age pupils is much greater: over 90 different languages are spoken in our schools and, as the table below shows, the proportion of pupils with an additional language has increased over recent years:

School Type	2007	2008	2009	2010	2011
Primary	21.7%	25.1%	26.2%	28.7%	31.4%
Secondary	17.2%	19%	20.6%	21.8%	22.1%
Special	12.5%	15.7%	16.4%	18.5%	21.3%

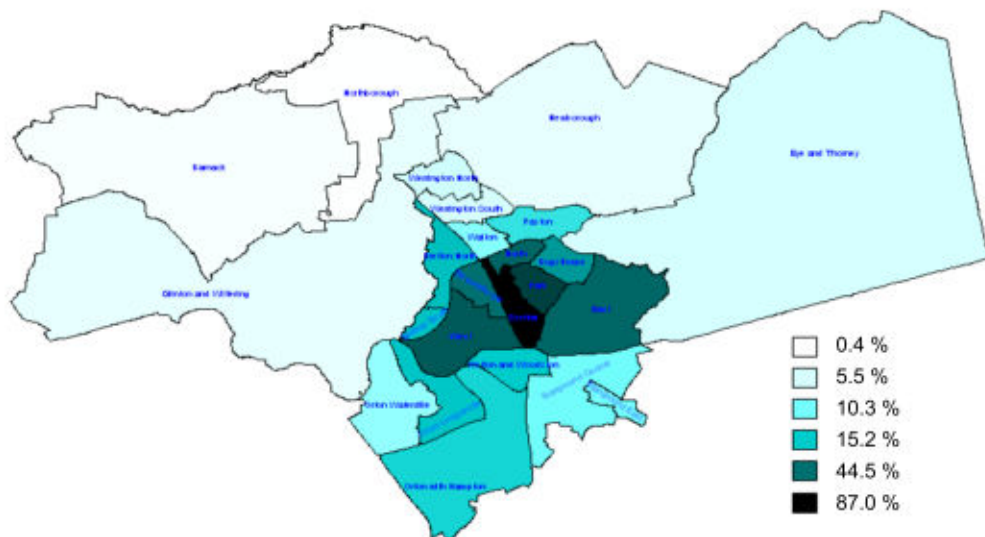
In percentage increase terms, the most dramatic increase in pupils with English as an Additional Language has taken place within the special school sector: between 2007 and 2011, there was a 70% increase in students with English as an Additional Language attending special schools. The next largest increase is in primary provision, which is consistent with areas that are experiencing significant demographic changes. The proportion of pupils attending primary schools who have English as an additional language increased by 45% over this same period.

The map below shows the proportion of pupils from minority ethnic backgrounds as distributed by ward within Peterborough, as of 2011:



Source: January School Census returns, via the Spring Reporting Database (performance management & information team)

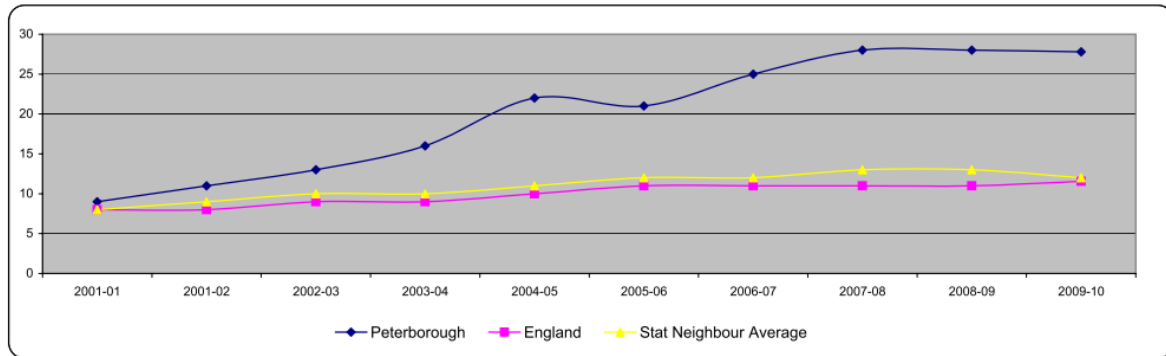
The following map shows where the majority of pupils who have English as an additional language live within the City, using 2011 data:



Source: January School Census returns, via the Spring Reporting Database (performance management & information team)

As can be seen from the above, the highest concentration of pupils with English as an Additional Language live in Central ward, where 87% of pupils resident fall into this category. For Peterborough as a whole in 2011, the most common first languages after English among pupils were Punjabi, spoken as a first language by 7.6% of pupils, followed by Urdu at 4.2%. Polish was next most common, spoken as a first language by 2.8% of pupils.

Another indicator of changing demography is the rate per 10,000 of new GP registrations where the person registering was previously living abroad. This is not a direct indicator in that not all migrants register immediately with a GP and some do not register at all. However, it provides a good indicator of relative changes between areas, for example.



The data indicates that 9 new patient registrations per 10,000 in Peterborough were previously living abroad in 2000-01 – broadly in line with the then Statistical Neighbour and England rate of 8. However, while in 2009-10 for both England and our Statistical Neighbours the average rate had increased to 12, in Peterborough the rate had increased to 28 per 10,000.

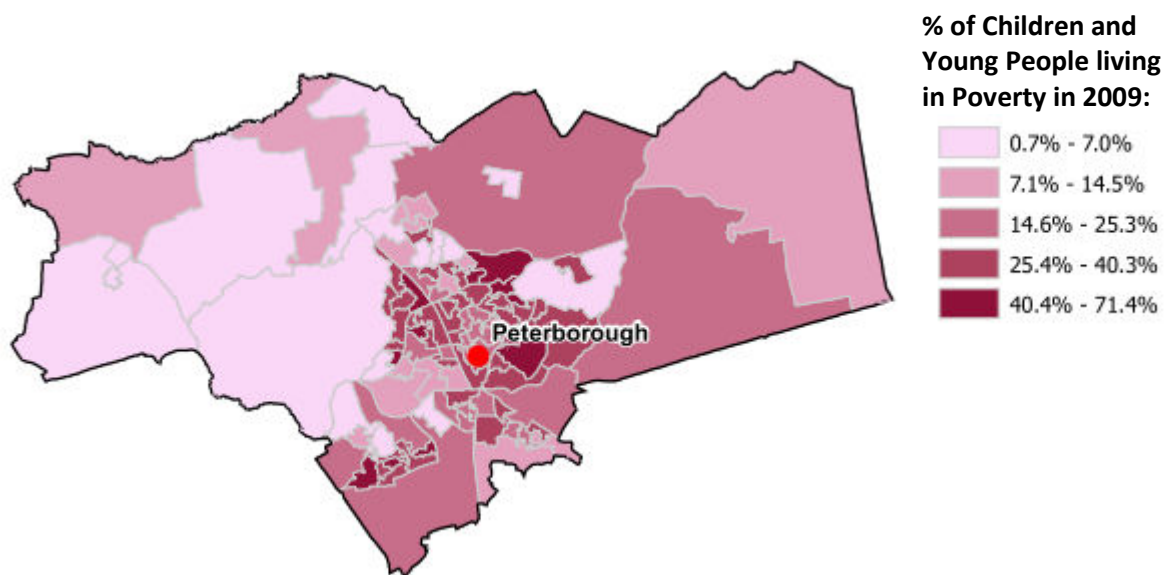
Increasing population diversity brings with it a number of challenges including:

- Ensuring services are relevant and accessible;
- Ensuring continuing community cohesion;
- Recruiting a workforce that reflects the composition of the community being served and providing more services in first languages.

There are significant levels of child & family poverty in Peterborough:

Child and family poverty is a significant issue in Peterborough, and is the subject of a separate strategy that sets out in some detail the actions that are to be taken to help to tackle the difficulties. This section of this strategy therefore provides an overview only of the main themes in relation to poverty and deprivation in the City.

Peterborough is an area of contrasts that includes some of the most and least deprived areas in the country. The map below shows the proportion of all children who were living in poverty in 2009: ⁱⁱ The likelihood is that there are higher levels of child poverty now than there were in 2009, given increases in the level of unemployment since then. However, the areas where the proportions of children and young people living in poverty are highest are unlikely to have changed significantly.



Overall, 25.3% of children and young people living in Peterborough are living in poverty. This compares with an average rate for England of 21.6% and the eastern Region of 16.4%. Child poverty is concentrated the urban areas of the council area.

Child and family poverty can have a profound impact on the life-chances of children and young people, particularly where it is experienced for sustained periods of time. The harmful effects of poverty are felt most when they are experienced by children at a young age. Children affected by persistent poverty are more likely to:

- Miss periods of schooling and achieve poorer educational outcomes than their peers;
- Become involved in crime or anti-social behaviour;
- Have lower levels of health, including:
 - Increased risk of premature birth, low birth weight and death before age of 1;
 - Increased risk of developing mental health difficulties;
 - Increased risk of childhood obesity;
- Have lower levels of self-esteem and aspirations for the future. ⁱⁱⁱ

Children affected by poverty can miss out on opportunities to learn and socialise at school because their families may have difficulty meeting the costs of school trips, music and out of school activities. Poverty can also affect a child's self-confidence and relationships with other children; children report that being seen to be poor carries great social stigma and leads to a fear of being excluded by their better off peers.

Disadvantaged children tend to attend pre-school education for shorter periods than children from advantaged groups. This can have a profound impact on educational attainment, as evidenced by the gap in achievement between those in receipt of free school meals and their peers.

Areas characterised by high levels of child and family poverty also tend to be those with a high degree of other difficulties, such as poorer general facilities – parks, play areas etc, higher crime rates, more overcrowding, poorer quality shops and other facilities. This generally poorer physical environment can exacerbate the impact of child and family poverty.

Poverty can also have an impact on the level of serious neglect experienced by children. While there is no clear link to suggest that poverty causes neglect and indeed most people in poverty do not neglect their children, some research suggests that chronic poverty plays a part in many cases of physical child neglect by reducing morale, increasing levels of depression, leading to a general sense of hopelessness and passivity.^{iv}

Many maternal and child health indicators in Peterborough are poor:

When compared to England averages, Peterborough has significantly worse rates of:

- Smoking in pregnancy;
- Low birth weights;
- Low breast feeding rates;
- Low immunisation rates.

Only 44% of mothers are still breast-feeding 6-8 weeks after birth. Children who are breast fed are less likely to become obese in childhood, and are more likely to enjoy generally good levels of health.

Public health professionals in Peterborough are also becoming increasingly concerned about a perceived increase in the numbers of babies born with foetal alcohol syndrome. Babies born with this condition can go on to develop very significant behavioural and developmental difficulties.

There is also a growing concern about increasing numbers of pregnant women who are obese, with corresponding increased risk of complications for them and for their unborn babies.

Rates of teenage pregnancy in Peterborough are higher than statistical neighbours, and the rate of live births to mothers under the age of 18 in Peterborough places us in the lowest quartile nationally.

Child mortality rates for children and young people aged between 1 and 17 are close to the highest in the country, and admissions of children and young people to hospital due to injury are significantly higher than the national average.

Although child obesity levels in Peterborough are not especially out of step with other similar areas in the county, the impact of obesity on long term health outcomes is such that it is essential that we address childhood obesity in the City.

There are considerable concerns about the numbers of children and young people who have mental health and emotional difficulties. The table below sets out the statistical expectation of the number of children and young people in Peterborough aged 5-16 who are likely to need support for emotional and or mental health difficulties at any one time:^v

Support from mental health services:	Number of children and young people:
At Tier 1	6,000
At Tier 2	2,800
At Tier 3	750
At Tier 4	30

Many practitioners express significant concerns about the high numbers of children and young people with emotional and mental health difficulties in Peterborough. The relatively high numbers of pupils in Peterborough with behavioural, emotional and social difficulties may be seen as providing some evidence to support this view.

The 2008 CAMHS Review found that many children and young people understood mental health and psychological well-being in terms of ‘feeling in control’ or ‘feeling balanced’, giving them the self-confidence to deal with set-backs, unkind comments from peers and to form healthy friendships with others.

As both research and young people themselves identify, mental health and psychological wellbeing is about having the resilience, self-awareness, social skills and empathy required to form friendships and be able to enjoy one’s own company. Low levels of emotional and mental health resilience mean that children are more likely to grow up with a reduced capacity to manage the stresses and strains of ordinary life.

Poor maternal and childhood physical health has an impact throughout the life-cycle, ultimately being associated with shorter life expectancy and an increased likelihood of chronic health difficulties in later life.^{vi}

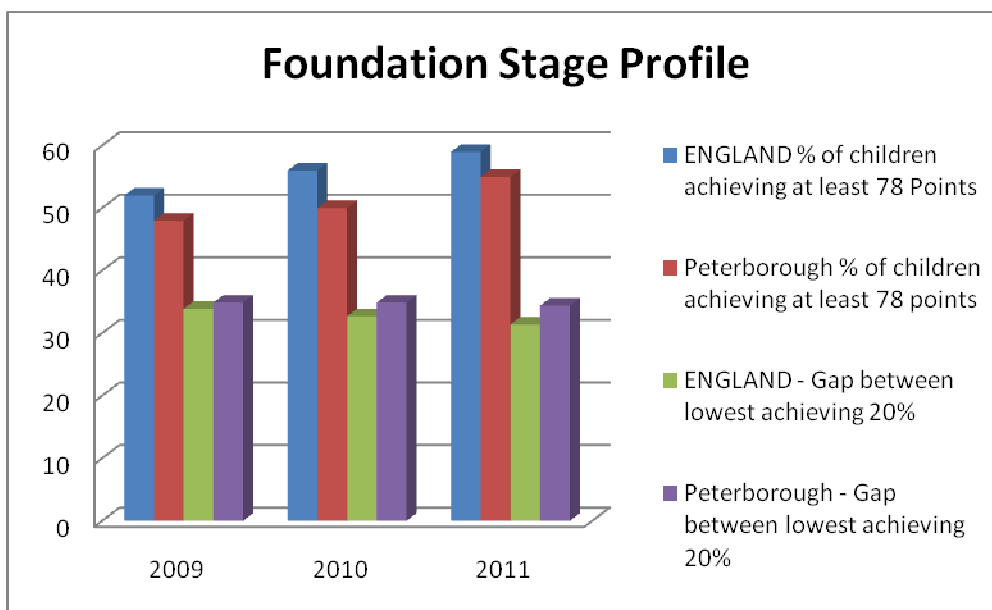
There is also a wide range of evidence to suggest that while some teenage parents cope well with their new responsibilities towards their child, most children born to teenage parents do less well than their peers. Teenage pregnancy that leads to the mother giving birth [as opposed to opting for a termination] is generally associated with low levels of aspiration. Low levels of parental aspiration are closely associated with poorer educational outcomes for children.^{vii}

Attainment levels are low and too many young people in Peterborough are not in education, employment or training

In terms of overall educational attainment, Peterborough performs below the national average at all key stages and we are rated 140 out of 150 local authorities in terms of overall performance.

Early Years:

The chart below summarises performance at Foundation Stage in Peterborough. The chart indicates that while the proportion of pupils in Peterborough achieving 78 points across the key domains of the foundation stage has been increasing, the ‘Achievement Gap’ has remained fairly constant in Peterborough, whereas at a national level, this has been narrowing:



Parents have the most profound influence on their children and play pivotal roles in the development of social, emotional and language skills, norms of behaviour, aspirations, health, nutrition and safety. Engaging and equipping parents to support their child’s development is therefore a key task. The single most important factor influencing a child’s intellectual and social development is the quality of parenting and care they receive. ^{viii}

While parents have the key role, it is also clear that early years settings are of vital importance in supporting children to arrive at school ready to learn. There are ninety-five pre-school and day nurseries in Peterborough offering just over 4,000 places. Of these, 78% are rated as good or above, which places us in seventh place out of ten in relation to our statistical neighbours.

There are also areas of significant pressure in relation to providing sufficient childcare places in the City.

