Norfolk County Council
at your service

Children's Services Committee

Date: **Tuesday 13 January 2015**

Time: **2.00pm**

Venue: **Edwards Room, County Hall, Norwich**

Persons attending the meeting are requested to turn off mobile phones.

Membership

Mr J Joyce - Chairman

Mr R Bearman (Vice-Chair)
Mrs J Chamberlin
Mr D Collis
Ms E Corlett
Mr D Crawford
Mrs M Dewsbury
Mr C Foulger
Mr T Garrod
Ms D Gihawi
Mr P Gilmour
Mr M Kiddle-Morris
Mrs J Leggett
Mr J Perkins
Mr E Seward
Mr R Smith
Miss J Virgo

Church Representatives
Mrs H Bates
Mr A Mash

Non-voting Parent Governor Representatives
Mrs S Vertigan
Mrs K Byrne

Non-Voting Schools Forum Representative
Mrs A Best-White

Non-Voting Co-opted Advisors

Mr A Robinson	Norfolk Governors Network
Ms T Humber	Special Needs Education
Ms V Aldous	Primary Education
Vacancy	Post-16 Education
Ms C Smith	Secondary Education

for further details and general enquiries about this Agenda please contact the Committee Officer: Julie Mortimer on 01603 223055
or email committees@norfolk.gov.uk

Under the Council's protocol on the use of media equipment at meetings held in public, this meeting may be filmed, recorded or photographed. Anyone who wishes to do so must inform the Chairman and ensure that it is done in a manner clearly visible to anyone present. The wishes of any individual not to be recorded or filmed must be appropriately respected.

A g e n d a

1 To receive apologies and details of any substitute members attending

2 Minutes from the meeting held on 20 November 2014. (Page 5)
To confirm the minutes from the meeting held on 20 November 2014.

3 Members to Declare any Interests

If you have a Disclosable Pecuniary Interest in a matter to be considered at the meeting and that interest is on your Register of Interests you must not speak or vote on the matter.

If you have a Disclosable Pecuniary Interest in a matter to be considered at the meeting and that interest is not on your Register of Interests you must declare that interest at the meeting and not speak or vote on the matter.

In either case you may remain in the room where the meeting is taking place. If you consider that it would be inappropriate in the circumstances to remain in the room, you may leave the room while the matter is dealt with.

If you do not have a Disclosable Pecuniary Interest you may nevertheless have an Other Interest in a matter to be discussed if it affects

- your well being or financial position
- that of your family or close friends
- that of a club or society in which you have a management role
- that of another public body of which you are a member to a greater extent than others in your ward.

If that is the case then you must declare an interest but can speak and vote on the matter.

4 To receive any items of business which the Chairman decides should be considered as a matter of urgency

5 Local Member Issues/Member Questions

Fifteen minutes for local members to raise issues of concern of which due notice has been given.
Please note that all questions must be received by the Committee Team (committees@norfolk.gov.uk or 01603 223055) by **5pm on Thursday 8 January 2015.**

6 Service and Financial Planning 2015-18. (To follow)
Report by the Interim Director of Children's Services

Group Meetings

Conservative	12:00pm	Colman Room
UK Independence Party	1:00pm	Room 504
Labour	1:00pm	Room 513
Liberal Democrats	1:00pm	Room 530

Chris Walton
Head of Democratic Services
County Hall
Martineau Lane
Norwich
NR1 2DH

Date Agenda Published: 5 January 2015

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Norfolk County Council
at your service

Children's Services Committee

Minutes of the Meeting Held on Thursday 20 November 2014
2:00pm Edwards Room, County Hall, Norwich

Present:

Mr J Joyce (Chair)

Mr R Bearman (Vice-Chair)
Mr B Bremner
Mrs J Chamberlin
Mr D Collis
Ms E Corlett
Mr D Crawford
Mrs M Dewsbury
Mr C Foulger
Mr T Garrod
Mr P Gilmour
Mr M Kiddle-Morris
Mrs J Leggett
Mr J Perkins
Mr E Seward
Mr R Smith
Miss J Virgo

Church Representatives
Mr A Mash

Non-voting Parent Governor Representatives
Mrs K Byrne

Non-Voting Schools Forum Representative
Mrs A Best-White

Non-Voting Co-opted Advisors:

Mr A Robinson	Norfolk Governors Network
Ms B Carrington	Special Needs Education
Ms V Aldous	Primary Education
Ms C Smith	Secondary Education

1 Apologies and substitutions

1.1 Apologies were received from Ms D Gihawi (Mr B Bremner substituted); Mrs H Bates, Church Rep; Ms T Humber, Special Needs Education (Mrs B Carrington substituted); Mrs S Vertigan, Parent Governor Representative.

2 Minutes from the meeting held on 15 October 2014

2.1 The minutes of the meeting held on 15 October were agreed as a correct record and signed by the Chair, subject to the job title for the lead officer of the Looked after Children Task and Finish Group reading "Interim Assistant Director Social Care".

3 **Matters arising**

3.1 The Committee requested updates at its next meeting on the progress of the Safeguarding Forum and the Signs of Safety Working Groups.

3.2 The action plan from the report into the allegations of schools receiving advance notification of inspections would be circulated to Members of the Committee.

3.3 The Committee requested an update report to be brought to its January meeting about the additional work that had been carried out relating to the budget, following the recommendations agreed at the last meeting under item 7 - Strategic and Financial Planning 2015-18.

3.4 The Chair would arrange for a list of the decisions taken between Committee meetings by the Chair and Vice-Chair to be circulated to the Committee.

4 Declarations of Interest

4.1 There were no declarations of interest.

5 Items of Urgent Business

5.1 There were no items of urgent business

5.2 The Committee **agreed** to defer agenda item 11 (A New Education Landscape to serve Norfolk Learners) to a future meeting, to give the Small Schools Working Group an opportunity to discuss and comment on the proposals contained in the report. Mr G Boyd, the Assistant Director, Education Strategy and Commissioning, Children's Services suggested that any Member who wished to comment on the report could send their comments to him for consideration.

6 Local Member Issues/Member Questions

6.1 No local member questions or issues had been received.

7 Children's Services Integrated Performance and Finance Monitoring Report for 2014-2015.

7.1 The Committee received a report by the Interim Director of Children's Services providing an update on performance and finance monitoring information for 2013/14 financial year. It set out the latest Children's Services performance information showing evidence of improvements and trends for a range of measures and indicators within the children's social care service; support for school improvement and children's services finances.

7.2 The following points were noted in response to questions from the Committee:

- The Key Stage results for all schools and academies had been included within the report. The Assistant Director, Education Strategy and

Commissioning, Children's Services agreed to arrange for the academy results to be extracted and the information forwarded to the Committee.

- Free school meal funding was not directly monitored by Norfolk County Council, but as part of the quality analysis role, Children's Services was looking at the quality of the information available about free school meals on school websites.

- The Norfolk Pupil Premium Strategy would be published soon and would include the challenge to school leaders and governors to close the gap for pupil's eligible for Pupil Premium and Pupil Premium Plus.

- Persistent absence was clarified as the proportion of children whose non-attendance level was 15% or more. The Committee noted that this measure would be changing to 10% soon. The restructuring of Children's Services department would ensure that attendance remained a high profile topic which would hopefully lead to much better results in the near future, particularly for those children with special educational needs.

- One element of the Variations in Educational Attainment by District Task and Finish Group would be to try to reduce the variation in district school performance. One of the key features would be to contact Governor Services to gather their ideas and input.

- Regarding, risk RM14148 – Over-reliance on interim and agency staff which would result in unsustainable improvement in services to children and families, the Committee noted that although it did cost more to recruit agency staff, there was little choice at present due to the national shortage of social workers. Children's Services had recruited 25 trainee social workers.

- Concern was expressed about the lack of general knowledge regarding "The Promise" which had been established to help those children who were about to leave care.

- The Committee was reassured that steps had been put in place to monitor future performance of the contract awarded to Skylake following the recent audit which had identified a significant improvement was required. The Committee was also advised that there was a penalty clause in place should it be necessary to deal with any unsatisfactory performance

- Although there was no statutory deadline for the amount of time between a referral and a social worker seeing a child, Norfolk County Council worked towards children being seen within 20 working days of referral. Children seen alone were being dealt with separately, although Norfolk County Council had no legal right to see a child if the parents did not give their permission. Under those circumstances, a court order would need to be obtained.

- The Pathway Plans Task and Finish Group had completed its work in March 2014 and the Committee expressed its disappointment that no significant improvements had been made since that time, particularly

around the establishing of the Care-Leavers pack, which had been one of the main recommendations from the group.

- Data relating to staff performance was managed through the Human Resources and Performance Management process and the Committee was reassured that performance data was reviewed and discussed on a weekly basis at team meetings.

- Family Support Plans were considered and discussed with all appropriate partners before final agreement was reached.

- Statistics for the number of Section 17 referrals would be included in future performance reports.

7.3 The Committee **noted** the information contained within the report, in particular:

- the improved standing of Norfolk schools in relation to validated GCSE results.
- Ofsted inspection ratings continued to improve.
- Increased system leadership within the school community and work to address performance differences across the county.
- Improvements and further challenges on school attendance.
- Improvements in most social care practice with continued challenges around LAC performance and the increased management attention being given to this.
- The continued focus required on the Looked After Children reduction to deliver the budgeted savings.
- The increased cost of Special Educational Needs transport.
- The cost associated with the use of temporary social workers.
- The re-profiled capital projects.
- The disappointing outcome of the Pathway Plans Audit on pages 47 and 48 of the report.

8 Staff Wellbeing

8.1 The Committee received a report by the Interim Director of Children's Services explaining the staff sick absence and turnover for the past 18 months and details the actions taken by the management of the service to improve the figures. The report also track turned the improvement in staff engagement over the last twelve months.

8.2 The following points were noted during the discussion:

- Children's Services had employed a temporary member of staff to collate and analyse the sickness absence data and to work with managers to help them understand what the data was showing.

- Although Headteachers of some Norfolk schools were employed by Norfolk County Council, the employment responsibility for all Headteachers, including for well-being, was undertaken by Governing Bodies.

8.3 The Committee **noted** the content of the report and supported the actions being taken.

9 Multi-Agency Safeguarding Hub (MASH)

9.1 The Committee received a report by the Interim Director of Children's Services setting out details of the externally commissioned review of the Multi-Agency Safeguarding Hub (MASH).

9.2 The following responses to questions from the Committee were noted:

- As the external Review report conducted by Retired Police superintendent Nigel Boulton had only been received recently, it had not been considered by the Norfolk Safeguarding Children Board (NSCB) and MASH Board. Once the NSCB and MASH Boards had considered the report, it would be made available to the Committee.
- The Committee requested that a report on Safeguarding should be added to the forward work programme for consideration at a future meeting.
- The funding for the post of overall MASH Manager would be agreed after discussion with all the Partners.

9.3 The Committee **RESOLVED** to note the contents of the report and to receive a report at a future meeting after it had been considered by the MASH and NCSB Boards.

10 Progress Report on Early Years Strategy

10.1 The Committee received a report by the Interim Director of Children's Services presenting an update on Early Years outcomes for Norfolk children and services to support those outcomes. The paper also outlined the key improvements in outcomes and some key aspects of the role of the local authority which should lead to the continued improvement of the quality of provision and outcomes for pupils.

10.2 The following responses to questions from the Committee were noted:

- The single funding formula had been amended due to a change in Government Regulations and to assure that the funding was more closely aligned to needs of the children in the settings.
- After consultation, proposal 3 (Single base rate with a supplement for deprivation, quality and flexibility, paid each claim period) had been deemed to be the preferred option.
- Government funding for pre-school places was only paid to places that were taken up.
- The Children's Centres Task and Finish Group was arranging visits to

children's centres. Letters were being sent to the local member with details of the visit as part of the arrangements, inviting the local member to attend if they were available.

10.3 The Committee **RESOLVED** to

- Note that outcomes for five-year olds were improving, but remained below the national average.
- **Agree** the proposed changes to the Early Years Single Funding Formula as detailed in Appendix 3 of the report, for implementation in April 2015, subject to Secretary of State approval.
- **Agree** the findings from the Childcare Sufficiency Assessment 2014 so that the Local Authority could meet its duty to secure sufficient childcare and publish the report.

11 Out of County Policy

11.1 The Committee received a report by the Interim Director of Children's Services detailing the proposed Policy aimed at significantly reducing the numbers of Looked After Children placed out of county and consequently enhancing the experience and improving the outcomes of having been in the authorities' care.

11.2 The following responses to questions from the Committee were noted:

- Paragraph 5.4 on page 139 of the agenda was amended to read "The focus on pathway planning and the introduction of a leaving care service is bringing the spotlight on the need for in-depth knowledge of and partnership with agencies who support care leavers, including education support and accommodation".

- It was hoped to bring back long-term out of county placements to Norfolk and work was being undertaken with social workers to try to achieve this.

- Pathway Plans should reflect the need for a young person to be living in Norfolk for a minimum of six months prior to reaching the age of 18.

- The Committee reiterated the importance of Pathways Plans in helping out of county youngsters to settle back in Norfolk after long-term out of county placements.

11.3 The Committee considered the content of the report and the policy at paragraphs 1.1 (Principles), 1.2 (Current out of county Placements) and 1.3 (New out of county placements) and **RESOLVED** to approve the implementation.

12 'Make Your Mark' Ballot – Presentation by Members of the Youth Parliament.

12.1 The Committee received a presentation from Annie Baldwin, MYP for Broadland and Kieren Buxton, MYP for Norwich South. A copy of the presentation is attached at Appendix A to these minutes.

12.2 The following points were noted in response to questions from the Committee:

- All MYPs felt very strongly about the implementation of a minimum working wage.

- Members were invited to attend MYP meetings and details of dates and times would be circulated to all Members.

- MYPs felt that everyone should be offered at least one week of work experience and were campaigning for this to be made available in all schools. Attending work experience, even for a period of one week, would give young people an idea of what it is like in the working world as not many young people had any idea of working. MYPs would also like to see an agreement between the employer and the employee so both parties knew exactly what would be required of them during the work experience.

- A further topic which had been identified as important was an opportunity to re-sit GCSE exams. The current arrangements for re-sitting exams was affecting college courses for some people as it did not allow students to re-take exams in sufficient time to commence college courses. MYPs expressed a preference to return to the previous system of re-taking exams.

12.3 The Committee thanked Annie and Kieren for attending and **noted** the presentation.

12.4 The Committee asked for a briefing note on work experience and what was taking place in schools at the moment to be circulated. The Interim Assistant Director, Improvement advised that schools made their own decisions about whether or not to offer work experience to students and that there was no statutory responsibility for them to offer this initiative.

13 Children's Equalities – issues and next steps

13.1 The Committee received a report by the Interim Director of Children's Services setting out the proposals for promoting equality of opportunity and equality of access to services for children and young people.

13.2 Members requested some additional clarification and information about the "percentage of parents LD or MH" as the percentage quoted in the report of 77.14% appeared disproportionately high.

13.3 The Committee **RESOLVED** to

- Improve and extend the evidence and database to improve analysis and highlight differences in relation to outcomes for particular groups.
- Strengthen the voice of children – promote a film produced by children from different groups in Norfolk to improve quality of practice.
- Promote leadership in relation to equalities issues – hold a Children's Services equality symposium to inspire, inform and promote a collective understanding of our future direction.

- Focus on development of managers – their management of diverse teams and having the knowledge and tools to challenge attitudes, behaviour and language and monitor quality.
- Deliver a targeted learning and development package.
- Improved co-ordination of equalities related work.

14 Getting in Shape – Restructuring Children's Services

14.1 The Committee received a report by the Interim Director of Children's Services setting out the approach to developing a new model for Children's Services for Norfolk, details of which are contained in the 'Getting in Shape' Business Case.

14.2 During the presentation of the report, the Interim Assistant Director, Improvement advised that a formal staffing consultation with affected staff in relation to appointments to the Tier 4 posts in the new structure would commence on 24 November after which it was hoped that managers would be in post in January 2015 to participate in the recruitment of staff to posts below Tier 4.

14.3 The following responses to questions from the Committee were noted:

- It was confirmed that the recruitment to the department would be within the budget set for the next year, including the required budget savings.

- The Design Authority had seen and commented on the proposed structure and confirmed that it was not out of kilter with the corporate structure of Norfolk County Council.

- The proposals had been revised in light of consultation responses to link services for North Norfolk and Broadland District Councils rather than Norwich and Broadland as originally proposed. The revised proposal matched more closely the organisation of the Police operational partnership teams. It also avoided one locality being disproportionately large in terms of population and concentration of need. These outweighed the benefits of the original proposal which recognised the increasing need to link services across Norwich and Broadland in response to housing and economic development. These benefits would now be pursued through partnership arrangements rather than structural alignment.

- It had been decided not to separate the Leaving Care service under the restructure as it would caused too many issues problematic to isolate this service.

14.4 The Committee **RESOLVED** to

- Note the objectives set out in the Business Case and endorse the strategic direction for services in Norfolk.
- Note the consultation and engagement exercise and the feedback received.

- Endorse the headlines in respect of the key elements of the structure going forward.

- Approve the indicative timetable set out and the proposals for future update reports including a report setting out any risks as a result of implementation and its impact on performance.
- Note that this will be delivered within the current financial envelope which takes into account the additional savings targets identified by Policy and Resources.

The meeting closed at 5.45 pm.

Chair

Appendix A

MAKE YOUR MARK RESULTS 2014

Norfolk Youth Parliament

FOR SCHOOLS, SIXTH FORMS AND COLLEGES

Youth Parliament MAKING OUR MARK

BUT FIRST, WHAT IS THE YOUTH PARLIAMENT?

- THE UK YOUTH PARLIAMENT IS A YOUTH ORGANISATION IN THE UNITED KINGDOM, CONSISTING OF DEMOCRATICALLY ELECTED MEMBERS AGED BETWEEN 11 AND 18. IT WAS FORMED IN 2000, AND YOUTH PARLIAMENT NOW CONSISTS OF AROUND 600 MEMBERS, WHO ARE ELECTED TO REPRESENT THE VIEWS OF YOUNG PEOPLE IN THEIR AREA TO GOVERNMENT AND SERVICE PROVIDERS.
- IN NORFOLK, WE HAVE 9 ELECTED YOUTH PARLIAMENT REPRESENTATIVES.

NORFOLK'S MEMBERS OF YOUTH PARLIAMENT

- BROADLAND – ANNIE BALDWIN
- GREAT YARMOUTH – CHLOE HUNT
- MID NORFOLK – EMILY FOX
- NORTH NORFOLK – BRYONY TURNER
- NORTH WEST NORFOLK – THOMAS BAILEY
- NORWICH NORTH – CHELSIE BROCIEK
- NORWICH SOUTH – KIEREN BUXTON
- SOUTH NORFOLK – JACOB RHODES
- SOUTH WEST NORFOLK – HARVEY MONCK

IF YOU WOULD LIKE TO CONTACT YOUR MEMBER OF YOUTH PARLIAMENT, PLEASE CONTACT NYP@NORFOLK.GOV.UK AND SOMEONE WILL GET BACK TO YOU! THANK YOU ☺

MAKE YOUR MARK 2014

WELL DONE NORFOLK!

- 27 schools took part, which is over half of the schools in Norfolk!
- We got 19,338 votes in Make Your Mark, and we couldn't have done it without your help...
- ... and to top it off, we beat every county in the East of England and the South East regions which is a huge achievement!
- Thank you everyone who took part in the UK's largest youth consultation, your voices were heard among many.

MAKE YOUR MARK 2014

TOP ISSUES IN NORFOLK

- 1) Everyone should be paid at least the living wage of £7.65 per hour.
- 2) Work Experience.
- 3) Bring back exam resits in Maths and English.
- 4) Mental health services.
- 5) A curriculum to prepare us for life.

As Norfolk Youth Parliament, we will work on these issues throughout the year and try and improve as best we can in Norfolk!

1) Everyone should be paid at least the living wage of £7.65 per hour

MAKE YOUR MARK 2014

MAKE YOUR MARK 2014

2) Work Experience

This came second in Norfolk.

Make Your Mark — Vote to decide what your Members of Youth Parliament debate in the House of Commons. Vote online until 10th Oct: mym.mi-vote.com

5 Work Experience

We should have the chance to do at least a week's placement, at a place of our choosing. We should have access to professionals who inspire us.

#MakeYourMark

Make Your Mark — Vote to decide what your Members of Youth Parliament debate in the House of Commons. Vote online until 10th Oct: mym.mi-vote.com

6 Bring back exam resits in Maths and English

Bring resits in English and Maths back in to schools in England and help us achieve our potential.

#MakeYourMark

3) Bring back exam resits in Maths and English

This came third in Norfolk.

MAKE YOUR MARK 2014

MAKE YOUR MARK 2014

4) Mental Health services

Make Your Mark — Vote to decide what your Members of Youth Parliament debate in the House of Commons. Vote online until 10th Oct: mym.mi-vote.com

4 Mental health

Services should be improved with our help. We should all learn about common mental health issues at school and negative stereotypes should be challenged.

#MakeYourMark

Make Your Mark — Vote to decide what your Members of Youth Parliament debate in the House of Commons. Vote online until 10th Oct: mym.mi-vote.com

3 A Curriculum to prepare us for life

Schools should cover topics like finance, sex and relationship education and politics.

#MakeYourMark

5) A curriculum to prepare us for life

This came fifth in Norfolk.

MAKE YOUR MARK 2014

MAKE YOUR MARK 2014

TOP ISSUES NATIONALLY IN THE U.K

- 1) Votes at 16.
- 2) Everyone should be paid at least the living wage of £7.65 per hour.
- 3) Mental health services.
- 4) Work Experience.
- 5) Bring back exam resits in Maths and English.

MAKE YOUR MARK 2014

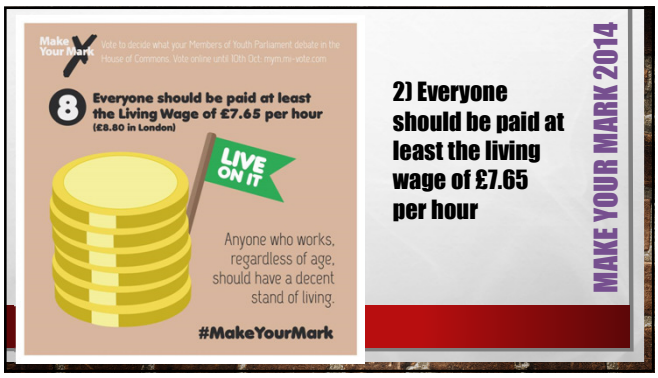
1) Votes at 16

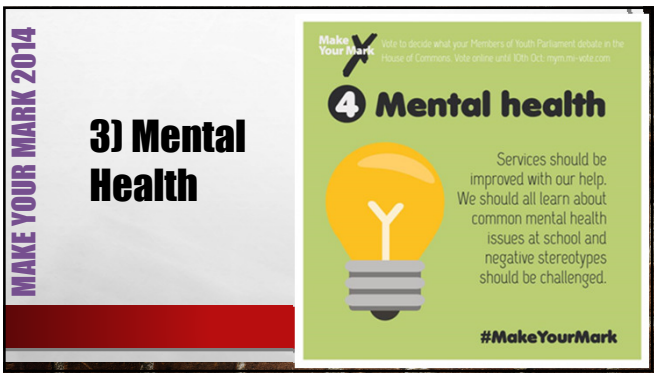
Make Your Mark — Vote to decide what your Members of Youth Parliament debate in the House of Commons. Vote online until 10th Oct: mym.mi-vote.com

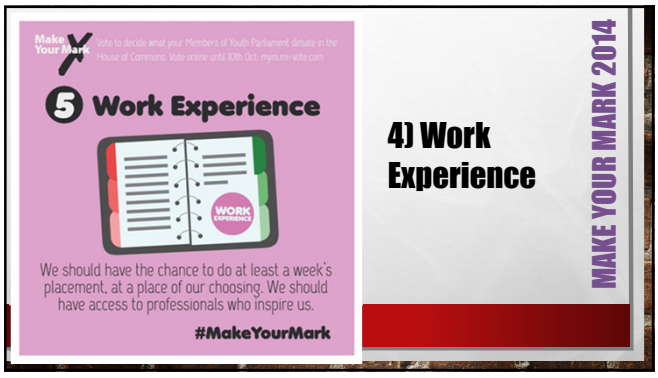
1 Votes at 16

Give 16 and 17 year olds the right to vote in elections and referendums.

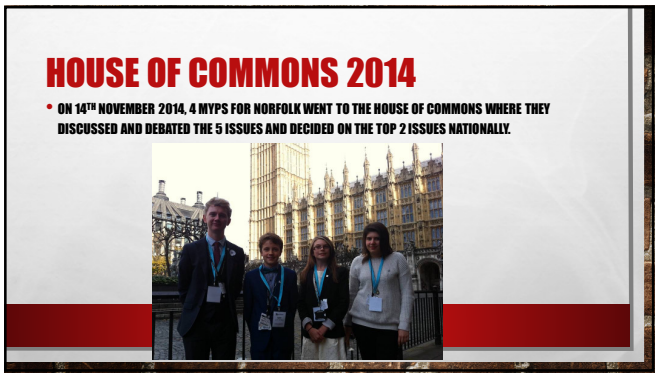
#MakeYourMark

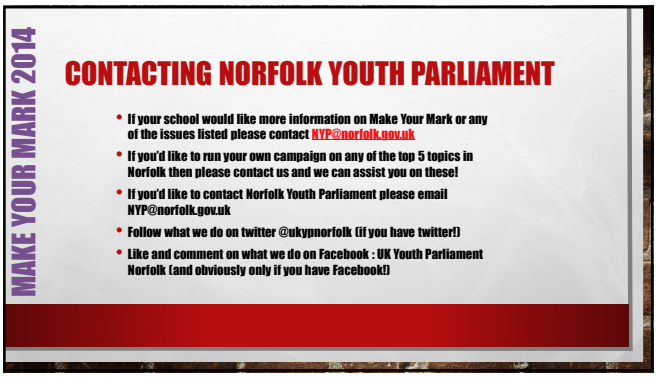

Make Your Mark
Vote to decide what your Members of Youth Parliament debate in the House of Commons. Vote online until 10th Oct: mym.mi-vote.com
8 Everyone should be paid at least the Living Wage of £7.65 per hour (£8.80 in London)
LIVE ON IT
Anyone who works, regardless of age, should have a decent stand of living.
#MakeYourMark
2) Everyone should be paid at least the living wage of £7.65 per hour
MAKE YOUR MARK 2014


MAKE YOUR MARK 2014
3) Mental Health
Make Your Mark
Vote to decide what your Members of Youth Parliament debate in the House of Commons. Vote online until 10th Oct: mym.mi-vote.com
4 Mental health
Services should be improved with our help. We should all learn about common mental health issues at school and negative stereotypes should be challenged.
#MakeYourMark


Make Your Mark
Vote to decide what your Members of Youth Parliament debate in the House of Commons. Vote online until 10th Oct: mym.mi-vote.com
5 Work Experience
WORK EXPERIENCE
We should have the chance to do at least a week's placement, at a place of our choosing. We should have access to professionals who inspire us.
#MakeYourMark
4) Work Experience
MAKE YOUR MARK 2014


MAKE YOUR MARK 2014
5) Bring back exam resits in Maths and English
Make Your Mark
Vote to decide what your Members of Youth Parliament debate in the House of Commons. Vote online until 10th Oct: mym.mi-vote.com
6 Bring back exam resits in Maths and English
%+=÷
Bring resits in English and Maths back in to schools in England and help us achieve our potential.
#MakeYourMark


HOUSE OF COMMONS 2014
• ON 14TH NOVEMBER 2014, 4 MYPS FOR NORFOLK WENT TO THE HOUSE OF COMMONS WHERE THEY DISCUSSED AND DEBATED THE 5 ISSUES AND DECIDED ON THE TOP 2 ISSUES NATIONALLY.


MAKE YOUR MARK 2014
CONTACTING NORFOLK YOUTH PARLIAMENT
• If your school would like more information on Make Your Mark or any of the issues listed please contact NYP@norfolk.gov.uk
• If you'd like to run your own campaign on any of the top 5 topics in Norfolk then please contact us and we can assist you on these!
• If you'd like to contact Norfolk Youth Parliament please email NYP@norfolk.gov.uk
• Follow what we do on twitter @ukypnorfolk (if you have twitter!)
• Like and comment on what we do on Facebook : UK Youth Parliament Norfolk (and obviously only if you have Facebook!)

Children's Services Committee

Item No 7

Report title:	**Dedicated Schools Grant**
Date of meeting:	**13 January 2015**
Responsible Chief Officer:	**Sheila Lock**

Strategic impact

This paper presents the changes to the distribution for the Dedicated Schools Grant from April 2015, in line with the Department of Education's Fairer School Funding arrangements.

This includes the funding distribution formula that delegates the funding into maintained schools and academies who are responsible for using this to ensure the educational outcomes for their children.

Executive summary

Schools funding is provided through the Dedicated Schools Grant (DSG) and Pupil Premium, which is paid to the County Council and passed on to schools in accordance with the agreed formula allocation. Since April 2013 the DSG has been based on a new funding model that has arisen following the Governments "School Funding Reform: Next steps to a fairer system". This sees the DSG being split into three funding blocks: The Schools block, the High Needs block and the Early Years block.

This autumn the Department for Education have announced that they will be allocating an additional £390m of Dedicated Schools Grant (DSG) to local authorities in 2015/16, based on a methodology of 'Minimum Funding Levels' for DSG.

The Minimum Funding Levels (MFLs) are based on the average amounts that local authorities currently allocate within their local funding formulae for pupil characteristics including the amounts for Per-Pupil Entitlement, Deprivation, LAC, EAL and Attainment as well as the Lump Sum and Sparsity factors.

These MFL rates were multiplied by each Local Authorities' pupil/school characteristics data and totalled, with the addition of an Area Cost Adjustment for some authorities (not applicable for Norfolk). For Local Authorities where this calculation resulted in a per-pupil Schools Block DSG rate higher than that given in 2014/15, the DSG for 2015/16 was be increased to the higher amount.

The result of this new methodology is that Norfolk received an estimated additional £18m of DSG Schools Block funding for 2015/16, before any adjustment for pupil numbers that will be distributed out to schools based on the funding formula.

Recommendations:

1. Committee are asked to agree the Dedicated Schools Grant funding and the changes to the funding formula (as detailed in section 1.27) that is used to allocate funding to schools and academies.

1. Proposal

1.1 The total DSG allocation received for 2015-16 was confirmed in December 2014 and totals £546.547m before academy recoupment. This compares to a total DSG allocation of £532.278m in 2014-15. The Schools block totals £454m, representing £4,506.74 (2014-15 £4,333.80) per pupil, the Early Years block totals £25.7m, representing £3,705.04 per pupil, and the High Needs block totals £66m, as the high needs funding is based on a place plus basis (a set amount of money is allocated for each placement and the additional amount is based on need) it is not possible to give a per pupil amount. The overall difference in the DSG allocation from the prior is set out in the table below:

Funding element	2015/156 (£m)	2014/56 (£m)	Change (£m)	Explanation for change
Early Years	25.783	24.979	0.804	Increase in pupil numbers
Early Years Pupil Premium	0.638	0	0.638	New allocation
Schools Block	453.635	432.864	20.771	Increase in Minimum Funding Levels for pupil characteristics, increase in pupil numbers and addition of non recoupment academies
High Needs block	66.341	65.191	1.15	Increase in place and top up growth funding for 2015-16
2 year old funding	tbc	9.461	n/a	Allocation still to be announced.
Newly Qualified Teachers	0.150	0.150	0	No change
Total	**546.547**	**532.645**		

1.2 The Early Years block funds direct places in a variety of settings including nursery schools, preschools, and childminders along with county wide operational teams and supports Norfolk's Early Years Strategy. The terms of the grant stipulate that the county wide costs should be no greater than 10% of the Early Years block, which at 6.7% Norfolk's costs fall within. Special educational needs funding for early years provision comes from the High Needs Block.

1.3 Due to additional DSG allocated to Norfolk in the schools block this year a decision is required on how this additional money is allocated to schools and academies. A consultation was undertaken with Schools on the proposal that the funding should be allocated to affect a removal of the current +1.45% funding

cap, plus distribution of the remaining additional funding in proportion to the existing funding formula headings excluding fixed sums.

1.4 The basic premise behind this is that a significant amount of time has been spent over recent years in arriving at a revised local formula within the parameters set out by the funding regulations and therefore any new funding ought to be allocated following those principles. The removal of the funding cap will result in schools, who had previously had their gain under new funding formula capped to afford the minimum funding guarantee, being funded in-line with the characteristics that derived their funding, whilst the minimum funding guarantee remains for any school or academy that saw a reduction from the changes in 2013/14. Then distributing the remaining funding in proportion to existing formula funding headings achieves the aim of following the established principles of the funding.

1.5 The exclusion of the fixed sum (the amount of money a school gets allocated regardless of the number of pupils that attend) were in part a result of limitations in the funding regulations, but also reflect that the fixed elements have been previously arrived at as part of the Norfolk formula and should now remain at those levels allowing additional DSG to be allocated based on pupil characteristics. This reflects the DfE's vision of a largely pupil-led formula.

1.6 The Department for Education introduced an optional 'Sparsity' funding factor into the formula in 2014/15, to give local authorities slightly more flexibility in the funding of small schools that are vital to serving rural communities.

1.7 Norfolk opted to use the Sparsity factor in 2014/15. The current criteria for Norfolk's Sparsity formula are:

School Type	**School Size (Years R-11)**	**Sparsity Distance (Miles)**	**Sparsity Funding £**
Primary	Fewer than 50	2 miles or greater	14,750
Secondary	Fewer than 505	3 miles or greater	100,000
All-Through	Fewer than 505	2 miles or greater	100,000

1.8 There are currently 19 primary schools and 5 secondary schools that qualify for a Sparsity allocation. There are no all-through schools that meet the criteria for a Sparsity allocation.

1.9 The DfE have announced that the methodology for funding Sparsity will change in 2015/16 to be based on average year group sizes instead of overall school size, so a change to the formula is required. The maximum amount that may be funded for Sparsity remains at £100,000 per school, and the Sparsity distance thresholds will also remain unchanged.

1.10 The maximum average year group sizes set by the DfE for schools are:

School Type	**Year Group Size Threshold (R-11)**
Primary	21.4
Secondary	120
Middle	69.2
All-Through	62.5

1.11 The local authority is allowed to narrow the criteria (i.e. to set a greater Sparsity distance and/or a smaller average year group size) to meet local circumstances.

1.12 The criteria can be changed for each sector, i.e. primary, secondary, middle (not applicable in Norfolk) and all-through schools, but not for individual school types, e.g. the average year group size cannot be different for infant schools with year groups R-2 than for primary schools with year groups R-6. This means that the previous Sparsity allocation based on overall school size cannot be replicated exactly for 2015/16.

1.14 In order to maintain the current Sparsity factor funding as closely as possible, it is proposed to narrow the average year group size criteria to replicate the current funding based on a primary (R-6) threshold of 50 pupils and a secondary school threshold of 505 pupils, as follows:

School Type	Year Group Size Threshold (R-11)	Equivalent School Total Size Threshold
Infant (R-2)	7.14	21.42
First (R-3)	7.14	28.57
Primary (R-6)	7.14	50
Secondary	101	505
All-Through*	46.25	555

*All-through based on weighted average of primary and secondary year group thresholds. Neither of Norfolk's all-through schools qualifies for Sparsity funding as they both exceed the size thresholds.

1.15 The Department of Education has also introduced the option to pay an exceptional sparsity factor of an additional £50,000, to secondary schools that are at risk of dropping below 350 pupils. Norfolk has one secondary school that may meet this criteria in October 2014, and wish to use this option.

1.16 Based on October 2014 Census data, the proposed year group sizes shown above allow the 2014/15 Sparsity values to be maintained in 2015/16 for all schools with the exception of two infant schools that both have greater than 7.14 pupils per year group.

1.17 In 2014/15, the DfE introduced a protection for schools that amalgamated in the previous financial year (or in the same year if amalgamated on 1st April).

1.18 The protection gives amalgamated schools the equivalent of 85% of two lump sums for the first year following amalgamation, rather than just the single lump sum amount.

1.19 For 2015/16, the DfE have stated that the local authority may apply to continue the protection for a second year for schools that amalgamated during the 2013/14 financial year.

1.20 Norfolk has two schools that were formed from amalgamation during the financial year 2013/14.The amount of additional protection is £68,787.60 per school.

1.21 It is proposed to continue the protection of amalgamated schools for a second year to support them during their transition to a single lump sum (they lose a fixed sum when amalgamating because they become one school, in contrast to

federated schools that retain both lump sums as they are separate schools working in collaboration).

1.22 The total cost of the continued protection is approximately £138k, but the amalgamations themselves have reduced the total lump sum funding required by approximately £197k per year so even with the protection paid for this leaves a saving of £59k that is spread across the allocations of all schools. It is not yet known whether the DfE will allow this protection to continue beyond a second year.

1.23 The DfE's Minimum Funding Guarantee (MFG) will continue to apply to Schools Block funding as in previous years at minus 1.5% per pupil, excluding the following items:

- Post-16 funding factor (the amount funded from DSG)
- The 2015/16 'Lump Sum'
- Additional lump sums paid in 2014/15 for amalgamated schools (excluded from 14/15 baseline only)
- Additional lump sums to be paid in 2015/16 for amalgamated schools (excluded from the 2015/16 funding only)
- The 2015/16 'Sparsity' factor
- Rates

1.24 This means that in 2015/16 no school can lose more than 1.5% of funding per-pupil compared to 2014/15, other than for the items above which are not covered by the guarantee.

1.25 Additional Schools Block funding delegated due to an increase in the amount of DSG received by Norfolk for 2015/16 is not excluded from the MFG calculation, meaning that for schools receiving MFG in 2014/15 any extra funding from the additional 2015/16 DSG will firstly go towards offsetting the MFG figure (which itself should be a lower amount for 2015/16, due to the loss of 1.5% of the protection) and this will only result an in increase in total funding where the MFG figure has been exceeded by the new allocation.

1.26 Some schools currently have a large MFG figure, which will not be offset in full by their share of the new DSG funding. These schools will experience an overall funding decrease in 2015/16 despite the delegation of additional DSG, but the decreases will be in line with previous budget forecasts.

1.27 The proposed changes to the funding formula are:

1) To remove the current +1.45% funding cap from the funding formula and distribute the remaining additional funding in proportion to the existing pupil led funding formula headings.

2) To replicate Norfolk's current sparsity funding factor as closely as possible, by setting Norfolk's average year group size thresholds (above which no sparsity funding is allocated) as follows:

Primary sector = 7.14 pupils per year group
Secondary sector = 101 pupils per year group
All-through schools = 46.25 pupils per year group

3) To introduce the exceptional circumstances factor of an additional lump sum of £50k, for secondary schools that fall below 350 and meet the sparsity funding factor criteria.

4) Continue to allocate amalgamation protection for a second year for schools that amalgamated during the financial year 2013/14.

1.28 Schools are expected to fund the first £6,000 of each pupil's additional needs from their individual school budgets. The High Needs Block funds the additional needs services and provision, above the initial £6,000, through a mixture of services including in house services, services commissioned through schools and complex need schools, and externally provided specialist services and supports Norfolk's Special Educational Needs strategy.

2. Evidence

2.1 The formula was developed in conjunction with the Formula Review Project Board, a sub-group of Norfolk's Schools Forum. A full consultation was then undertaken, which included a number of events across the County that were attended by over 400 representatives from Norfolk's Schools and academies, along with an electronic consultation that was open to all schools. A summary of the consultation responses is covered in section 4.

2.2 During the consultation events and through the consultation responses there was majority support to remove the funding cap, to allow those schools that should have benefited under the new funding system, to feel the full benefit.

2.3 There was majority support for redistributing the remaining funding through the existing pupil-led funding factors, as this reflects the characteristics of the school, and takes into account the number of pupils in the school as well as prior attainment, deprivation and English as an additional language.

2.4 There were a minority of responses that felt that the extra funding should be distributed via the basic per pupil amount only, however this would benefit those schools that have a large number of pupils, rather than targeting the funding at the characteristics and needs of the pupils in the school. A large amount of work was undertaken to proportion the allocation of funding across the available factors to address need and putting funding solely through the basic per pupil amount would skew this. It should be noted that the proposed allocation of the additional funding is based on the pupil led factors.

2.5 There were also a minority of responses that felt the lump sum should also be increased, however Norfolk has carried out a considerable amount of work reviewing the level of the lump sum appropriate to each school type.

2.6 There was overall support for maintaining the sparsity factor at its current level at both the consultation events and in the survey feedback. A minority of responses said small schools should not be supported financially, however these schools are sparse and there would be high transport costs if the children have to travel to the next school. A minority also responded that the measure of 50 should be increased to 150, the Department of Education's measure, but when the factor was initially introduced in 2013/14 this was examined in detail and the size of schools in Norfolk meant a high proportion schools fell into this category, which

reduced the amount paid through the basic per pupil entitlement below the minimum funding level.

2.7 There was also a general agreement that the support and challenge for small schools needs to be more than just a financial approach.

2.8 There was overall support for continuing with the amalgamation factor at the consultation events and in the survey feedback. It was felt that whilst this may not encourage schools to amalgamate on its own, as they are still better off financially if they federate, it was sensible to ensure that all steps were taken to alleviate this financial disincentive to consider all structural solutions.

3. Financial Implications

3.1 The paper is addressing the allocation of the Dedicated School's Grant and as such the financial implications are covered in Section 2.

3.2 There were two alternatives considered and these are outlined below.

3.3 The first alternative considered was the distribution of the additional DSG in proportion to the existing funding formula headings.

3.4 The second alternative considered was the Distribution of the additional DSG in proportion to the existing funding formula headings excluding fixed sums;

3.5 Given the work that has been undertaken since 2012 on ensuring that schools are funded based on their characteristics as allowed by the DfE's funding regulations and that many schools had not been able to see the impact of this new funding arrangement because to the minimum funding guarantee these two options are not considered suitable as they do not address the issue of the funding cap.

4. Issues, risks and innovation

4.1 **Consultation responses**

4.2 During the consultation events and through the consultation responses there was majority support to remove the funding cap, to allow those schools that should have benefited under the new funding system, to feel the full benefit.

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Officer Contact

If you have any questions about matters contained in this paper please get in touch with:

Officer Name: Owen Jenkins **Email address**: owen.jenkins2@norfolk.gov.uk

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Children's Services Committee

Item No 8

Report title:	**Norfolk County Council's promise to children and young people in its care.**
Date	**13 January 2015**
Responsible Chief Officer:	**Sheila Lock**

Strategic impact

The promise to children and young people in the care of Norfolk County Council underpins the improvement programme for the looked after children (LAC) and care leaver (CL) services. It clearly lays out for children and young people their statutory rights as LAC/CL and is a useful reference point for practitioners and foster carers. On the reverse it highlights positive aspirations we have for the service.

This report is an update on where we are with the dissemination of the promise six months post its launch date.

Executive summary

Following the launch of the promise there have been several issues identified that have impeded its dissemination. The key issue has been that some practitioners disagreed with the content, they thought it was too aspirational and that it "set them up to fail". Other issues have included practitioners highlighting that one set of wording could be misleading, (this has now been rectified during a reprint), practitioners not following the dissemination guidelines and instead of taking the promise out to the child/young person and explaining the content and the compliments and complaints procedures they have instead either not given a copy to the child/young person or else have sent it out in the mail.

These issues have been noted by the Children's Services Leadership Team and I am in the process of revisiting all of the teams to ensure they are very clear that this is a statutory and not voluntary duty. This message is also being reinforced at the LAC team managers meetings.

A small improvement in the numbers of children and young people who have been given promises has been seen and this will continue to be monitored.

Recommendations:

- **That the Children's Services Committee endorse this plan of action.**
- **That Children's Services committee receive a further report in six months time when the figures available will be sufficient to collate into a report highlighting dissemination, feedback from children and young people and tracking if there has been a rise in either complaints or advocacy requests as a result.**

1. Proposal (or options)

Set out in the executive summary.

2. Evidence

The evidence collected has been both anecdotal, directly from practitioners and through a formal recording, which forms part of the independent reviewing officers' quality assurance process.
I have consulted with the membership of the Norfolk In Care Council to gain insight of how many of them have received a copy of the promise from their social care worker and of those who had received a copy, how many were shared in the manner set out in the guidelines.

Financial Implications

There are no financial implications.

4. Issues, risks and innovation

This report has been developed in partnership with the Norfolk In Care Council. They identified the issues and developed the recommendations. They will also be attending the LAC team meetings to promote the promise to practitioners.

There are no staff, legal or equality implications.

There is an implication to the wider County Council, in that all departments have a corporate parenting duty and so should be aware of the contents of the promise.

5. Background

Attached are the revised promise PDF's

Officer Contact

If you have any questions about matters contained or want to see copies of any assessments, eg equality impact assessment, please get in touch with: Irene Kerry

If you have any questions about matters contained in this paper please get in touch with:

Officer Name: Irene Kerry **Tel No:** 01603 638094 **Email**:irene.kerry@norfolk.gov.uk

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communication for all

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What the law says you should have...

0-15 years

These are your rights, things the law says we must do. If you think we are not keeping them you must tell us. You can do this in many ways, talk to your **social worker** or **independent reviewing officer** (IRO) or make a formal complaint – details of how to do this are at the bottom of this leaflet.

If you would like to make a complaint, you can do this by using one of the complaints and comments forms you have been sent.

You can also make a complaint online at www.norfolkcountycouncil.gov.uk/complaints **or by ringing us on** 0344 800 8020 **or text us on** 07789 920916

If you would like some support in making a complaint you can ask the complaints team, your social worker or foster carer to help you get an independent advocate or contact the Norfolk in Care Council at **nicc@norfolk.gov.uk**

When you make a complaint we will let you know that we have received your complaint and let you know who is dealing with it. We will look at your complaint and what you would like to happen and send you a reply, this will happen within 10 working days (working days are Monday to Friday, not bank holidays) unless it is very complicated and then we will let you know how long it will take.

We will make sure that you know that you are able to have an advocate to help you do this and we will help you get one if this is what you want. If you are not happy with our reply you can ask us to look at it again. **The complaints team and / or your advocate will explain to you what happens next.**

1

We will make sure you understand how to make a complaint or comment about the care you receive from us. If you would like someone to support you make a complaint or an 'advocate,' we'll arrange this for you.

2

You will have a qualified social worker, who will visit you at least every 30 days when you first come into care or change your placement. After this your social worker will still visit you regularly and will let you know how often this will be.

3

You will have a named IRO who will manage your reviews. These have to happen when you come into care, three months after this and then every six months until you are 18 years old. You can contact your IRO between reviews if you want to talk to them and you can work with them and chair your own review meetings if you would like.

No major changes like moving where you live, even if it is to go home, will happen without a statutory review with your IRO

Foster carers can now make more decisions about your life, for example staying at a friend's house or going on a school trip. This is called delegated authority and means that you do not always have to wait for checks on a friend's family or ask a social worker to sign a consent form.

If we decide to change where you live we will always ask your opinion. If we can't do what you would like us to do we will explain to you why this can't happen.

We will make sure where you live is safe and what you want, that you have contact with your family and that this is written into your care plan.

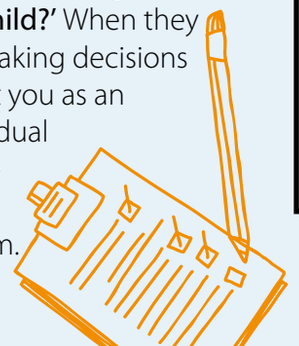
We will provide you with help and support at school to help you do as well as other children and young people not in care.

We will make sure that the place you live is safe and that you are well cared for. We will make sure your carers understand your needs, this could be your religion, your culture or any disabilities you may have.

You will be provided with a copy of your care plan unless we feel that you are too young to have it or that you may find it upsetting - if we do decide this we will explain why.

Where you have not had regular contact with family members, we will make arrangements for you to have an independent visitor if this is something you would like.

We will make sure that everyone understands their role as a corporate parent and that they ask themselves **'Would this be good enough for my child?'** When they are making decisions about you as an individual or the care system.



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No matter who you are, where you live or how you see yourself, this is for you.

This is Norfolk County Council's promise to all children and young people in its care.

What Norfolk County Council says you will have...

0–15 years

Norfolk County Council

These are the things that Norfolk County Council says you should have.

If you feel we are not keeping these you should talk to your social worker or IRO, or you can let us know by using a complaints form – details of how to do this are at the end of the form.

We will help you deal with the reasons why you came into care and any problems you have because of being in care. We'll do this by making sure you feel cared for, valued and, if you need it, by setting up meetings with people who work with children and young people to help them understand their feelings and behaviour.

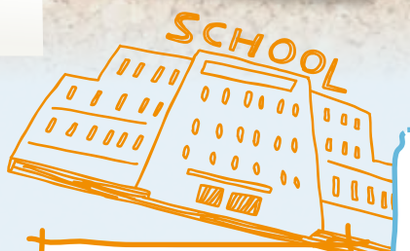
Your social worker will visit you regularly and let you know if they have to cancel a visit and why. They will also let you know if they are going on holiday and make sure you know who to speak to whilst they are away.

We will celebrate what you do well and not just concentrate on things that need to be improved.

We will make sure that you have a bank account and that we will help you to understand saving and how to manage your money.

We will make sure that you are safe and well cared for. We will always try to find the best place for you to live and will include you in making this decision.

Wherever possible we will not use a temporary place as we want you to feel settled where you live. We will always try to make sure that you get to meet your foster carers before you move to be with them. This may not be possible if it is an emergency move.



We will try to make sure that as many things as possible, like your school, stay the same when you come into care.

We will talk to you about all the options for your future and not just about higher education or work.

We will ask your opinion about everything that happens to you and if we can't do what you want we will explain why.

We will do our best to promote a positive image of children and young people in care.

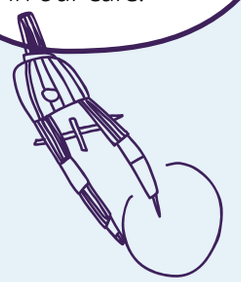
We will try our best to make sure you keep the same social worker, by not changing them unless we have to, for example if they are leaving or unwell.

We will offer you opportunities to get involved with helping us make the service better for all children in care.

We will offer training to all professionals that come into contact with children and young people in care to help them understand what it means for you to be in care.

We will make sure that you have the best experience possible while you are in our care.

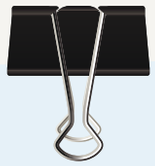
We will make sure that you understand all of your rights whilst you are in our care.



If you have any questions about this promise please contact your social worker or...

nicc
norfolk in-care council
everyone has a voice

the Norfolk in Care Council...
nicc@norfolk.gov.uk
or text
07920723773



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What the law says you should have...

16+ years

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If you would like some support in making a complaint you can ask the complaints team, your social worker or foster carer to help you get an independent advocate or contact the Norfolk in Care Council at **nicc@norfolk.gov.uk**

You will have a qualified social worker who will visit you regularly until you are 18. After age 18, if you change to a personal advisor we will make sure they have a professional qualification or are studying for one.

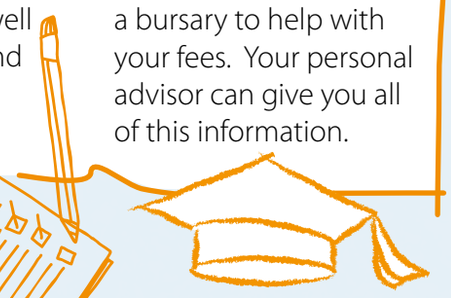
We will make sure that you have a **Pathway Plan** in place by the time you are 16 and three months. We will work with you to understand how important this plan is and we will review it every six months with you.

It will be completed by you and your social care worker together and you will be given a copy. If any major changes happen before your **Pathway Plan review**, we will update it with you.

No major changes like moving where you live, even if it is to go home, should happen without a statutory review with your IRO or if you are over 18, without a meeting with your personal advisor.

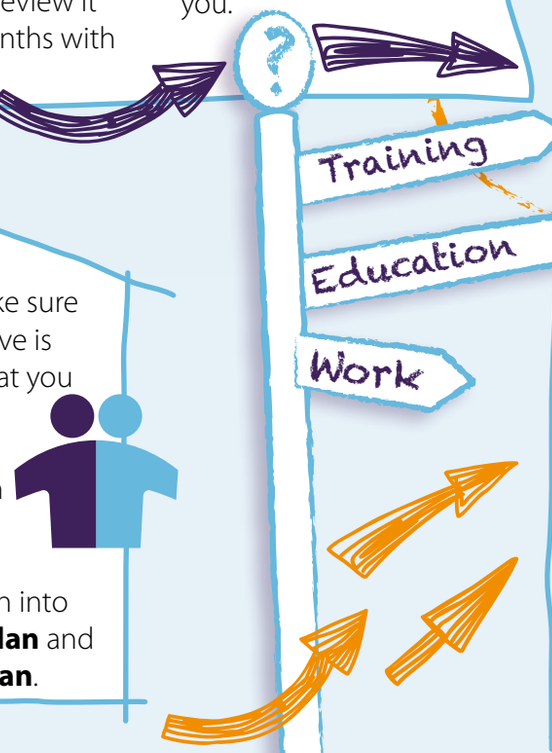
We will provide you with help and support at school or college or university to help you do as well as other children and young people not in care.

If you go to University we will offer you support around your accommodation and a bursary to help with your fees. Your personal advisor can give you all of this information.



If we decide to change where you live we will always ask your opinion. If we can't do what you would like us to do we will explain to you why this can't happen.

We will make sure where you live is safe and what you want, that you have contact with your family and that this is written into your **Care Plan** and **Pathway Plan**.



We will make sure that everyone understands their role as a corporate parent and that they ask themselves, **'Would this be good enough for my child?'** when they are making decisions about the care system or you as an individual.

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What Norfolk County Council says you will have...

16+ years

Norfolk County Council

These are the things that Norfolk County Council thinks you should have.

If you feel we are not keeping these you should talk to your social worker or family support worker or you can let us know by using a complaints form – details of how to do this are at the end of this page.

We will help you deal with the reasons why you came into care and any problems you have because of being in care. We'll do this by making sure you feel cared for, valued and, if you need it, by setting up meetings with people who work with children and young people to help them understand their feelings and behaviour.

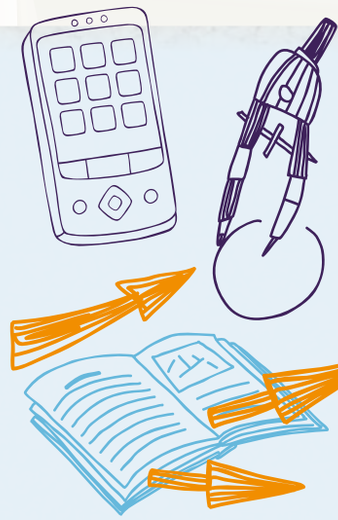
Your personal advisor / social worker will visit you regularly and let you know if they have to cancel a visit and why. They will also let you know if they are going on holiday and make sure you know who to speak to whilst they are away.

We will celebrate what you do well and not just concentrate on things that need to be improved.

We will make sure that you have a bank account and that we will help you to understand saving and how to manage your money.

We will make sure that you are safe and well cared for. We will always try to find the best place for you to live and will include you in making this decision.

Wherever possible we will not use a temporary place as we want you to feel settled where you live. When it comes time for you to move out, we will make sure you have all the skills you need to live independently and make sure we find you secure, good quality accommodation.