Peterborough is experiencing a rapidly increasing birth rate. According to the first results from the 2011 Census, there are 3,700 more children aged 0-4 than there were in 2001 – an increase in this age group of 36%. This increase in population, combined with the offer of childcare to 2 year olds, means that there will be continuing challenges in ensuring that parents are able to access childcare for their children.

Good quality childcare supports the development of a wide range of skills that are essential building blocks for later attainment in education. It is particularly important that we ensure that such childcare is available to families affected by poverty and those who are hard to reach for other reasons, including those from newly arrived communities.

Primary school attainment:

According to the Department for Education, in 2011 69% of pupils in Peterborough achieved Level 4 or above in both English and Maths at key stage 2. This has remained constant since 2008, with the exception of 2010 when performance dipped to 67% of pupils. Nationally, performance has improved slowly year on year since 2009, increasing from 72% to 74% in 2011.

The gap between the performance of disadvantaged pupils and their peers at key stage 2 is wider in Peterborough than the England average. In 2011, 53% of disadvantaged pupils in Peterborough achieved Level 4 in English and Maths, compared with an England average of 58% achieving this standard.

As has been commented above, the proportion of pupils with English as an Additional Language is much higher in Peterborough primary schools than the national average – almost double the national average at 30.7% in Peterborough and 16.8% nationally.

Some of our primary schools have much higher proportions of pupils with English as an Additional Language than others: 99.2% of pupils fall into this category in Gladstone, for example, while in Winyates, the proportion is 15.2%. In Gladstone, 94% and 88% of pupils respectively made expected progress in Key Stage 2 English and Maths, compared with 80% and 67% respectively at Winyates.

The following table compares the attainment of children with English as an Additional Language with other pupils. It shows that pupils in Peterborough schools with EAL perform significantly less well at Key Stage 2 than either our statistical neighbour or national average, and that this gap has widened over recent years:

Region:	Key Stage 2: % of pupils with EAL achieving Level 4+ in English & Maths:		Key Stage 2: The EAL/Non-EAL 'Gap' in English and Maths:	
	2011	Average 2007-2011	2011	Average 2007-2011
Peterborough	58%	57%	18%	15%
SN Average	66%	64%	1%	2%
National Average	72%	69%	1%	1%

Peterborough has a higher rate of non school attendance in the primary phase than national averages, although not markedly so. However, some primary schools are affected by much higher rates of non attendance than the national average.

The following table shows which primary schools have the highest rates of persistent absence where more than 6% of pupils have missed 15% or more of the school year:

	Overall absence: percentage	Unauthorised absence: percentage	Persistent absence: 15% +	Persistent absence: 20% +
England - national (primary state-funded)	5.14%	0.69%	5.20%	1.90%
Local Authority	5.40%	0.71%	5.30%	1.70%
Parnwell Primary School	8.87%	1.29%	15.90%	5.80%
Abbotsmede Primary School	8.20%	1.33%	12.40%	2.80%
Gunthorpe Primary School	6.43%	1.23%	9.60%	3.10%
Matley Primary School	5.99%	1.92%	8.90%	3.10%
The Beeches Primary School	7.15%	2.29%	8.60%	2.10%
Dogsthorpe Infant School	6.20%	0.95%	8.50%	1.10%
Dogsthorpe Junior School	6.67%	1.22%	8.50%	4.00%
Queen's Drive Infant School	6.44%	0.05%	8.30%	0.70%
Discovery Primary School	6.34%	0.12%	8.20%	4.50%
Paston Ridings Primary School	6.04%	1.80%	8.00%	4.30%
Longthorpe Primary School	5.78%	0.52%	7.70%	1.60%
Watergall Primary School	6.37%	1.94%	7.70%	3.00%
Highlees Community Primary School	5.94%	0.87%	7.20%	1.40%
Leighton Primary School	5.60%	1.67%	7.00%	2.30%
Welbourne Primary School	5.09%	0.64%	7.00%	0.80%
West Town Primary School	6.91%	0.98%	7.00%	2.10%
Brewster Avenue Infant School	6.32%	0.84%	6.80%	1.70%
St Thomas More RC Primary School	6.23%	0.64%	6.70%	1.70%
Welland Primary School	6.19%	1.01%	6.70%	1.70%
Middleton Primary School	6.20%	1.71%	6.60%	3.10%
Hampton Vale Primary School	5.89%	1.26%	6.20%	2.40%
Thorpe Primary School	5.50%	0.80%	6.20%	1.40%
Stanground St Johns CofE Primary School	5.65%	0.63%	6.00%	4.80%

15% of the school year is equivalent to missing 6 weeks of school. Pupils missing this amount of school in the primary phase are much more likely to struggle in terms of both achievement and attendance throughout their education, but particularly after transition to secondary school.

Secondary School attainment:

There is a marked variation in the performance of pupils at Key Stage 4 between the various secondary schools in Peterborough, as is summarised in the following table:

	% of pupils making expected progress - 2011		% achieving 5+ A*-C GCSE or equivalent including English and Maths			
	English	Maths	2011	2010	2009	2008
England - State Funded	71.8%	64.8%	58.2%	55.2%	50.7%	48.2%
Local Authority	63.1%	56.4%	49.4%	45.5%	40.6%	37.2%
Arthur Mellows Village College	83%	74%	72%	65%	63%	50%
Hampton College	84%	81%	70%	73%	59%	NA
Iqra Academy	No KS4 data available for this school					
Jack Hunt School	80%	56%	51%	44%	44%	48%
Ken Stimpson Community School	50%	70%	54%	54%	42%	43%
The King's (the Cathedral) School	92%	90%	88%	86%	85%	95%
Nene Park Academy	NA	NA	NA	NA	NA	NA
Ormiston Bushfield Academy	52%	59%	50%	42%	NA	NA
Orton Longueville School	56%	53%	43%	34%	33%	37%
The Peterborough School	NP	NP	91%	100%	81%	97%
St John Fisher Catholic High School	58%	51%	39%	31%	31%	18%
Stanground College	55%	51%	41%	39%	36%	34%
Thomas Deacon Academy	57%	46%	43%	45%	37%	29%
The Voyager Academy	NA	NA	NA	NA	NA	NA
The Voyager School	52%	36%	32%	24%	23%	23%

The performance at Key Stage 4 in Peterborough as measured by the proportion of pupils achieving 5+ GCSE's including English and Maths at Grades A*-C has increased significantly year on year, and the achievement gap between Peterborough pupils and the England average has narrowed since 2008, but remains a concern.

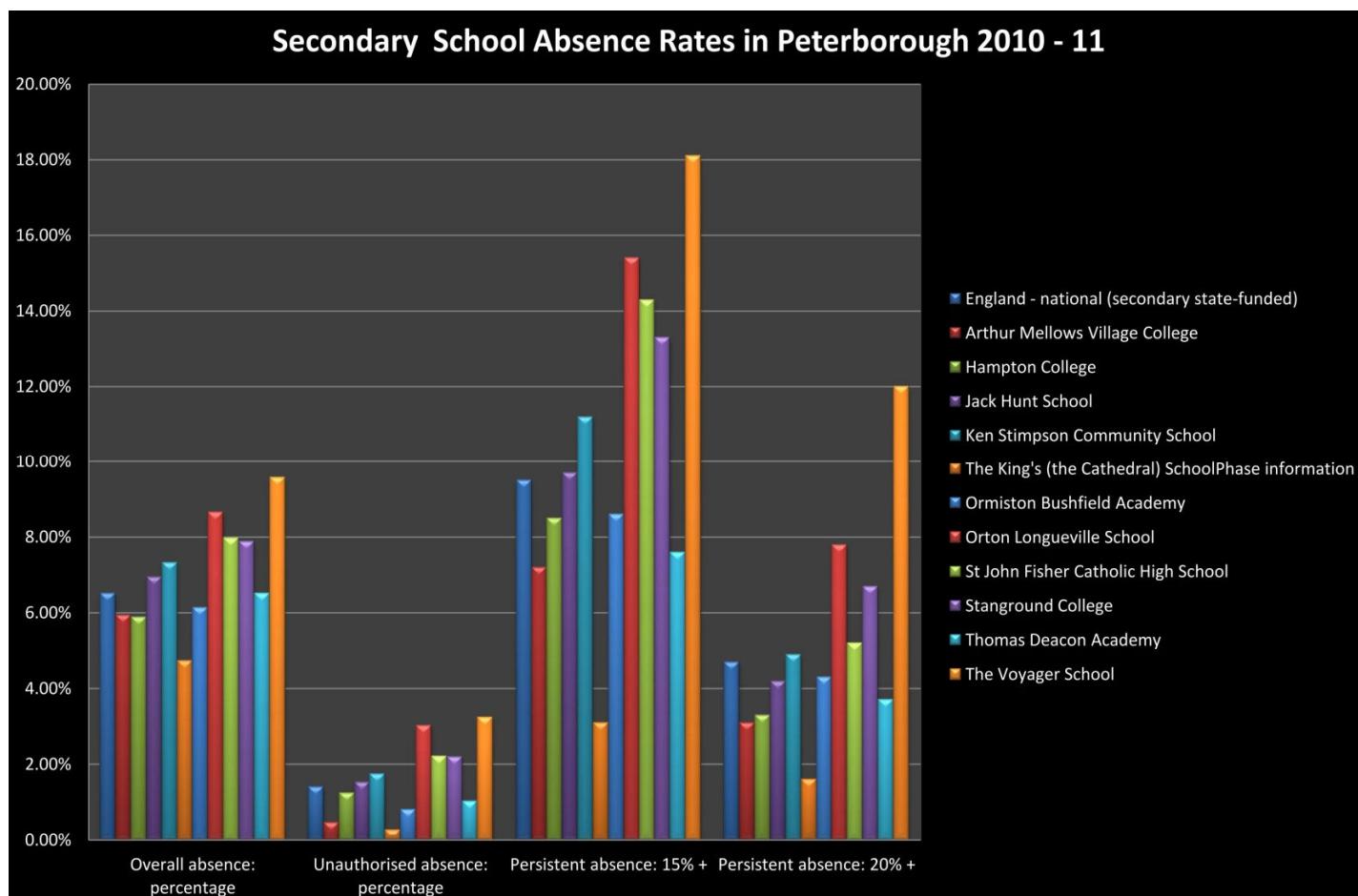
There is also a significant gap between the percentage of pupils who are making the expected progress in both English and Maths in Peterborough compared with the national average.

The wide range of achievement levels between schools in Peterborough is significant because it increases the challenge faced by schools that have traditionally performed less well to turn performance around. Parents who have high aspirations for their children will tend to do all they can to ensure that their child attends one of the higher performing schools, leading to these schools being over-subscribed.

Schools that have lower examination results tend also to have spaces, meaning that they are more likely to be able to take pupils joining mid-year – many of whom are likely to have come from overseas and be new to the English education system. These schools are therefore more likely to find that they have both a higher proportion of disadvantaged pupils, whose parents do not have

high aspirations for their children, together with a higher level of in-year fluctuation. All of these factors increase the challenge faced by the school in enabling pupils to achieve expected progress.

For some secondary schools, pupil absence is a significant issue, as the following chart illustrates:



Clearly, pupils are unlikely to make progress if they are not attending regularly. Pupils who are absent from school for long periods are also more vulnerable to other difficulties, including involvement in offending behaviour and/or exploitation by other young people and adults around them.

As is the case in the primary phase, there is also a significant attainment gap in Peterborough between pupils who have English as an Additional Language and other pupils, as the following table illustrates:

Region:	Key Stage 4: % of pupils with EAL achieving Level 4+ in English & Maths:		Key Stage 4: The EAL/Non-EAL 'Gap' in English and Maths:	
	2011	Average 2007-2011	2011	Average 2007-2011
Peterborough	35%	30%	7%	8%
SN Average	54%	46%	-4%	0%
National Average	58%	51%	-2%	-1%

So while there has been slight progress in narrowing this achievement gap in Peterborough since 2007, attainment by pupils with English as an Additional Language in our statistical neighbours and nationally has improved by a greater amount. Pupils who have EAL in Peterborough do less well than other pupils, while pupils in the same category in our statistical neighbours outperform other groups.

Attainment by age 19:

Perhaps unsurprisingly given the above, attainment levels at age 19 in Peterborough are also significantly lower than in our statistical neighbours or national averages.

The following table shows the proportion of 19 year olds in Peterborough who have attained a Level 2 qualification by age 19:

LA	2006/07	2007/08	2008/09	2009/10	2010/11
Peterborough	65.1%	71.0%	74.3%	71.7%	75.4%
Statistical Neighbour Average	67.4%	69.7%	72.5%	75.2%	78.6%
East of England Average	72.9%	75.2%	77.7%	79.6%	81.7%
National Average	71.2%	73.6%	76.1%	78.6%	81.0%

The next table shows the proportion of 19 year olds who have attained a Level 3 qualification by age 19:

LA	2006/07	2007/08	2008/09	2009/10	2010/11
Peterborough	39.1%	43.3%	43.4%	43.9%	46.7%
Statistical Neighbour Average	41.4%	42.2%	44.7%	47.4%	50.4%
East of England Average	48.5%	49.7%	51.8%	53.9%	56.1%
National Average	46.4%	47.5%	49.5%	52.0%	54.5%

The tables show that the proportions of young people attaining Level 2 and 3 qualifications in Peterborough has been improving year on year since 2006/7, but this improvement has not kept pace with our statistical neighbours.

Young People who are not in Education, Employment or Training:

Peterborough has a higher proportion of young people not in Employment, Education or Training [NEET] than our statistical neighbours, and a significant proportion of young people who have a learning difficulty or disability are NEET.

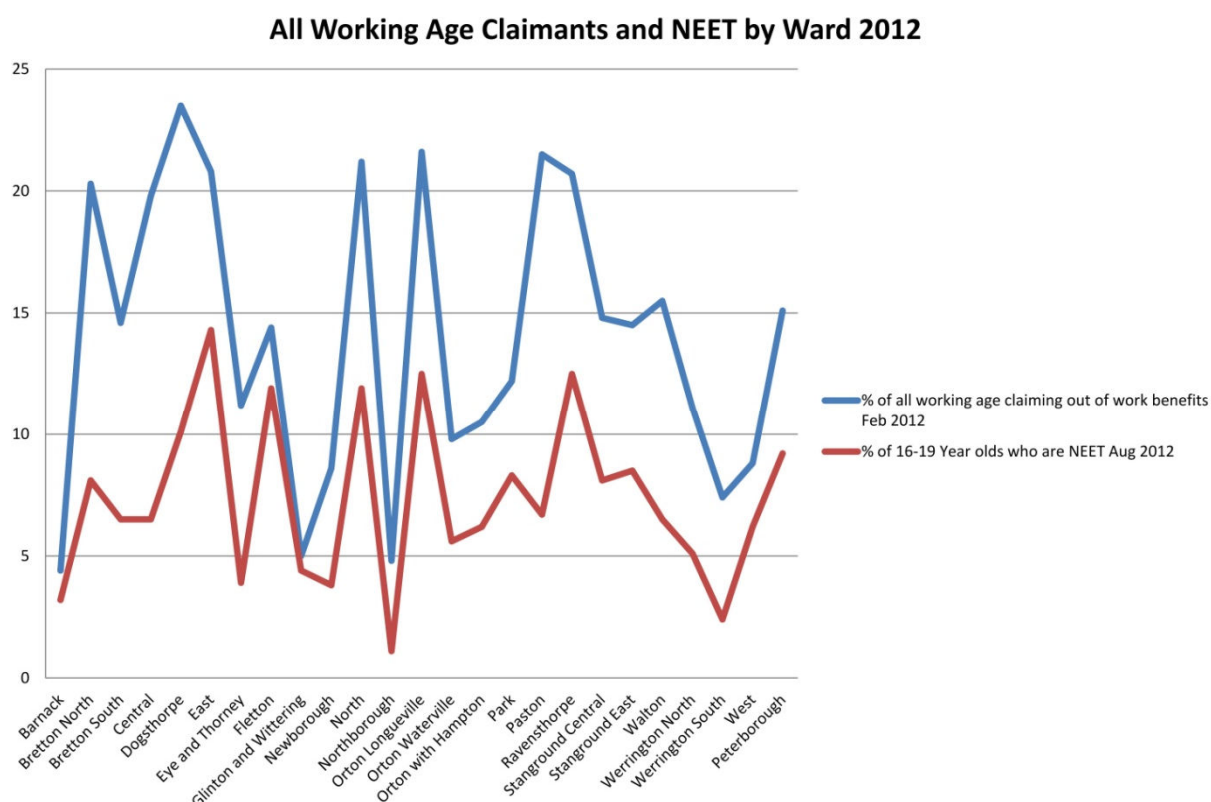
Figures for August 2012 show that 9.2% of 16-18 year olds are NEET; while this is an improvement on the same period last year when 11% of this age group was NEET, it remains higher than in other similar areas.