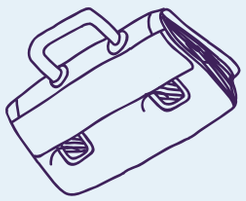
We will support you in your education or training. If you need support with this, we will make sure you have a specially trained guidance advisor who will help you.

A guidance advisor is separate from your personal advisor and is someone who is specially trained to advise you about education, employment, apprenticeships and/or training.

We will make sure that you have the skills you need to live on your own, when that time comes and we will support you in learning these skills.

We will ask your opinion about everything that happens to you and if we can't do what you want we will explain why.

We will try our best to make sure you keep the same social worker, by not changing them unless we have to, for example if they are leaving or unwell.



1. **When you make a complaint** we will let you know that we have received your complaint and let you know who is dealing with it. We will look at your complaint and what you would like to happen and send you a reply, this will happen within 10 working days (working days are Monday to Friday, not bank holidays)
2. unless it is very complicated and then we will let you know how long it will take.
3. **We will** make sure that you know that you are able to have an advocate to help you do this and we will help you get one if this is what you want. If you are not happy with our reply you can ask us to look at it again.
4. **The complaints team and /or your advocate will explain to you what happens next.**

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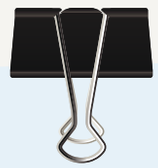

CB 1655 9/14

Children's Services Committee

Item No 9

Report title:	**Local Growth and Investment Plan**
Date of meeting:	**13th January 2015**
Responsible Chief Officer:	**Director of Children's Services**

Strategic impact

The County Council has a duty to secure sufficient pupil places to meet the demands of the school-age population. As pupil numbers grow, through demographic change and the impact of new housing across the County, we need to demonstrate how we intend to meet that duty and to apply available capital funding to our plans. The provision of high-quality places is central to meeting the County Council's objective of ensuring high standards of achievement in schools.

Executive summary

This report proposes, in the form of a summary of the Growth and Investment Plan for pupil place provision, the strategic direction of travel for areas of the County where pupil numbers are expected to increase in the next 10-15 years.

The Plan is a response to the Local Plan frameworks developed at district council level and also a statement to those districts of the school-level plans for which funding is required from developers or through the Community Infrastructure Levy to support new school places.

The Plan links to the Capital programme. The current programme covering growth schemes to the end of the financial year 2016/17 was approved by Cabinet in April 2014, but a number of schemes have subsequently been developed and submitted for approval, through Capital Priorities Group, to the new corporate prioritisation process which will come to Council in February 2015. The proposed major schemes submitted through this process are listed in this report.

In order to support decision-making on capital prioritisation, this report also seeks Committee approval for the terms of reference for Capital Priorities Group and for a means of delegation of decision-making to the Director of Children's Services, advised by this group and subject to regular reporting to Committee.

Recommendations:

- **to approve the strategic direction and financing of the medium/long-term provision of school places;**
- **to approve delegation of decision-making to the Director of Children's Services, advised by Capital Priorities Group; and to approve terms of reference for Capital Priorities Group;**
- **to approve the corporate capital bids considered by CPG at its November meeting.**

1. Proposal

1.1 This report proposes, in the form of a summary of the Growth and Investment Plan for pupil place provision, the strategic direction of travel for areas of the County where pupil numbers are expected to increase in the next 10-15 years.

1.2 The first such Plan was considered by Overview and Scrutiny Panel in 2013, with a view to an annual revision. It has subsequently been used to guide discussions with district councils, schools, neighbouring authorities and other NCC departments as to the need for pupil places arising from new housing developments over the next 10-15 years in Norfolk. This year we are proposing a wider consultation on the Plan to ensure that partners are aware of our proposed strategic direction of travel and, in particular, that schools in growth areas are made fully aware of the implications locally.

1.3 The County Council has a duty to secure sufficient pupil places to meet the demands of the school-age population. In particular we have to respond to the Local Plan frameworks developed at district council level, sometimes at the level of individual area action plans. Each district in Norfolk is at a different stage of its formal Local Plan process and we are fully consulted to ensure that required educational provision can be taken into account. Once individual planning applications are made we are also consulted on the impact. As major proposals (eg expansion of schools and commissioning of new schools) are identified, there are associated statutory processes to be conducted.

1.4 Three categories of growth are covered in this report:

- Major growth areas which will require multi-school solutions;
- Development locations where a new school is expected;
- Areas where existing schools will need to be expanded over time.

1.5 For each area, we have identified the extent to which proposals are currently funded. Capital Priorities Group will consider the implications of schemes which are currently unfunded at its meeting in January 2015.

1.6 The draft Plan is at Annex A.

2. Evidence

2.1 The evidence behind the proposals is predominantly derived from the annual school forecasts provided by NCC's Business Intelligence and Performance Services. These include the impact of housing developments. These forecasts support a more detailed pupil place planning exercise for areas of potential growth, taking into account a wider range of factors, including current admissions patterns. In the case of self-contained areas of major growth, assumptions are made about the number of children likely to be generated by new housing and how many forms of entry will be required in new or expanded schools.

2.2 Information is provided annually to the Education Funding Agency on future pressures which is used to provide capital grant allocations for Basic Need (that is, new places required to meet the sufficiency duty). LAs are required to report annually on the expenditure of all this Basic Need funding to demonstrate that a sufficient number of places has been added to, or is planned for, the system.

3. Financial Implications

3.1 Capital funding associated with the forward strategy was approved by Cabinet in April 2014 and there is no new funding being made available by government for Basic Need until April 2017 – allocations have been made for the three financial years 2014/15, 2015/16 and 2016/17. We have therefore had to retain some contingency in the capital budget to ensure that short term pressures on admissions can be met and for emerging priorities where the need is predicted but has not yet emerged on the ground.

3.2 The government is expected to provide a further allocation of Capital maintenance grant to LAs for the 2015/16 year.

3.3 The County Council has introduced a new corporate capital prioritisation process and we have been required to develop 'bids' for schemes which are either new or which call upon the existing approved, but as yet unallocated, funding. Some of these are Basic Need bids but others are for Capital maintenance schemes. All schemes put forward to the corporate prioritisation mechanism are listed in Annex B with a brief description of the need and the proposed solution. Where currently unfunded, these are proposed as a first call on the anticipated schools Capital Maintenance funding 2015/16.

3.4 Where schemes were identified in the approved Capital programme from April 2014, they have been noted as such in the relevant section of the Plan. A summary of the current cost profile of schemes in, or emerging from, the Plan, is provided at Annex C. In some cases only start-up costs, not full project costs, have been given, pending a greater understanding of scope and cost of the scheme.

4. Issues, risks and innovation

4.1 The key issue which Members need to take into account is the statutory duty of the authority to ensure that sufficient school places are available and that these are high-quality places – e.g. sustainable, by being close to pupils' homes, in high-performing or improving schools and offering wide educational opportunities. It must also take into account that the County Council is solely responsible for the funding of these growth places, and has government grant and local developer contribution, as agreed, available to support this responsibility.

4.2 Partnership is the key to success in providing new places – legislation provides for new schools to be commissioned as academies and we need to attract outstanding academy providers to run new schools. In developing plans to expand existing schools we work closely with governing bodies, dioceses and existing academies and as specific plans develop locally there is considerable consultation with local people before proposals are made and planning applications submitted.

4.3 There are considerable property implications in the expansion of schools – new sites have to be identified and in cases where they are not provided by developers, purchased. This poses particular risks to timely delivery of places.

4.4 The County Council has to ensure an impartial process when it considers its own school planning applications but applications are supported by reference in the National Planning Policy Framework to the need for determining authorities to recognise the requirement for a supply of new school places.

4.5 A risk for the Council over the years has been ensuring sufficiently timely and robust decision-making on matters which have a major impact on the pattern of school provision over the long-term. School capital building projects can have a two/three year lead time, quite apart from the prior process of needs analysis, option appraisal and commissioning the preferred solution. Whilst many schools will have a view of the importance of their own buildings' needs, most needs have to be met with school-level funding; this allows the County's funding to be focussed on strategic infrastructure solutions. Mitigating the risk of unclear or slow decision-making is essential.

4.6 To address these risks, the Council has had in place for a number of years a Children's Services Capital Priorities Group (CPG), comprising Members, officers and representatives of schools and governors, with technical advice from NPS. This Committee considered appointments to internal bodies in October 2014 and agreed to retain the Group and appointed the following members:

1 Labour (David Collis)
2 Conservative (Judy Leggett and Roger Smith)
1 UKIP (Paul Gilmour)
Chairman of the Committee (James Joyce)

It was further agreed that members of CPG should be members of this Committee. The Group has recently met and has proposed revised Terms of Reference which are attached for consideration by the Committee at Annex D. The proposed Terms reflect the need for some form of delegation from the Committee to allow timely and well-informed decision-making on these complex matters. The advice of the Head of Democratic Services is that the Committee should be asked to delegate decision-making to the Director of Children's Services, with the Capital Priorities Group acting as an advisory group to that post-holder.

Recommendations:

- **to approve the strategic direction and financing of the medium/long-term provision of school places;**
- **to approve delegation of decision-making to the Director of Children's Services, advised by Capital Priorities Group; and to approve terms of reference for Capital Priorities Group;**
- **to approve the corporate capital bids considered by CPG at its November meeting.**

Background papers:

- DfE Annual Schools Capacity Return
- District Council Local Plans
- NCC Cabinet – April 2014 – Children's Services Capital Programme

Officer Contact

If you have any questions about matters contained in this paper please get in touch with:

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Local Growth and Investment Plan (LGIP)

Strategic summary

Essential glossary

- FE – Forms of entry to a school
- PAN – Published Admission Number
- CIL – Community Infrastructure Levy
- S106 – legal agreement to secure developer contribution towards school facilities
- VA/VC – Voluntary Aided/Controlled (RC – Roman Catholic)

Category 1: Major strategic locations requiring a multiple new school solution

Sprowston/Old Catton/Rackheath (7,000 dwellings, likely to continue growing to 10,000 dwellings)
Current position • To deal with current growth pressures, an additional form of entry has been created at Sparhawk Infant school • Development will start on site at White House Farm, Sprowston early in 2015 (with infrastructure initially for the link road) with the first phase of housing likely to start in March 2015. A site of up to 1.5ha has been secured free of charge under a S106 agreement for a new Primary phase school and construction costs will be for the main part covered by a developer contribution of £4.3m • Beyond Green has outline planning permission for 3,520 dwellings for which NCC are negotiating sites to build 2 x 2FE Primary phase schools. Community Infrastructure Levy (CIL) funding will be requested. • NPS has completed site investigation options for a new Secondary School in North Norwich in response to the planned 10,000 houses in the area and is considering site options • Planning permission has been given for several other sites to the north of Norwich and these sites are being monitored for house build start dates and their impact on local school provision.
Required Provision –funded 2017 1 x up to 420 place Primary School at White House Farm Required Provision – unfunded but CIL contribution expected 2018 1 x 420 primary school Beyond Green 2020 1 x 420 primary school Beyond Green 2021 1 x 900 place high school

Thetford (5,000 dwellings)

Current positon

- To cover existing demographic pressures, we plan to increase the size of Drake Infant to 420 primary from 180 Infant with expansion to begin in September 2016. A planning application has been made for the extension scheme and Public Notices have been approved
- An additional form of entry has been provided into Reception and Year 1 at Raleigh Infant. Ongoing work with Raleigh and Admirals Academy to find campus solution to cater for 3 FE through from Year R to Year 6
- The major housing development for the new 5000 dwellings will be undertaken in phases. An outline planning application is being made to Breckland Council for the first phase of housing. The developers have plans to be on-site for the first phase of development by mid-2015. Negotiations have taken place to secure sites and contributions for up to 3 x 420 place Primary Schools within the development boundary. The County Council has been asked to underwrite the initial costs of the first new primary school prior to Section 106 contributions becoming available. This is not yet funded.

Required Provision - funded

2016
Drake Infant expansion/primary– NCC approved budget 2014-17
Admirals Academy/Raleigh – expansion NCC approved budget 2014-17

Required Provision – to be funded by S106 contributions

2017
new 420 place primary school

2019
new 420 place primary school

2021
new 420 place primary school

2021
Further expansion to Thetford Academy

Wymondham (2,200 dwellings)

Current position

- Statutory process to create three all through primary schools complete. This will provide six all-through forms of entry. Reorganisation takes effect in September 2015
- Bulge year has been accommodated at Ashleigh Infant School 2014/15, developing the sixth form of entry
- A site and contributions have been secured for a new 1 or 2 FE primary within the proposed housing development at Silfield. Discussion needs to be had to decide whether to relocate and expand an existing school or commission a new Academy.
- Wymondham High Academy will be expanded to accommodate 1650 11-16 age children plus allowance for up to 400 6th form provision. The school has taken an additional form of entry in 2014/15. The school cannot be expanded beyond 2050 places.

Required Provision –funded

Additional four classbases at Wymondham High academy – mainly section 106 funded; NCC approved budget 2014/17

Reorganisation projects at Robert Kett, Browick Road and Ashleigh schools - NCC approved budget 2014/17

2017
new 1 – 2FE Primary phase school – funding secured under S106 but may need top-up depending on desired school size

Required Provision - unfunded

2016+ continued expansion to Wymondham High Academy in accordance to Masterplan and in response to housing allocations/permissions. Developer funded.

Attleborough (4,000 dwellings)

Current position

- Governors of the three existing schools support proposed reorganisation which will see Junior school extended on current site to become 2FE all-through primary, and the infant school relocated and expanded to provide a 2 (possibly eventually 3) FE all -through primary. Reorganisation start date from September 2017.
- Two sites identified in the town and a geographical preference expressed for one site for the relocated infant school; comparative assessment of the two sites under way
- Feasibility work commissioned for extension of the junior school
- Masterplan complete for the High School to expand using premises vacated by infant school and further expansion on their existing site.
- Some ad hoc housing developments are coming forward which are now being considered as part of the 4,000 new homes for Attleborough. Indicative locations for the 4,000 new homes are available but development relies on a link road from East to West of the Town to allow traffic from Diss to the A11. NCC Children's Services are working closely with Breckland District Council and the Town Area Action Group to ensure consultation on all aspects of the housing growth.

Required Provision - funded
2018
New 420/630 place primary phase school on new site – funded within approved 2014-17 CS capital budget (subject to land purchase cost).

Required Provision - unfunded

From 2017

Implementation of Attleborough Academy Masterplan for growth

2020 (timing assuming completion of relocated infant school)
Completion of transition to new 420 place primary phase school from current junior school

Up to 2 x additional Primary phase schools in response to further housing expected to be fully

S106 funded including school sites.

Category 2: Development locations where a new primary school is anticipated

Cringleford (1,200 dwellings – future phase) could be increased to 1450
Current position • A new Church of England Voluntary Aided school with 2FE was opened in April 2013. • The plans for up to a further 1,450 houses are to include site for additional 2FE primary phase school, to be commissioned as academies • Additional land has been safeguarded at Hethersett High Academy to be able to expand the school to up to 9FE if required. Funding for this additional land, some of which has to be purchased by NCC if required for school use, will be sought from the developers at Cringleford and other sites in the school's catchment. A development Masterplan for the Hethersett High Academy site has been drawn up
Required Provision – partially funded 2019 New 2FE Primary phase school – funded from developer contribution/CIL 2019 onwards – phased expansion of Hethersett High Academy - funded from developer contribution/CIL

Hethersett (1,200 dwellings)
Current position • Additional places have been added at Hethersett Infant school giving a PAN of 75 • Site in major development reserved by developer for new 2FE primary school, • Consideration will need to be given to the overall organisation of provision in Hethersett: it would be in line with current policy and practice for a primary reorganisation to be considered by NCC and the schools as the new primary school comes on line • Additional land has been safeguarded at Hethersett High Academy to be able to expand the school to up to 9FE if required. Funding for this additional land, some of which has to be purchased by NCC if required for school use, will be sought from the developers at Cringleford and other sites in the school's catchment. A development Masterplan for the Hethersett High Academy site has been drawn up
Required Provision - funded 2017 new 420 place Primary phase school – S106 developer funded 2017 Phased expansion to Hethersett High Academy – S106 developer funded

West Winch/North Runcton (potential for 3000 new homes with 1600 allocated up to 2026)
Current position Developers have submitted a planning application for 1100 homes for the North part of the site. NCC, as consultees, have indicated the need for initially a 2FE Primary phase school in response to this application.
Required Provision – S106 funded (although extent to which fully-funded unclear) 2020 New 2FE Primary phase school

Bradwell (1,000 dwellings)
Current position • Outline planning application for 1000 houses has been approved. • First phase of infrastructure (link road) under construction • Negotiations with developer were unsuccessful in securing the full cost of a complete new primary phase school but land will be given free of charge should it be required for a new school
Required Provision – only site funded 2018 New primary phase school of between 1 – 1.5FE.

Fakenham (800-900 dwellings, possibly rising to 1,100 later in next Local Plan period)
Current position • NCC have been consulted by North Norfolk District Council on the proposed 800-900 new dwellings at Rudham Stile Lane. NCC have asked for land for a new Primary phase school to be safeguarded. No sign of immediate development. • Need for this new school, together with the opportunities for wider structural change in the area, is to be kept under review • NCC and TEN Group (a multi-academy trust) working together on options to rationalise Fakenham Academy on one site, linking with NNDC Local Plan review
Required Provision – expected S106 funded 2019 Possible new 1FE Primary phase school

Norwich Central (3,000 dwellings) –apart from Deal Ground (circa 600 dwellings and Threescore, Bowthorpe (circa 1000 dwellings) most allocations are smaller brownfield sites in the City, but including the central regeneration area.

Current position

- Continued pressure on places in Norwich. Capacity and funding available to expand Bignold to 3FE
- A site for a new Primary phase school at Garden Street, off Rouen Road, has been safeguarded but the inspector has given NCC up to 2016 to provide clear evidence that a new school will be required and can be funded
- New Norwich primary free school is being promoted by Inspiration Trust

Required Provision – funded

2015 onwards - funding within CS approved capital budget 2014-17

- Additional form of entry at Bignold primary to 630
- Expansion of Henderson Green primary to 210
- Expansion of Heartsease primary to potentially 525

Bowthorpe – Three score (circa 1000 dwellings)

Current position

Planning application has been approved for this large scale development and contributions secured through a S106 to expand existing Primary and High School provision.

Required provision

Decision subject to an analysis of existing provision in Bowthorpe and surrounding areas including preference movement. Expansion of existing schools as necessary, with modular provision to be provided at St Michael's VA Junior in 2015 to match infant phase intakes.

Trowse (250 dwellings)

Current situation

- Negotiations with South Norfolk District Council and developers have taken place over the past 2 years which have resulted in the allocation of two sites in Trowse for housing. Both sites now have planning permission with a site of 1.4ha (which straddles both development sites) for a new Primary phase school in Trowse. The current school in Trowse will be re-located and expanded to initially a 1FE school on this new site.
- It is anticipated that children from the Deal Ground development (Norwich City Council) will be able to secure places at the new Trowse Primary School.
- A Masterplan is being prepared for Framingham Earl High School which will need to accommodate pupils from growth in Trowse and Poringland.

Required Provision – funded

2017

New 105-210 primary phase school in Trowse - funding within CS approved capital budget 2014-17 plus contributions from S106 and CIL

Long Stratton (1,800 dwellings)
Current position • NCC continue discussion with South Norfolk District Council regarding proposed 1800 new homes in Long Stratton. A new primary phase school will be sought. Secondary numbers will be accommodated in existing high school, with extensions. • Some pressure on places, ahead of major building; additional form of entry to Manor Field infant school in 2015 through modular build • Infant, junior (academy) and high school share same site. • Consideration will need to be given to the overall organisation of provision in Long Stratton: it would be in line with current policy and practice for a primary reorganisation to be considered by NCC and the schools as the new primary school comes on line.
Required Provision – unfunded 2018 new Primary phase school – size to be decided. CIL funding expected but unlikely to fund the whole project.

Costessey – West of Lodge Farm (550 dwellings)
Current position • Capacity increased to 315 places at St Augustine's RC VA Primary to absorb growth within the established Costessey settlement • Also within the established settlement, Costessey Junior and Costessey Infant schools (academies) have consulted on a scheme to amalgamate the schools on the junior site (owned by NCC) and intend to bid to the Education Funding Agency for funding • Development site location includes site for 1FE primary school. 0.5ha will need to be purchased from the developer at a price yet to be agreed and some construction costs will need to be funded. •
Required Provision – partially funded by S106 agreement. New Primary phase school of 1FE around 2017 – construction contribution £800k

Hellesdon – (up to 1200 on existing golf club and hospital site)
Current position: High level of certainty that these sites will progress and regular meetings with Broadland District Council are taking place. It is likely that 150-200 homes will come forward before the existing golf club will be re-located. There are three sites, the golf club both sides of the Drayton High Road of which one site is adjacent to Hellesdon High School (academy) playing field and the Hellesdon Hospital site further along (300 dwellings).
Required provision – partially funded by CIL NCC have requested a 2ha site be safeguarded for a new Primary phase school of up to 420 places. Some discussions have taken place with existing schools but further discussions are now needed both for the proposed new school and how the existing infant/junior pattern can fit with this new school.

Category 3: Planning areas where planned housing growth will require demand and supply of school places to be kept under review.

Aylsham (300)	
Existing: 72 place intake (effectively 2 FE). St Michaels Infant School (36), John of Gaunt Infant School (36). 60 place intake (2 FE) Bure Valley Junior School.	Place Requirements (FE) YR 2017: Catchment: 74 (2.5 FE), Preference: 63 (2.5 FE) YR 2020: Catchment: 89 (3 FE), Preference: 75 (2.5 FE) Y3 2017: Catchment: 76 (3 FE), Preference: 67 (2.5 FE) Y3 2020: Catchment: 77 (3 FE), Preference: 68 (2.5 FE)
Current position Several sites around Aylsham are being discussed with the District Council. It is likely that 300 homes will put some pressure on local schools so this area will be monitored for expansion of schools in the future. CIL funding will be requested if required.	

Briston/Melton Constable (up to 50)	
Existing: 30 place intake (1 FE). Astley Primary School (30)	Place Requirements (FE) 2017: Catchment: 50 (2 FE), Preference: 34 (1.5 FE) 2020: Catchment: 58 (2 FE), Preference: 40 (1.5 FE)
Current position: The school operates as 1FE on the basis of the available accommodation, which includes two of its larger spaces in ageing temporary accommodation. In order to provide longer-term security of places at 270 places, with potential for expansion at a later date to 315, we have proposed a major scheme at this school in the 2015/16 corporate capital bids to be funded from existing block allocations.	

Former RAF Coltishall (possibly 1200)
Current position: Enquiries are taking place on the possibility of developing the former RAF Coltishall site centred around the settlement of Badersfield. Badersfield is served by Buxton Primary School which is 1FE and at capacity. Housing numbers circa 1200 are likely and Children's Services are in discussion within the County Council on school provision which include the possibility of a new school.

Cromer (400-450)	
Existing: 90 place intake (3 FE) Suffield Park Infant School. 75 place intake (2.5 FE) Cromer Junior School built as 3FE	Place Requirements (FE) YR 2017: Catchment: 88 (3 FE), Preference: 86 (3 FE) YR 2020: Catchment: 92 (3.5 FE), Preference: 89 (3 FE) Y3 2017: Catchment: 70 (2.5 FE), Preference: 72 (2.5 FE) Y3 2020: Catchment: 76 (3 FE), Preference: 79 (3 FE)
Current position: Forecasts suggest a requirement of three forms of entry at each of Cromer Infant and Cromer Junior schools. Following placement of further temporary accommodation at the Infant school in 2013, a capital project to provide 3FE permanent accommodation has been approved by CPG and forms a corporate capital bid, to be funded from existing block allocations The capacity of the Junior school will be reviewed; the school was originally built for 3FE.	

Dereham - possibly significant growth in future Plans	
Existing provision at YR: Grove House Infant (30), Kings Park Infant (30), Dereham Church Infant School (90), Toftwood Infant (90), Scarning Primary (45) Total 9.5FE	YR 2017: Catchment: 283 (9.5 FE), Preference: 267 (9 FE)
Current position: Dereham Town itself has 120 places at YR between the three infant schools. In September 2014 there were 150 children at YR. Dereham relies heavily on both Scarning and Toftwood to accept children who cannot be offered a place in Dereham. Breckland DC have advised Children's Services that a significant number of new	

dwellings could be planned for Dereham in the future. Numbers will be monitored and a whole Town review, including Scarning and Toftwood will be undertaken including a review of both High Schools and 6th form centre. The impact of possibly more immediate development in the south of the town will be on the Toftwood schools.

Diss (300)	
Existing: 100 place intake (3.5 FE) Diss Infants (60) and Roydon Primary (40) with Diss Junior (60) (2FE).	<u>Place Requirements (FE)</u> 2017: Catchment: 140 (5 FE), Preference: 109 (4 FE) 2020: Catchment: 151 (5 FE), Preference: 117 (4 FE)
<u>Current position</u>: There are several potential additional housing sites that could come forward in Diss/Roydon. Earliest start date is late 2015. It has been decided, following consultation with the schools, to progress a project with NCC and developer contribution funding to establish Roydon at 315 (1.5FE) Developer contribution is available to ease pressure in Diss, where the two primary phase schools are federated, and we are currently exploring options to transfer one or more year groups from the infant site, although there are site constraints at the junior school. Within the Diss secondary catchment area, Dickleburgh VC Primary School has been expanded to meet pressure of numbers and the capital budget includes a scheme to safeguard Pulham Market VC Primary to 210, possible phased depending on pupil number forecasts. On the basis of the forecasts, the High School does not need expansion for some years yet.	

Downham Market (390)	
Existing: 144 place intake (5 FE) Hillcrest (90) and Nelson Academy (54)	<u>Place Requirements (FE)</u> 2017: Catchment: 190 (6.5 FE), Preference: 167 (6 FE) 2020: Catchment: 212 (7.5 FE), Preference: 190 (6.5 FE)
<u>Current position</u> The actual rate of supply of new housing is as yet uncertain in this area and will continue to be monitored. The High School will be able to cater for all anticipated numbers on its existing sites. Hillcrest Primary has been expanded to 3FE.	

Great Yarmouth	
Existing: 9 FE in town	Place Requirements (FE) 10 in 2015 increasing to 11 FE – see below
Current position Overall demographic change, plus the impact of the Borough's anticipated housing trajectory, suggests a requirement for 11 FE and this will be put in place in conjunction with the town-wide reorganisation to take effect from September 2015. Accommodation requirements for the first three years of implementation will be met from the approved capital budget 2014/17 but beyond that further suitability improvements will require additional allocations. In the wider district area, we are liaising with the Borough Council on the likely implications of their emerging local plan to the period 2029. There will be allocations in the major settlements and outlying villages (including Bradwell, elsewhere in this Plan).	

Holt (250-300)	
Existing: 30 place intake (1 FE) Holt Primary (30)	Place Requirements (FE) 2017: Catchment: 43 (1.5 FE), Preference: 39 (1.5 FE) 2020: Catchment: 57 (2 FE), Preference: 52 (2 FE)
Current position Forecasts and current admissions pressures suggest the need to expand Holt Primary School to possibly cater for up to another 0.5 form of entry and discussions are taking place with the District Council on housing allocations. Options for this school are being considered, to include a substantially self-funded transfer to a new site. Forecasts now show little impact on the capacity of Sheringham High School.	

Hoveton (100-150+)	
Existing: 30 place intake (1 FE) St John's Primary School (30).	Place Requirements (FE) 2017: Catchment: 25 (1 FE), Preference: 27 (1 FE) 2020: Catchment: 28 (1 FE), Preference: 29 (1 FE)

Current position: Discussions have been had with both the Primary and Secondary schools. There is no immediate pressure for St John's but the level of housing likely in both Hoveton and Wroxham will put pressure on primary places. The school site is large enough to expand to potentially 2FE if necessary. A masterplan is being undertaken to identify options to expand Broadland High School to 900 places. North Norfolk Council have indicated that Hoveton will remain of interest in its housing strategy as a settlement with capacity for additional sustainable growth.

Hunstanton (350-370)	
Existing: 30 place intake (1 FE), Hunstanton Infant School (30), Redgate Junior School (30),	Place Requirements (FE) YR 2017: Catchment: 41 (1.5 FE), Preference: 35 (1.5 FE) YR 2020: Catchment: 52 (2 FE), Preference: 45 (1.5 FE) Y3 2017: Catchment: 43 (1.5 FE), Preference: 38 (1.5 FE) Y3 2020: Catchment: 49 (2 FE), Preference: 41 (1.5 FE)
Current position A single-site solution, transferring the infant school to the junior school site, is at planning and tender stage, funded from the existing 2014/17 capital budget. The resultant single site has the physical capacity to accommodate all children from future housing.	

King's Lynn Woottons and Knights Hill (1500)	
Existing: 120 place intake (4 FE) South Wootton Infant (60), North Wootton Primary (60), South Wootton Junior (45).	Place Requirements (FE) YR 2017: Catchment: 46 (2 FE), Preference: 81 (3 FE) YR 2020: Catchment: 65 (2.5 FE), Preference: 104 (3.5 FE) Y3 2017: Catchment: 44 (1.5 FE), Preference: 59 (2 FE) Y3 2020: Catchment: 39 (1.5 FE), Preference: 55 (2 FE)
Current position Proposed development of land at the Woottons does not impact upon forecasts in the immediate future.	

King's Lynn Lynnsport central development (at least 500)	
North Lynn is currently served by St Edmunds Primary, Highgate Infants and Eastgate Primary schools	Place requirements: local provision will need to absorb at least 220 children from this development
Current position To serve current population growth in the central part of the town, the expansion of St Martha's RC VA Primary to 420 places is proposed; a scheme is currently at planning stage Consideration being given to potential new school in the Lynnsport development and discussions are being held with the local schools. The scheme is currently unfunded but there will be some developer contribution.	

Poringland/Framingham Earl (360 – new allocation)	
Existing: 60 place intake (2 FE) Poringland Primary (60)	Place Requirements (FE) 2017: Catchment: 71 (2.5 FE), Preference: 47 (2 FE) 2020: Catchment: 85 (3 FE), Preference: 58 (2 FE)
Current position Poringland Primary School has not grown as previously anticipated as a result of the allocations of the previous Local Plan. The strategy is to develop the school to a 420 place school (subject to statutory proposals) rather than commission an additional new 210 place school in the new development. The expansion will be funded largely, if not completely, from developer contributions. Although forecasts suggest in-area numbers of more than 420, around 1/3rd of children in the schools catchment area attend other schools and this pattern needs to be kept under review in terms of the overall long-term demand for places at that school. The proposed replacement school building at Brooke (funded in the 2014/17 budget) will continue to provide additional capacity for the overall area.	

Loddon (100-200)

Existing: 60 place intake (2 FE) Loddon Infant (60), Loddon Junior (45),	Place Requirements (FE) YR 2017: Catchment: 57 (2 FE), Preference: 38 (1.5 FE) YR 2020: Catchment: 68 (2.5 FE), Preference: 45 (1.5 FE) Y3 2017: Catchment: 46 (2 FE), Preference: 33 (1.5 FE) Y3 2020: Catchment: 64 (2.5 FE), Preference: 46 (2 FE)
Current position Current forecasts, including housing projections, do not indicate pressure on school places in Loddon due to parental preference patterns.	

Mulbarton (180 consent)	
Existing: 60 place intake (2 FE) Mulbarton Infant School (60) Mulbarton Junior School (60).	Place Requirements (FE) 2017: Catchment: 65 (2.5 FE), Preference: 55 (2 FE) 2020: Catchment: 77 (3 FE), Preference: 66 (2.5 FE)
Current position A project is already in design stage (funded from 2014/17 capital budget) which will improve the existing accommodation across the two schools and make them better able to accommodate 2FE. Forecasts predict an increase of 0.5FE by 2017 but the potential for permanent expansion on the existing site could be limited. Until the longer term picture becomes clearer the current proposal is either to ensure places are available elsewhere or to use temporary accommodation to accommodate any further pupil increase beyond 2FE.	

North Walsham Town (400-550)	
Existing: 136 place intake (5 FE) North Walsham Infant (90) North Walsham Junior (effectively 90). Millfield Primary (56)	Place Requirements (FE) 2017: Catchment: 132 (4.5 FE), Preference: 116 (4 FE) 2020: Catchment: 149 (5 FE), Preference: 133 (4.5 FE)

Current position We have indicated to North Norfolk that the areas they have allocated for housing would suggest the expansion of Millfield Primary School rather than of the Infant and Junior schools, which share a site. To provide coherence in the pattern of provision, we are currently expanding the Junior school to a full 360 places (3 FE) with an expansion and remodelling project. Further project work at the Infant school is also planned but not funded. Forecasts show considerable pressure on the High School in future years but this is currently mitigated by parental preference to other high schools. We will work with North Norfolk Council on possible future housing allocations as they review their Local Plan.

Harleston (200-300)	
Existing: 60 place intake (2 FE) Harleston CE VA Primary (60) Note: only 360 places available capacity (just over 1.5 FE).	Place Requirements (FE) 2017: Catchment: 77 (3 FE), Preference: 64 (2.5 FE) 2020: Catchment: 83 (3 FE), Preference: 70 (2.5 FE)
Current position The existing accommodation at Harleston Voluntary Aided Primary School is unable to support the PAN of 60 - current cohorts are maximised at 50. Forecasts indicate that preference for the school is high, and therefore additional places will need to be provided in the near future to support demand. Catchment level data indicates loss of around 15% of pupils to surrounding schools Catchment/preference numbers would suggest an additional in area requirement of up to 0.5 FE. We will be reviewing the overall position with the Diocese of Norwich and the school early in 2015.	

Reepham (100-200)	
Existing: 30 place intake (1 FE) Reepham Primary School (30)	Place Requirements (FE) 2017: Catchment: 40 (1.5 FE), Preference: 33 (1.5 FE) 2020: Catchment: 43 (1.5 FE), Preference: 37 (1.5 FE)
Current position Reepham Primary School may need a marginal increase in its current PAN of 30 and consequential improvement in accommodation should additional capacity being provide at Bawdeswell (modular 2015, funded in 2014/17 programme) and Cawston (increasing to 210) not fully ease local pressure. The Cawston scheme is included in the composite submission of smaller cost schemes to the corporate prioritisation mechanism.	

Swaffham (250 – with further allocations in future Plan period	
Existing: 60 place intake (2 FE) Swaffham Infants (60) Swaffham Junior (60)	Place Requirements (FE) 2017: Catchment: 96 (3.5 FE), Preference: 74 (2.5 FE) 2020: Catchment: 104 (3.5 FE), Preference: 81 (3 FE)
Current position The main allocation of housing in the current Local Development Plan will place pressure on both the Infant school and the Junior school. Catchment level forecasts indicate a likely requirement of over 1 FE in additional capacity. There is a possible need to provide additional temporary accommodation for 2015.	

Watton (300)	
Existing: 120 place intake (4 FE) Watton Westfield Infants (90) Watton Junior Academy (63) Carbrooke Primary (30).	Place Requirements (FE) 2017: Catchment: 162 (5.5 FE), Preference: 127 (4.5 FE) 2020: Catchment: 163 (5.5 FE), Preference: 128 (4.5 FE)
Current position Forecasts show a sustained pressure for places in the town, with numbers rising rapidly as planned development is due to yield children requiring places. Project currently planned at Westfield Infants to expand to full 270 places (3 FE) through permanent extension by 2015, funded from 2015/17 capital budget. Additional capacity will be required at the Junior Academy by 2017 to support existing pressure in the town as the accommodation at Carbrooke is not able to be expanded further.	

Wisbech Fringe (550)	
Existing: place intake (2 FE) Emneth Primary School (30) West Walton Primary School (30)	Place Requirements (FE) 2017: Catchment: 376 (1.5 FE), Preference: 421 (2 FE) 2020: Catchment: 497 (2.5 FE), Preference:568 (3 FE)
Current position Large scale housing is proposed for Wisbech with around 500 new dwellings on the Norfolk side of the border adjacent to a larger site on the Cambridgeshire side. NCC are working closely with Cambridgeshire CC and Kings Lynn & West Norfolk BC to ensure the best outcome for primary education in response to this proposed housing. The preferred option agreed by both County Councils is a new Primary phase school on the Cambridgeshire side of the border, although expansion of existing schools remains an option.	

Easton (900)	
Existing: 30 place intake (1 FE) St Peter's CE VA Primary School (30)	Place Requirements (FE) 2017: Catchment: 28 (1 FE), Preference: 27 (1 FE) 2020: Catchment: 50 (2 FE), Preference: 42 (1.5 FE)
Current position The large scale housing allocation will provide additional land adjacent to Easton St Peter's CE VA Primary School to allow expansion to 420 places (2FE). Ongoing discussions are being had with promoters of the development. CIL funding will be required.	

Costessey (Queen's Hill) – there have been increases in the density at the Queen's Hills development, with an additional 80 units since 2008 and the potential for another 260**)**	
Existing: 60 place intake (2 FE) Queen's Hill Primary (60)	Place Requirements (FE) 2017: Catchment: 103 (3.5 FE), Preference: 84 (3 FE) 2020: Catchment: 114 (4 FE), Preference: 94 (3.5 FE)
Current position To accommodate growing numbers of pupils in the catchment we have already increased this school to 390 places. However pressure is still mounting and it is expected that 630 places will be required by 2016/17. In response a planning application has been lodged for a scheme to expand the school to 630 places (3FE). However this is dependent on the successful conclusion of a compulsory purchase process to acquire additional land to the south of the existing site.	

Blofield	
Existing: 30 place intake (1 FE) Blofield Primary (30)	Place Requirements (FE) 2017: Catchment: 25 (1 FE), Preference: 47 (2 FE) 2020: Catchment: 29 (1 FE), Preference: 56 (2 FE)
Current position Project currently planned for delivery in 2017 extending accommodation to 315 capacity with a PAN of 45 (1.5 FE) to support provision for children from new housing, although resident pupil forecasts (above) do not demonstrate need currently and will need to be kept under review.	

Swanton Morley

Existing: 30 place intake (1 FE)	Place Requirements (FE) 2017: Catchment: 40 (1.5 FE), Preference: 34 (1.5 FE) 2020: Catchment: 39 (1.5 FE), Preference: 32 (1.5 FE)
Current position A project is in the planning stage to increase this school to 315 places (1.5FE) to accommodate military families that are being relocated from Germany. Children will arrive for September 2015 and modular solutions are being progressed, funded from existing capital budgets.	

Capital Prioritisation Bids – submitted December 2014
All bids have been referred to Capital Priorities Group and approved for development

Project	Description	Project Delivery
Astley Primary School, Briston/Melton Constable	The project is to provide permanent accommodation for up to 315 pupils, the first phase of which should ensure 270 places in permanent accommodation, with (subject to Early Years team comments) pre-school provision	Currently one form of entry. Safeguarded 1.5 form of entry required with target delivery by 2017. Potentially an additional 105 pupils Uses block funding approved by Cabinet April 2014
Blofield Primary School	The project brief is to ensure that Blofield Primary school can expand and accommodate 1.5 Forms of Entry.	Currently one form of entry. 1.5 form of entry required with target delivery by 2017. An additional 105 pupils New funding required to supplement 106/CIL
Bryggen Road	New-build specialist provision for children with Behaviour Emotional and Social Difficulties (BESD) in the West of the county. [Bryggen Road, North Lynn Industrial Estate, King's Lynn, PE30 2HZ].	Target delivery by September 2016. 100 BESD pupils Mainly uses vired funding approved by Schools Forum and some capital approved in April 2014 but some new funding required
Hillside Avenue Primary School, Thorpe	This 420 place primary school has experienced severe constraints meeting the Universal Infant School Meals (UIFSM) duty from its temporary mobile	Target delivery by September 2016. New funding required.

Project	Description	Project Delivery
	kitchen/servery. This project will replace the large pre-fabricated mobile-type block currently used for its kitchen and dining facilities.	
Raleigh/Admirals, Thetford	The aim of the project is to provide Raleigh Infant School and the adjacent Admirals Academy with adequate permanent accommodation for 3 forms of entry across the entire age range, replace all mobile accommodation, resolve circulation issues and improve parking.	To permanently accommodate 3FE with target delivery for completion by 2017/18. Increase of 90 pupils per year (of which two years groups are already in the infant school). Uses funding approved by Cabinet April 2014
Roydon Primary	Roydon Primary sits on the edge of Diss and the growth in local housing has highlighted the need to increase numbers at the local schools. Currently the school has an intake of 40 pupils per year and relies on temporary accommodation, but it is required to increase this to 45.	Currently 40 entry (PAN) 1.5 FE (PAN 45) required with target delivery by 2017 An additional 35 pupils places and replacement of temporary classrooms. Uses funding approved by Cabinet April 2014 to supplement available S106 funding, but further funding likely to be needed by virement
Suffield Park Infant, Cromer	To provide permanent accommodation for a 3FE infant school (3 year groups – R, 1 and 2) together with a nursery (existing and unaffected)	Currently 3 form of entry in two year groups making use of temporary accommodation. As growth will be permanent and some temporary units have limited planning consent, permanent 3 FE required with target delivery by 2017 Uses block funding approved by Cabinet April 2014

Project	Description	Project Delivery
Swanton Morley VC Primary	This project is to ensure availability of sufficient classroom accommodation at the school in September 2015, due to an increase in pupil numbers following army re-basing	Currently one form of entry. 1.5 FE required with target delivery by Sept 2015. Potentially an additional 105 pupils. Requires virement of Basic Need funding already approved by Cabinet April 2014
Temporary Classrooms	Placement of modular temporary accommodation at school sites experiencing either a bulge year of entry or the first year/continuing years of sustained pupil number growth.	Target delivery by Sept 2015/2016 / 2017 Final pupil numbers are not yet known. Dependent on closure of admissions round. Requires virement of Basic Need funding already approved by Cabinet April 2014
Capital Maintenance	Urgent school maintenance projects including large roof and boiler repairs, and window replacement not covered by schools' devolved formula capital based on assessment by NPS surveyors.	

In addition a number of smaller schemes (up to £500k each) were submitted as a block 'bid'

CS Capital programme 2014/17 — **Annex C**

January 2015 profile of current allocations to schemes

Area	Scheme	2014/15 £	2015/16 £	2016/17 £	Total funding 2014 - 17
Sprowston/ Old Catton / Rackheath	Sparhawk Infant School & Nursery, Sprowston	0.261	0.685	0.000	0.946
(inlcuding North Norwich)	Heartsease Primary Phase 2	0.076	0.300	0.000	0.376
	Heartsease Primary major phase	0.025	0.050	1.925	2.000
	Catton Grove Primary	1.644	0.079	0.000	1.723
	Catton Grove Nursery - 2 yr olds	0.070	0.000	0.000	0.070
	Little Plumstead extension	0.500	0.854	0.000	1.354
	Dussindale extension	0.606	0.269	0.000	0.875
Thetford	Drake Land	0.050	0.000	0.000	0.050
	Drake Infant School Reorganisation	0.580	3.132	2.088	5.800
	Raleigh Infant / Admirals Junior	0.112	0.663	0.342	1.117
Wymondham	Robert Kett Junior School (multi-use hall)	0.559	0.000	0.000	0.559
	Robert Kett Junior School (reorganisation) (start-up costs only)	0.050	0.000	0.000	0.050
	Browick Road Infant School (start-up costs only)	0.050	0.000	0.000	0.050
	Ashleigh Infant School (start-up costs only)	0.075	0.000	0.000	0.075
	Wymondham High Academy Ph2	0.040	0.920	0.000	0.960
Attleborough	Attleborough - new primary school	0.015	1.485	5.000	6.500
Hethersett	Hethersett Woodside Infant- phase 2 expansion	0.030	0.342	0.000	0.372
Kings Lynn	St Martha's RCVAP	0.182	1.755	1.057	2.994
	West Lynn Primary School	0.097	0.500	0.000	0.597
Norwich Central	Bignold Primary School (growth)	0.075	0.800	1.779	2.654
	Bignold Primary School (phase 2) - final expenditure	0.004	0.000	0.000	0.004
	Avenue Junior School	0.185	0.000	0.000	0.185
	Henderson Green (to 210)	0.081	1.369	0.550	2.000
Trowse	Trowse Primary Schoool (replacement)	0.000	1.500	1.500	3.000
Costessey	St Augustine's RCVAP (to 315)	0.076	0.794	0.000	0.870
Briston/Melton Constable	Astley Primary School (start-up costs only)	0.050	0.000	0.000	0.050
Cromer	Suffield Park Infant School (start-up costs only)	0.050	0.000	0.000	0.050
Great Yarmouth	Gt Yarmouth Primary Academy to 630	0.100	2.300	0.600	3.000
	Southtown Infant	0.100	1.900	0.000	2.000
Diss	Roydon Primary	0.060	0.564	0.376	1.000
	Pulham Market VCP	0.039	0.537	0.000	0.576
Downham Market	Hillcrest Primary School	0.000	0.200	0.150	0.350
Hunstanton	Hunstanton Primary School (amalgamation)	0.200	0.590	0.000	0.790
Poringland/Framingham Earl	Poringland Primary	0.714	0.100	0.000	0.814
	Brooke VCP (replacement school)	0.002	1.498	1.500	3.000
Mulbarton	Mulbarton Phase 2	0.100	0.939	0.626	1.665
Reepham	Bawdeswell modular	0.030	0.270	0.000	0.300
North Walsham	North Walsham Junior	0.181	0.440	0.293	0.914
Harleston	Pulham Market Primary	0.039	0.537	0.000	0.576
Watton Town	Westfield Infant School (expansion)	0.200	1.548	1.032	2.780
Easton	St Peter's CE VA Primary School modular	0.050	0.150	0.050	0.250
Costessey (Queens Hill)	Queens Hill Land	0.000	0.350	0.000	0.350
	Queen's Hill Phase 1	0.086	0.000	0.000	0.086
	Queen's Hill phase 2	0.200	2.951	2.401	5.552
Blofield	Blofield Primary (start-up costs only)	0.050	0.000	0.000	0.050
	TOTAL CURRENT FUNDING OF THESE SCHEMES	**7.694**	**30.371**	**21.269**	**59.334**

Children's Services Capital Priorities Group (CPG)

Proposed Terms of Reference	• to consider and scrutinise the planning and implementation of Norfolk County Councils' Children's Services capital programme • to contribute on a confidential basis to discussions about priorities for capital expenditure • to develop consistent prioritisation criteria for capital expenditure and advise the Director of Children's Services on recommendations to be made to Committee • to monitor capital building programmes • review the effectiveness of capital prioritisation and adapt criteria accordingly • to report the work of the group to Children's Services Committee through reports, in accordance with the annual pupil place and capital planning cycle
Proposed Membership	• Assistant Director Children's Services (Chair) • Chairman of Children's Services Committee • Head of Place, Planning and Organisation • Commercial Director, NPS Property Consultants Ltd • County Cllr (Labour) • County Cllr, Spokesperson for Safeguarding Children (Conservative) • County Cllr (Conservative) • County Cllr (UKIP) • School Governor (Norfolk Governors Network*) • Headteacher, Primary School* • Headteacher, Special School* • Headteacher, High School* *Nominated by Associations
Meetings	Approximately every two months

Children's Services Committee

Item No 10

Report title:	Private Fostering Arrangements in Norfolk: Submission of Private Fostering Annual Report for 2014
Date of meeting:	13 January 2015
Responsible Chief Officer:	Sheila Lock; Interim Director of Children's Services

Strategic impact

Children who live in private fostering arrangements are by definition living away from their parents and are therefore vulnerable. A good private fostering service will ensure that this group of children are properly identified and protected by means of rigorous assessment of the arrangement. It will offer good quality advice and support to the carers and reassurance to the parents that their children are safe. It will improve children's welfare outcomes with the 'voice of the child' at its heart. Norfolk Children's services aims to consolidate a 'good' standard of private fostering service with the ambition to improve still further.

Executive summary

The regulation of private fostering arrangements is a statutory responsibility of the Local Authority and has been and will be scrutinised by OFSTED in determining how effectively the Local Authority discharges its responsibilities to safeguard the welfare of children in Norfolk. Whilst the February 2013 OFSTED Inspection of the Local Authority's private fostering arrangements to be adequate, a series of recommendations were produced by the OFSTED Inspector which have been successfully progressed within an Improvement Plan. It is a statutory requirement that an Annual Report of Private Fostering Arrangements is presented to the DCS and the Chair of the NSCB and the Annual Report for 2013 was presented to the CS Overview and Scrutiny Committee in January 2014. The 2014 Annual Report describes the continuing effort being made to improve the efficiency of the private fostering process and most of all to ensure that the quality of assessment is strengthened with the 'child's' wishes and feelings at the core of the work. It describes the continuing work being done to improve public and professional recognition of the duty to report private fostering arrangements and looks ahead to our ambition to be able to receive notifications of arrangements as early as possible so that we can ensure that children are placed in a planned way. Finally, the Report includes pen pictures of some of the young people who are privately fostered demonstrating how the arrangements, supported by the Social Worker, have improved outcomes for the young person.

Recommendations:

Committee is requested to note the analysis and findings of the Annual Report and endorse in particular the continuing need to promote the recognition of private fostering arrangements within the communities of Norfolk and the duty to report them to the Local Authority.

1. Proposal

There is no specific proposal attached to this report other than the need to promote the recognition of private fostering arrangements within the communities of Norfolk and the duty to report them to the Local Authority as referenced above.

2. Evidence

Qualitative and quantitative evidence is used within the Annual Report to describe the effectiveness of private fostering services in Norfolk and where improvements need to be made.

3. Financial Implications

There are no direct financial implications arising from this report. The production costs for the private fostering leaflets and posters and web design have been jointly met by Norfolk Children's Services and the Norfolk Children Safeguarding Board.

4. Issues, risks and innovation

The Annual Report is shaped by the social work response to children's needs who are privately fostered. Norfolk's private fostering service is currently provided by the Specialist Social Work Team and will be retained as a specialised social work function within the new Children's Services structure. As regards legal implications, Norfolk's private fostering arrangements must be compliant with the legal requirements as set out in The Children (Private Arrangements for Fostering) Regulations 2005 and the National Minimum Standards for Private Fostering which came into force in July 2005. There are no direct Human Rights implications in this Report other than the need for the County Council in its discharge of its child safeguarding, including private fostering, functions to be compliant with the United Nations Convention on the Rights of the Child. Equality needs are addressed within every social work assessment which must take account of the unique characteristics of each child, including their protected characteristics; the information on the Norfolk County Council website about private fostering is translated into relevant foreign languages. This is particularly important given the significant element of children who are privately fostered who are born overseas.

5. Background

The key background paper for this report is the Annual Private Fostering Report which is attached as Appendix 1.

Officer Contact

If you have any questions about matters contained or want to see copies of any assessments, eg equality impact assessment, please get in touch with:

Officer Name: Paul Corina; Child Protection Manager – Operational Delivery, City & South Division Children's Services

Tel No: 01603 223750 **Email address**: paul.corina@norfolk.gov.uk

If you need this Agenda in large print, audio, Braille, alternative format or in a different language please contact 0344 800 8020 or 0344 800 8011 (textphone) and we will do our best to help.

Norfolk Safeguarding Children Board

ANNUAL REPORT 2014: Regarding Private Fostering to the Director of Norfolk Children's Services and the Chair of Norfolk Local Safeguarding Board

Paul Corina

Supported by the BI Service

CONTENTS

DEFINITION OF PRIVATE FOSTERING

Children in foster care fall into two main groups; those looked after by the council or independent fostering agencies and those fostered privately.

Private fostering occurs when a child under 16 (18 if disabled) lives with someone who is not a relative for 28 days or more.

A relative could be a grandparent, brother, sister, uncle, aunt or step-parent.
A Private Foster Carer may be a friend of the family, the parent of a friend of the child, or someone unknown to the child's family who is willing to privately foster a child.

LEGAL REQUIREMENTS

Duties and functions in relation to Private Fostering are set out in The Children (Private Arrangements for Fostering) Regulations 2005 and the National Minimum Standards for Private Fostering which came into force on 18 July 2005.

The standards (outlined below) should be used by local authorities to focus on securing positive outcomes for privately fostered children and young people and reducing any risks to their welfare and safety. They are minimum standards, rather than `best possible' practice and are designed to lead to improvements in the way in which they carry out their duties and functions in relation to private fostering.

Statement on Private Fostering (Standard 1)	The local authority has a written statement or plan, which sets out its duties and functions in relation to private fostering and the ways in which they will be carried out.
Notification (Standard 2)	The local authority promotes awareness of the notification requirements and ensures that those professionals who may come into contact with privately fostered children understand their role in notification; responds effectively with notifications and deals with situations where an arrangement comes to their attention, which has not been notified.
Safeguarding and Promoting Welfare (Standard 3)	The local authority determines effectively the suitability of all aspects of the Private Fostering arrangement in accordance with the regulations.
Advice and Support for Private Foster Carers (Standard 4)	The local authority provides such advice and support to Private Foster Carers and prospective Private Foster Carers as appears to the authority to be needed.

Advice and Support for Parents of Privately Fostered Children (Standard 5)	The local authority provides advice and support to the parents of children who are privately fostered within their area as appears to the authority to be needed.
Information and Support for Privately Fostered Children (Standard 6)	Children who are privately fostered are able to access information and support when required so that their welfare is safeguarded and promoted. Privately fostered children are enabled to participate in decisions about their lives.
Monitoring Compliance with Duties and Functions (Standard 7)	The local authority has in place and implements effectively a system for monitoring the way in which it discharges its duties and functions in relation to Private Fostering. It improves practice where this is indicated as necessary by the monitoring system. This standard includes the requirement for the local authority to: • Provide a written report each year, for consideration by the Director of Children's Services, which includes an evaluation of the outcomes of its work in relation to privately fostered children within its area; • Report annually to the Local Safeguarding Children Board on how it satisfies itself that the welfare of privately fostered children in its area is satisfactorily safeguarded and promoted, including how it co-operates with other agencies in this connection.

This is the eighth Annual Report under Standard 7.

THE NORFOLK CONTEXT

In 2013/14, there were 48 **notifications of new Private Fostering arrangements** received during the year. The level of notifications therefore remained static from last year but this represents a significant improvement from the 2011/12 period when the notification level was 30 (and from 6 years ago when a total of 7 was recorded). It should be noted that of the 48 notifications, on initial investigation, nine cases were not deemed to be Private Fostering cases and no further action was taken. However, all notifications have to be included in the DfE Annual Private Fostering Return.

The most recent (2013) data for notifications for our statistical neighbours show the following figures: Cornwall (19); Cumbria (15); Devon (197); Dorset (8); Lincolnshire (68); Shropshire (20); Somerset (11) and Suffolk (68).

Considerable effort has been invested in publicising the notification requirement within Norfolk in 2013 by means of a communications campaign sponsored by the County Council and the NSCB targeted mainly at professional groups. Notifications still mainly arise from social care professionals. A major development has been the inclusion of the notification responsibility within the Norfolk School Admissions pro-forma. A more targeted approach to awareness-raising is required with a need to more effectively reach BAME communities in Norfolk and also language schools. The Specialist Social Work team are able to give awareness raising presentations to community groups when requested. Developing links with such groups probably represents the best way of increasing notifications over and above the Norfolk statutory agencies, and in particular Health, the Police and Schools, ensuring that their staff groups remain aware of their notification responsibilities. A good piece of recent work involved one of the Social Workers in the team meeting with the Safeguarding Manager of the Norwich City Football Club who recruit host families to look after young people who are training through the Football Youth Academy programmes. We also have a Safeguarding Adviser for Schools who is knowledgeable about Private Fostering and updates the Private Fostering guidance that is available to Norfolk Schools. A NSCB Best Practice seminar was held in October 2013 to promote Private Fostering.