There is always a spike in NEET figures in August and a rise in the 'Not Known' figures pending the roll over of data at the end of the academic year. The three month rolling NEET average for June to August 2012 was 8.53%, which is again an improvement on the same period in 2011, when the three month average was 10.3%.

The wards where the highest proportions of young people are NEET in August 2012 are East [14.3%], Ravensthorpe and Orton Longueville [both 12.5%], North and Fletton & Woodston [11.9%] and Dogsthorpe [10.1%].

Areas characterised by high levels of young people who are not in employment, education or training are often also those where adult worklessness levels are high. This is often linked to low levels of aspiration as well as a general low level of employment opportunities in the areas concerned.

The following graph compares the percentage of the working age population claiming key out of work benefits with the percentage of young people who are NEET in each ward, showing a close correlation between the two:



Lower than expected levels of school attainment combined with relatively high rates of young people who are Not in Education Employment or Training, higher rates of teenage pregnancy [as explored above] are often all linked to low levels of aspiration by parents for their children.

Supporting such a hypothesis is data relating to adult qualifications in the city and levels of pay for those who are in work.

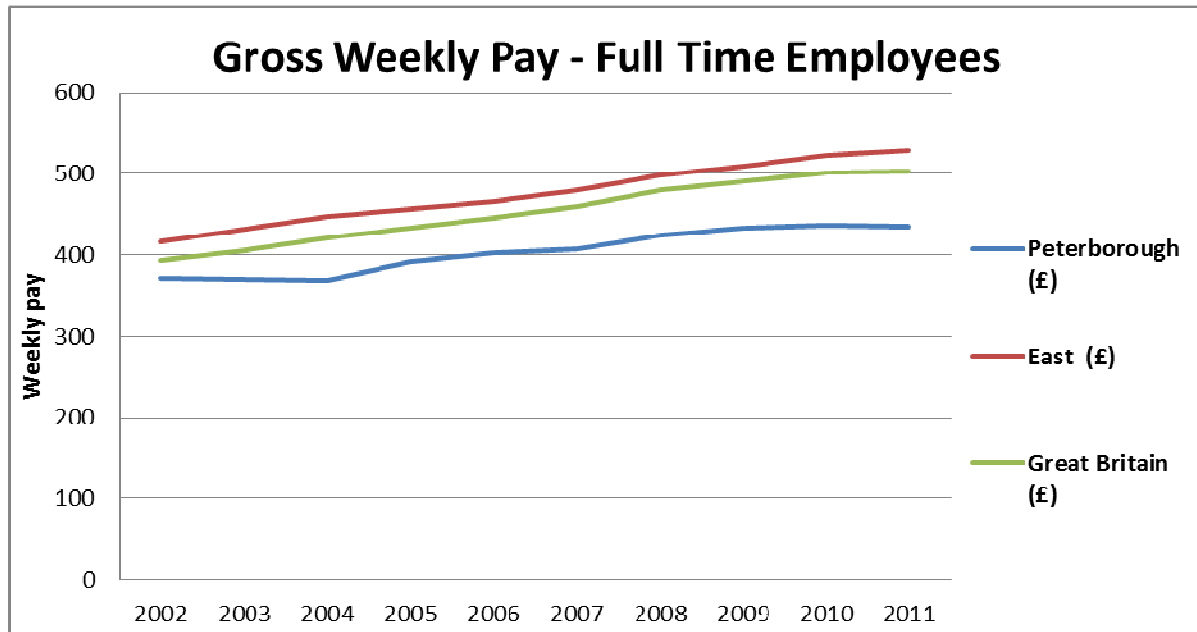
The table below shows the proportion of adults in Peterborough with different levels of qualifications compared with the East of England and UK averages in 2011:

Qualification	Peterborough	East of England	UK
NVQ4 and above	21.1	29.1	32.9
NVQ3 and above	41.7	49.9	52.7
NVQ2 and above	59.8	68.5	69.7

NVQ1 and above	76.5	83.8	82.7
Other qualifications	11.1	6.6	6.7
No qualifications	12.3	9.6	10.6

It is clear that among the adult population, proportions of those with qualifications at NVQ3 and above are significantly lower in Peterborough than the UK or East of England averages.

These lower qualification rates are also reflected in lower average rates of pay for those who are in work:



Young people who have a learning difficulty or disability are significantly more likely to be NEET than other groups. In April 2012, 12% of all young people who have a learning difficulty or disability between the age of 16 and 18 are NEET. As is discussed further below, a very much higher than average number of student with mild to moderate learning difficulties and disabilities are placed in special schools in Peterborough and this may help to explain the higher NEET rate among this group. It may be that pupils with learning difficulties in special schools are less ready to manage day to day living than those who are educated within mainstream schools.

Young people with behavioural emotional and social difficulties face significant barriers in making a positive move at age 16, particularly those who have been excluded from mainstream schools or educated outside the city.

Of those young people supervised by the Youth Offending Service, approximately 50% are NEET. While this is perhaps not surprising, it does emphasise the need to work constructively to reduce the number of first time entrants into the Criminal Justice system, which is also higher in Peterborough than in other similar areas.

Young people who are NEET often have much poorer outcomes than their peers throughout their adult lives.

There are families with multiple needs and children and young people in need of protection:

There are more likely to be higher numbers of families facing multiple difficulties in areas that are characterised by significant levels of deprivation. One of the most common ways of measuring deprivation is by using the Index of Multiple Deprivation. This ranks every Lower Super Output Area in the country according to a number of indicators of deprivation.

All 32,482 Lower Super-Output Areas in England are ranked according to the Index of Multiple Deprivation. Areas that fall in the 30% most deprived are generally acknowledged to be areas where there are considerable difficulties, while those in the 10% most deprived will have some of the most entrenched and intractable problems.

Each of Peterborough's wards are made up of a number of 'Lower Super-Output Areas', which are the smallest statistical unit of population measure available. Typically a single Lower Super-Output Area will have between 300 and 500 children and young people between the ages of 0 and 17, although a few are larger than this.

By using mid-2010 population estimates for each Lower Super-Output Area and the Index of Multiple Deprivation for 2010, it is possible to estimate the numbers of children and young people living in the most and least deprived areas in Peterborough. Using Lower Super-Output Area level rather than ward level data means that pockets of significant deprivation in otherwise relatively affluent areas are not overlooked.

The following table shows the number of children and young people in each locality living in the most and least deprived areas as compared with the rest of the country using mid-2010 estimates:

Locality	Number of 0-19 in most deprived 10%	Number of 0-19 in most deprived 30%	Number of 0-19 in least deprived 30%	Number 0-19 in 10% least deprived
Central & East	2,390	4,020	0	0
North & West	1,390	7,290	4,250	660
South	1,190	4,015	1,260	0
Total:	4,970	15,325	5,510	660

In terms of population, North and west is by far the largest locality, with over 17,000 children and young people aged 0-17 living here. The other two localities are of similar size, with around 10,000 children and young people living in each.

Most of the Lower Super-Output Areas in North and West that are in the most deprived 30% nationally are to be found in Bretton North, Bretton South, Paston and Ravensthorpe – these wards include few areas of relative affluence. Werrington North is interesting in that it includes one area in the 20% most deprived, and one area that is in the 20% least deprived areas nationally. These areas are all in the more urban parts of the North and West locality.

Central and East locality has the most densely populated areas and the highest number by a considerable margin of children and young people who live in the 10% most deprived communities in the country. All of the six Lower Super-Output areas in Central Ward are in the 20% most deprived nationally, and half of these are in the 10% most deprived. There are only six Lower Super-Output Areas in this locality that are not in the 30% most deprived nationally, two of which are in East ward and the remaining four of which are in Park.

South has the fewest numbers of children living in the 30% most deprived areas of the country of the three localities. Six of the eight Lower Super-Output areas that make up Orton Longueville are in the 30% most deprived nationally. The remaining five Lower Super-Output areas in this category are divided between Orton Waterville, which has one area in the 10% most deprived nationally, Stanground Central, Stanground East and Fletton.

Another way of exploring likely levels of need is to use the statistical modelling developed by the Social Exclusion Task Force^{ix} in 2007. The model first identified a number of family risk factors which they showed were linked to poorer outcomes for children and young people across a range of indicators ranging from growing up healthily and feeling safe at home to involvement in offending and progress in school. These risk factors are:

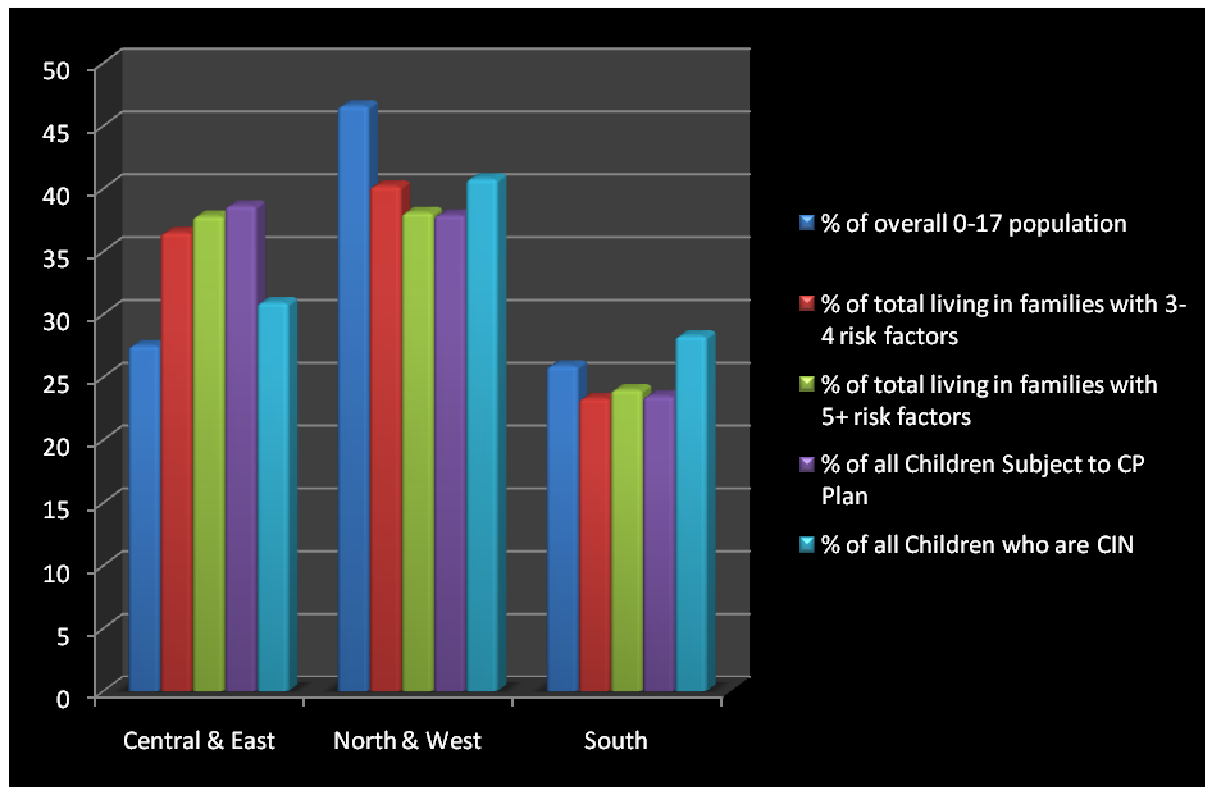
- No parent in the family is in work;
- The family lives in poor quality or overcrowded housing;
- No parent has any qualifications;
- Mother has mental health problems;
- At least one parent has a long-standing limiting illness, disability or infirmity;
- The family has a low income [below 60% of the median], or;
- The family cannot afford a number of food and clothing items.

The task force then mapped the differing rates of incidence of families with these risk factors by the relative deprivation of the local area, recognising that families with multiple difficulties are likely to be present in even the least disadvantaged areas, albeit it at a lower rate of incidence than in areas of higher deprivation.

The tables and charts below show where the highest levels of need are likely to be found in the Peterborough area according to this statistical model. Families where there are 5 or more risk factors are likely to indicate home circumstances where children and young people have reached or are close to reaching thresholds for accessing children's social care services. Those living in families with 3-4 risk factors are vulnerable to sometimes quite small changes in circumstances that can then lead to the development of much more significant difficulties. Full details of the model can be found at Appendix 1.

Statistically, using 2010 mid-population estimates [remembering that the early returns from the 2011 Census indicates that the actual population recorded in Peterborough is more than 10% higher than the 2010 population estimate], some 900 children and young people aged 0-17 can be expected to be living in families with five or more risk factors, and some 4,600 more are living in families with 3-4 risk factors.

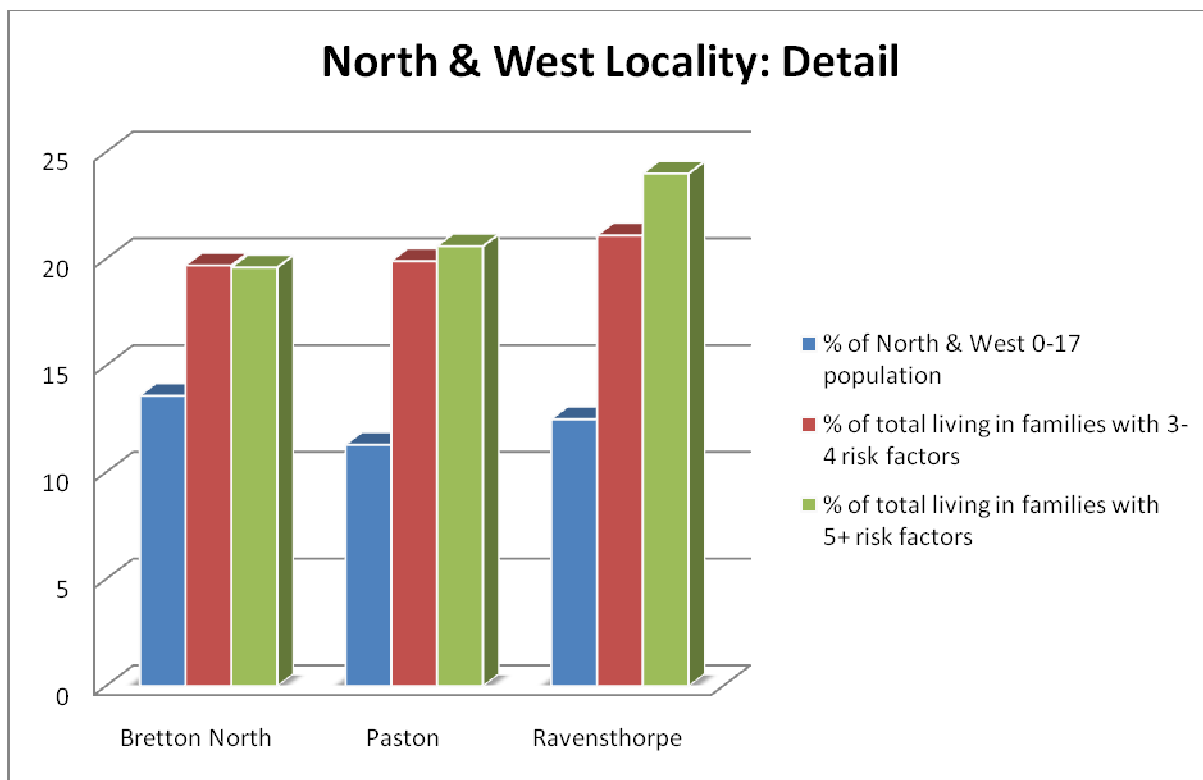
The following chart compares the proportion of children and young people living in families with 3-4 and 5 or more risk factors with proportion of the overall population by locality, comparing this data with the proportions of children and young people who are subject to child protection or child in need plans:



So just under 40% of all the children in Peterborough who live in families where there are five or more risk factors could be expected to live in the North and West locality, according to this statistical model. Of course, this is the largest locality in terms of overall population – about 46% of all children and young people who live in Peterborough live in this locality.