All language schools in Norfolk have been approached now. The Team is currently in contact with the Bishop of Norwich's Safeguarding Officer in order to gain his support with the awareness raising in faith communities. All Secondary Schools have been contacted this year and the Team is currently contacting Junior Schools and GP Surgeries. The Team will soon target Primary and Infant Schools.

The table below shows the source of notifications for 2013/14. It can be seen that very few notifications are being received from Carers, Parents or the Children themselves and it is hoped that the publication of the poster and general awareness raising leaflet and their distribution to key venues such as Children's Centres, GP surgeries, Libraries and Parish Councils will also help stimulate notifications direct from these key client groups.

2013/14 Source	***Notifications***
Carer	4
Parent	3
The child	2
Other Family Member	3

Local Authority - Children's Services	17
Health	0
Police	1
Voluntary Sector	0
School	10
Language School	0
Local Authority - Other	3
Other	1
Not identified	4

The percentage of cases where action was taken within 7 working days of notification of those cases that were deemed Private Fostering (in accordance with regulations 4 and 7) has fallen slightly from 91% (2012/13) to 87% although this is still significantly superior to English Average as recorded in 2012/13 (72%). The deterioration is accounted for by a small number of cases where the 7 day requirement was narrowly missed and these cases mainly occurred at a point of transition of the Team management arrangements in the first quarter of the performance year: 4 visits were out of timescales, 3 in the first quarter of the year before the change of Team Manager and the other was as a result of MASH not making notification to the Team in a timely way (the visit was already out of timescales by the time the Team was notified). In previous years the Team has only counted the notification start date from the date it came to the Team rather than the local authority. The notification date is now counted as the date the LA was notified. The need to improve on last year's performance within this current performance year has been addressed with the Team by the Team Manager and Operations Manager at both Team and individual level with a target of 90% established for the current performance year.

The percentage of Private Fostering cases beginning on or after 1 April 2013 where visits were taken at intervals of not more than 6 weeks also fell from 86% in 2012/13 to 73% although in practice, only two regulation 8 visits were actually missed (both narrowly). The remainder where visits were not undertaken were due to recording issues or circumstances out of the control of the team such as one child going into emergency respite placement. The need to improve performance has been addressed by the Team Manager and Operations Manager at both Team and individual level. The recent availability of a performance report for Private Fostering will also make it easier to track this area of performance.

The percentage of Private Fostering cases that began before 1 April 2013 that were continuing on 1 April 2013 where scheduled visits were completed within timescale showed a significant improvement from 64% to 85%. Further improvement is required with a target minimum of 90% established for this performance year.

The number of on-going children under Private Fostering arrangements has increased from 14 in 2012/13 to 20 in 2013/14. This increase in numbers suggests an improved level of identification and placement stability. Our statistical neighbours show the following numbers (2013 data): Cornwall (8); Cumbria (6); Devon (65); Lincolnshire (18); Shropshire (7); Somerset (9) and Suffolk (38).

There were 30 new Private Fostering arrangements that began during the year. An analysis of these arrangements shows that two-thirds were aged between 10 and 15 whilst only 4 were under 10 years of age. The analysis also shows that just under one-third of the total were born outside of the UK. The following table provides further detail:

	Place of Birth			
Age at 31 March	All Children	UK	Europe (other)	Asia
1 - 4	3	3		
5 - 9	1	1		
10 - 15	20	13	4	3
16 & over	6	4	2	
All Children	30	21	6	3

The next table shows the key statistics relating to Private Fostering as provided to the DfE in the annual statutory Private Fostering Returns. The table provides historical data plus the latest available national and statistical neighbour averages to provide context.

Measure	2009/10	2010/11	2011/12	2012/13	2013/14	2012/13	2012/13
	Norfolk					Statistical Neighbours	England Average
Number of notifications of new Private Fostering arrangements received during the year	16	30	30	48	48		
Number of cases where action was taken in accordance with the requirements of Regulations 4(1) of the Children (Private Arrangements for Fostering) Regulations 2005 for carrying out visits	12	2	25	34	39		
Percentage of cases where action was taken in accordance with the requirements of Regulations 4(1) and 7(1) of the Children (Private Arrangements for Fostering) Regulations 2005 for carrying out visits	75%	7%	83%	71%	81.%	99%	93%
Of these, the number of cases where this action was taken within 7 working days of receipt of notification of the Private Fostering arrangement	4	0	21	31	34		
Of these, the percentage of cases where this action was taken within 7 working days of receipt of notification of the Private Fostering arrangement	33%	0%	84%	91%	87%	81%	72%
Number of new arrangements that began during the year	21	22	17	28	30		
The number of Private Fostering arrangements that began ON or AFTER 1 April where visits were made at intervals of not more than six weeks	4	10	12	24	22		
The percentage of Private Fostering arrangements that began ON or AFTER 1 April where visits were made at intervals of not more than six weeks	19%	45%	71%	86%	73%	80%	69%
The number of Private Fostering arrangements that began BEFORE 1 April (Previous year) that were continuing on 1 April (current year)	6	17	15	11	13		
The number of Private Fostering arrangements that began BEFORE 1 April (previous year) that were continuing on 1 April (current year) where scheduled visits in the survey year were completed in the required timescale	2	7	9	7	11		
The percentage of Private Fostering arrangements that began BEFORE 1 April (previous year) that were continuing on 1 April (current year) where scheduled visits in the survey year were completed in the required timescale	33%	41%	60%	64%	85%	91%	67%
Number of Private Fostering arrangements that ended during the year	13	24	20	25	23		
As at 31st March – Number of children under Private Fostering arrangements	14	20	11	14	20		

REVIEW OF PROGRESS MADE in 2013/14

CHILDREN'S SOCIAL CARE IMPROVEMENT PLAN 2013 - 2015

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The Annual Report 2013 set out the recommendations arising from the Ofsted inspection of Norfolk's Private Fostering provision in February 2013 which judged the overall effectiveness of the service to be adequate. To recap, Ofsted's recommendations to improve the quality and standards of Private Fostering further were:

- Ensure that an officer of the authority visits every child who is privately fostered in their area at the frequency specified in the regulation (Breach of Regulation 8).
- Ensure that decisions about the overall suitability of arrangements are made within required timescales, that policy and procedural documents reflect this timescale, and that the final decision is agreed by a Senior Manager.
- Ensure that written records fully reflect the initiation of, and subsequent receipt of, Criminal Records Bureau checks undertaken on members of the Private Fostering household.
- Ensure that, where appropriate, young people, their parents and carers are provided with information in different languages and formats.
- Review electronic record keeping practices to better promote the retention of accurate, comprehensive, well organised records in respect of each Private Foster Carer and Privately Fostered Child.

Actions to follow up these recommendations were integrated into the Children's Services Social Care Improvement Plan which had been developed to show how the Council is working with its partners to deliver actions for sustained improvement to address issues arising from the Ofsted inspection Jan 2013 of the arrangements for the protection of children.

Excellent progress has been made against the Private Fostering actions and this progress is summarised in the following updated extract of the Improvement Plan.

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Performance Improvement	Action	Progress
PS. 1.5 Accurate and comprehensive records kept in relation to Privately Fostered children and their carers	PS.1.5.1 Review electronic record keeping practices to better promote the retention of accurate, comprehensive, well organised records in respect of each Privately Fostered Child	CareFirst forms for Notification, Assessment of Arrangement, Regulation 8 Visit Record, and End of Private Fostering Arrangement have been reviewed, revised and in operation from early September 2013. As a result, substantial improvements in recording have been made. Nevertheless, further evaluation of the new forms has highlighted a couple of further changes required and these will be implemented at the earliest opportunity.
	PS.1.5.2 Ensure written records fully reflect the initiation of, and subsequent receipt of, Criminal Records Bureau checks undertaken on members of the Private Fostering household	Compliance achieved. Business procedures redesigned and processes put in place for Police National Computer (PNC) and Disclosure and Barring Service (DBS) checks. New arrangements continue to work efficiently.
PS.1.6 High quality and consistent management decision making and oversight which always leads to appropriate and timely action	PS.1.6.2 TMs to use supervision to ensure staff undertake statutory visits to privately fostered children within timescales, these are recorded on CareFirst with management oversight and that performance is reported to the PF Project Board	The new Private Fostering Team Manager is using supervisions as required and has tightened up the process including the flagging of visits with staff.

Performance Improvement	Action	Evidence of Progress
PS.1.8 Appropriate consideration to the diversity of children, and their families	PS.1.8.2 Ensure in relation to Private Fostering cases that young people, their parents and carers are provided with information in different languages and formats	Communications Marketing Plan in place which includes translation of Information documents for children & young people, parents and carers are now accessible in Polish, Lithuanian and Portuguese) via Norfolk County Council's Private Fostering website. Additional languages can be added if appropriate.
	PS.1.8.3 Review publicity materials and ensure adequate information is provided (and available) to young people, their parents and carers	Communications Marketing Plan in place. Private Fostering awareness raising leaflet and poster have been produced together with new guidance booklets for children and young people and for carers/parents. These were launched at the NSCB Private Fostering Best Practice Seminar on 18th October 2013.
PQ.1.2 Rigorously and robustly quality assure Social Care Practice via a cohesive, well managed and consistently delivered suite of quality checks and audits.	PQ.1.2.1 Produce a suite of Private Fostering reports in Actuate to enable real-time reports to track compliance with visiting frequency	The following live reports are available in actuate via CareFirst: • Single view of child data including deadlines for and timeliness of assessments and regs 4, 7 and 9 visits. • Summary view of the current position in relation to each of the questions in the DfE Private Fostering Annual Return.

NORFOLK SAFEGUARDING CHILDREN BOARD BEST PRACTICE GROUP

A successful seminar attended by representatives of Children's Services, Health, Police, Schools and the Voluntary Sector was held on 18th October 2013. The event included expert guest speakers and discussion groups focusing on increasing knowledge around Private Fostering and agencies' responsibilities, recognising Private Fostering situations and understanding the referral process. The event was also used to launch the new Private Fostering awareness raising literature.

Excellent feedback was received from many of the 40 delegates that attended. The presentation was found to be very beneficial in giving opportunity to increase knowledge and awareness along with the group discussion and case studies which were also valuable. A point raised was there are some grey areas around foreign national children being placed with unchecked host families. Overall the event concluded to be enjoyable and useful and there was indication that the information gained would be included in Team Safeguarding Training.

60% evaluation feedback was received of which 100% agreed or strongly agreed that the day met its objectives overall.

The Best Practice Group:	**Strongly agree**	**Agree**	***Disagree***	**Strongly disagree**
Met its learning outcomes	50%	50%	0.0%	0.0%
Was well organised	66.7%	33.3%	0.0%	0.0%
Included relevant information	41.7%	58.3%	0.0%	0.0%
Encouraged my participation	54.2%	45.8%	0.0%	0.0%
Increased my confidence in identifying private fostering arrangements	58.3%	41.7%	0.0%	0.0%
Enabled me to plan and make decisions	25.0%	75.0%	0.0%	0.0%
Increased my awareness of future developments	33.3%	66.7%	0.0%	0.0%
Group discussions were focused	25.0%	75.0%	0.0%	0.0%
Feedback: overall	**44.3%**	**55.7%**	**0.0%**	**0.0%**

CHILDREN'S SERVICES OVERVIEW & SCRUTINY PANEL

A report was presented to the Children's Services Overview and Scrutiny Panel on 23rd January 2014 that set out progress made following the Ofsted Inspection in 2013. Specific focus in the report was given to the key weakness of Norfolk's service, that it shares in common with most other Local Authorities in England, is the low number of Private Fostering notifications and identified Private Fostering arrangements that are being monitored by Social Workers and the steps Norfolk is taking to overcome this through the Communications Marketing Strategy.

The Panel resolved to note the report and endorsed the need to continue to raise awareness of Private Fostering arrangements within Norfolk's professional and public communities by means of the Private Fostering Communications Plan.

PLANNING FOR ON-GOING IMPROVEMENT

INTERNAL AUDIT

The Private Fostering cases are routinely sampled within the bi-monthly management audit of the work of the Specialist Social Work Team whose members provide the private fostering service in Norfolk. Using OFSTED criteria the judgements for the quality of the private fostering work have fallen within the category of 'requiring improvement' or 'good' with a particularly strong feature being the strength of the voice of the child within the assessment documentation. The Quality Assurance Team's 'one worker/one case' audit of the Specialist Social Work Team from July-September 2014 also found that the 'Private Fostering process was followed with good quality.' Senior Manager over view of the Private Fostering assessment documentation is now built into the work process which assists with the quality assurance function.

OFSTED THEMATIC REPORT

In January 2014, Ofsted published a report **Private Fostering: better information, better understanding**. This provided an analysis of recent inspections of local authority private fostering arrangements from which Ofsted concluded that arrangements for collecting and managing information about private fostering could be improved so that, nationally, they would have a better understanding of this area. They also concluded that current requirements for authorities to make an annual review of their arrangements could also, with some adjustments, be more effective in improving quality. The report recommended that Local Authorities, local safeguarding children boards (LSCBs) and the Department for Education (DfE) should work together to improve current processes so that there is a greater level of assurance and capacity for self-improvement. Their specific recommendations are given below along with our comments:

Recommendations

Improving data collection and use through:

- The DfE refocusing it's annual data returns on key areas that provide better information about the effectiveness of the private fostering arrangements.
- The annual data collection including a question about how notifications/referrals were first made, and another categorising types of young person by reason for placement; this is essential to enable the separation of high- and low- risk groups.

- Data including how long individuals were living in their family placements before referral.
- DfE and stakeholder groups working together to agree categories of placement.
- Neither DfE nor Ofsted using 'statistical neighbour' comparisons because normal comparisons are invalid for this work.
- The proportion of self-referring cases (adults who are voluntarily contacting local authorities to say they are privately fostering) being seen as the key indicator of effectiveness, with allowances made for distortion by the language school market.
- Schools being required to clarify numbers of children not living with their parents as part of the admissions process and annual returns.

Improving arrangements for the self-evaluation of Private Fostering services through:

- 'Re-branding' LA Annual Reports on Private Fostering as Self-Evaluation and publishing them in full on the LA and NSCB websites.

Better targeting of 'raising awareness work' by local authorities through:

- Placing the emphasis on key contact points such as school enrolment and general practitioners, verifying that children are, in fact, living with their parents.
- Making regular contact with all language colleges in the authority area to check whether they have relevant young people on roll and where they are living.
- Local authorities proactively reviewing such arrangements at regular intervals, in partnership with the service provider, in order to evaluate the level of assurance

Comment

In relation to this, the DfE is currently consulting on changes to the recording and reporting of data. Norfolk County Council's Planning Performance and Partnership Service has responded to the DfE's preliminary consultation on this and subsequently the DfE has set up two Private Fostering Focus Groups including LA representatives from across England to look at changes to existing data collection requirements. Although Norfolk is not directly represented on these groups, we have agreed contacts that will be keeping us informed of developments. The DfE will also be seeking formal agreement to changes in data collection from their Star Chamber, on which Norfolk is currently represented.

The key message to note at this stage is that there are expected to be changes to data collection requirements from 1st April 2015 for which we will need to prepare.

With regard to 'raising awareness work', Norfolk has already made considerable progress on this through the Communications Marketing Strategy. However, it is acknowledged that further work is required, particularly around language colleges, and this will be included in the Communications Plan, going forward.

PRIVATE FOSTERING IMPROVEMENT PLAN – 2014/15

Key actions have been subsequently identified for 2014/15 and these are included in the following Improvement Plan. Progress against each action in the plan will be considered by the Private Fostering Project Board on a two-monthly basis.

Private Fostering Improvement Plan ~ 2014/15

Performance Area	Strategic Intent	Actions	Responsible	Enabling Teams	Target Date	How measured/KPIs/Outcomes
Private Fostering	**Children who are Privately Fostered are appropriately referred, assessed and have accurate records**	Further amendment of the CareFirst templates for Private Fostering and the production of a revised Business Process for Private Fostering.	CareFirst Team	HG and Specialist Social Work Team/PPP/BI	Nov 2014	Successful introduction of templates into the Care First system and insertion of revised business process on Tri-X/Templates are easy to use and are used consistently.
		Event to launch the revised business process for Private Fostering to CS Operational Teams.	PC	HG and Specialist Social Work Team	Nov 2014	Increase in number of internal referrals for Private Fostering within NCC operational teams.
		Further development of CareFirst system to enable it to effectively report on Private Fostering performance to meet operational needs and the need to complete the Annual DfE Return.	PPP/CareFirst Team /ICT	HG and Specialist Social Work Team	Complete	Performance Reports that accurately and contemporaneously reflects social work activity and decision-making in relation to the Private Fostering process.
		Bi-monthly audits of the quality of Private Fostering placements including feedback from Carers and Children.	PC/BC	HG and Specialist Social Work Team	Ongoing	Continuous improvement in quality in order to ensure a good standard of service.
		Ensure timeliness of assessment and visiting of Children/Carers in line with statutory time-scales.	PC/HG	Specialist Social Work Team	Ongoing	Aim to achieve at least 90% of assessments and visits within time-scale.

Performance Area	Strategic Intent	Actions	Responsible	Enabling Teams	Target Date	How measured/KPIs/Outcomes
	Awareness raising with the Norfolk public and professional community regarding the identification of Private Fostering arrangements	Continued implementation of the Private Fostering Communications Marketing Strategy	PC/NSCB	Communications/ Specialist Social Work Team	Ongoing	Referrals to social care for Privately Fostered children will show an increase month on month until they are broadly in line with national data and statistics

Our ambitions in the year ahead

We need to gauge how well our awareness raising work is progressing not only by aiming to increase the volume of notifications but also by aiming to decrease the length of time between a private fostering being made and the arrangement coming to the notice of Children's Services. Ideally, we want to be in a position whereby arrangements are always made after notification rather than almost always before as is currently the case. In order to assess the amount of progress made, we plan to analyse the time-gap between the start of the private fostering arrangement and the time of notification for all the arrangements authorised in 2013-14 and in 2014-15.

We are also aware of the changing national landscape in the private education sector with some independent day and boarding schools seeking to attract overseas students and arrange for them to be boarded with host families recruited by education guardianship organisations. We intend to disseminate information about private fostering to the local independent school sector in the next few months alongside the general awareness raising work we are performing.

We need to be alert to the variety of circumstances – influenced by factors both domestic but also overseas - which lead to children and young people living away from their parents or close relatives and be in a position to predict changes in the number of children who will fall into the category of private fostering and require protection through this arrangement.

APPENDIX 1 – THE CHILDREN

Pen Pictures

The following section contains pen pictures of some of the children who are in private fostering arrangements in Norfolk. Details have been changed to protect anonymity. In each case the pen picture explains each child's circumstances and then describes how Norfolk County Council's Private Fostering Service supported the Child and Foster Carers.

Child A

Background:

A is a 12 year old boy who was referred to Children's Services by his relatives after the death of his Mother. He continued to stay in the family home under the care of his Step-Father. This arrangement would not have been considered as a Private Fostering arrangement if the Step-Father had been legally married to his Mother but because they were not married a Private Fostering arrangement became necessary and that is why Children's Services became involved.

Intervention:

The Social Worker visited the family soon after Children's Services received the notice of A's living situation following contact being made by a family relative. The Social Worker assessed the Private Fostering arrangement and it was subsequently approved to be suitable for A and the Social Worker continued to visit A on a regular basis. During the Social Worker's visits the wishes and feelings of A were carefully gathered and he was always seen alone.

The Social Worker found A to be engaging, very kind, thoughtful and considerate. He was always well mannered, popular with other children and doing well at school. He is now in the top group for all subjects at the High School where he attends.

The Social Worker discussed A's wishes and feelings about contact with his relatives on his Mother's and Father's sides and made sure that A felt happy with these arrangements.

The Step-Father expressed his wish to become a Special Guardian for A and he made an application to the Family Court. Being a Special Guardian for a child means that you acquire parental responsibility for the child and can make important day-to-day decisions for him or her.

The Social Worker was asked by the Court to write a Report and commented on A's happiness with the care that he received from his Step-Father and how much his home environment nurtured him. The Special Guardianship Order was granted by the Court which means that A is no longer privately fostered.

Child B

Background:

B's Mother was struggling to cope with the care of B and faced a large number of difficulties in her personal life. B is a girl and is aged 11 years. B's Mother had a close friendship with a female friend who had known B since she was a baby and B's Mother asked her female friend if she and her friends' partner could look after B.

Provision by Private Foster Carers:

Moving in with the Carers was welcomed and agreed by B, her Mother and her Carers. B had previously spent time during school holidays and Christmas with the Carers so she was familiar with the house and the other children living there. B, with support from her Carers, was able to start a new High School. B's female Carer was keen to communicate with school. She is a good communicator and has a genuine concern and empathy for B's past childhood experiences. B's female Carer has been able to support B at her own pace resulting in B confiding in her. B's Carers are sensitive to her and her relationship with her Mother. The Carers have been able to facilitate family time together in their home.

How the Private Fostering Arrangement has improved outcomes for B:

As time has progressed, the Private Fostering arrangement has provided B with a safe and stable environment also allowing B to come to terms with her experiences when she was in her Mother's care.

B's attendance at school has markedly improved and she is doing well at school. B does not always present as sociable or smiley but she now has the security of being parented by Carers who know her well and are very fond of her, alongside being part of a family. With this continuing nurturing, B's chances of gaining good GCSEs alongside experiencing better emotional health are greatly enhanced and will result in her growing into a healthy independent young woman

Child C

Background:

Child C was 12 years of age when she and her Mother came to the UK on a Visitors Visa from overseas staying with their distant cousins in the UK. During this period of stay, C's Mother became very ill and subsequently died. Prior to her death, C's Mother expressed a wish for the distant cousins, with whom they were staying, to become Guardians of her daughter.

Child C told her Social Worker that she did not know her Father who lived abroad. She also said that she was happy in the UK and made it made clear to Children's Services that she wished to remain living in the UK with her cousins and their younger daughter. The Carers also stated that they wished to carry out C's Mother's wishes and look after C for her. C's Carers were assessed as Private Foster Carers.

Provision by Private Foster Carer's:

The Carers speak the same language as C in addition to English (they are bi-lingual) and share the same religion; therefore they are able to maintain and promote her language skills and religion while integrating with other families in the local community and thus promoting social relationships.

The Carers have been able to understand the need for the Private Fostering assessment and have worked well with the Social Worker. The Carers have demonstrated emotional warmth toward C while showing that they have insight and sympathy into her experience of bereavement and the way this has impacted on how she is feeling in herself.

The Carers have been proactive in making sure that C can access services in health and education alongside taking advice from Children's Services in relation to her seeing a solicitor so that she can apply for Leave to Remain in the UK. They have also promoted regular contact with M's maternal Grandparents who live overseas. The Carers have also decided that they wish to apply for a Special Guardianship Order in respect of C

How the Private Fostering Arrangement has improved outcomes for C:

C is now 14 years of age. She is on track with all her peers in all subjects. C has also learned to speak English language to a very good level. She is a happy, keen and a popular pupil dedicated to doing well in all subjects and genuinely enjoying her school life. The likelihood is that she will achieve GCSE's and continue with her education. This will equip her as an adult to secure meaningful employment and make a full contribution to society.

C has formed good sibling relationships with the Carers' younger child. She chooses to call her Carers Mum and Dad and this can be seen as a reflection of being wanted by the Carers. The Carers have also been key in enabling C to maintain her identity while integrating into life in the UK so that she can grow into a healthy and well balanced adult.

Child D

Background:

D's Mother died suddenly when she was aged 7. D's adult brother applied for, and was granted, a Residence Order. However, D's Brother later contacted Children's Services to explain that he had separated from his partner and could no longer care for D. He arranged for D to live with a female family friend, who had children of her own and who had known D for most of her life. A Private Fostering assessment was started. This was initially a temporary arrangement but as time developed D's brother moved away from the local area seeing less of D. The family friend was keen to continue caring for D as she had spent long periods of time with her before and after her Mother died. She was viewed by her and her children as the youngest sibling.

Provision by Private Foster Carer:

Living with her Private Foster Carer was not an upheaval for D as she was familiar with the

family home and was able to continue to attend the same school and enjoy the same friendships in school and in the local community.

Her Carer has promoted D having contact with all of her side of the family - understanding that this is part of her identity. D's identity is also part of her Private Foster Carers and her children's identity - they are all connected as they are in effect all part of the same extended family. D's Carer has embraced this connection. She has provided a comfortable and stable home alongside consistent care for D including emotional warmth and material provision. She has also supported D to attend a bereavement support group including being there for her at home if she is sad. D's Carer has also worked very well with the Social Worker understanding the reason for the Private Fostering Assessment.

How the Private Fostering Arrangement has improved outcomes for D:

It is the Social Worker's view, based on her observations and assessment, that D's Carer is dedicated to nurturing D and that she actually loves her dearly. Their attachment is strong and healthy. The result of D remaining in this care arrangement is that it has enabled her to experience the security of a loving family while also maintaining her identity in seeing her extended family members in the immediate community.

D's Carer's attitude to education has also benefited her. She is a happy and bright 10 year old with all the support inside and outside of school to reach her full potential and grow into a happy and successful teenager.

D's Carer has decided that she wishes to apply for a Special Guardianship Order in respect of D. The Social Worker has spoken with D about this on her own and with her Carer and D wants this to happen. This will also give D a more solid sense of belonging to a family.

Children's Services Committee

Item No 11

Report title:	**Final report by Members of the Children's Centres Task and Finish Group**
Date of meeting:	**13 January 2015**
Responsible Chief Officer:	**Sheila Lock, Interim Director of Children's Services**
Chair Task and Finish Group	**Cllr Emma Corlett**

Strategic impact

Children's Centres are an important part of the overall offer for early year's provision in Norfolk. Children's Services Committee requested a task and finish group be set up in order to 'review the effectiveness of Norfolk's Children's Centres in particular how well do Children's Centres enhance children's readiness for school under the current contract arrangements?'. This is the final report of this Task and Finish Group which contains recommendations on the future of Children's Centres within the County and relating to current contractual arrangements due to cease in March 2016 (current contracts equate to £50m over 4 years).

A main objective of the Early Help Improvement Plan is to improve outcomes for children at the end of the Foundation Stage, as they start school, with particular emphasis on the most disadvantaged. If we can improve the effectiveness of Children's Centres in delivering this outcome we should see a beneficial impact throughout the rest of a child's life, for every child in Norfolk.

Executive summary

Work carried out from September to December 2014 has shown that there are some great opportunities which we could realise as part of a review of Children's Centres in the future: - not least of which would be a better join up with the Healthy Child programme, a possible extension to the current remit of Centres and the creation of more effective community base from which services can deliver both universal and targeted support.

We discovered issues with current provision, the most worrying of which was inconsistency of service delivery. We don't want families to feel like they are part of a postcode lottery of service provision. Every family and every child should be able to experience and expect the same level of service no matter where they live.

The Task and Finish Group have found that developing an easy solution to this complex problem within the time constraints is quite frankly impossible and therefore our recommendations are based upon the premise that further work is required.

As this is such an important issue this further work must begin now in order to establish what Children's Centres of the future should look like, where they sit in the overall early

help offer available to families and how they can be used as an effective element of services to all children and families. This work must be linked in to 'Getting in to shape' – the re-structuring of Children's Services.

Recommendations:

A) We know that there is more that can be achieved through Children's Centres and therefore an options appraisal should be started now to establish a preferred delivery model and future aspirations for our Centres in Norfolk:

- Before the commissioning exercise is undertaken a review of potential delivery models for children's centres must be undertaken to ensure a close fit with the developing early years and help offer in the County. Delivery models to be considered could include:
    - Bringing in-house either all or just those Centres which are currently deemed as poorly performing by the LA / Ofsted
    - Adoption of a consistent 'hub and spoke' approach in order to increase reach and reduce fixed overheads such as buildings
    - Community Interest Company approach
- We noted that the existing contracts could be extended for a period of 1 to 4 years and whilst this might give time to consider necessary changes it would be better if such changes could be implemented within the planned commissioning timescale so avoiding any short term contract extensions. Any subsequent re-commissioning should then be for a further 4 year period to provide stability and continuity.
- Before the commissioning exercise is undertaken the level to which variations to existing contracts can be carried out in order to achieve short term improvements should be established. This should focus upon 'quick wins' and should link to the option to bring services in-house as a result of poor performance.
- We also noted that procurement will take between 4-6 months depending upon the method used (i.e. open, restricted or competitive dialogue), followed by a transition period of around 6 months prior to services starting. Therefore an estimated period of one year must be factored in addition to time taken for the option appraisal before service delivery can commence.
- Findings from the options appraisal should be reported back to Children's Committee in March 2014.
- Any re-commissioning or future delivery model should take into account the recommendations of the Task and Finish group as outlined in the following recommendations.

B) There is a good understanding of individual centre performance. However there needs to be an improvement in the use of this information to performance manage centres that require improvement. We request that the Children's Services department looks at how to ensure stronger performance accountability and

management.

This could be done by:

1. Clear identification of a senior manager responsible for performance
2. Action plans with timescales
3. Annual reporting to Children's Committee on actions taken to improve performance and results achieved.
4. A review of current Advisory Board arrangements for each Centre to look at their purpose, attendance and effectiveness in overall management of the Centre

C) We need to address the lack of a clear understanding of the definition of school readiness. Whilst there is no nationally agreed definition recent research suggests that the definition that Norfolk already has (see section 9 of the Task and Finish Group report) is consistent with current thinking. It would be useful to undertake a short consultation exercise on the definition as this would raise the profile of the issue as well as improving the currency of the definition.

- It is recommended that a short consultation exercise be undertaken on the definition of school readiness to arrive at an agreed version whilst at the same time raising the profile of the issue. This consultation should include parents, early year's settings, schools and partners to increase 'buy-in' from everyone in the county and a negotiated, shared understanding.

- We also found that Centre's approaches to school readiness varied with some having programmes that involved the family and lasted several days, whilst others only spent a day on this. We also found that school's involvement with early years was also variable. Given the importance of school readiness for the future development of children we recommend:

1. That all Centres make work on school readiness a high priority with specific programmes as well as it forming part of the ethos of the centre. Clearly articulating our high aspirations for Norfolk children as they enter school.
2. That all primary schools should work closely with their respective Children's Centres on school readiness, along with parents and other local early year's settings in order to ensure a common understanding and adequately prepare children and their parents for the start of school.

D) We must ensure that Children's Centres keep pace as part of the overall offer of services to families in Norfolk:

- As part of the re-commissioning process all Centres must be required to work with the whole family including older siblings where appropriate in order to deliver a family centred approach. This does not mean that centres need to provide services directly but we expect them to be working with other agencies, schools and the third sector to help organise provision around the family. Thereby ensuring the best outcomes for children, as well as extending the age range of children supported to avoid 'gaps'.

- We were less concerned with whether or not this meant renaming the centre's "Family Centres" and more concerned with ensuring that all centres worked and

organised resources around the whole family as Children's Centres are ideally placed to act as leaders in this work.

- The proposed restructuring of Children's Services includes working to a new locality based model based upon six Districts. We did not come to a clear view as to whether it would be beneficial to change the reach of Centres to align with these boundaries or not. Advantages would include: - clarity of line management accountability and clearer links to other services. We therefore recommend that the Department look at the current reach of Centres to establish the possibility of aligning boundaries as part of the options appraisal.

- High level aims of the Healthy Child Programme (contract to be awarded April 2015 for implementation October 2015) must form part of any future scoping work associated with Children's Centres. Centres will play an important part in the delivery of these outcomes. We are aware that there are complications to this as current commissioning timetables are not aligned which is disappointing. However, it is important that this is not allowed to continue and from this point forward development must be carried out in parallel to ensure that the model for Children's Centres and the Healthy Child programme are able to deliver an effective, joined up service to avoid duplication. The options appraisal set out in recommendation (A) must include input from Public Health and Children's Services and should focus upon flexibility for managers so they can work effectively together including looking at practical options such as pooled budgets to achieve high level outcomes.

- We were unable to establish a clear link between regular or frequent contacts at children's centres and the impact upon children starting or ceasing periods of social care. We recognise that this was partly down to a lack of time and therefore it would be useful to factor in a more in-depth review in to future work recommended by this report. This could also be linked to findings from the LAC Task and Finish Group due to report to Children's Services Committee in March 2014.

Action required:
The Committee is asked to consider the working group's conclusions and support its recommendations.

1. Proposal (or options)

1.1 The Task and Finish Group propose that further work should be carried out in parallel with 'Getting in Shape' in order to establish a clear future direction for Children's Centres. Information on the Group's recommendations are contained within the Executive Summary for this covering report and expanded upon within the main body of the T&F Group report.

2. Evidence

2.1 Evidence has been collected through visits to Children's Centres, speaking to officers, centre managers and staff, as well as families. This backs our view that Children's Centres are a valuable part of the early help offer in Norfolk and need to continue to be considered central to our support to families. However, evidence shows that we currently have inconsistency of practice (see section 4.3 of the Task and Finish Group report for examples) which must not be allowed to

continue. Some stigma still appears to exist amongst families and the wider community as to whether Children's Centres are only for families experiencing difficulties. We want to ensure that in the future Children's Centres are at the heart of their community, offering universal services to all parents with young children as well as more targeted support for those families who need additional support.

3. Financial Implications

3.1 Current contractual arrangements for Children's Centres equate to £50m over 4 years (more detailed financial information relating to individual Centre contracts is contained within the Norfolk Children's Centres Annual Report March 2014). This is a considerable percentage of the overall budget and therefore recommendations for further work should be mindful of additional cost as well as the draw on resources if a re-commissioning exercise is undertaken.

3.2 The number of Looked after Children continues to be an area of concern for many reasons, most importantly the impact on children's lives, but also including financial impact on the authority, representing a substantial part of the overall budget. Therefore during the review we looked to establish whether any link could be made between regular or frequent contacts at children's centres and the impact upon children starting or ceasing periods of social care. Within the timescale of the review it was not possible to identify a clear correlation and therefore it would be useful to factor in a more in-depth review in to future work recommended by this report.

3.3 Contained elsewhere on this agenda is a paper on the current budgetary picture for the organisation including Children's Services. Continuing pressure on budgets means that it remains crucial that we are able to deliver the best possible service in the most efficient way. It is important to note that Children's Centres are currently in a good position financially, unlike many other areas of service delivery they have not required or requested additional funding after bidding for contracts. We therefore believe that it will be possible to use the best practice which already exits and build upon it.

4. Issues, risks and innovation

The T&F Group have detailed risks throughout the final report. These largely relate to the following:

- The ability of Children's Services to undertake a re-commissioning exercise in parallel with organisational restructuring
- The reliance upon personal relationships within the current arrangements in order to make the system work. Connected to this we have identified the potential for current uncertainty around contractual arrangements to undermine relationships and impinge upon future improvement.
- There was evidence of a feeling of competition rather than co-operation between some service providers, and this appears to have impacted on the ability or willingness to share best practice in some cases leading to an overall weaker offer for families.

- Inconsistency in current service delivery means that we have some pockets of excellent practice which should be spread across all Centres through consistent sharing and better links with all stakeholders/providers

5. Background

Background Papers

- Member reports on Children's Centres
- Annual Parental Satisfaction Survey
- Original contract specification
- Norfolk Children's Centres – Annual Report March 2014

Copies of the minutes of our meetings and the information on which we have based this report are available from the Scrutiny Support Manager

Officer Contact

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Children's Services Committee

Children's Centres

Report by the Members' Task and Finish Group

January 2015

www.norfolk.gov.uk

Chair's Forward

I appreciate that anxieties can be raised when the community hear that Councillors are reviewing a service. In the current economic climate people are suspicious that the purpose must be about cuts or closures. I can't state clearly enough that it is the view of this task and finish group that Children's Centres have a vitally important role to play in the support that we offer to all families in Norfolk. We have no desire to reduce what Children's Centres offer, and in fact would like to see them strengthened and broaden the way that they are able to support families.

Children's centres should be at the heart of their community, non-stigmatising and easy to access. They should offer the kind of help and support that families want to access, at a time of the day and week that they most need, in a place where they feel comfortable which should include their own home.

Whilst we saw some examples of fantastic work with families, using creative and innovative approaches (both within Centres and through home learning) there is no shying away from the fact that we also found areas of concern. The lack of consistency of provision across the county is unacceptable. In particular there were significant differences in how well centres understood the needs of their community and consequently how well the local community was engaged with their centre.

This will not be allowed to continue. All families in Norfolk have a right to access an equally high quality service regardless of where they live, and as councillors we expect this. We have high aspiration and optimism about what our children and young people can achieve with the right early help and support, and this optimism should be felt by a family when they walk through the door of their children's centre.

Co-operation between children's centres, especially the sharing of best practice, should be an explicit expectation of providers. The focus should always remain on what is in the best interests of children and families in Norfolk and Centres and partners must work together regardless of who the provider is.

It is frustrating that it was not possible to establish from the evidence reviewed how effective each Centre is at reaching families who need support beyond the universal pathway, in particular those children subject to child in need or safeguarding plans. I hope that further detailed work can help us understand whether these families have accessed their children's centre previously and if not what the barriers have been. While it is important to continue to offer a universal service, it is vitally important that targeted help is provided to our most vulnerable families at the earliest opportunity.
I would like to thank the families and staff at each of the centres that we visited for taking the time to talk with us. I would also like to thank the officers who supported us with this piece of work, which was intensive with very tight timescales.

Cllr Emma Corlett
Chair Children's Centres Task and Finish Group

1.	**Background**
1.1	Norfolk currently has 53 separate Children's Centres divided in to 36 'lots', 26 of which were tendered contracts and 11 of which were non-tendered contracts. The total value of the contacts is £50 million over 4 years. Current arrangements are due to come to an end in March 2016 but we do have an option to extend this by up to a maximum of 4 years.
1.2	In October 2014 the Children's Services Committee formed a Task and Finish Group with the main objective: - 'review the effectiveness of Norfolk's Children's Centres in particular how well do Children's Centres enhance children's readiness for school under the current contract arrangements?'
1.3	The Task and Finish Group was made up of: Cllr Emma Corlett (Chair) Cllr Richard Bearman Cllr Paul Gilmour Cllr Margaret Dewsbury Cllr Roger Smith Cllr Deborah Gihawi The group were supported by the following Officers: Michael Rosen - Interim Assistant Director (Early Help) Sarah Spall - Head of 0-5 Strategy and Commissioning Kevin Howard - Strategy & Commissioning Projects Manager Tracey Andrews - Children's Centre Improvement Officer Bev Herron – Corporate Planning and Partnerships Officer
1.4	In addition to the substantive members of the Group, individual Officers were involved in guiding Members through different elements of Children's Centres. Local Members were also contacted prior to visits to Children's Centres within their constituency and invited to attend. Cllrs Strong, Collis and Thomas took part in visits in addition to Members from the Task and Finish Group.
1.5	We quickly established that this is quite a complex question to answer, with a varied understanding of the definition of 'school readiness' and differing opinions as to the level and reach to which Children's Centres contribute and could be expected to contribute in the future.
1.6	We also found that being 'ready for school', although important is just one element of the overall core purpose of Children's Centres which includes: • Child development and school readiness • Parenting aspirations and parenting skills • Child and family health and life changes
1.7	Centres also provide support to parents and help them to access: • Health services • Integrated childcare and early education • Information and advice about children's services, parenting support and a

	range of support services • Training and advice so that parents are helped to gain skills and find employment
1.8	As a result the Group have not only worked towards an understanding of their contribution to school readiness but also a more general understanding of Children's Centres and their contribution to supporting families during the early years of a child's life.
1.9	We recognise the significance of the timing of the work of the Task and Finish Group as it coincides with an important decision involving current contractual arrangements which end in 2016. Therefore the Group have considered what Children's Centres could potentially offer in the future and their place within the whole early year's offer for families in Norfolk.
1.10	During the work of the Group we also established an important link to the commissioning process currently underway for the Healthy Child Programme by Public Health. We feel that there is a real opportunity to strengthen both the Healthy Child Programme and the future of Children's Centres and that it is essential that this link is taken forward as part of future work rather than future development being carried out in isolation from each other.
1.11	We also recognised the vital link between Children's Centres and our overall aim to reduce demand for social care services through identification and early help for struggling families. Centre's place in local communities provides an excellent opportunity to support one of principles behind the re-organisation of Children's Services that we should have 'a locally differentiated offer of early help, built on a strong philosophy of recognising family strengths to problem solve with support agencies'.
1.12	Overall we were struck by the amount of passion and dedication shown by the staff we met during our visits as well as those NCC Officers that assisted us. Taken in to context with the challenges faced at this current point in time this is something to build upon and confirmed that we have strong base on which to do this.
1.13	In developing our recommendations we recognise that there is an inherent risk that during this time of uncertainty that some of the relationships which help to make Children's Centres such an important asset could be damaged and that progress could suffer. However, this should not be an excuse for poor practice and inconsistency of service delivery. Our recommendations are based upon the need for a way forward to be established as soon as possible in order to minimise disruption to services.
2.	**How we examined the issues**
2.1	As a group we met 5 times. Each session covered a different element of the current 'landscape' of Children's Centres. These included: • Overview including the history to Children's Centres • How Children's Centres contribute towards Early Years Foundation Stage Profile (EYFSP) • Funding and commissioning • Early help and integration of Children's Centres in to the wider scope • Performance management

2.2	In addition to the group meetings we visited a total of 15 Children's Centres across Norfolk during November and December 2014. The majority of visits were undertaken by two Members accompanied by the Strategy and Commissioning Manager (Children's Services). Overall this was an intensive whistle-stop tour of Children's Centres and therefore we would expect that any future work would need to revisit some of these topics in more depth, using the work of this Task and Finish Group as a basis.
3.	**Visits to Children's Centres**
3.1	Overall visits to Children's Centres were very useful and provided us with a great opportunity to speak to Centre staff, volunteers and families. Centres had been chosen to be part of the programme to ensure that we were able to see an example of different providers, operating models and some distinct issues faced by Children's Centres (a full programme of visits is available as appendix B to this report).
3.2	We were keen to explore a number of different issues with Centres in order to build up a comprehensive picture. This was achieved by asking a set of questions which were common to all visits (see appendix C to this report). Our findings have been included throughout this report broken down roughly in to: - understanding the community, the voice of families and contractual management.
3.3	Our visits in general show cased a variety of different operational models and providers which seemed to work in the broadest sense. However, we also recognise that within this there are areas and relationships that could be improved in order to create a strong future. We must ensure that Children's Centres are able to keep pace with the rest of early year's provision in Norfolk: - to be part of the journey rather than 'stand-alone'. Children's Centres are therefore an important element of Children's Services 'Getting in Shape' restructuring. In order to make this happen, Children's Services, in partnership with the Children's Services Committee, must be consider whether the current core purpose of Children's Centres needs to be enhanced / redefined in order to meet identified outcomes of the restructuring, whilst recognising that changes may result in the need to begin a re-commissioning process.
4.	**Understanding the Community**
4.1	We felt that one of the key areas of success for any Children's Centre was their understanding of the local community and their ability to ensure that families most in need were catered for. Our visits showed some good practice, connecting with local community groups such as the WI, forming groups based on culture and ethnicity and simple approaches such as a knocking on doors and providing welcome packs to new parents. We also found Centres using technology to help families better connect as well as creating tailored events such as a RNLI day especially to attract Dads.
4.2	However, there were also areas of practice which need to be improved in order to help the most vulnerable families in our communities, such as those with children on the edge of care, dealing with issues related to mental health and those struggling to cope financially and/or emotionally. We cannot emphasise enough how important it is that our services for children and families really understand local communities in order to provide both universal and targeted support where it is needed.
4.3	The following are some examples of inconsistencies that we found:

- **Accessing target population group** - one Centre we visited had a small but significant local eastern European population which were very much under-represented in centre attendance. The centre did not appear to be able to identify any other places within the area to try and better engage with these families or have many creative suggestions. They were planning to start and ESOL group, however we were not convinced how this would be successful if these families were not already engaging with the centre. In contrast another Centre recognised that their area contained a large Portuguese community and had employed some staff from the same community in order to deliver a better service.

- **To knock or not to knock?!** - we saw some excellent examples of outreach from centre staff including knocking on the doors of local families to introduce themselves, provide a welcome pack and present a friendly and approachable image of the centre. By contrast one provider said that it was company policy not to door knock. We are concerned that such blanket policy decisions do not take account of local need and are potentially a barrier to engaging with families who find our services hard to reach. We would like to see all centres taking a pro-active outreach approach.

- **Home learning** - we heard about some excellent home learning activities taking place, both within a 'home' learning environment created within a Centre as well as activities carried out in local homes. This appeared to have a positive impact not only on 'school readiness' but on parent/child relationships, child development and parental well-being and confidence. The enthusiasm of those delivering this kind of activity was infectious and we believe that this is the kind of good practice that should be widely shared as a core part of what Children's Centres can offer.

- **Relationships with Social Care** – Centres reported some improvement in communication and joined up support for families since the introduction of named social workers for each Children's Centre. However we found variation of the perceived value and quality of these relationships. They appeared to work best where the Centre had good staff retention, and where the social worker appointed was permanent. We heard descriptions of great enthusiasm and embracing of this closer working, however we were also given examples of where it was felt the social worker didn't appear to be as engaged as they could be. It was felt that because they were in a short term post and due to move on soon the relationship was not as strong. Some centres also reported excellent relationships with mental health services, with some mental health practitioners using Centres to see parents, however this was not consistent. The early help hub model appears to have helped strengthen relationships with mental health teams but as this only covers part of the County it has not benefited all Centres.

- **Introducing new parents to Centres** - Midwives and Health Visitors have key role to play in introducing families to Children's Centres. We found that where ante natal classes were held in the Children's Centre it had helped to promote everything that centres are able to offer and to get families used to engaging with the centre pre-birth. Where post natal health visiting clinics

	were held at Children's Centres it provided a unique opportunity for Centre staff to engage with parents, from the beginning of the child's life, creating a relationship right from the start. However the extent to which Centres did this varied and therefore some Centres were not able to benefit from this early contact. • **Transition to school** – we saw some good practice including a structured programme which saw the child introduced to school by Centre staff over a number of weeks. This was a great example of good working relationship between Children's Centres and Schools, and most importantly it had good parental feedback – acknowledging that there were many issues that parents themselves needed to address to enable them to support their child to make a successful transition in to school. Other centres dedicated just a day to this, or appeared vague about how they supported school transition. We also didn't get a sense of wide sign up to the current definition of school readiness, or a consensus about what being ready for school meant to different settings, providers or parents which has led to one of our recommendations.
4.4	NCC are in a unique position, along with our partner agencies to assist with local knowledge. We were assured that existing information sharing agreements are helping to provide Centres with access to data but for some this is relatively new and there is work to be done to ensure that data is used, understood and acted upon. We came across some examples where Centre staff recognised the importance of understanding data and had the requisite skills to be able to do so. We also came across one Centre who had employed someone specifically to help them interpret and get the most out of the information held. However, in some cases this was lacking and it was unclear as to whether this was as a result of a lack of skills or a lack of understanding about the importance of doing this in order to assist with knowledge of the Community. We also found that some Centres were having difficulty accessing health related data such as breast feeding. We hope that our recommendation to create a link with the Healthy Child programme, along with data sharing agreements will help to strengthen the relationship between centres and Public Health in order to ensure that there is consistent dialogue between the two which does not rely so heavily upon local relationships.
4.5	Linked to these issues of course is the physical location of a Centre. The current location of Centres across the County is based upon High School catchment areas. This can cause some issues and is potentially no longer the best way of placing them to ensure the appropriate reach and position in local communities. As parents are able to use any Centre careful thought needs to be given to ensure that all Centres are accessible. The proposed restructuring of Children's Services includes working to a new locality based model based upon six Districts. This provides an excellent opportunity to revisit locality and spread. Although we did not come to a clear view as to whether it would be beneficial to change the reach of Centres to align with these boundaries or not advantages would include: - clarity of line management accountability and clearer links to other services. We therefore recommend that the Department look at the current reach of Centres to establish the possibility of aligning boundaries as part of the options appraisal.
5.	**The Voice of Families**
5.1	We found some good examples of how families are being helped and how Centres

	are using volunteers from their local community to increase the effectiveness of their work. We had the opportunity at most Centres to speak to both staff and families to get their thoughts. During our visits we met a grandmother volunteering at her local Centre. She said that she 'loves children' and was happy to have the opportunity to work with them now that her own children had left home. We also spoke to a young mother who had been helped by Centre staff not only with her own child but to start a qualification to look after children herself. We found some good examples of volunteers being parents who have made use of the centre themselves, and been encouraged and supported to become more actively involved and this peer to peer support appeared well received. It did not appear that families are routinely involved in the recruitment of staff. We would encourage this, as families are well placed to contribute to decisions about who works in services for them
5.2	At the time of writing this report results from the Annual Parental Satisfaction Survey had not yet been fully analysed, however the following quotes from parents are encouraging in showing what a difference their Children's Centre has made to them and their child: ▪ 'I have been able to ask staff questions regarding sibling rivalry and developmental stages, this has reassured me and made me more confident in my approach as a mother.' ▪ 'We really like to attend sessions at the weekend, the fathers group is great, it gives me quality time with my son, which he really enjoys.' ▪ We attend an outreach venue which has been really good as it has helped up to get to know other families in the community. This has really helped with my son's transition into nursery as he knows some of the other children.
5.3	Results from the survey also shows that Centres are providing a useful service in assisting adults ▪ 'I have just started Adult Learning Literacy and Numeracy courses.' ▪ 'I improved my English through the English course and my little girl learn how to play with other children and share the toys.' ▪ 'We really enjoy coming to the play session at Marham as it is quite remote here. It is sometimes the only group accessible.'
5.4	However, the survey and our visits do not capture the views of families who do not use their local centre, which is an important aspect of determining any future direction for Centres. We therefore strongly advise that the work that the Group has done to visit Centres and speak to families be continued, specifically to determine why some families are not using Centres in order to provide a balanced view.
6.	**Contractual Management**
6.1	We were able to see elements of two Annual Conversations, which involve Centre staff in a discussion about how well they have performed over the past year against set targets. Annual Conversations were also referenced by Providers in the Lead Partners/Stakeholders event (see section 7 for more detail). We found this experience useful as it gave us a unique, albeit limited opportunity to see the relationship between NCC and Centre staff on a face to face basis.
6.2	It is difficult to formulate an opinion as to the effectiveness of these sessions with only seeing two, however, given the feedback and our own experience we feel that

	although this is evidently seen as useful, NCC's limited resources mean that they may not be as an effective a part of contract management as they could be. It is important that NCC and Providers are able to have open and honest conversations about performance on a regular basis looking at quantitative and qualitative information at the same time. This is not a reflection on staff involved working for any of the organisations involved but managing performance will continue to be an important element whatever the delivery model adopted.
6.3	During our visits we were only able to witness one Advisory Board in action but from information gathered we understand that there are significant variations across the County as to their effectiveness and the commitment of Board members to meet. As there is a statutory duty for Local Authorities to ensure that each Centre has an Advisory Board in place albeit with flexible governance arrangements depending upon its locality and the issues of the community in which it operates we do not believe that this inconsistency can be allowed to continue.
6.4	We recommend that any future development of Children's Centres should re-enforce the importance of these Boards and include a review of purpose and attendance. We believe that it would be useful to consider the relationship to locality safeguarding boards in order to maintain a cohesive early year's offer and to exploit Centres position within local communities. By working with other agencies such as Public Health and social care, Centres can become part of the solution; addressing issues such as domestic abuse in order to spot signs early and provide early intervention where possible avoiding escalation.
7.	**What did providers/stakeholder tell us?**
7.1	On 12/11/14 Cllrs Corlett, Bearman, Smith and Joyce met with providers and stakeholders at the Lead Partners Event in Mattishall. The event is held on a termly basis and would not normally involve elected Members. Attendance is obligatory for providers as part of contractual arrangements with NCC and a variety of stakeholders are encouraged to attend. Stakeholders and Providers were split in to two separate discussion groups.
7.2	Overall there was a recognition of the importance of Children's Centres and although the current 'model' of delivery is working to a degree there are some areas that we believe should be explored in order to improve.
7.3	The following is a summary of key points from the discussion: • **Inconsistency** – whether down to the variety of providers or the feeling that the overall strategy needs to be tighter. Providers felt that the mix of competitive and non-competitive (in the case of schools) tendering from the last round may have contributed to this. Providers felt that it is too early to go through a competitive process again as not all contracts have had time bed in which they believe has led to inconsistency in performance levels and that a longer contract would lead to better outcomes. • **Better join up with partners** – this seemed to be wider than the relationship with NCC and District Councils. Health came through as one area where Children's Centres could have a more consistent relationship – there is concern of duplication of services and that the current framework relies too heavily on individual relationships. There is also the potential that the variety of providers involved in Children's Centres may add to inconsistency as these could be

	considered partners in the overall delivery of Children's Centres – sharing best practice isn't helped by having a competitive environment. • **A tighter, more defined, strategic direction and contract** - both providers and stakeholders thought this could be improved. The reasons behind this does differ i.e. from providers the need was more to do with a feeling that Children's Centres are being used as an emergency or dumping service to back up inadequate provision in others and that there is a need for all partners to clearly understand their role. For stakeholders the need seems to be to ensure that Children's Centres are delivering consistently and meet the needs of families – things like flexibility around opening hours. A feeling that it is a postcode lottery came through strongly. The number of different providers was one reason given for this, another comes down to geography and the fact that a 'one size fits all approach' is not viable but that there needs to be a review of what the core contract is. • **Extending the 'brief'** - i.e. by age range or changing their name to family centres met with mixed views. Providers feel that this might dilute their ability to meet real need and will be difficult to staff, especially with reducing budgets. Stakeholders feel that this would be useful and would open up Children's Centres and potentially remove some of the current stigma around them. The question of resourcing centres if this was to happen would need to be addressed. • **Norfolk issues** – the rurality of the County means that better join up with other services not just those within Children's Services would be useful as the physical location of a Children's Centres can play a part in how effective it is. Examples such as better join up with transport routes suggest that the physical location of a centre can be a particular part of its success or challenge. In some cases Children's Centres operate virtually without a specified building. This brings different challenges and requires both good relationships and clear contracts. It was felt that there could be better join up with the library service, which can make a huge contribution to 'school readiness'. • **Data** – this linked with issues around partner organisations but also for providers seemed to be an issue as to the volume of data they are asked to produce / access. This may stem from whether staff at the Children's Centres are able and willing to see this as part of the job but could be helped by clarity around the remit for Children's Centres as well – understanding the relationship between different partners and who is responsible for achieving what. • **Defining school readiness** – both providers and stakeholders felt that this was currently an issue as there is no consistent definition. This is something that would help both Children's Centres and schools and both providers and stakeholders felt this would also help parents as well. • **Changing landscape** – this is linked to the use of data and clarity of the remit of Children's Centres. Being able to meet future needs of families and a long term strategy would be useful. However, this cannot isolate Children's Centres as far as delivery is concerned – it needs to be part of a wider strategy which looks at how Children's Centres as a delivery mechanism can be part of improving the lives of families in Norfolk, working in partnership with other services.
7.4	We believe that our recommendations will assist in addressing some of these issues and we intend feeding back to Providers and Stakeholders at their next event in March 2015.