As can also be seen from the above, there is a close correlation between the proportions of children expected to be living in families with 5 or more risk factors and the proportions of all children subject to a child protection plan. However, a lower proportion of all children with child in need plans than might be expected live in Central and East locality. This may be connected with other data that indicates that children from Pakistani communities may be less well reached by children’s social care services than other communities. So while 80% of children and young people subject to a child in need plan are white, only 73% of the school population is white. Conversely, 8% of the children and young people subject to a child in need plan are Asian Pakistani, while 10% of the school population are from this cultural background.

North and West Peterborough is a diverse area that includes some of the most and least disadvantaged areas nationally. The following chart compares the likely needs of the population of just three wards in North and West Peterborough – Bretton North, Paston and Ravensthorpe – with the population of this locality as a whole:



What this chart shows is that statistically it is to be expected that of the children and young people in North and West Peterborough who are living in families where there are five or more risk factors, almost 25% can be expected to be living in Ravensthorpe Ward, 20% in Paston and 19% in Bretton Ward. In other words, despite contributing only 37% of the population of North and West Peterborough between them, over 65% of all children and young people living in the most disadvantaged families in this locality are likely to be living in these three wards.

While there are a number of other ways of assessing relative needs, analysis such as this can help to develop a better understanding of where the highest levels of needs are likely to be found, and so target resources appropriately.

Children in Care and subject to child protection plans

Numbers of children and young people in care in Peterborough have increased recently [and in particular during 2011/12] as is shown in the following table:

	March 2011	March 2011	March 2012	September 2012
Number in Care	299	308	334	329

In analysing the numbers of children and young people in care, it is often helpful to compare the rate of children in care per 10,000 population aged 0-18 with similar areas. The table below shows how Peterborough's rate of children in care per 10,000 has changed over the years to 2011 [the most recent nationally available data] and compares this with our statistical neighbours:

	2007	2008	2009	2010	2011
England	55	54	55	58	59
Bolton	65	68	70	77	83
Sheffield	62	60	56	54	59
Coventry	74	79	76	87	86
Telford and Wrekin	60	61	66	71	71
Walsall	71	74	77	82	85
Peterborough	96	90	80	75	76
Southend-on-Sea	84	80	79	75	76
Portsmouth	68	68	74	76	82
Southampton	70	63	67	86	89
Plymouth	77	74	76	87	76
Statistical Neighbour Average	72.7	71.7	72.1	77.0	78.3

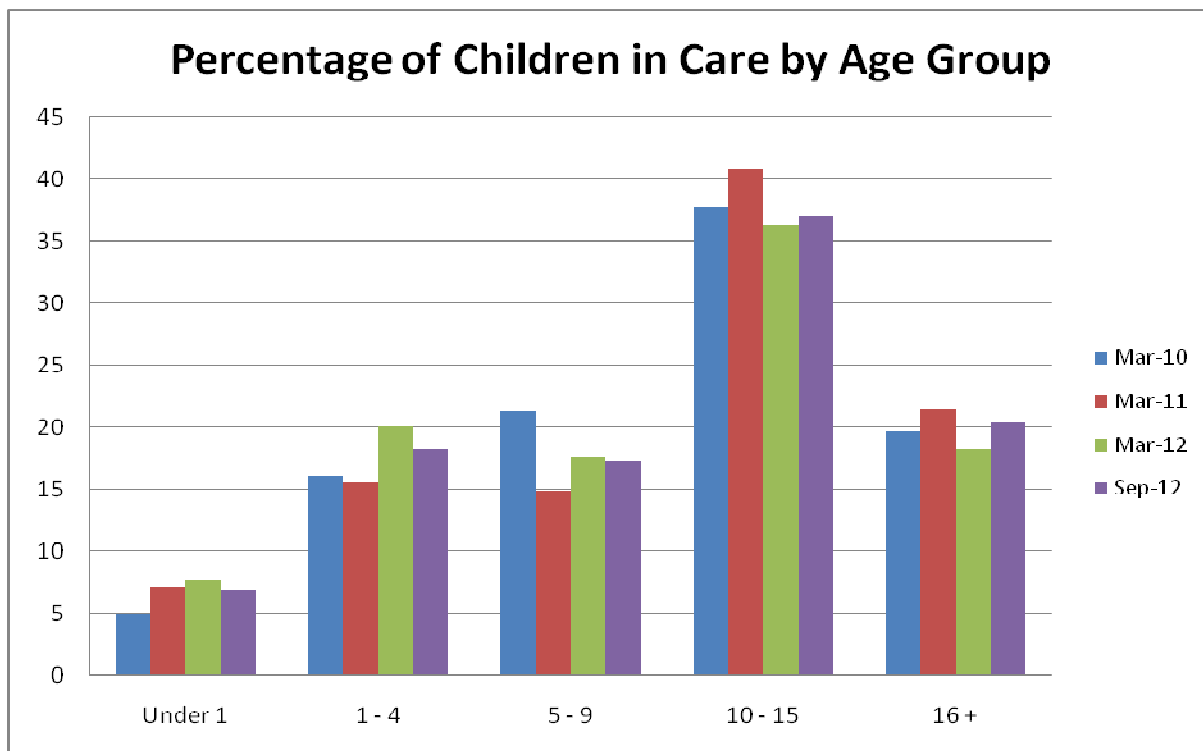
The table indicates that Peterborough's rate of children and young people in care in 2010 and 2011 was not remarkable compared with our statistical neighbours.

The first data from the 2011 Census has recently been released, which shows that Peterborough's 0-18 population has risen very rapidly and much faster than was envisaged following the 2001 Census. In 2001, there were 43,000 children and young people aged 0-18 in Peterborough; this has increased to 48,200 in the 2011 census.

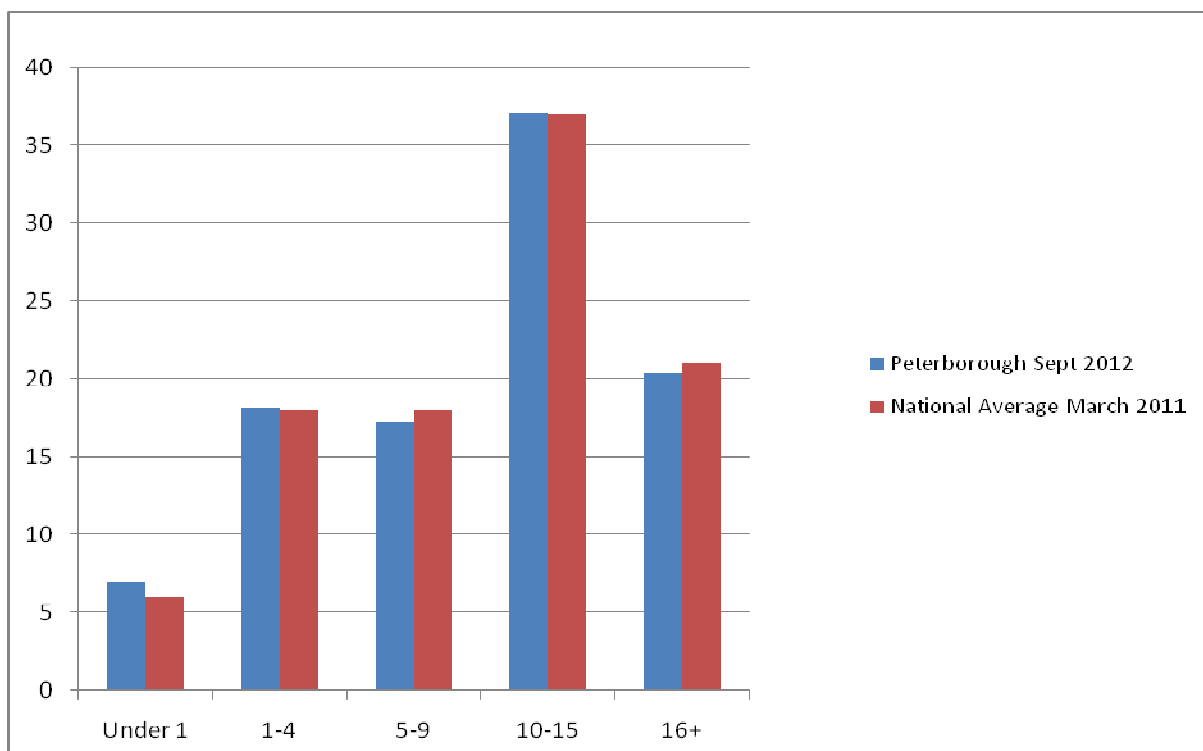
An increasing child population would be expected to lead to an increase in the number of children in care, all other things remaining constant. Looking at the current child in care population and expressing this as a rate per 10,000 using the population estimate from the 2011 census equates to a rate of 68.5 children and young people in care per 10,000 population aged 0-18. While it is not possible to directly compare this rate with previous years in the table above, this rate of children in care would indicate that Peterborough is not looking after more children now than might be expected, given the increase in the overall population.

There are clearly clear cost implications in there being higher numbers of children in care, and given the increasing child population, there are risks that the number of children and young people in care may increase further.

The following chart shows the percentage of the overall number of children and young people in care by age band in Peterborough since March 2009:



The age breakdowns above as at September 2012 are actually very close to the national averages for March 2011 [the most recent statistics available]. The following chart compares the Peterborough position with the national average for 31st March 2011, the most recent data available:



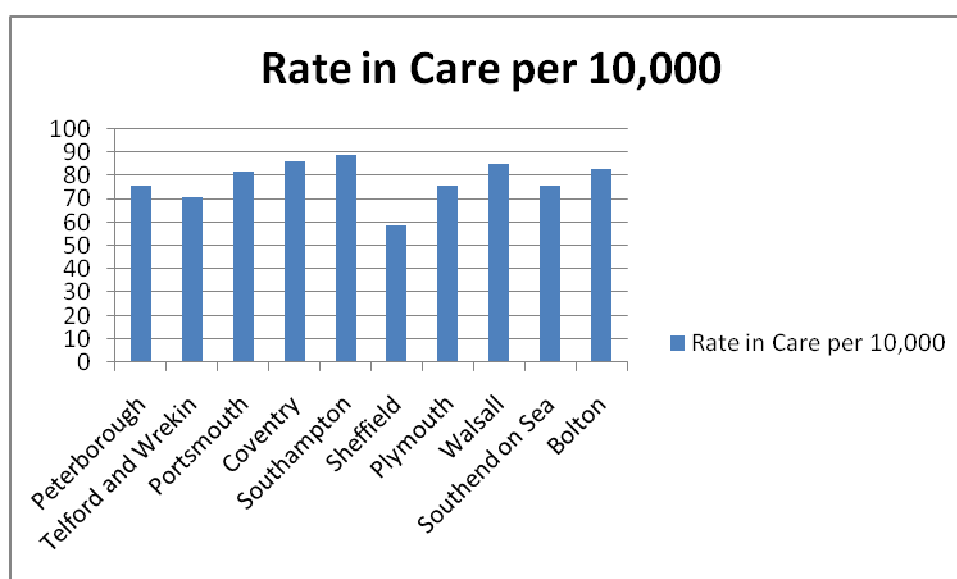
This shows that in terms of the overall age of children and young people in care, Peterborough's care population is close to the national average across the age range. However, the national average hides significant variations and, for example, there are a number of local authorities where the

proportion of the overall population of children in care aged between 10 and 15 is as low as 30% of the total in care population.

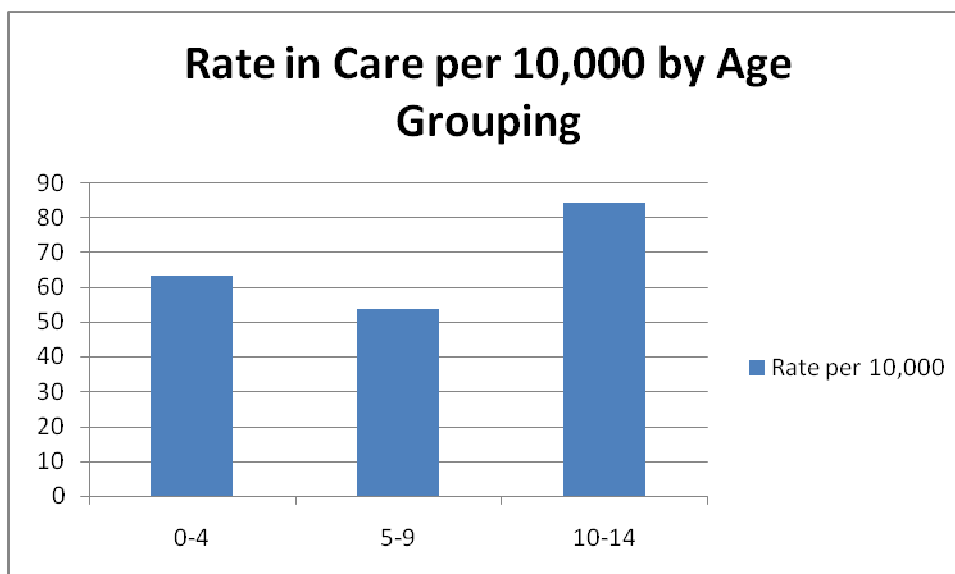
Given that we know that children and young people coming into care at older ages generally do significantly less well in terms of outcomes, we should aspire to reducing the proportion of young people in care to be in line with the best performing local authorities.

Overall, the rate of children and young people in care in Peterborough is approximately 76 per 10,000 population aged between 0-18. This is significantly higher than the national average of 59 per 10,000. However, as noted above, Peterborough is relatively significantly more deprived than the average, and so a higher rate of children and young people in care per 10,000 is not unexpected.

Indeed, compared to our statistical neighbours, the rate for Peterborough is broadly in line, as the following chart shows [using March 2011 data]:



However, we are looking after a much higher rate of population in the older age groups. Using the 2011 Census data and the actual population of children in care as of September 2012, the following chart sets out the rate of children and young people in care per 10,000 of that age group:



Because of the way that population data is grouped by age band, it is not possible to accurately calculate the rate per 10,000 of 15-17 year olds in care. However this is likely to be equal to or higher than the rate for 10-14 year olds at 85 per 10,000 population in this age group.

Too many of our children and young people in care have been in care for too long. We know that the best outcomes for children and young people are achieved when they are supported to remain in the care of their own families, where they are not at risk of or suffering significant harm. Where children and young people do need to come into the care system, outcomes are best if they are supported into permanent alternative arrangements, preferably through adoption. This is why it is important to identify children at risk in their families of origin while they are as young as possible, when successful adoption is most likely to take place.

The following table shows the length of time spent in care by children and young people as of June 2012, broken down by age:

Time in care	Age					TOTAL
	under 1	1-4	5-9	10-15	16+	
0-6 months	17	14	13	13	8	65
7-12 months	9	12	7	18	4	50
1-2 years		39	16	16	11	82
3-5 years		2	21	28	10	61
6-9 years			2	31	15	48
10+ years				15	13	28
TOTAL	26	67	59	121	61	334

The table indicates that we need to improve our performance in relation to securing permanency in particular within the 1-4 age group, where 39 children have been in care for between one and two years. Where children of this age have been in care for this length of time, the likelihood of them being able to return home is low, while the longer they remain in care as opposed to being adopted or made the subject of a Special Guardianship or Residence Order increases the likelihood that they will remain in long-term care.

Numbers of children and young people subject to a Child Protection Plan in Peterborough as broken down by age is shown in the following table:

Age	Mar-10	Mar-11	Mar-12	Jun-12
Under 1	11	11	15	12
1 - 4	44	54	64	41
5 - 9	29	42	56	46
10 - 15	34	29	44	39
16 +	0	3	6	3
Total	118	139	185	141

As can be seen from the table above, there was a significant increase in the number of children and young people subject to a child protection plan in Peterborough between March 2011 and March 2012, but since then this number has declined rapidly again.

This recent decline is currently the subject of further analysis as there are indications that some children and young people are coming off child protection plans very quickly, which prompts the question of whether significant changes have really taken place in short timeframes to enable agencies to be confident that risk factors have been sufficiently and sustainably addressed within families.

The following table compares the proportion of all children subject to a plan broken down by age in Peterborough between 2010 and 2012 with the national average as of March 2011:

Age	Peterborough				National Average 2011
	March 2010	March 2011	March 2012	June 2012	
Under 1	9.3%	7.9%	8.1%	8.5%	11.0%
1-4	37.3%	38.8%	34.6%	29.1%	32.0%
5-9	24.6%	30.2%	30.3%	32.6%	28.5%
10-15	28.8%	20.9%	23.8%	27.7%	26.0%
16+	0%	2.2%	3.2%	2.1%	2.4%

The percentage of all children subject to a child protection plan who were aged under 1 and between 1-4 in Peterborough in June 2012 is significantly lower than the national average as of March 2011 [the most recent comparator data available]. This may indicate that young children in Peterborough who are at risk of significant harm may not be being identified as quickly as might be expected.

Compared with the national picture, a higher proportion of children subject to child protection plans are aged 5-9 than the national average in Peterborough. The trend since 2010 in Peterborough has been for the proportion of younger children subject to plans to fall, and those aged 5-9 and 10-15 to increase.

Taken together, these trends indicate that we are likely to need to be doing more to identify younger children who are in need of protection from significant harm through child protection plans. Such early identification means that problems are more likely to be addressed before they become

entrenched, and those children for whom remaining within their immediate families is not in their best interests can be identified as early in their lives as possible, increasing the likelihood of them being able to experience permanency through adoption, special guardianship or residence orders.

Other specific safeguarding issues identified:

- **Domestic Abuse:** Practitioners working with children, young people and their families have consistently highlighted high rates of domestic abuse within families, often featuring alcohol and/or substance abuse as a contributing factor. In many cases, such domestic abuse is often connected with very high levels of neglect of children and young people. Domestic abuse has a significant impact on children's emotional development, and the high levels of domestic abuse in Peterborough are cited by many as contributing to high rates of emotional and mental health difficulties among children and young people;
- **Young people at risk of sexual exploitation:** Practitioners have also highlighted the number of girls and young women at risk of sexual exploitation by relatively organised groups of adult males in Peterborough.

OFSTED Inspection of Safeguarding Arrangements 2011:

The Inspection in 2011 found Safeguarding in Peterborough to be inadequate. Along with a number of weaknesses being identified in the way that services were organised, managed and supported, OFSTED reported a lack of preventative and early intervention services across the partnership, and a lack of a consistent understanding of the thresholds for eligibility for specialist social work services. OFSTED also found that there was a limited implementation of the Common Assessment Framework [CAF] and the Team Around the Child approach [TAC] for children and young people with significant needs, but who did not meet eligibility for specialist social work services.

There are increasing numbers of children with special educational needs and who have disabilities:

Compared with England and statistical neighbour averages, Peterborough has a very high proportion of pupils having statements of Special Educational Needs. The national average is 2.8% but 3.9% of pupils in Peterborough have a statement. This is higher than all of our statistical neighbours.

The number of pupils with statements is significant because the statementing process itself is costly and bureaucratic, diverting funding away from use for the benefit of all pupils, including those with additional learning needs.

There is also a high proportion of pupils who have mild or moderate learning needs who are placed in special schools in Peterborough. While only 18.6% of pupils with these categories of need as assessed through the statementing process are placed in special schools nationally, in Peterborough the figure is 48%. Pupils placed in special schools are less likely to have opportunities to be prepared for integrating into the wider world in relation to socialisation when they reach adulthood than those who learn in mainstream settings.

There are also relatively high numbers of pupils who are placed in independent schools outside the city. Peterborough spends £3.3M per annum on these independent school places for pupils with Special Educational Needs.

This is significant as the cost of these places relative to a school place in a mainstream school is high – 38 week boarding provision for pupils with Behaviour, Emotional and Social Difficulties is typically at least £60,000 per annum, and the costs for specialist placements for pupils with severe autistic spectrum disorders accompanied by challenging behaviour can be more than £200,000 per annum.

While there will always be a number of pupils with additional needs of such complexity that they will require specialist provision, Peterborough has the third highest rate of pupils in these types of placements compared with our statistical neighbours at 5.6% of all pupils.

In addition to higher costs, outcomes are often poorer for pupils in independent provision, and monitoring of the progress that they are making is often less rigorous.

Peterborough has relatively high proportions of pupils with statements identifying Behavioural, Social and Emotional Difficulties. This may be linked to a lack of behavioural support services supporting children, young people and their families at home and at school, with the result that they are wrongly assessed as need of statements under this category.

The BESD category is in any event one that was severely criticised in the consultation for the SEND Green Paper, with the majority of respondents identifying this it as too broad and ‘catch all’. There was also criticism that there was too much emphasis on behaviour, which was likely to be masking other deeper emotional and social difficulties often arising from home circumstances. According to the 2012 January schools census, 165 children and young people had statements relating to behavioural issues, and a further 600 were categorised as School Action Plus because of behavioural issues.

It is also the case that statements are perceived as a means of guaranteeing access to services such as speech and language therapy and physiotherapy.

Children and young people who have Disabilities:

It is difficult to be certain about the number of children and young people who have disabilities in any single area. Local authorities maintain registers of children and young people who have disabilities, but there is no requirement for a child with a disability to be registered and many are not.

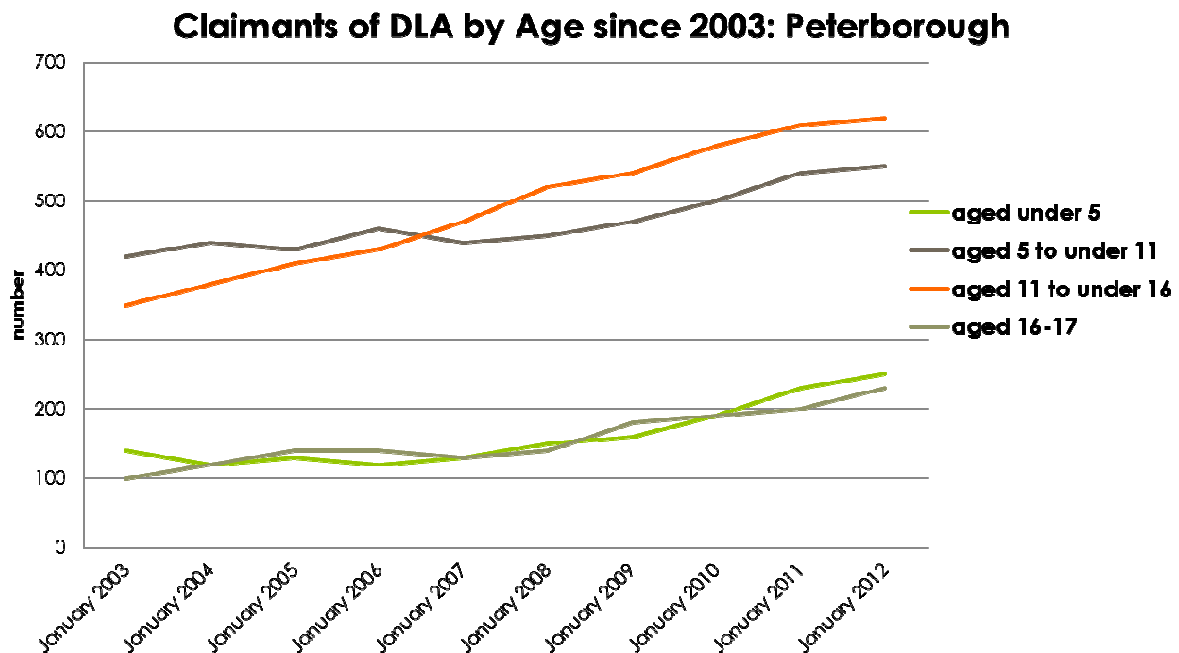
There are however, a number of indicators that suggest that the numbers of children and young people in Peterborough who have disabilities is likely to be increasing. First, there is the much improved survival rates of children born with complex disabilities as a result of significant advances in medical knowledge and practices. Second, the child population of Peterborough has increased and is projected to continue to do so. This in itself would imply an increasing number of children and young people who have disabilities.

There are a number of statistical models that estimate the proportion of the child population who are likely to have disabilities. For example, the Family Resources Survey [2011] estimates that 6% of all children and young people are likely to have a disability. This would imply that some 2,600 children and young people living in Peterborough have a disability.

Children and young people with disabilities are obviously not a homogenous group and the term includes a wide spectrum of differing needs and abilities. Taking Autistic Spectrum Disorder as an

example, the Special Needs and Autism Project estimated that approximately 1% of children and young people between the ages of 5 and 16 have Autistic Spectrum Disorder – which would imply approximately 250 children and young people in Peterborough.

Another way of gaining an indication of the numbers of children and young people in Peterborough who have disabilities is to look at the numbers claiming Disability Living Allowance. This is summarised in the following chart:



This confirms that numbers have been increasing steadily since 2003 and indicates that proportionately the biggest increases have been in the 0-5 age group, particularly over since around January 2008. This indicates that there is likely to be an increasing need for support services as these children become older.

Reviewing the Needs Assessment

The needs assessment will be reviewed annually. This will help us to understand whether or not the priority actions that we intend to take as identified in the next section are delivering impact.



Part 3:

Priority Outcome Areas and Actions

Priority Outcome Areas and Actions

As described in the needs analysis above, priority early intervention and prevention outcome areas for children, young people and their families in Peterborough are:

- Safeguarding;
- High need families;
- Early years – particularly as these relate to communication, positive attachments and social relationships, healthy lifestyles and being ready to learn and achieve;
- Children and young people with Special Educational Needs, particularly those with a diagnosis of Autistic Spectrum Disorder and who have Behavioural, Emotional and Social Difficulties;
- Young people who are not in education, employment or training [NEET] and especially those who have a learning difficulty or disability;
- Vulnerable adolescents;
- Emotional health and wellbeing, and;
- Children and young people who have disabilities and their families.

Clearly none of these priorities can be seen in isolation as many children, young people and their families will have a range of needs that span a number of these priority areas.

Success in all of the above areas means that we must also ensure that we have sufficient services to meet the growing population and the increasing diversity of the community in Peterborough.

Safeguarding

OUTCOME:

We want all children and young people to be nurtured and protected in their families and to be safe at school and in their communities

Safeguarding children and young people is key to all that we do. Key to success is ensuring that:

- All agencies work together with families and communities to keep children safe;
- All children and young people in need of safeguarding and protection receive appropriate services as and when they need them, and;
- Children and young people are appropriately referred to specialist children's services when required.

Measuring our Performance

Key Performance Indicators include:

- Referral rate to children's social care services; (Comparative Data (CD))
- Rates of re-referrals to children's social care services within 12 months of original referral; (CD)
- Rates of children made subject to a child protection plan within 12 months of a previous plan ending; (CD)
- % of cases referred that proceed to an initial assessment;
- % of children subject to a CP Plan directly related to the impact of Domestic Violence
- Age profile of children and young people in Peterborough who are subject to a child protection plan compared with national average and high performing partnerships.
- Numbers of children stepped down from children's social care services who are later re-referred to children's social care.

Softer outcome measures include:

- Adopting the 'Outcomes Star' for all services coordinated through the Team Around the Child approach;
- Feedback from children, young people and families about the impact of services;
-

Addressing needs and issues in Peterborough:

The Peterborough Safeguarding Children Board has a key role to play in ensuring that all children are safeguarded. The Board has been restructured following an independent review and now has a strong and streamlined executive and sub groups that are focussed on the strategic priorities.

Peterborough has higher rates of referrals to children's social care than comparator authorities. This raises a number of questions about the early identification of safeguarding issues and the effectiveness of services in meeting lower levels of need and preventing difficulties escalating. Central to our strategies for addressing these issues is the re-launched Common Assessment Form and the new Multi-Agency Support Groups both of which are intended to support and strengthen the Team Around the Child Approach and ensure that families with complex needs access services that deliver improved outcomes. Further details can be found in the 'Accessing Services' Section below.

There are two further panels that have now been established in Peterborough that are able to maintain oversight of and allocate resources to families, children and young people who have complex needs including those who are in care or on the edge of care and those who are placed in independent schools because of their Special Educational Needs, or are at significant risk of no longer being educated within Peterborough schools.

These panels are the Peterborough Access to Support Panel [PASP] and The Peterborough Joint Agency Support Panel [JASP]. The PASP meets every week except for the last week of the month when it is replaced by the JASP. The JASP health professionals and a link to adult services in addition to the education and social care professionals who sit on the PASP. These panels provide:

- Management oversight of education, health and social care service planning at levels 3 and 4;
- Agreement to or alternatives to Looked After Children placements, Independent Schools, care proceedings, out of city placements, high-level family support;
- Additional/alternative education and specialist therapeutic provision;
- Specialist assessments [courts, risk assessments complex health assessments etc].

We have commissioned a range of providers to work with children, young people and families who have been assessed by children's social care services to be on 'the edge of care'. The providers are able to offer a 24/7 service and work intensively with families where there are significant concerns around safeguarding; this has enabled families to benefit from the support provided and reduced concerns in many cases, but also enabled quicker decisions to be made where children continue to be at high risk of significant harm.

The impact of domestic abuse on children and young people has been identified as an area of need. The Peterborough Safety Partnership is leading on the development of a Domestic Abuse Strategy, which will lead to improved joint working arrangements and commissioning of interventions. See also 'High Need Families' below.

Assessing the risk of adults and children who sexually harm others and providing appropriate interventions has been identified as a skills gap and an area for specialist commissioning, as has the provision of direct work for children and young people who have been sexually abused.

Priorities for Action

- To further develop and improve the CAF and TAC approach.
- Commissioning a range of family support services across the continuum of need that will prevent needs escalating;
- To support the implementation of the Multi-Agency Support Groups [MASGs] in the three localities and monitor the outcomes achieved, identifying gaps in services and working together to address these;
- Commissioning a range of services to work with children and young people and parents who exhibit sexually harmful behaviour and to support those who have been sexually abused;
- To analyse re-referrals to children's social care to better understand where and how we need to intervene earlier.
- Implementation of the Domestic Abuse Strategy.

Reporting back on progress in relation to the above will be the responsibility of the Head of Commissioning [Specialist Services].

High-need families

OUTCOME:

We want all children and young people to be supported by their families to achieve their full potential.

Key to success is ensuring that:

- All children and young people are supported by and have positive relationships with their parents and family;
- Parents and carers are able to provide good parenting;
- Parental substance and alcohol misuse is addressed effectively;
- Co-ordinated support for families in greatest need is provided at the earliest point in order to prevent crisis situations.