8.	**What are other Local Authorities doing?**
8.1	In October 2014 the Head of 0-5 Strategy and Commissioning contacted the Eastern region Children's Centre officers group to find out what other Local Authorities approach to commissioning Children's Centres was.
8.2	The response was limited with only 4 out of 14 replying (Beds, Central Beds, Herts and Southend) so it would be useful for any future work to pick this up more fully. The feedback did show that all four LA's used a mixture of third party providers the same as Norfolk.
8.3	Out of the 4 replies only one (Beds.) delivered any Children's Centre provision 'in-house' of which they said 'these are by default and not by choice'. None of the LA's consulted were considering bringing Children's Centres back within their own provision.
8.4	There was a mixed response to whether other LA's were planning to re-commission through competitive tender process in the near future. Only Herts responded that they would definitely be.
8.5	The other LA's were also asked about the idea of developing centres more as a Family Centre. The feedback confirms that this something which we are all struggling with as we need to do more with less. Knowing where the 'cut off' should be does not seem to have a straight forward answer. However of note are - Southend who have challenged DfE to allow one of the Centres in their most deprived area to be known as a family centre and Herts who use the concept already but only for families with children under 5 years old.
8.6	In contrast Central Beds are actively looking to reduce the 'reach' of Centres in order to offer a wider early help offer to the most vulnerable families in their care. This will involve a universal service for 0-1 but a targeted service for children 1-5 where they are in the top 40% LSOA, any child on a CP, CIN EHA (self-referral EHA) and teenage parents. There will also be an additional element of funding if there is either a traveller site or military base within the reach area.
8.7	In order to assist families further they are also offering to help them to access services when their child turns 1years old. This will involve linking them with community groups and offering assistance to parents who want to build up their own support networks using the Centre. Every family will also have access to a new short parenting course available to them up until their child's first birthday.
8.8	Discovering 'trends' within Children's Centres across the Country has proved quite complicated and should be looked in to further as part of any future commissioning exercise. We were able to establish that many LA's are moving towards a 'hub and spoke' model of delivery. This seems to reflect the good practice that we have seen in Norfolk, where Centres have joined together with other Centres / organisations in order to deliver a better service for families. We cannot emphasise enough how important relationships seem to be as far as the work which the Group has done.
9.	**School Readiness**
9.1	In section 1 of this report we explained that the work of the group far extended the original task of - 'review the effectiveness of Norfolk's Children's Centres in particular how well do Children's Centres enhance children's readiness for school under the current contract arrangements?'. However, we do recognise the

	importance of this within the overall remit of Centres.
9.2	In Norfolk we have said that:- “We believe that all children and young people have the right to be healthy, happy and safe; to be loved, valued and respected; and have high aspirations for their future”.
9.3	Our focus in Early Years and Childcare services is for every child under 5 years to: • Be loved and happy at home with the confidence to make relationships with others • Be eager, excited, curious, creative and engaged in learning • Have the best possible health and development • Be safe and have a growing awareness of risk And we have said that all settings offering childcare provision in Norfolk will be able to access support and guidance from various teams to achieve / maintain excellence, create a rich and diverse environment and improve outcomes for all children.
9.4	The lack of a national definition for school readiness means that we need to build upon our current Norfolk definition in order to provide absolute clarity on what we mean by being ‘school ready’. As part of this we have also recommended that we need to establish a consistent approach to ensuring that the definition is met by Children’s Centres as part of their core function.
9.5	It is recommended that a short consultation exercise be undertaken on the definition of school readiness to arrive at an agreed version whilst at the same time raising the profile of the issue. The consultation should include parents, early year’s settings, schools and partners to increase ‘buy-in’ from everyone in the county and a negotiated, shared understanding. We also recommend that a collaborative approach to ensuring children are ready for school is developed by schools and centres in order to clearly articulate our high aspirations for Norfolk children as they enter school.
10.	**Working with others**
10.1	A common theme within the work carried out by the Group was the importance of seeing Children’s Centres as a piece of the early year’s offer for families in Norfolk. We would like to emphasise how important we feel collaboration is to the way forward and that Centres must not only be part of their local community but also part of the early year’s ‘family’ of support which includes schools, public health, other forms of early years provision and other Centres. Recognising the relationship between Centres, sharing good practice and knowledge will help us to improve consistency and standards of service which families should be receiving no matter where they live or which Centre they choose to use.
10.2	We recognise that the current variety of providers and physical localities make this a complicated issue to resolve and that NCC has an important part to play in ensuring consistency. There is also a risk that by undertaking further commissioning activity or changing what is required from Centres will bring additional pressure to providers. However, we must recognise that in the current financially strained environment easy solutions will not present themselves and we must work even harder to ensure

	that the services we provide for our families work well together and understand their role not only locally but county wide.
10.3	We recommend that future work reviews how good relationships between centres can be assured irrespective of the provider and that 'company ethos' or style of working is not allowed to get in the way of collaboration.
11.	**Becoming Family Centres**
11.1	We have spoken to Providers and Stakeholders about the possibility of extending the remit of Children's Centres to include a wider age range of children (see section 7 of this report). We have not reached a clear conclusion on this but we do believe that it warrants further investigation.
11.2	As part of our review we were less concerned with whether or not this meant renaming the centre's "Family Centres" and more concerned with ensuring that all centres worked and organised resources around the whole family as Children's Centres are ideally placed to act as leaders in this work.
11.2	Therefore we recommend that as part of the re-commissioning process all Centres must be required to work with the whole family including older siblings where appropriate in order to deliver a family centred approach. This does not mean that centres need to provide services directly but we expect them to be working with other agencies, schools and the third sector to help organise provision around the family. Thereby ensuring the best outcomes for children, as well as extending the age range of children supported to avoid 'gaps'.
12.	**Conclusions and recommendations**
12.1	Overall, the current landscape of Children's Centres in Norfolk is a mixed picture, which is what we had expected to find. It reflects the diversity of localities and families as well as the issues we are all facing at the moment around reducing resources and increasing demand.
12.2	However, we believe that although some diversity is good when it is meeting a specific identified local need, this should not mean an inconsistent service where families are subject to a 'postcode lottery'. We also believe that it is now even more important that Children's Centres are able to complement the services we offer all families in Norfolk, not only those with young families as part of our early year's offer but also the wider community. We need to make sure that children have the best start possible to give them and their families the 'tools' necessary to become a valued member of society.
12.3	We do acknowledge that Providers on the whole are doing a good job in very difficult times both in terms of financial constraints and increasing demand. However, this is not an excuse and we cannot afford to sustain contractual arrangements that do not provide a consistent service for all. Achieving good outcomes for every child and their family far out way consistency and current arrangements are simply not good enough.
12.4	As a Group we felt that developing an easy solution to this complex problem within the time constraints of the Task and Finish group is quite frankly impossible. As this is such an important issue we have reflected within our recommendations that the work carried out by the Group should now be seen as a first step and that future work must be carried out effective immediately in order to establish what Children's Centres of the future should look like and where they sit in the overall early help

	offer available to families.
12.5	**On this basis the Children's Centres Task and Finish Group would like to make the following recommendations to Children's Services Committee:**
A)	We know that there is more that can be achieved through Children's Centres and therefore an options appraisal should be started now to establish a preferred delivery model and future aspirations for our Centres in Norfolk: • Before the commissioning exercise is undertaken a review of potential delivery models for children's centres must be undertaken to ensure a close fit with the developing early years and help offer in the County. Delivery models to be considered could include: o Bringing in-house either all or just those Centres which are currently deemed as poorly performing by the LA / Ofsted o Adoption of a consistent 'hub and spoke' approach in order to increase reach and reduce fixed overheads such as buildings o Community Interest Company approach • We noted that the existing contracts could be extended for a period of 1 to 4 years and whilst this might give time to consider necessary changes it would be better if such changes could be implemented within the planned commissioning timescale so avoiding any short term contract extensions. Any subsequent re-commissioning should then be for a further 4 year period to provide stability and continuity. • Before the commissioning exercise is undertaken the level to which variations to existing contracts can be carried out in order to achieve short term improvements should be established. This should focus upon 'quick wins' and should link to the option to bring services in-house as a result of poor performance. • We also noted that procurement will take between 4-6 months depending upon the method used (i.e. open, restricted or competitive dialogue), followed by a transition period of around 6 months prior to services starting. Therefore an estimated period of one year must be factored in addition to time taken for the option appraisal before service delivery can commence. • Findings from the options appraisal should be reported back to Children's Committee in March 2014. • Any re-commissioning or future delivery model should take into account the recommendations of the Task and Finish group as outlined in the following recommendations.
B)	There is a good understanding of individual centre performance. However there needs to be an improvement in the use of this information to performance manage centres that require improvement. We request that the Children's Services department looks at how to ensure stronger performance accountability and management.

	This could be done by: **1.** Clear identification of a senior manager responsible for performance **2.** Action plans with timescales **3.** Annual reporting to Children's Committee on actions taken to improve performance and results achieved. A review of current Advisory Board arrangements for each Centre to look at their purpose, attendance and effectiveness in overall management of the Centre
C)	We need to address the lack of a clear understanding of the definition of school readiness. Whilst there is no nationally agreed definition recent research suggests that the definition that Norfolk already has (see section 9 of the Task and Finish Group report) is consistent with current thinking. It would be useful to undertake a short consultation exercise on the definition as this would raise the profile of the issue as well as improving the currency of the definition. • It is recommended that a short consultation exercise be undertaken on the definition of school readiness to arrive at an agreed version whilst at the same time raising the profile of the issue. This consultation should include parents, early year's settings, schools and partners to increase 'buy-in' from everyone in the county and a negotiated, shared understanding. • We also found that Centre's approaches to school readiness varied with some having programmes that involved the family and lasted several days, whilst others only spent a day on this. We also found that school's involvement with early years was also variable. Given the importance of school readiness for the future development of children we recommend: **1.** That all Centres make work on school readiness a high priority with specific programmes as well as it forming part of the ethos of the centre. Clearly articulating our high aspirations for Norfolk children as they enter school. **2.** That all primary schools should work closely with their respective Children's Centres on school readiness, along with parents and other local early year's settings in order to ensure a common understanding and adequately prepare children and their parents for the start of school.
D)	We must ensure that Children's Centres keep pace as part of the overall offer of services to families in Norfolk: • As part of the re-commissioning process all Centres must be required to work with the whole family including older siblings where appropriate in order to deliver a family centred approach. This does not mean that centres need to provide services directly but we expect them to be working with other agencies, schools and the third sector to help organise provision around the family. Thereby ensuring the best outcomes for children, as well as extending the age range of children supported to avoid 'gaps'. • We were less concerned with whether or not this meant renaming the centre's "Family Centres" and more concerned with ensuring that all centres

	worked and organised resources around the whole family as Children's Centres are ideally placed to act as leaders in this work. • The proposed restructuring of Children's Services includes working to a new locality based model based upon six Districts. We did not come to a clear view as to whether it would be beneficial to change the reach of Centres to align with these boundaries or not. Advantages would include: - clarity of line management accountability and clearer links to other services. We therefore recommend that the Department look at the current reach of Centres to establish the possibility of aligning boundaries as part of the options appraisal. • High level aims of the Healthy Child Programme (contract to be awarded April 2015 for implementation October 2015) must form part of any future scoping work associated with Children's Centres. Centres will play an important part in the delivery of these outcomes. We are aware that there are complications to this as current commissioning timetables are not aligned which is disappointing. However, it is important that this is not allowed to continue and from this point forward development must be carried out in parallel to ensure that the model for Children's Centres and the Healthy Child programme are able to deliver an effective, joined up service to avoid duplication. The options appraisal set out in recommendation (A) must include input from Public Health and Children's Services and should focus upon flexibility for managers so they can work effectively together including looking at practical options such as pooled budgets to achieve high level outcomes. • We were unable to establish a clear link between regular or frequent contacts at children's centres and the impact upon children starting or ceasing periods of social care. We recognise that this was partly down to a lack of time and therefore it would be useful to factor in a more in-depth review in to future work recommended by this report. This could also be linked to findings from the LAC Task and Finish Group due to report to Children's Services Committee in March 2014.
13.	**Action required**
	The Committee is asked to consider the working group's conclusions and support its recommendations, which are set out in section 12 of the report.

Appendix A

Norfolk County Council
Children's Services
Task and Finish Group Review

Children's Centres

Terms of Reference

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1. Title of Proposed Task and Finish Group Review

Review of effectiveness of Norfolk's Children's Centre's in particular how well do Children's Centre's enhance children's readiness for school under the current contract arrangements?

2. Rationale

Members should outline the background to this review and why it is an area worthy of in-depth investigation.

A main objective of the Early Help Improvement Plan is to improve outcomes for children at the end of the Foundation Stage, as they start school, with particular emphasis on the most disadvantaged. The role of children's centres in delivering this outcome is important.

3. Purpose and Objectives of Review

Members should consider what the objectives of the review are

To understand the current arrangements and plans and how well they are working

To understand the effectiveness of children's centres in contributing to children's readiness for school

To understand how the reach of the Centres can be extended to include more and older children and so increase the impact of their work

To understand if and how we are achieving value for money with the current arrangements

To make any recommendations for policy and actions

Methodology/Approach

Members should consider how the objectives of the review will best be achieved and what evidence will need to be gathered from officers and stakeholders, including outside organisations and experts.

- The Task and Finish Group will need to examine the performance data for children's centres and understand how well they are contributing to improved performance
- To fully understand their work in preparing children for school; review current documentation, policies and practice and organisation of the centres, with reference to Access to Services, Quality of Service and Practice, and Leadership and Management.
- The work of the Early Years Improvement Board may also be relevant.
- Take evidence from council officers, including commissioners, and the schools improvement service etc
- The Group will need to visit a sample of children's centres, and schools, and may divide this task up amongst the Group
- To understand the budgets and delivery structure to evaluate value for money
- Look at evidence from other authorities and national organisations where appropriate

In conducting the review the Task Group may want to consider the following questions:-

1) How many eligible children take up places in children's centres?
2) How does this compare with other similar authorities and what can we learn from them?
3) How effective are the centres in promoting attendance?
4) What is the take up of free early learning places?
5) How has the capital investment supported this?
6) What is the impact on the outcomes for the children? How do centres vary?
7) What recommendations should be made for consideration?

5. Deadlines and timetable

Members should anticipate the likely length of the review being proposed.

It is anticipated that the review should start in September and be completed within 3-4 months. It will be important to produce some interim recommendations by January to inform the commissioning process timetable.
The task group could comprise 5-6 members.
Detailed timetable and work plan to be agreed at first meeting to ensure it is in step with the commissioning process.

6. Additional resource/staffing requirements

All reviews should be facilitated by officers. Members should anticipate whether any further resource is required, be this for site visits or independent technical advice.

This review will require officer time from Children's Services, Children's centres The review will need be supported to organise visits etc.

7. Outcomes

A report to Committee of findings and making any recommendations for action and/or further work.

9. Likely publicity arising from the review

Members will wish to anticipate whether the topic being reviewed is high profile and whether it will attract media interest. If so, this box should be completed with help from the relevant officer in the Council's PR and Media Team.

Publicity will be through all Children's Committee meetings as they are public meetings. Stakeholders of interest will be kept informed.

10. Terms of reference agreed by

Children's Committee or Chair Vice Chair of Committee Date September 2014

Appendix B

Centre Visits		
Date of Visit	**Centre Visited**	**T&F Group Members**
3/11/14	Trinity	Cllr Emma Corlett and Cllr Paul Gilmour
25/11/14	Corpusty, Holt and Wells	Cllr Roger Smith and Cllr Margaret Dewsbury
2/12/14	Swaffham	Cllr Roger Smith and Cllr Emma Corlett
3/12/14	Seagulls	Cllr Richard Bearman
10/12/14	Harleston, Long Stratton and Diss	Cllr Richard Bearman and Cllr Margaret Dewsbury
10/12/14	North Lynn, Gaywood and Woottons	Cllr Roger Smith

T&F Group Meeting Dates		
Date of Meeting	**Topic covered**	**T&F Group Members**
27/10/14	Overview	Cllr Emma Corlett Cllr Paul Gilmour Cllr Richard Bearman Cllr Roger Smith Cllr Margaret Dewsbury Cllr Deborah Gihawi
3/11/14	Contribution to Early Years Foundation Stage Profile	Cllr Emma Corlett Cllr Paul Gilmour Cllr Richard Bearman Cllr Margaret Dewsbury
18/11/14	Funding and Commissioning	Cllr Emma Corlett Cllr Richard Bearman Cllr Margaret Dewsbury Cllr Deborah Gihawi
4/12/14	Early Help / Integration	Cllr Emma Corlett Cllr Richard Bearman Cllr Roger Smith
16/12/14	Performance Monitoring / Report writing	Cllr Emma Corlett Cllr Paul Gilmour Cllr Richard Bearman Cllr Roger Smith Cllr Margaret Dewsbury
22/12/14	*Report writing	Cllr Emma Corlett Cllr Richard Bearman Cllr Margaret Dewsbury
*note this was an additional meeting to cover final points reference the final report – Members who were not able to attend were given the opportunity to input via email		
In addition to the Group meetings Members also attended the Lead Partner's event for Children's Centres on 12/11/14.		

Appendix C

Agreed questions / areas to explore for Member visits to Children's Centres

- How does the Centre promote its services, especially to those who don't currently use the service? This will be used to determine the Centre's understanding of their local community
- What out-reach facilities, if any, does the Centre use?
- How frequently and how often does the Centre link to the local school(s)? This will be used to determine how the Centre is linking to school(s) in order to ensure Children are 'school ready'. Members were keen to also get information how the school(s) perspective of this.
- Members wanted to use a variety of questions and data (some of which will be provided by Officers outside of the visits) to look at how the Centre links with the local community. This will be to establish how the Centre is working as a Community Hub.
- What is the current 'make-up' of people using the centre / sessions – is this dominated by any one group? Who is the main driver in a family behind using the centre i.e. is it Mums / Dads / Carers / Childminders
- Centre's ability / readiness to look at the question of widening age range

At the meeting of the T&F Group on 18/11/14 we agreed to add:

- How the hardship fund is accessed / used

Note: questions were not shared with Children's Centres prior to visits but used as an aide memoire by Members to ensure consistency of questioning.

Children's Services Committee

Item No 12

Report title:	**Emotional Wellbeing & Mental Health Strategy**
Date of meeting:	**13 January 2015**
Responsible Chief Officer:	**Sheila Lock**

Strategic impact

We wish to ensure services are available to support children's emotional wellbeing and mental health at the earliest opportunity based on understanding of needs of individuals, cohorts of children, their families and communities.

Through joint working to improve children's emotional wellbeing and responding to emerging mental health concerns at the earliest opportunity the strategy aims to ensure children and young people:

- are able to feel good about themselves
- have good and positive relationships within their families and communities
- have access to support at the earliest opportunity including within early years' settings and schools contributing to their educational experience and achievement as well as personal and social development

In addition the strategy aims to reduce need and demand for social care services including accommodation by providing support and interventions sooner keeping families together which will impact on reducing social care costs.

Executive summary

Due to cross cutting nature of improving emotional wellbeing and emerging mental health issues for children and their families there is the need for involvement and joint working with a range of agencies, organisations and children and young people in taking the strategy forward and informing ways of working and future commissioning.

We know:

- At a national and local level one in ten children and young people aged 5 to 16 have a clinically diagnosed mental health disorder and around one in seven has less severe problems.
- In Norfolk Public Health child health and maternity data 2012 suggests prevalence rates of:
  - Children age 2-5 **7380** with a mental health disorder
  - Children 5+:
    - **3980** in 5-10 age range with a mental health disorder
    - **6515** in 11-16 age range with a mental health disorder
    - **10,395** in 5-16 age range with a mental health disorder
- Range of protected characteristics groups are at greater risk of emotional wellbeing and mental health concerns
- Range of contributory factors influencing emotional well-being and mental health significantly the need for good family attachments and relationships
- That emotional wellbeing and mental health concerns can be missed and left unsupported
- That referrals to mental health targeted and specialist services continue to increase and have been on the rise since 2003.

By proposing early help and preventative interventions the strategy aims to provide the right support, at the right time for the right children. Where we fail to do this there is the potential for:

- Children being put at risk in terms of their health and admission to acute health services
- Increased vulnerability and risky behaviours including from drug and alcohol use and child sexual exploitation
- Family breakdown and involvement of social care services at the point of crisis
- Lack of engagement in education due to emotional state and/or challenging behaviours leading to exclusion

By investing earlier there is the likelihood of less harm to children and reduced costs over time.

Recommendations:

1. **Agree support of the over-arching strategic aims of the draft Emotional Wellbeing and Mental Health Strategy**
2. **Support ongoing implementation of draft Emotional Wellbeing and Mental Health Strategy by further involving children and young people and partners.**
3. **Agree delegating approval of finalised strategy and implementation to Chair of Children's Services Committee**
4. **Support the setting up of a Norfolk Emotional Wellbeing and Mental Health Summit of all partners and organisations to explore key issues for improvement, share young peoples views of service provision, share best practise and identify ways forward**
5. **As part of improving Early Help and Preventative Services agree resourcing implications including increasing investment to improve support and interventions for emotional wellbeing and mental health in line with 'Getting in Shape' restructure proposals**
6. **Identify key outcomes Children's Services Committee wish to achieve from strategic direction**

1. Proposal

In Norfolk through an early help offer we wish to provide services to support children's emotional wellbeing and mental health at the earliest opportunity based on understanding of needs of individuals, cohorts of children, their families and communities.

Emotional wellbeing has been defined as:
"A positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment."
It is increasingly used alongside mental health, and is often favoured by schools and others whose main contribution is around prevention and health promotion.
(*Better Mental Health Outcomes for Children and Young People*)
Children's wellbeing is strongly associated with the wider community they live in. Throughout childhood, social relationships at home, early years' settings and school are important predictors of wellbeing. A supportive family that spends time together and secure setting and school environment are the foundations of good child wellbeing.

There is a range of mental health support which goes on within universal services and schools contribute considerably in promoting emotional wellbeing and supporting children presenting with emerging mental health difficulties as well as working with agencies for those requiring more intensive and specialist support.

However currently there is fragmentation across agencies and organisations in relation to earlier responses to emotional wellbeing and emerging mental health difficulties with children and young people at times unable to access earlier help or longer term support.

Resulting in increasing numbers of referrals to high end social care and mental health services at times of crisis including those self-harming presenting at Accident and Emergency departments and children in need of being accommodated.

Therefore the need for a joined up approach of both commissioning and in providing support is essential to improve emotional wellbeing and mental health outcomes for children and young people.

1.1 Proposed strategic aims to bring about required change

The strategic aims going forward are:

1. Ensure services are available to support children's emotional wellbeing and mental health at the earliest opportunity based on understanding of needs of individuals, cohorts of children, their families and communities.
2. Early years settings, schools and other agencies working with children and young people so that they feel good about themselves and are able to build positive relationships
3. Align and re-shape services/resources so that integrated commissioning arrangements and services within the universal support and early help offer are in place reducing current fragmented approach and that gaps are addressed
4. Improve access and provide clarity about support services available for emotional wellbeing and mental health at all tiers and for all children and young people
5. Engage children and young people, parents and carers in informing and shaping support, commissioning of provision and service delivery
6. Resources and funding focussed on earlier intervention based on assessed needs

1.2 Proposed NCC Children's Services improvements

In developing an Emotional Wellbeing and Mental Health Strategy with partner organisations and the involvement of children and young people and their families the intention is to bring about changes in how NCC Children's Services organises itself to work with others on this key early help priority.

As part of NCC Children's Services 'Getting in Shape' restructuring proposals to bring about improvements for our emotional wellbeing and mental health offer, support and interventions the following is included:

- **Under Head of Joint Commissioning (Health and Disability):**
  - Educational Psychology strengthened
  - Therapeutic support brought under a single service with clinical psychology lead
  - Joint commissioning arrangements for specialist and targeted interventions in one place
  - A proposed new Emotional Wellbeing Development Manager post within Child and Adolescent Mental Health Services Team
- **Within Early Help Services and Partnerships:**
  - Family Practitioner roles with a focus on changing behaviours in families including on emotional wellbeing and emerging mental health concerns

The above demonstrating NCC Children's Services commitment to and importance of this priority as part of improving outcomes for children and young people and reducing

social care costs by providing support and interventions earlier. In doing so continuing to work with partners and organisations to support and bring about change and improvement as informed by and agreed within the 'Emotional Wellbeing and Mental Health Strategy'.

1.3 Consultation

The draft Emotional Wellbeing Strategy (appendix 1) has been widely consulted on with a range of agencies, organisations and with young people during October and November 2014.

This has included consultation with schools through the schools forum and autumn term fair funding proposals as we wish to work with schools on how DSG funding can be used for earlier emotional wellbeing and mental health support building on best practise examples already in place. We have linked this with NCC Children's Services 'A Good School for Every Norfolk Learner' strategy and DfE guidance *'Mental Health and Behaviour in Schools'* June 14.

The draft strategy has been presented to the Child Health and Maternity Board and Early Help Improvement Board, Joint Camhs Commissioning Group and Camhs Strategic Board. A report was presented at the Health and Wellbeing Board which supported further consultation and the overall aims of the strategy.

In addition the Youth Council have been consulted with as they have also identified emotional wellbeing and mental health as key issue for young people to ensure join up and engagement with children and young people. A smaller focus group of young people acting as commissioners for a day during this year's Takeover Day provided recommendations and suggestions.

Overall there have been approximately 50 responses during the consultation period including from:

- Clinical Commissioning Groups
- Public Health
- Schools
- Early Years' Settings
- Police and Crime Commissioner's office
- Police lead for mental health
- Voluntary Organisations
- Mental health services clinicians
- District Councils
- Healthwatch Norfolk
- Family Voice
- Youth Parliament and focus group

There has been wide support of the above strategic aims highlighting the need for cross-sector working and cross community working. The consultation has heightened awareness of the current concerns leading to ongoing discussions about how this will be a priority for:

- Children's Centres
- Youth Parliament
- Schools at a local level
- Norfolk's Early Help offer

The feedback received informing the next draft of the Emotional Wellbeing and Mental Health Strategy and then seeking agreement from partners to adopt and implement. Feedback includes:

- Providing support earlier when current resources are targeted at specialist mental health provision
- Recognising rurality of Norfolk when providing support
- The significant role of schools as both providers and local commissioners
- The significant role of the voluntary sector to inform improved ways of working as well as provide support
- The role of clinicians to inform earlier working and advise of evidence based approaches
- The role of Public Health to inform needs assessment, identify policy areas, suggest indicator measures and enable link with Healthy Child Programme
- That the scale of need is considerable and support is required

The next step is the proposal to set up a Norfolk Emotional Wellbeing and Mental Health Summit of all partners and organisations and involving children and young people to explore key issues for improvement, share young peoples views of service provision, share best practise and identify ways forward.

The Children's Services Committee chair has been informed of the strategy and updated on progress to date. The consultation documentation has been sent to NCC member champion for mental health and current Norfolk County Council Chairperson due to links with restorative approaches.

2. Evidence

At a national level one in ten children and young people aged 5 to 16 have a clinically diagnosed mental health disorder and around one in seven has less severe problems.

In Norfolk Public Health child health and maternity data 2012 suggests prevalence rates of:

- Children age 2-5 **7380** with a mental health disorder
- Children 5+:
  - **3980** in 5-10 age range with a mental health disorder
  - **6515** in 11-16 age range with a mental health disorder
  - **10,395** in 5-16 age range with a mental health disorder

Details of data trends demonstrating mental health needs in Norfolk are shown in **appendix 2**

The Care Minister, Norman Lamb, in August described **'Mental health services for young people in England are "stuck in the dark ages" and "not fit for purpose"**' and has launched a task force to look into how to improve services which will report recommendations in March 2015.

In Norfolk we are already beginning to think about how emotional wellbeing and mental health support and services can be improved with the Health and Wellbeing Board Joint Health and Wellbeing Strategy priority of:

Promoting the social and emotional wellbeing of pre-school children

Also the local 'Closing the Gap' priorities for essential change in mental health in Norfolk includes theme 3:

Starting early to promote mental wellbeing and prevent mental health problems

Therefore we need to move towards implementing a joined up approach to ensuring the right support at the right time for the right children is available. The draft Emotional Wellbeing and Mental Health Strategy through the six strategic priorities seeks to bring about improvement changes in Norfolk as part of an early help offer.