Measuring our Performance

Key Performance Indicators include:

- Foundation stage performance profile;
- Primary and secondary school attendance including rates of persistent absence;
- Attainment at KS2 & KS4;
- Obesity rates at age 11;
- Rates of first time entrants to criminal justice system.
- % of worklessness in families
- Levels of anti-social behaviour
- Overcrowded housing/ Poor quality housing

Softer outcome measures include:

- Adopting the 'Outcomes Star' for all services coordinated through the Team Around the Child approach;
- Feedback from children, young people and families about the impact of services;
- Feedback from partner agencies on effectiveness of interventions through TAC and MASG.

Addressing needs and issues in Peterborough

High need families are those who are more likely to experience multiple difficulties and thus require more targeted/ specialist support. Identifying these issues early and providing co-ordinated support at an early stage helps ensure that children's problems do not escalate.

Analysis of referrals and re-referrals to children's social care in Peterborough indicates that these families are more likely to be those who experience:

- poverty;
- domestic abuse;
- housing difficulties including homelessness;
- parental disability, illness or mental health problems; and

- parental substance and alcohol misuse.

We know that those families with the greatest needs are likely to have a complexity of difficulties and that there are frequently a number of services involved with the family. The cost of these services can often be high and crucial to success is good planning and coordination to address the needs of the whole family.

Connecting Families/Troubled Families:

Connecting Families Project – the local partnership term for the Government’s ‘Troubled Families’ initiative.

Our approach to ensuring that changes that take place through the Connecting Families funding is to develop a virtual multi-agency team through a secondment model. This team will come together regularly to monitor progress in relation to individual families, while ensuring that the types of culture changes that are needed to support families with multiple difficulties are cemented within those agencies that work with them.

These cultural changes are in line with the aspirations of this strategy, including as they do issues such as work-force reform and community and family empowerment models that are focussed on building capacity within families and communities to address difficulties effectively, and so needing reduced input from external agencies.

Poverty

Poverty is a key factor in identifying high need families. It is therefore essential that the areas in Peterborough with the highest levels of poverty receive targeted services.

Peterborough has a separate family poverty reduction strategy that details the wider services that will impact on reducing child poverty, e.g. worklessness, low income and poor housing. The strategy has a detailed action plan that is monitored on a regular basis.

Direct Work

The voluntary sector and schools provide a range of individual and family services e.g. Drinksense and NSPCC; we need to ensure that we have the right range of services in place to meet the continuum of need.

Parenting

Parents clearly play the most important part in their children’s development. Peterborough has developed 13 children’s centres in the City; the majority of these being managed by two large voluntary sector organisations, Spurgeons and Banardos. Children’s Centres provide an integrated early years and family support service with partners in health, job-centre plus, early years, adult and family education. Together with a number of schools they also offer parenting courses such as Webster Stratton, and English language courses.

Domestic Abuse

A high proportion of children's social care referrals are as a result of concerns about domestic violence where children are living in the household. As part of the Peterborough Safety Partnership, a domestic abuse strategy is being developed.

Priorities for Action

- Ensuring that the Poverty and Domestic Abuse strategies are delivered;
- Implementing the Connecting Families Project
- Children's Centres and Health, schools and voluntary sector partners to develop a range of services focussed on supporting parents:
 - communication and behaviour management;
 - positive attachments and social relationships ;
 - healthy lifestyles including addressing childhood obesity;
 - Impact of parental lifestyles on children's emotional health and well being e.g. substance and alcohol misuse, domestic violence;
 - Impact of Parental conditions such as disability and mental health on children's development and wellbeing.

Reporting back on progress in relation to the above will be the responsibility of the Parenting Delivery Group.

Early years

OUTCOME:

We want children to be born healthy and to receive the best start in life during their early years.

Key to success is ensuring that:

- there are clear pathways and access to universal services;
- new parents receive the information, help and support they need to make informed decisions;
- children entering school are ready to learn and have sufficiently developed social and emotional skills for their age group; and
- families most in need of support receive early help.

Measuring our Performance

Key Performance Indicators include:

- Smoking rates in pregnancy;
- Rate of low birth-weight babies;
- Teenage pregnancy rates;
- Breast-feeding continuation rates;
- Foundation stage profile;
- Number of available childcare places and

Softer outcome measures include:

- Adopting the 'Outcomes Star' for all services coordinated through the Team Around the Child approach;
- Feedback from children, young people and families about the impact of services;
- Schools report reduced proportions of

<ul style="list-style-type: none"> • take up (childcare sufficiency strategy); • Quality of child care settings as assessed by OFSTED; • Children’s Centre Outcomes [as defined by OFSTED]. • Identification and support to peri-natal mothers 	<p>children entering reception year who perform well below expected levels.</p>
--	---

Addressing needs and issues in Peterborough

A Family Nurse Partnership programme commenced in April in order to support vulnerable young first time parents and improve outcomes for their children during early years.

Peterborough City Council has participated in the 2 year old funding scheme city wide since January 2007. The aim of the funding is to improve educational and social achievements of disadvantaged 2 year old children working towards narrowing the gap and is targeted at the most disadvantaged children who meet eligibility criteria. After many changes to the scheme over the years the current government intend to legislate the funding in 2013-2014 and increase the offer to the 20% most disadvantaged 2 year olds in the UK in September 2013 and further increase the offer to the 40% of disadvantaged 2 year olds by September 2014. This will provide many challenges for local authorities and the childcare sector as a whole. Peterborough City Council is one of ten successful authorities in the UK to bid for an additional £253,000 of funding in 2012 to trial the scheme in a different way. This will focus on the Voyager area of the city (consisting of Bretton North, Paston and Walton wards) which is expected to face great challenges and pressures for places for 2 year olds when the expansion of the offer is delivered in 2013. Fifty eight new places will be created.

The new DFE 2012 statutory guidance for Children’s Centres requires them to improve outcomes for young children and their families, with a focus on families in greatest need of support in order to reduce inequalities in:

- Child development and school readiness;
- Parenting aspirations, self esteem and parenting skills and;
- Child and family health and life chances.

We know that there are particular difficulties for some children as they enter the school foundation stage in the extent to which children are ready to learn reading and writing, and our Early Years Services and Children’s Centres will pay particular attention to the need to address these difficulties..

Priorities for Action

- To ensure effective roll out and delivery of outcomes from the Family Nurse Partnership;
- To Implement the Healthy Child Programme
- To develop and deliver the connecting mums(peri-natal) project
- To ensure that those families who are most in need benefit from the two year old funding scheme and to ensure we have enough places;
- To support preschool and day nursery provision to improve access and the quality of provision and specifically ensure that children attending are prepared for school;

- To monitor children’s centre outcomes.

Reporting back on progress in relation to the above will be the responsibility of the Parenting Delivery Group.

Children and young people with Special Educational Needs

OUTCOME:

We want as many children and young people to be educated within Peterborough schools as possible, accessing any additional support when they need it without going through the statement process unless absolutely necessary.

Key to success is ensuring that:

- Schools and parents know how to access additional support and this support is provided without delay;
- Enhanced provision units attached to schools are effective in meeting needs and support other schools through outreach work;
- Pupils are able to successfully reintegrate into schools from the Pupil Referral Unit.

Measuring our Performance

Key Performance Indicators include:

- Rates of children and young people who have a statement of SEN compared to statistical neighbours and particularly:
 - Rates of pupils with BESD statements
 - Rates of pupils with ASD statements
- Reduced rate of pupils [i.e. pupils per 10,000] placed in independent special schools.

Softer outcome measures include:

- Adopting the ‘Outcomes Star’ for all services coordinated through the Team Around the Child approach;
- Feedback from children, young people and families about the impact of services;
- Proportion of pupils successfully supported through the MASG who do not go on to be assessed for a statement.

Addressing needs and issues in Peterborough

The MASGs are now established and it will be an expectation that all children and young people who are being considered as being in need of a statement of Special Educational Needs will first have been presented to the local MASG prior to being considered by the SEN panel. This is to ensure that the needs of the child or young person are considered in a holistic way and, for example, any issues within the family home that are impacting on behaviour in school are addressed.

There are a number of enhanced provisions attached to a number of schools within Peterborough. These include provisions that meet the needs of pupils with special educational needs, including those with hearing impairments or who have autistic spectrum disorders. We need to work with schools through the SEN service to ensure that these enhanced provisions are working with the most appropriate pupils and that they develop outreach services to support other schools to meet pupil need wherever possible.

In common with many areas, there are often difficulties re-integrating pupils who have attended the Pupil Referral Unit for support back into mainstream schools. This leads to the PRU becoming 'blocked' with pupils – often those who have behavioural, emotional and social difficulties – with the knock on effect that other pupils are unable to benefit from PRU support.

A new Free School focusing on meeting the needs of pupils with Autistic Spectrum Disorder is to open shortly. This will provide significant additional capacity to meet the needs of children and young people within Peterborough and reduce numbers who are educated outside the city.

The Peterborough Access to Support Panel [PASP] hears all cases where pupils are at risk of moving to independent special schools. This ensures that the right support is put in place to support pupils at home and at school, addressing the root causes of difficulties in a holistic way and so helping to prevent the need for children and young people to be educated in independent special schools unless there are no other options.

Priorities for Action

- Using the CAF, TAC and MASG processes to ensure that additional needs are identified early and appropriate packages of support are provided;
- Developing approaches that reduce the need for statutory assessment;
- Working with schools to review the operation of the enhanced provision units.
- Develop appropriate services to support children and young people exhibiting behaviour difficulties

Reporting back on progress in relation to the above will be the responsibility of the Education/SEN Strategy Group.

Young People who are Not in Education, Employment or Training [NEET]

OUTCOME:

We want to ensure that all young people can access the benefits of continuing education, training and employment, including those with a learning difficulty or disability and those who have behavioural problems

Key to success is ensuring that:

- Parents have high levels of aspirations for their children throughout their childhoods;
- There is a sufficient range of training and apprenticeships to meet the needs of pupils with different abilities, skills and interests;
- FE providers work with schools and other partners to develop effective alternative provision for those who cannot access the main stream curriculum;
- Targeted work experience placements are available to support vulnerable young people to develop employability skills ;
- Children and young people with learning difficulties and disabilities have the opportunity to progress to supported work with training opportunities.

Measuring our Performance

Key Performance Indicators include:

- Increase attainment levels at KS2, KS4 and at 19 years;
- Reduce the attainment gap between pupils who have English as an Additional Language and their peers;
- Increase the proportion of young people with mild and moderate learning difficulties educated in mainstream provision;
- Reduce persistent absence in primary and secondary phases;
- Reduce numbers of 16-19 year olds who are NEET;
- Increase the level of participation in learning or work with training to meet the 100% expectation by 2015;
- Increase range of employment opportunities within Peterborough including the numbers of high skill opportunities.

Softer outcome measures include:

- Ensure skills training corresponds to the economic development aspirations of the city thus ensuring young people and adults progress into work;
- Reducing the numbers of workless households in Peterborough;
- Increase the number of adults accessing English Language courses;
- Develop evidence based interventions through the adoption of the Outcomes Star distance travelled tool.

Addressing needs and issues in Peterborough

Reducing the number of young people who are NEET and securing 100% participation in education or work with training in line with 2015 expectations requires action at a number of levels.

Peterborough has a strong record in identifying young people who are at risk of NEET and this should continue. However, young people who are NEET have often had difficulties for a number of years previously and typically have lower attainment levels and/or are more likely to not have made the expected level of progress than their peers.

Reducing levels of NEET means working proactively across the partnership to remove the barriers faced by many young people [and particularly those with learning and/or behavioural and social needs] to access further training and apprenticeships. Success in this area will be assisted through working with the economic partnership to enhance employment and training programmes available, targeting these as appropriate.

Many Colleges have established an evidence base, endorsed by other national findings [e.g. Drivers and Barriers to Educational Success, DCSF, April 2009] which pinpoint the key determinants of disaffection: home lives; school environments; and deprived neighbourhoods. For instance analysis of NEET learner profiles shows that they:

- Are more likely to grow up in a lone parent household;
- Go to schools of lower quality;
- Are less likely to enjoy school;
- Have less positive relations with their teachers;
- Have lower aspirations for their future [often linked to lower parent aspirations];
- Are more likely to experience bullying at school;
- Do not feel that their future economic destiny is within their own locus of control;
- Have access to fewer educational resources such as private tuition, computer or internet access.^x

Most research identifies parental aspirations and the degree of support offered to children by their families to achieve well in school to be the single most important predictor of educational attainment. Low parental aspiration for their children's education has a whole range of impacts, including on school attendance and choice of school. In Peterborough, where attainment of pupils varies significantly between schools, parents with high aspirations for their children will typically work hard to ensure that they obtain places in the best performing schools.

The attainment gap between pupils with English as an Additional Language and their peers is also particularly stark in Peterborough.

A further challenge follows for the Raising of the Participation Age. From 2013, young people will need to remain in education employment or training until the end of the academic year within which they become 17; this then raises again to 18 from 2015.

Raising the participation age (RPA) does not mean young people must stay in school; they will be able to choose one of the following options post-16:

- Full-time education, such as school, college or home education;
- an apprenticeship;
- Part-time education or training if they are employed, self-employed or volunteering full-time [which is defined as 20 hours or more a week].

Raising the Participation Age will have its' primary impact on young people who are not seeking to remain in academic education.

Priorities for Action

- Ensuring that the outcomes identified within the NEET/RPA strategy are delivered;
- Reduce levels of persistent absence by targeting early indications of attendance issues;
- Increasing the range of opportunities for young people to engage in volunteering opportunities and targeted work experience;
- Establishing and delivering what works in terms of supporting pupils with English as an Additional Language [the progress of this group of pupils varies across schools];
- Identifying which groups of pupils with English as an Additional Language are most at risk of not achieving the progress expected of them and targeting support;
- Ensuring that all young people of year 10 and 11 age who are newly arrived to this country have access to a school place or alternative provision;
- Working with children's centres to ensure that adults access English Language courses;
- Working with FE providers to secure sufficient flexible provision for young people at risk of NEET thus allowing them to access programmes at any point in the academic year;
- Establishing increased opportunities for training and apprenticeships for young people with a variety of additional needs;
- Reviewing provision for pupils with mild and moderate learning difficulties and disabilities.

Reporting back on progress in relation to the above will be the responsibility of the NEET/RPA Delivery Group.

Supporting Vulnerable Young People

OUTCOME:	
<i>We want to ensure that action is taken to support young people who are engaging in risk taking behaviours, who are vulnerable to sexual exploitation or involvement in offending.</i>	
Key to success is ensuring that:	
<ul style="list-style-type: none"> • Young people have access to information that helps them to make informed choices about their behaviour; • Knowledge about risks to specific groups of young people of sexual exploitation is shared across the partnership and coordinated action is taken; • Young people at risk of involvement in offending are identified and coordinated action is taken. 	
Measuring our Performance	
Key Performance Indicators include:	Softer outcome measures include:
<ul style="list-style-type: none"> • Reduce numbers of young people known to misuse alcohol and/or drugs; 	<ul style="list-style-type: none"> • Services and practitioners perceive fewer young people to be at risk of sexual

- Reduce teenage conceptions;
- Reduce numbers of first time entrants into the criminal justice system;
- Reduce numbers of young people who are persistently absent from school.
- Reduction in STIs
- Reduction in anti-social behaviour
- exploitation;
- Use of 'Risky Behaviours' Outcomes Star to assess effectiveness of support in changing risky behaviours.

Addressing needs and issues in Peterborough

Overall indications of the numbers of young people in Peterborough known to be misusing alcohol and/or drugs are not high compared to the England or statistical neighbour averages. However, there are indications that some communities are more at risk of such behaviours than others, and there is a view that much alcohol and drug misuse is hidden, leading to apparently lower incidence than the reality. The Taking Teenage Peterborough's Pulse survey, which was led by the Peterborough Youth Council in 2010 found 71% of those 13-19 year olds surveyed had engaged in at least one episode of binge drinking in the previous month.

While most recent figures suggest a decline in teenage conceptions in Peterborough, the long term pattern remains that rates of teenage conceptions and births to teenage mothers are higher in Peterborough than elsewhere. The higher than averages rates of sexually transmitted infections among young people in Peterborough may also be an indicator of a greater instance of risk taking behaviour among young people.

There are also significant concerns about the number of young women and girls who are at risk of sexual exploitation. Such risks are concentrated in certain areas of the city, and particular groups of young women appear to be more vulnerable to exploitation than others.

Peterborough also has relatively high rates of young people who are first time entrants to the youth justice system.

Priorities for Action

- Review and evaluate outcomes resulting from delivery of the Adolescent Intervention Service and 3T's.
- Ensuring an effective range of accessible services at differing levels in place that support young people who are engaging or who are at risk of engaging in risk-taking behaviour including alcohol, drug use and anti-social behaviour
- Coordinate a response to the needs of young people who are vulnerable to sexual exploitation;
- Review sexual health services to ensure that they are delivering the right services in the right way.

The Young People Delivery Group will be accountable for delivering these priorities.

Promoting emotional and mental health and wellbeing

OUTCOME:

We want to all children and young people to develop resilience so that they can enjoy good emotional and mental health.

Key to success is ensuring that:

- The universal services are supported to enable children and young people to develop resilience and positive mental and emotional health;
- Children and young people who are identified as being at risk of developing emotional and mental health difficulties are identified early and pro-actively supported to access a range of services.

Measuring our Performance

Key Performance Indicators include:

- Information from the 'Tell Us' surveys of Peterborough pupils and other surveys of young people undertaken in the city.
- Reduction in referrals to specialist CAMHS

Softer outcome measures include:

- Use of the Child and Young Person Outcomes Star as these become available to measure effectiveness of services in building resilience.
- Feedback from schools.

Addressing needs and issues in Peterborough

A review of Child and Adolescent Mental Health Services is currently underway, coinciding with the development of a new CAMHS Strategy. However, it is clear that there is a lack of CAMHS support at Tier 2, which in turn is likely to have an impact on the effectiveness of tier 1 services in addressing children's emotional and mental health needs. It is also clear that there is a need for coordinated support to help to address behavioural difficulties across the age range of children and young people in Peterborough.

This is supported by the 'Taking Teenage Peterborough's Pulse survey, which was led by the Peterborough Youth Council. Of those 13-19 year olds who were surveyed, 77% reported at least one day in the last month of mental health being 'not good' and 14% said this was the case for more than half the month. Only 58% disagreed with the statement 'I feel sad and blue most of the time'. While most young people knew how to access advice and support around issues such as bullying, drugs and sexual health, few knew how to access mental health services.

Family characteristics and models of behaviour around issues such as parenting are the key determinants in relation to the promotion of resilience in mental and emotional health. Parenting support and courses offered through Children's Centres and schools therefore play a vital role in supporting parents to promote the mental and emotional health of their children.

However it is also important that the universal workforce in general also feels sufficiently well supported to promote resilience. Teaching programmes such as SEAL and PHSE are important in contributing to the general promotion of resilience, but those working with children and young

people – teachers, teaching assistants, play leaders, youth workers etc - also need to be confident in offering children and young people containment and security while they are expressing their feelings and concerns, while being able to access advice and support where they are concerned that there may be a need for more specialist input.

We also know that certain populations of children and young people are more likely to experience mental and emotional health difficulties. These groups include:

- Children and young people with disabilities, including those with learning difficulties and disabilities;
- Children and young people who are in care and particularly those who are in residential care;
- Young people who are known to the Youth Offending Service.

There are already a number of specialist support services for children and young people in the above groups. The challenge through the CAMHS strategy is to ensure that these services are accessible to those who need them most, and that they operate as part of a coordinated approach to meeting the needs of the child or young people concerned.

Priorities for Action

- Develop clear pathways for mental and emotional health services for children and young people and ensure the services needed along the pathway are in place and are meeting identified needs.
- Explore how to improve accessibility to Tier 2 services in situations where children and young people actually are – for example in schools;
- Undertake action to support people working within Tier 1 services to support the development of emotional and mental health resilience;
- Working through the Safer Peterborough Partnership, develop effective domestic abuse strategies that reduce the incidence of domestic abuse which is often linked to emotional and mental health difficulties among children and young people.

Reporting back on progress in relation to the above will be the responsibility of the CAMH's Strategy Group.

Children and Young People with Disabilities and their families

OUTCOME:

We want as many children and young people with disabilities as possible to be supported to live within their families.

Key to success is ensuring that:

- Children and young people with disabilities are able to access a wide range of community, leisure and play activities;
- Families have the choice of a range of support services and are able to develop their own support packages through direct payments;
- Schools and early years settings are supported to meet the needs of children and young people with disabilities in mainstream settings wherever possible.

Measuring our Performance

Key Performance Indicators include:

- Number of children and young people accessing short breaks;
- Number of families accessing direct payments;
- Number of children and young people with disabilities who are placed in out of city placements.

Softer outcome measures include:

- Feedback from children, young people and their families about the effectiveness of services

Addressing needs and issues in Peterborough

There is a separate Children with Disabilities Strategy and currently a review of the Special Educational Needs strategy. Both emphasise the importance of children and young people with disabilities being able to remain living with their families, accessing mainstream provision, community, leisure and play opportunities.

Considerable work has been undertaken to develop a range of supportive short breaks within the City, including through the use of volunteers supported by voluntary sector organisations.

However, there is more to be done to encourage the use of direct payments for families and young people – providing them with the freedom to develop support packages that are flexible and creative.

There is also a need for more shared carers in the City, who can provide a shared care approach to supporting children to remain with their families, while accessing other family-based support.

Priorities for Action

- Ensure the delivery of a range of short break services that reduce or delay the need for more specialist services;
- Develop a single plan for children and young people with special educational need;
- Improve transitional arrangements for young people with disabilities and continuing care needs;
- Improve joint commissioning and joint working arrangements between health and the local authority for children with continuing care needs.

Reporting back on progress in relation to the above will be the responsibility of the Children with Disabilities Group.



Part 4:

Cross Cutting Themes

Cross Cutting Themes

The following overarching principles set out the way we work with and support families:

Supporting Children and Families:

We believe that every child in Peterborough should have the opportunity to reach their full potential. Most children do best when supported to remain within their own families. However, there will always be a small number of children who would be at risk of significant harm were they to remain in their care of their birth families. For these children we will secure the best outcomes by permanence for them through Residence Orders, Special Guardianship Orders or, preferably, through Adoption.

Every practitioner working with children and young people brings their own unique experience and expertise. Through a pattern of collaborative working, information sharing and a programme of cultural change and workforce development, we will develop a system that enables children and young people to develop the emotional resilience, physical health, attainment and level of aspiration that they need in order to experience successful lives as adults.

Key to this is the development of child-centred, flexible services that are responsive to children and young people's needs and provide the right level of intervention at the right time. This will support a shift of focus away from managing short-term crises towards effective intervention and support for children and young people and their families at an earlier stage.

We are committed to a number of principles that inform the way in which we work with children, young people and their families, as outlined below:

Underlying principles for working with children and their families:

- Wherever possible, children's and families' needs will be met through universal services, with support from specialist services as required;
- As soon as we are aware that a child or young person has any additional needs we will talk to that child or young person and their family and offer advice and support to meet that need;
- Families will be empowered to identify their own problems, needs and solutions. In most cases, outcomes for children and young people will only be improved by supporting and assisting parents to make and sustain changes;
- We will offer help, support and services only as far as to help families to find their own solutions. Once improvement is established, services will withdraw so as not to encourage dependency;
- We recognise, however, that for a relatively small number of children, young people and their families, there is likely to be an on-going need for a level of practical and other support if family breakdown is to be prevented. Where this is the case, we are committed to developing support services that provide effective and responsive support to families while preventing re-referrals or re-referrals to specialist services, such as to Children's Social Care;
- Our aim is always to build resilience in children, young people and their families, enabling them to overcome difficulties they experience in the future.

There are several factors that are essential in delivering effective early intervention to families, as illustrated in the table below:

<p>An open, honest and transparent approach to supporting children, young people and their families:</p>	<p>Parents and carers are usually the best people to understand their child’s needs. But parenting can be challenging and parents deserve support when they ask for this. Asking for help should be seen as a sign of responsible parenting rather than as a parenting failure. In most cases it should be the decision of the parents when to ask for help or advice in bringing up their child. However there will be occasions where practitioners may need to engage parents to help them to prevent problems becoming more serious. We will work openly and honestly with families, discussing any concerns with them and ensuring they are involved in decision making. We will acknowledge and respect the contribution of parents and other family members and work with them to help them to achieve the outcomes that are best for the child.</p>
<p>Earlier, solution-focused and evidence-based interventions:</p>	<p>Children should be supported in their families wherever possible. To achieve this it is important that problems are identified early so that support is offered that prevents the difficulties from escalating. We will work with families to help them to identify the things they want to change and, wherever possible, help them to find their own solutions. Generally, the most effective support is support that is tailored to the child and family’s needs and is provided at the minimum level necessary to ensure the desirable outcomes are achieved with as little disruption to family life as possible – ‘The right support at the right time’.</p>
<p>A multi-agency/multi-disciplinary approach to assessment, support and intervention:</p>	<p>Safeguarding and promoting the welfare of children is the responsibility of everyone in Peterborough who works with or has contact with children and young people, their families and carers. From birth all children and young people have contact with a wide range of organisations and agencies that contribute to their development in a variety of ways. It is these organisations and agencies that are best placed to recognise when a child and their family might need some additional support. This multi-agency/disciplinary approach leads to a better understanding of needs of the child and their family, better informed referrals to other agencies and enables the provision of the right level and type of support. It prevents situations escalating and further disrupting family life.</p>
<p>A confident workforce with a common core knowledge and understanding about children’s needs:</p>	<p>Children and their families can only be supported effectively through the professional judgement and expertise that all practitioners bring to their roles. We will support practitioners working in Peterborough by ensuring they receive the correct training and development opportunities to allow them to support children and families with confidence. In so doing, we will support confident professionals to enable families to identify their own needs, make choices and use professional relationships and support to make and sustain their own</p>

Citizen Engagement and Community Capacity

Research indicates the critical importance of engaging the community in service design and implementation.

A participation action group will help to inform the implementation of this strategy, ensuring that children, young people and their families are able to influence the strategic design of services available to support them.

Clearly, if services are to be used by children, young people and their families, then they have to be seen by them as relevant to their needs. But citizen engagement goes further than this; effective engagement leads to step changes in the way that services are delivered, with those traditionally seen as consumers of services becoming co-producers.

There are a number of examples nationally that demonstrate the potential benefits from adopting an approach that emphasises citizen engagement. An example directly relevant to prevention and early intervention is the Total Place approach in Croydon. Outcomes of this work included the fact that there was frequently a great deal of synergy between the views of families about services and those working within the system, including that:

- There is often poor collaboration between public services;
- It can be a struggle to get the right information at the right time;
- Public services are often poorly set up to deal with common life events;
- Public services do not respond to the needs of both individuals and their families;
- Citizens often have to become experts to make the system work for them.

A key finding was that public services have an overwhelming tendency to treat the public as passive recipients of services, as opposed to being active and energetic participants in improving outcomes.

The diverse communities that make up the Peterborough population present both additional challenges in successful engagement and the potential for harnessing increased innovation in service delivery and design. There are already a number of examples where engagement with users of services and the community more broadly has resulted in significant positive impact. These include the 'Can Do' approach and other initiatives, some operated jointly between the Adolescent Intervention Service and our Neighbourhoods service, for example. These joint approaches have been credited with delivering significant impacts in relation to improving community cohesion. Community Youth Work has played a particularly strong role in relation to ensuring continuing community cohesion.

Approaches to citizen engagement such as these provide us with a framework for engagement in delivery of effective services that support children and their families more broadly. There is also likely to be a significant role for the community and voluntary sector in helping to establish links and develop community generated solutions to needs that are identified.

Access and Sustainability

Croydon also explored the typical journey of the customer through service provision, as a means of assessing the effectiveness of the services in delivering improved outcomes. This research established that when customer journeys through service provision are mapped over a period of years, a number of common themes emerge, including:

- Time delays between identification of issues and service responses;
- Service responses tending to focus on narrow areas of need according to the priorities of the service concerned;
- Services tending to focus on delivery of a particular professional response as opposed to considering a fuller range of resources. Similarly there is often a lack of emphasis on developing the capacity of the family to alleviate the need for services;
- Engagement with services often appeared to be ‘ad hoc’ – a fortuitous conversation with a member of staff, leading to engagement with a particular service for example. Questions need to be asked about whether this is the best method of identifying those most in need;
- ‘Sign-posting’ to other services often has only limited effect – what is needed is active advocacy – getting the person to the service and engaged with it;
- Little or no continuity of care or relationship. Families are not generally journeyed with but are instead passed from one service to another. There is often an absence of the development of a trusting relationship over time, or the building up of people’s confidence and capability to take more control;
- Decision making continues to often be made in silos and in the absence of pooled budgets – with sometimes serious consequences for not only customer wellbeing but also for the use of public resources.^{xi}

The research found that for many families, and particularly the most vulnerable, services were not successful in enabling real change:



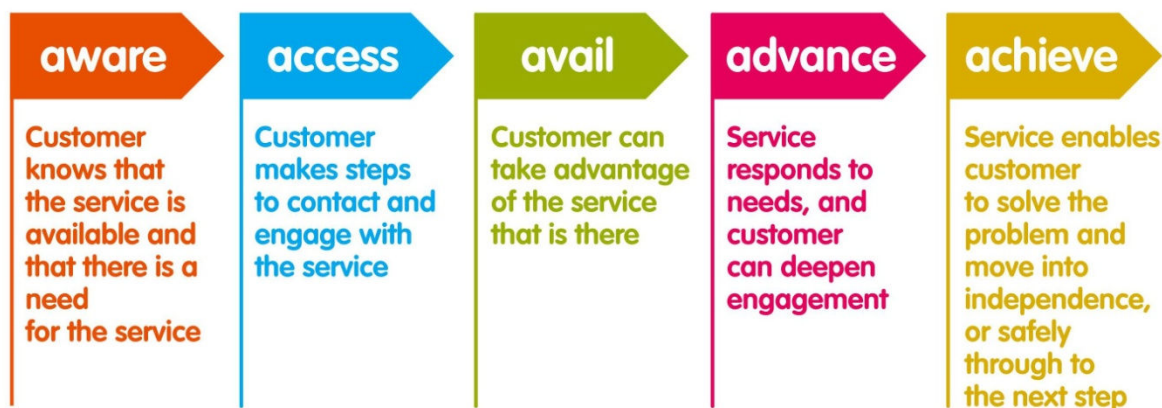
The research found that families with differing levels of need experience weaknesses at different points in the customer journey. Only families who are already thriving find that services successfully meet their needs at all stages.

So this research found that becoming aware of access to services was a significant issue for most families and particularly for those already most vulnerable and isolated. There can also be difficulties for families accessing services – families may be signposted but they often never actually engage with that which is on offer. Finally while families may avail themselves of a service, there is frequently a lack of focus on enabling them to advance and achieve – i.e. to become independent and capable of self determination.

There is a significant body of research that has identified that for most families, the core support systems on which they rely are their own social and family networks. Equally, those families who are typically most vulnerable are also the ones who have none of the social networks that most families are able to rely on for support. This suggests that working to support the development of strong social networks will lead to a significant return on investment.^{xii}

Taken together these findings suggest that we need to support the development of successful social networks within our communities while ensuring that these networks are able to engage the more vulnerable with services that are accessible and responsive, focusing on the whole family and on the substantive issues faced, as opposed to single symptoms of difficulties being dealt with individually.

We will therefore strive to develop customer pathways and journeys that looks more like the representation below:



Source: Child: Family: Place: Radical efficiency to improve outcomes for young children; LB Croydon & Croydon PCT

Enabling families to access and benefit from support services is clearly important if those services are going to operate efficiently. In the current and continuing pressure on public finances, the ability to ensure that services are sustainable is critical. Enabling genuine citizen engagement can pay dividends in both securing sustainability in terms of service delivery while also improving outcomes for vulnerable children, young people and their families:

Empowering local social networks to improve accessibility:

Already in Peterborough, volunteers are playing a key role in supporting communities. Their energy and commitment is supporting families who have children with disabilities to continue to care for their children by being able to access short breaks so that they can re-charge and do other things or spend quality time with siblings of the child with a disability.

‘Better Together’ recruits and trains a whole range of community volunteers who work in a variety of areas, delivering real outcomes as Independent Visitors and Appropriate Adults.

The Neighbourhoods Service has engaged leaders within the Pakistani community who are currently actively working with groups of young Pakistani men who are engaged in significant anti-social behaviour to provide support and appropriate role modelling to help change these behaviours into something more positive.

These examples demonstrate the capacity of communities to support others and provide a framework within which volunteers, supported through voluntary sector organisations, could help to support vulnerable children, young people and their families by working closely with them, encouraging them to access support services and to develop links with others locally.

There are also benefits for the volunteers, who are able to access experience and training that in turn can support them into paid support roles within the City, as well as help to improve their own self-esteem and sense of engagement in something worthwhile. Experience from the early Sure Start programme suggested that this in turn lifted aspirations for volunteers’ own children.

Such an approach may prove particularly beneficial in supporting newly arriving communities, by helping them to develop social networks while also increasing the level of knowledge in the local community about the support available. Increasing the skills and experience of those who volunteer, meanwhile, would make it easier for local services to recruit staff from the newly arrived communities, helping their workforce to reflect the community served and in turn increasing the amount of first language support that can be offered.

The fact that there is already so much positive activity in relation to developing this model of citizen engagement and community development through volunteering suggests that there is huge potential in Peterborough to build on this success and support families and communities much more widely.

Workforce Reform in the delivery of Evidence Based Services

In Peterborough, considerable progress is being made in supporting the use of the Common Assessment Form [CAF] to ensure that children, young people and their families who need the support of more than one agency are able to access a unified and holistic assessment of need followed by a unified multi-agency support plan coordinated through the Team Around the Child [TAC] approach.

The CAF is now a much shorter and more tightly focused assessment, making it easier for families and professionals alike to use in identifying additional needs and accessing the support they need. However workforce reform is about much more. It includes ensuring that anyone who comes into contact with children, young people and their families feels confident about suggesting to families when they may need additional help, and how they can access the help they may need. It is also

about ensuring that the workforce working with children and young people is sufficiently skilled and supported to be able to work through issues with them, without feeling the need to make a referral on to another agency unless absolutely necessary.

Lots of people come into contact with families in their day to day activities – housing officers and police officers being just two examples. They may well come across families who seem not to be coping very well and need to know how to access support for those families. Given that we know that for many families – and particularly those that are more vulnerable – signposting is often not very effective – this means that we need to find ways of enabling professionals such as these to be able to access those within the community who are able to get alongside families and draw them in to supportive services.

Similarly, we need to ensure that professionals working with a particular group of children, young people and families are able to recognise where there are indications of other possible issues and support the family to address these.

Finally, we need to ensure that workers already working with children, young people and their families feel sufficiently empowered and confident to address issues that are raised without necessarily referring on to other services.

Young people, for example, may select an adult in whom they have confidence to open up to and discuss concerns that they have about their emotional and mental health and wellbeing – perhaps a teacher or teaching assistant. What can then sometimes happen is that the person the young person has decided to trust feels that they need to refer the young person on to a more specialist service, such as that offered by Child and Adolescent Mental Health Services. The result is often that the young person does not attend the appointment offered because they do not want to talk about what is worrying them to a stranger, or if they do attend the appointment, they do not successfully engage for the same reason. The result is that the young person no longer feels able to talk about their difficulties and resources are wasted.

Workers finding themselves in this or similar situations need to be able to feel confident in supporting individual children and young people without making an onward referral while also being able to recognise when such a referral may be needed. On making a referral to a specialist service, it is often important for the worker to accompany the young person to the specialist service concerned.

There is value in considering a ‘Team Around the Professional’ approach to engaging with children, and young people and their families with complex needs. This approach is where a single professional undertakes the work with all members of the family, supported by expert practitioners in the background – as opposed to there being lots of workers working with the family on particular issues.

The involvement by lots of workers is often confusing to families, and frequently leads unintentionally to them receiving conflicting advice. Families are often unclear about what the specific roles and responsibilities of those working with them are, and there are often overlaps between what professionals engaged with families actually do.

A Team Around the Professional approach is being used by the Connecting Families programme.

The Connecting Families programme and the Multi-Agency Support Groups are also key to helping to model good practice, enabling practitioners to develop an approach that focuses on the needs of the family as a whole, as opposed to the individual family member that their role is traditionally focused upon.

Evidencing the Impact of Services

Whenever services engage with families, it is essential that we understand what the impact has been. This means that we need to employ a method of measuring the 'distance travelled' as a result of the support offered. We have decided that we will use the 'Outcomes Star' model. There are a number of outcomes stars that assess progress in different circumstances. There are a number of Outcomes Stars but the Family Star is most often likely to be relevant in the context of prevention and early intervention.

A low resolution version of the Family Star is shown below; fuller details about the model can be found at Appendix 2.

The family completes the star on the first engagement with services, then again at each review point and finally at the end of the programme. The approach includes templates for recording specific actions that are to be undertaken as part of the programme. The result is a highly visual and intuitive model that shows how each family is progressing.

Using this tool is an effective means of helping the family and practitioner to identify where their strengths are in the first instance, as well as where there are weaknesses that need to be worked on. There will be a need for some training for practitioners in using this approach. It will be used first as part of the Multi-agency Support Group evaluation, but will be rolled out to other services including those that are commissioned by the local authority.

The license for the tool includes access to a database that can then run reports on the overall effectiveness of particular interventions. Feedback from the use of this tool will therefore help us to continue to understand what works well for families, where we need to change our models of service delivery and what we need to do more of.

Family Star™

The Outcomes Star for parents

Parent

Date of completion

First

Review

Retrospective

Completed by

Professional and parent

Professional

Parent

Number of children

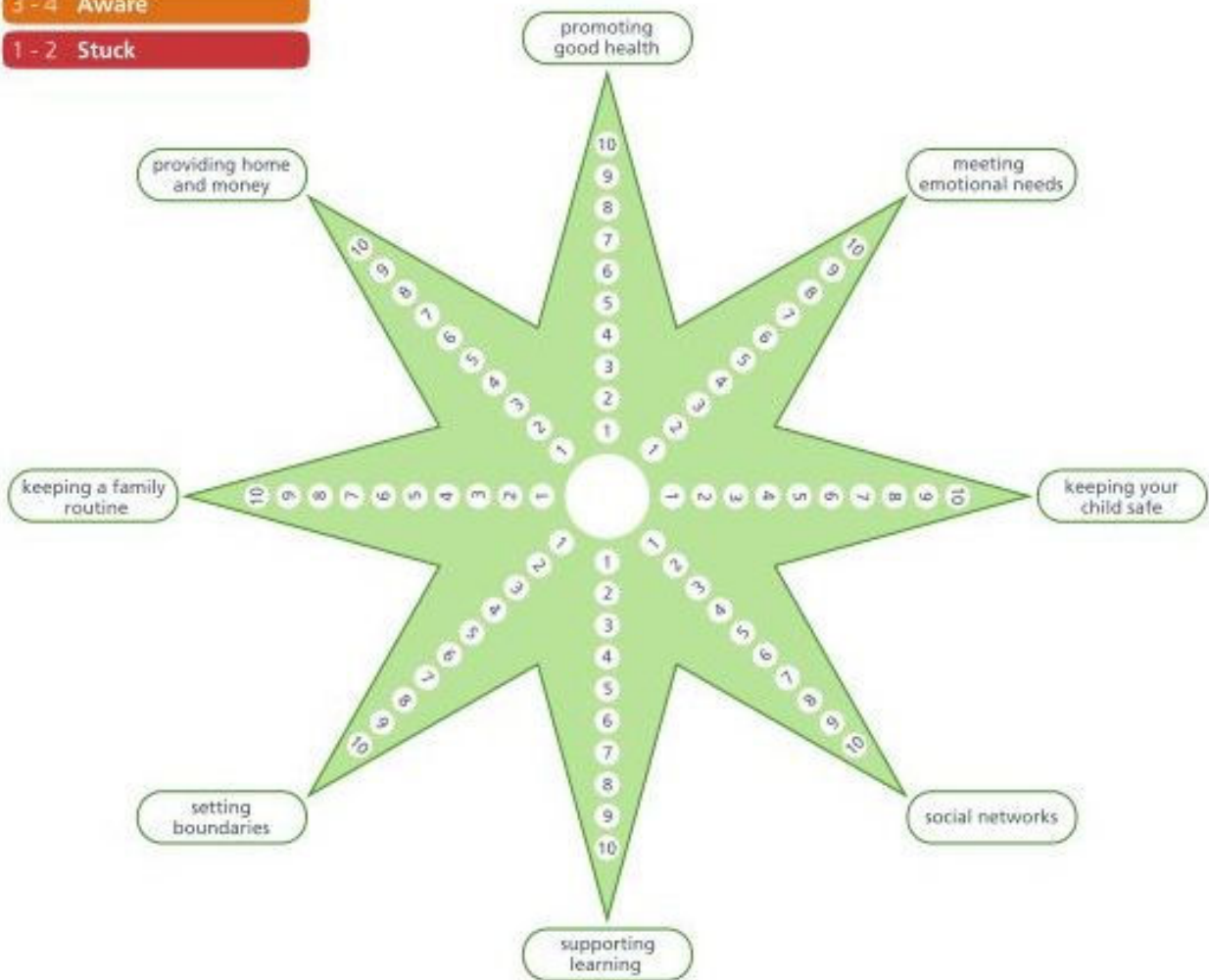
9 - 10 Effective parenting

7 - 8 Finding what works

5 - 6 Trying

3 - 4 Aware

1 - 2 Stuck



The Family Star: See Appendix 2 for more details on use of the star to map progress and outcomes.



Part 5:

Governance & Delivery

Governance

An overarching Early Intervention and Prevention Delivery group will be established which has overall accountability to the Children and Families Commissioning Board for delivery of the outcomes detailed in this Strategy.

The overarching Delivery group will include representatives from each of the Delivery groups tasked with delivering specific areas of the Strategy.

There is no desire or need to recreate the work of existing Delivery groups; those that are already working on areas relevant to this strategy will be represented on the overarching Delivery group in order to ensure that the work that they are doing is in line with the required direction of travel. Details of the new and existing Delivery groups can be found below.

Existing Delivery Groups

The work of the following existing groups will be essential in delivering the outcomes identified in this strategy:

- SEN/Disabilities Delivery Group;
- Welfare Reform and Family Poverty Reduction Groups;
- Connected Families Programme;
- Domestic Abuse Strategy Group;
- CAMHS Strategy Group;
- NEET/Raising the Participation Age Delivery Group;
- Specialist Commissioning;
- Workforce Reform Group.

These groups will all be asked to ensure that their existing action plans take account of the specific relevant actions contained within this strategy and that they are in line with the cross cutting themes and general direction of the strategy. Progress will be monitored through the Early Intervention and Prevention Delivery group.

New Delivery Groups

New Delivery groups will be established as follows:

Overarching Early Intervention and Prevention Strategy Group

- Reporting to the Children and Families Commissioning Board on overall progress against the High Level Action Plan;
- Ensuring that the work of the other Delivery groups fit together in accordance with the aims and objectives of the strategy;
- Providing additional support and capacity to the work of the other Delivery groups as necessary;
- Overseeing the development of a range of commissioned family support service as outlined in section 3 – Safeguarding block

Parenting Delivery Group

The Parenting Delivery Group will be accountable for delivering the priority actions outlined in section 3 - High Need Families and Early Education blocks

Young People's Delivery Group

This group will be accountable for delivering the priorities identified in Section 3 under 'Vulnerable Young People'.

Citizen Engagement and Access to Services

There will be a Citizen Engagement and Access to Services Delivery group that will have accountability for:

- Ensuring that children, young people and their families participate in the design of all relevant services;
- Leading the development of a specification that builds on existing arrangements to identify a voluntary sector partner that can recruit Community Family Engagement volunteers particularly from 'hard to reach' communities to provide advice and support to families about accessing services;
- Ensuring that the volunteering programme envisaged enables those who engage within it to develop the skills and experience needed to move into the workforce supporting children, young people and their families.

As well as the issues outlined above, the group will work alongside the Multi-Agency Support Groups and CAF team within Peterborough City Council to help to ensure accessibility of services. Accessibility of services is dependent on the following being in place:

- Recruitment of the Community Family Engagement volunteers as above who can work alongside families who may need information and support in order to access the services that they need;
- Developing pathways into employment within family support services so that the workforce reflects the communities being served;
- Effective communication of emerging needs identified through CAF and TAC approaches that informs service design and delivery;
- Identification of community-wide solutions to more generally experienced difficulties in particular geographic areas or which affect particular groups.

Continuous Evaluation of Outcomes and Distance Travelled

Accountability for this area will lie with the Workforce Reform Delivery Group.

It is essential that we are able to track the impact of services provided on delivering improved outcomes for children and young people, particularly in relation to early help services. Achieving this can be a challenge as often changes may be difficult to ascribe to a particular service and often rely on individual perception of qualitative factors.

However adopting the Outcomes Star approach outlined above will enable us to address many of these issues. Addressing the model will require us to:

- Investigate purchase of the licence;
- Developing a train the trainer programme so that all practitioners are able to use the model;
- Ensuring that the E-Caf software is able to upload the necessary forms;
- Adapting contracts with commissioned services to ensure that they are using the tool.

Concluding Remarks

In delivering the strategy, care will be taken to ensure that changes in service delivery focus on those communities and areas of the City where levels of vulnerability among children and their families are highest. This will involve Delivery groups seeking to work closely with particular schools which have the most disadvantaged pupil intake, for example.

Each Delivery Group will be required to develop an action plan and monitor progress against this, reporting to the overarching Early Intervention and Prevention Delivery Group, which will in turn report to the Children and Families Commissioning Board.

Performance monitoring data will be collected quarterly. The needs assessment will be reviewed annually, enabling the Board to monitor progress in meeting the needs of children, young people and their families of Peterborough.

References

- ⁱ Children and Young People in Mind: the Final Report of the National CAMHS Review: 2008
- ⁱⁱ Defined as children living in households with an equivalised income of 60% of median earnings or less. Equivalisation takes account of family size as well as income level.
- ⁱⁱⁱ Ending Child Poverty: Everybody's Business. DWP, DCSF & HM Treasury, March 2008
- ^{iv} Minty, B [2005] the Nature of Child Neglect and Abuse. In J. Taylor and B. Daniel [eds] Child Neglect: Practice Issues for Health and Social Care
- ^v Child and Mental Health Observatory: www.chimat.org.uk
- ^{vi} See for example, Larson, Charles [2007]: 'Poverty during Pregnancy: Its Effect on Child Health Outcomes'. In Paediatrics and Child Health Volume 12 [8] pp673-677
- ^{vii} See for example, Gregg Paul and Washbrook, Elizabeth [2009]: The Socio Economic Gradient in Child Outcomes: The role of Attitudes, Behaviours and Beliefs; The Primary School Years: The Joseph Roundtree Foundation
- ^{viii} Pattern, Parenting Matters: Early Years and Social Mobility
- ^{ix} Social Exclusion Task Force
- ^x Evidence from the 157 Group of Colleges to the Select Committee on young people who are NEET: www.157group.co.uk
- ^{xi} Child: Family: Place: Radical efficiency to improve outcomes for children and young people: London Borough of Croydon and Croydon PCT
- ^{xii} See for example, 'Just Coping' Published by the Social Innovation Lab for Kent and Kent County Council, July 2008