Healthy behaviour and children's wellbeing:
A number of factors might protect or buffer against poor wellbeing and promote more positive outcomes. These include:

- Physical activity
- Healthy eating and diet – lifestyle behaviour
- Friends and Family relationships

Wellbeing within families and family relationships – getting on well with siblings is associated with high levels of happiness and less worry in children, and perceived by parents to be key to their child's wellbeing.

Having lots of friends at school is associated with children's happiness at age of seven. For young people aged 11 to 15, negative social interactions at school were associated with lower wellbeing.

Conversely there are risk factors which can have a negative impact on children's wellbeing:
Just like adults, any child can experience mental health problems, but some children are more vulnerable to this than others. These include those children who have one or a number of risk factors in the following:

- from low-income households; families where parents are unemployed or families where parents have low educational attainment
- who are looked after by the local authority
- with disabilities (including learning disabilities)
- from black and other ethnic minority groups
- who are lesbian, gay, bisexual or transgender (LGBT)
- who are in the criminal justice system
- who have a parent with a mental health problem
- who are misusing substances
- who are refugees or asylum seekers
- in gypsy and traveller communities
- who are being abused.

Children's development is also affected by their parent's resources, health, where they live, housing conditions, social network and parenting knowledge.

Children living in less affluent areas have lower levels of wellbeing than those in affluent areas. However, the relative risk is small, as individual child and family factors may be more influential than poverty.

It is important for the emotional wellbeing and mental health strategy to take the widest approach possible, as targeting interventions only at those perceived most at risk of mental illness means missing those who have poor wellbeing.

3. Financial Implications

The development of an Emotional Wellbeing and Mental Health Strategy for Norfolk requires investment to bring about the required changes to improve the emotional wellbeing and mental health of Norfolk's children.

However the proposal overall is about re-aligning existing resources within NCC Children's Services and with partner agencies and organisations to promote earlier working on this strategic priority. As detailed in 1.2 Proposed NCC Children's Services improvements against this priority and strategy the 'Getting in Shape' restructuring proposals addresses how funding and resources will be allocated to bring about focus on this area of work.

There will be a need to identify funding and resources through joint commissioning with a range of partner agencies and organisations to work with children and young people and their families. This will include where their behaviours of significant adults within families are having a negative impact on children's emotional wellbeing.

3.1 Opportunities for new funding for Norfolk:

The draft 'Emotional Wellbeing and Mental Health Strategy' is already informing funding applications and expressions of interest where grant based funding and resources from central government or elsewhere are being made available to promote new ways of working or bring about transformational change.

Applications include:

- Successful Transformational Challenge Award funding of £620,000 from DCLG enabling new ways of working with pre-school children and their parents where there are mental health concerns and risks. The joint project between Norfolk County Council Children's Services and Norfolk and Suffolk Foundation Trust begins in January 2015 with the aim of reducing numbers of pre-school children coming into care and reducing care costs.
- A bid for the extension of a therapeutic approach which could divert an estimated 179 children from care every year was warmly supported by Children's Services Leadership team. The Compass Centre, which provides therapy in education, has already passed through the Expressions of Interest stage in a bid for DfE innovations funding of just over £1m and the DfE has already provided £24k to help complete the bid which must be finalised in mid January. The innovative proposed model - led by Compass with the support of the local authority - that the bid would fund links a virtual residential school run by Compass's education and therapy team with fostering support, parent mentoring, family assessment, activities and short breaks and social work. **See appendix 3 DfE Innovations Fund bid for CSLT report details.**

4. Issues, risks and innovation

How have children and young people been involved in the development of this report and its recommendations?

In ensuring the draft emotional wellbeing and mental health strategy has been informed by children and young people members of Norfolk's Youth Parliament have had the opportunity to question and discuss the strategy as part of the consultation process.

Significant feedback included that the concerns of children and young people about mental health issues is heard and action taken to bring about improvement. Further feedback included wanting to enable young people to provide peer support to friends and others within their schools and communities.

A smaller focus group of young people acting as commissioners for a day during this year's Takeover Day in November provided recommendations and suggestions including:

- More education about learning for life and knowing where to go for assistance
- The need for trusting adults for them to go to
- More support easily available in and out of school
- A place to go for a range of support at a local level
- Making self help talks available on the internet

There is further need to engage with and involve children and young people in taking the draft strategy forward. The intention is to work with providers of mental health services in all sectors with the various children and young peoples' forums already in existence, as well as going back to the Youth Parliament and members of the focus group to continue to shape the strategy and services.

4.1 Key Issues to consider:
Local authorities and their partners can use low-cost interventions to improve child wellbeing. They can promote healthier eating and ensure children have access to spaces to play. They can also promote sources of support to parents, facilitate mentoring between parents and commission parenting programmes.

Health and wellbeing strategies should focus on improving children's wellbeing in the broadest sense, with policies and interventions that enhance the built environment, improve housing quality and provide opportunities for good social connections.

There is need to promote and ensure the parity between good physical health and good emotional and mental health. In 2011, the government published its mental health strategy, *No health without mental health*. This set out long-term ambitions for the transformation of mental health care – and more importantly, for a broad change in the way people with mental health problems are supported in society as a whole. We need to ensure we are addressing emotional wellbeing and mental health issues, concerns and improvements as an equality issue to demonstrate parity with physical health.

In the last year with the introduction of the Children's and Families Act as part of the SEND reforms recognises child and adolescent mental health as a category of need.

4.2 Other resource implications:
Staffing implications detailed in 'Getting in Shape' restructure.

4.3 Risks:
As with other early help strategies and interventions by not investing funding earlier there is a risk of ongoing higher level costs associated with the need for specialist services and support including accommodation.

4.4 Equality
The proposed strategy ensures NCC Children's Services meeting duties under:

- Childcare Act 2006 – section 1 reducing inequalities in early years
- Equality Act 2010
- 2012 Health and Social Care Act

There is over representation of protected groups requiring mental health services and support. The proposed strategic aims recognises this and seeks to ensure needs are met earlier and where required needs are recognised, met and responded to.

4.5 Human Rights relevant to mental health:

- Article 14 Right not to be discriminated against
- Article 2 protocol 1 – The right to education

There are no environmental implications or health and safety issues specific to this report or strategy.

5. Background

The proposed strategy has been widely shared and consulted as described above. As part of consultation process a report was presented to Health and Wellbeing Board in October 2014.

5.1 Background papers:

- Appendix 1 - draft Emotional Wellbeing and Mental Health Strategy
- Appendix 2 - dataset mental health needs in Norfolk
- Appendix 3 - DfE Innovations Fund bid - update report for Children Services Leadership Team 16 December 2014
- Appendix 4 - NICE guidance for 'Social and emotional wellbeing of children and young people: strategy policy and commissioning
- Appendix 5 - DfE Mental Health and Behaviour in Schools June 2014

Officer Contact

If you have any questions about matters contained or want to see copies of any assessments, eg equality impact assessment, please get in touch with:

If you have any questions about matters contained in this paper please get in touch with:

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Email:christopher.butwright@norfolk.gov.uk

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communication for all

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Norfolk County Council

Children's Services

Draft Emotional Wellbeing and Mental Health Strategy

The attached draft 'Emotional Wellbeing and Mental Health Strategy' (Appendix 1 contains a summary of the strategy and Appendix 2 contains the draft strategy in full) seeks to describe the situation in Norfolk, identify 6 strategic priorities, and propose ways of working and outcomes we wish to achieve to ensure improvement.

Background:

We wish to ensure services are available to support children's emotional wellbeing and mental health at the earliest opportunity based on understanding of needs of individuals, cohorts of children, their families and communities.

At a national level one in ten children and young people aged 5 to 16 have a clinically diagnosed mental health disorder and around one in seven has less severe problems.

The Care Minister, Norman Lamb, in August described **'Mental health services for young people in England are "stuck in the dark ages" and "not fit for purpose"'** and will be launching a task force to look into how to improve services.

In Norfolk we are already beginning to think about how emotional wellbeing and mental health support and services can be improved with the Health and Wellbeing Board Joint Health and Wellbeing Strategy priority of:

- **Promoting the social and emotional wellbeing of pre-school children**

Also the local 'Closing the Gap' priorities for essential change in mental health in Norfolk includes theme 3:

- **starting early to promote mental wellbeing and prevent mental health problems**

There is a range of mental health support which goes on within universal services and schools contribute considerably in supporting children presenting with emerging mental health difficulties as well as working with agencies for those requiring more intensive and specialist support.

However we note that currently there is fragmentation across agencies and organisations in relation to earlier responses to emotional wellbeing and emerging mental health difficulties with children and young people at times unable to access earlier help or longer term support.

A proposed way forward:

The strategy aims going forward:

1. Ensure services are available to support children's emotional wellbeing and mental health at the earliest opportunity based on understanding of needs of individuals, cohorts of children, their families and communities.

2. Early years settings, schools and other agencies working with children and young people so that they feel good about themselves and are able to build positive relationships
3. Align and re-shape services/resources so that integrated commissioning arrangements and services within the universal support and early help offer are in place reducing current fragmented approach and that gaps are addressed
4. Improve access and provide clarity about support services available for emotional wellbeing and mental health at all tiers and for all children and young people
5. Engage children and young people, parents and carers in informing and shaping support, commissioning of provision and service delivery

Tell us what you think:

We are seeking feedback on the strategy on the following:

- **Is this the right vision?**
- **Are these the right aims?**
- **Are these the right outcomes?**

What do you have to offer?

We are interested in knowing what agencies and organisations will be able to contribute in developing and implementing this strategy.

Consultation process:

We are aiming to go out for wider agency and stakeholder consultation on the strategy over a 4-5 week period up to and including October 2014.

This will include consultation with schools through the schools forum and autumn term fair funding proposals as we wish to work with schools on how DSG funding can be used for earlier emotional wellbeing and mental health support. We have linked this with NCC Children's Services 'A Good School for Every Norfolk Learner' strategy and DfE guidance *'Mental Health and Behaviour in Schools'* June 14.

We are also planning to present the draft strategy to the Child Health and Maternity Board, Health and Wellbeing Board, Joint Camhs Commissioning Group, Camhs Strategic Board in the near future and work is underway with the Youth Council to ensure engagement with children and young people. Further involvement work as part of the consultation will see us consulting with a range of children's and young peoples' groups. In addition we will be consulting with a range of parents and parent groups including Family Voice Norfolk.

If you wish to discuss further please contact:
Christopher Butwright, Head 5-11 Commissioning, Norfolk County Council Children's Services: christopher.butwright@norfolk.gov.uk tel: 01603 638049

Appendix 1: Emotional Wellbeing and Mental Health Strategy - Summary

Introduction

In Norfolk through an early help offer we wish to provide services to support children's emotional wellbeing and mental health at the earliest opportunity based on understanding of needs of individuals, cohorts of children, their families and communities.

Emotional wellbeing has been defined as: ***"A positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment."*** It is increasingly used alongside mental health, and is often favoured by schools and others whose main contribution is around prevention and health promotion.

(*Better Mental Health Outcomes for Children and Young People*)

What do we already know?

Both national and local data highlights

- Significant number of children in Norfolk effected by mental health – up to 10% of child population
- Range of vulnerable groups at greater risk of mental health concerns
- Range of contributory factors influencing emotional well-being and mental health

That referrals to mental health targeted and specialist services continue to increase and have been on the rise since 2003.

What are our aims and ambitions?

1. **Developing Resilience**
2. **A Focus on Emotional Wellbeing**
3. **Improving Mental Health outcomes**
4. **Working together to improve outcomes**
5. **Listening to children and young people**
6. **Resources and funding focussed on earlier intervention and assessed needs**

1. Developing Resilience:

The strategy aims to:

- **Ensure agencies work together in such a way as to develop protective factors focused on a holistic approach**
- **Ensure joined up commissioning, provision and specialist and targeted interventions.**
- **Create the conditions within our communities, schools and settings that enable all children and young people to thrive and seek to reduce the impact of risk factors.**
- **Keep families together**
- **Identify and provide timely interventions for those at most risk**

2. A Focus on Emotional Wellbeing:

The Strategy aims to ensure:

- **Good transitions at all stages of childhood**
- **Parent and infant mental health support accessible and joined up**
- **Emotional and wellbeing support into school and especially high school**
- **Understanding the importance of good relationships and creating the conditions to support**
- **Promoting play based approaches in the early years and beyond to ensure positive experiences in a supportive environment**
- **Promote active and healthy lifestyle**
- **Promote inclusion in all areas**

A way of working:

- **Priority 1 – Promoting the social and emotional wellbeing of pre-school children**

The approach here is to consider a range of factors which impact on young children's lives and seek to improve outcomes by focussing support and targeting services in such a way so as to provide positive experiences in relation to health, education and social care. A good example of this is the 'Every Child a Reader' campaign which addresses not only literacy issues for children and adults but also builds positive relationships and experiences between children and their parents and carers.

3. Improving Mental Health Outcomes:

The strategy aims to enable improved ways of working by:

- **Promoting reflective practise including at a multi-agency level**
- **Awareness raising**
- **Capacity building**
- **Understanding and agreeing best practise approaches to ensure joined up working**
- **Knowing where trained staff are e.g. trained trainers**
- **Sharing skills and information at a local level**
- **Ensuring clear pathways to and from services so as children, young people and their families are well supported at all stages.**
- **Joint training and workforce development**

4. Working Together to Improve outcomes:

The strategy aims to ensure:

- **Local need is understood**
- **Parent and infant mental health needs are recognised, assessed and support and interventions are provided as early as possible**
- **Support and interventions for post traumatic stress disorders are in place for those suffering from physical and emotional abuse**
- **Longer term interventions are recognised and services identified**
- **Support for sexually aggressive young people is in place**
- **Understanding and responding to self harm with the aim of reducing emergency admissions**
- **NCC Children's Services, Clinical Commissioning Groups, Community Adult Services, NHS England, NCHC and NSFT working together to ensure understanding of need and provision for Learning Difficulties Camhs services and when required in-patient beds**
- **Pathways to and from services clearly defined**
- **Camhs Strategy priorities are delivered in partnership with leads and outcomes identified**

5. Listening to Children and Young People:

The strategy aims to ensure the voice of the child:

- **Enable parents, carers and those working with children and young people to understand children's and young people's needs through their communication so as to ensure earlier support and interventions.**
- **Individual assessment/plans/interventions**
- **Service development**
- **Strategic direction**
- **Commissioning activity**
- **Direct provision**

6. **Resources and funding focussed on earlier intervention and assessed needs:**

The strategy aims to:

- **Build on existing joint commissioning arrangements and enhance further as exemplified by the SEN joint commissioning work**
- **Promote use of pooled funding at a local and county level**
- **Align staffing and resources so as to avoid duplication**
- **Identify key interventions such as PATHs and Perinatal Infant Mental Health Services (PIMHS) as approaches to address priority improvements**
- **Reduce use of acute services through earlier recognition and support**
- **Promote alternatives ways of working and support within the communities and families**
- **A focus on relationship building and healthy and active lifestyles**

The overall aim being to redistribute spend to meet needs at the earliest opportunity where small amounts of funding can make big differences to

The strategy aims:
To achieve collaborative working and management of limited resources by the proposed development of a therapeutic partnership approach:

(i) **Joint commissioning based on needs assessment including what children and young people and their families are telling us at countywide and local level including school clusters**

(ii) **Collaborate in developing specialist skills and knowledge at the countywide and community levels, this includes identifying, and planning to fill, gaps in the provision of specialist activities by identifying unmet need.**

(iii) **Coordinate the delivery of specialist activities (including seeking to commission and/or combine existing specialist skills / knowledge in order to strengthen the provision of specialist activities).**

(iv) **Lead and contribute to the implementation across Norfolk of national and local initiatives related to emotional wellbeing and mental health including for the LA promoting healthy lifestyles.**

The key here is to enhance good working relationship with education, health and social care colleagues including Clinical Commissioning Groups and Public Health Commissioners and establish those with District Council Commissioners, Police and Crime Commissioner and the voluntary sector.

Emotional Wellbeing and Mental Health Strategy – draft V5

Introduction

In Norfolk through an early help offer we wish to provide services to support children's emotional wellbeing and mental health at the earliest opportunity based on understanding of needs of individuals, cohorts of children, their families and communities.

To enable ongoing improvement the following principles underpin our approach:

- A recognition that children are best cared for in their own families
- Raising educational standards
- Value partnerships at every level both local and county-wide
- Produce seamless service from the perspective of children and their families
- It must join up NCC CS directly provided and commissioned services with those provided by our partners including in education and health
- It must drive up service improvement – the right children, the right service, the right duration

There is recognition that there are protective and risk factors in children's lives. The balance between the risk and protective factors are most likely to be disrupted when difficult events happen in children's lives. These include:

• **loss or separation** – resulting from death, parental separation, divorce, hospitalisation, loss of friendships (especially in adolescence), family conflict or breakdown that results in the child having to live elsewhere, being taken into care or adopted;

• **life changes** – such as the birth of a sibling, moving house or changing schools or during transition from primary to secondary school, or secondary school to sixth form; and

• **Traumatic events** such as abuse, domestic violence, bullying, violence, accidents, injuries or natural disaster.

Universal services such as early years settings, schools and colleges will often be able to support children at such times, intervening well before mental health problems develop. This requires information, advice, guidance and support when required to enable preventative working.
(*'Mental Health and Behaviour in Schools' June 14)*

The above factors whilst applied to mental health specifically in the reference document are also the same factors which bring children to the attention of a variety of children's services and agencies resulting in the need for support and intervention. Whilst the pathway we wish to maintain is within the universal support at times targeted and specialist support will be required to ensure children's assessed needs are met at tiers 2/3 and 4.

Providing effective support for families means wiring local services so that each family's needs are at the heart of the universal pathway core offer within their community

Supporting Families in Norfolk

Pathways to and from services provided need to be clear and equitable regularly reviewed, monitored and evaluated to ensure they are meeting local and countywide assessed needs at the right time and for the right children.

What do we know about emotional wellbeing and mental health?

At a national level one in ten children and young people aged 5 to 16 have a clinically diagnosed mental health disorder and around one in seven has less severe problems.

Mental health professionals have described mental health difficulties as the following:

- Mood disorders, e.g. depression
- Anxiety disorders e.g. phobias, panic disorder, obsessive-compulsive disorder, post traumatic stress disorder
- Psychosis, e.g. schizophrenia
- Developmental disorders, e.g. autistic spectrum conditions, tic disorders, dyspraxia
- Hyperkinetic disorders e.g. Attention Deficit Hyperactivity Disorder (ADHD)
- Conduct disorders e.g. persistent and severe aggressive, antisocial or defiant behaviour that is very different from expected behaviour in peers
- Attachment disorders e.g. difficulties caused by a persistently abnormal pattern of attachment with care givers
- Emotional and behavioural disorders e.g. problems with emotions and behaviour that do not meet the criteria for a mental health diagnosis, e.g. enuresis (wetting) and encopresis (soiling)
- Learning disabilities and developmental delay

Just like adults, any child can experience mental health problems, but some children are more vulnerable to this than others. These include those children who have one or a number of risk factors in the following domains:

- from low-income households; families where parents are unemployed or families where parents have low educational attainment
- who are looked after by the local authority
- with disabilities (including learning disabilities)
- from black and other ethnic minority groups
- who are lesbian, gay, bisexual or transgender (LGBT)
- who are in the criminal justice system
- who have a parent with a mental health problem
- who are misusing substances

- who are refugees or asylum seekers
- in gypsy and traveller communities
- who are being abused.

While children and young people in these groups may be at higher risk, this does not mean that as individuals they are all equally vulnerable to mental health problems. A range of protective factors in the **individual**, in **the family** and in **the community** influence whether a child or young person will either not experience problems or will not be significantly affected by them, particularly if receiving consistent support from an adult whom they trust.
(Better Mental Health Outcomes for Children and Young People)

In addition approximately 10% of child population can be described as having "disorganised" attachments (approximately 960 infants developing disorganised features each year) which if not addressed will lead to significant relational, behavioural and mental health difficulties.

What does the local data tell us?

Local mental health prevalence data available from chimat via Public Health tells us:

- In the 2-5 years age range average prevalence rate of **7380** children with a mental health disorder.

Prevalence rates in children 5+ based on 2012 data:

- **3980** in 5-10 age range
- **6515** in 11-16 age range
- **10,395** in 5-16 age range

We also know from 'Early Help Working together to make a difference' that:

- An estimated one-third to two-thirds of children whose parents have mental health problems will experience difficulties themselves. Of the 175,000 young carers identified in the 2001 census, 29% – or just over 50,000 – are estimated to care for a family member with mental health problems. *(Norfolk Children's Service: Understanding Children & Young People's needs, April 2013)*
- In a class of 26 primary school children, it is estimated that six or seven children are living with a mother with mental health difficulties.
- Parental mental health is also a significant factor for children entering the care system. Childcare social workers estimate that 50–90% of parents on their caseload have mental health problems, alcohol or substance misuse issues

Furthermore Public Health 'Mental Health Needs Assessment 2013' for Norfolk and Waveney highlights:

- For anorexia nervosa, among young women aged 15 – 30, estimated 860 sufferers, and across all sexes and ages, 108 new cases per year.
- For bulimia, estimated 177 new cases per year
- For an eating disorder 'not otherwise specified', a much higher proportion of people are affected, accounting for 50% of people who present for treatment, but up to 6%, 59,000 people, in our population
- Between 2003 and 2011, 4.3% of all deaths in Norfolk and Waveney were attributed to mental and behavioural disorders, giving an average of 408 deaths per year, not including suicides. The most common cause was dementia in older people, but in younger age groups substance misuse was the predominant cause.
- **Women with post natal mental illness:** In 2011 there were 10,633 births in Norfolk and Waveney. Applying published rates of postnatal depression, it is anticipated that between 1000 and 1500 mothers would have been effected

- **People with learning disabilities:** 1000 to 1600 people effected with mental illness
- **People with sensory impairment:** levels of mental ill health are likely to be higher among people with sensory impairment and in order to ensure they have fair access to mental health services, diagnosis needs to be good, and reasonable adjustments made
- **Young carers:** nearly a third of young carers care for someone with a mental illness. Carers themselves are at risk of developing mental health problems

Emotional Wellbeing:

Emotional wellbeing has been defined as: ***"A positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment."*** It is increasingly used alongside mental health, and is often favoured by schools and others whose main contribution is around prevention and health promotion.

(*Better Mental Health Outcomes for Children and Young People*)

Understanding levels of wellbeing is a challenging and complex measurement to ascertain. Various tools are available such as SDQ which is often used with the LAC population and the PATHs programme applies an approach to understand this within schools.

The 'Good Childhood Report 2013' published by the Children's Society provides a helpful understanding of important factors which can impact and contribute to an overall sense of well-being.

	Positive affect	Life satisfaction	Psychological well-being
Single item	Overall, how happy did you feel yesterday?	Overall, how satisfied are you with your life nowadays?	Overall, to what extent do you think the things you do in your life are worthwhile?
Multi-item	How calm did you feel yesterday? How excited did you feel yesterday? How relaxed did you feel yesterday? How full of energy did you feel yesterday?	My life is going well My life is just right I wish I had a different kind of life I have a good life I have what I want in life *plus 'domain' measures such as:* How happy are you with your health?	I feel that I am learning a lot at the moment I feel that I am achieving things in my daily life I feel that I have a sense of direction in life I feel that I do things that are useful in my daily life

However to give an overall 'happiness' measure here would be misleading and in fact a measure of wellbeing is perhaps best done by asking children about how they evaluate their lives as a whole. Again the 'Good Childhood Report 2013' provides a helpful approach based on the 'Five Ways to Wellbeing framework':

1. **Connect**
2. **Keep Learning**
3. **Be active**
4. **Give**
5. **Take notice**

It is possible to survey children based on the five ways framework and factors that are relevant to children themselves. The key here is to enable the voice of the child.

Finally of significance is the link between emotional wellbeing and mental health and reasons for why children die. The May 2014 report 'Why children die: death in infants, children and young people in the UK' by the Royal College of Paediatrics and Child Health highlights the following:

- Injuries are a common cause of death among adolescents who have chronic conditions including mental and behavioural disorders, accounting for a third of deaths among 15 to 18 year olds in England who had a long term condition
- Injuries are non-random preventable events
- Many children who died from suicide had not had any contact with mental health services, and there were reportedly problems with services failing to follow patients who had been referred but not turned up for appointments
- The most common causes of injury related deaths are transport accidents, drowning and intentional including self-harm and assault
- Injuries resulting in death among adolescents often occur when there is coexisting chronic conditions e.g. injuries accounted for nearly 70% of deaths among 15-18 year olds with mental health or behavioural problems
- Social and economic inequalities are matters of life and death for children
- Approximately three quarters of lifetime mental health disorders (excluding dementia) have their onset before 24 years of age. The peak onset for most conditions is between 8 and 15 years, with children and young people in the poorest households three times more likely to have a mental health problem than their wealthier counterparts.

In conclusion both national and local data highlights

- Significant number of children in Norfolk effected by mental health
- Range of vulnerable groups at greater risk of mental health concerns
- Range of contributory factors influencing emotional well-being and mental health

That referrals to mental health targeted and specialist services continue to increase and have been on the rise since 2003.

What are our aims and ambitions?

1. **Developing Resilience**
2. **A focus on Emotional Wellbeing**
3. **Improving Mental Health outcomes**
4. **Working together to improve outcomes**
5. **Listening to children and young people**
6. **Resources and funding focussed on earlier intervention and assessed needs**

1. Developing Resilience:
Central to children and young people reaching their potential in life and achieving their ambitions is the importance of their emotional, mental and physical health and wellbeing.

To assist in understanding how the strategy and approach will make a difference to children, young people and families the following table highlights risk and protective factors in relation to mental health:

	Risk Factors	Protective Factors
In the child	• Genetic influences • Low IQ and learning disabilities • Specific development delay or neuro-diversity • Communication difficulties • Difficult temperament • Physical illness • Academic failure • Low self-esteem	• Being female (in younger children) • Secure attachment experience • Outgoing temperament as an infant • Good communication skills, sociability • Being a planner and having a belief in control • Humour • Problem solving skills and a positive attitude • Experiences of success and achievement • Faith or spirituality • Capacity to reflect
In the family	• Overt parental conflict including Domestic Violence • Family breakdown (including where children are taken into care or adopted) • Inconsistent or unclear discipline • Hostile or rejecting relationships • Failure to adapt to a child's changing needs • Physical, sexual or emotional abuse • Parental psychiatric illness • Parental criminality, alcoholism or personality disorder • Death and loss – including loss of friendship	• At least one good parent-child relationship (or one supportive adult) • Affection • Clear, consistent discipline • Support for education • Supportive long term relationship or the absence of severe discord
In the school	• Bullying • Discrimination • Breakdown in or lack of positive friendships • Deviant peer influences • Peer pressure • Poor pupil to teacher relationships	• Clear policies on behaviour and bullying • 'Open-door' policy for children to raise problems • A whole-school approach to promoting good mental health • Positive classroom management • A sense of belonging • Positive peer influences
In the community	• Socio-economic disadvantage • Homelessness	• Wider supportive network • Good housing • High standard of living

	• Disaster, accidents, war or other overwhelming events • Discrimination • Other significant life events	• High morale school with positive policies for behaviour, attitudes and anti-bullying • Opportunities for valued social roles • Range of sport/leisure activities

(*'Mental Health and Behaviour in Schools' June 14)*

Clearly what we want to achieve is ensuring as many protective factors are in place for children and young people so as to have a positive impact on their lives. This is best described as developing **resilience** as it appears:
'Seemingly against all the odds, some children exposed to significant risk factors develop into competent, confident and caring adults. An important key to promoting children's mental health is therefore an understanding of the protective factors that enable children to be resilient when they encounter problems and challenges.

'Resilience seems to involve several related elements. Firstly, a sense of self-esteem and confidence; secondly a belief in one's own self-efficacy and ability to deal with change and adaptation; and thirdly, a repertoire of social problem solving approaches.'
Rutter, M. (1985) Resilience in the face of adversity. Protective factors and resistance to psychiatric disorder. British Journal of Psychiatry. Vol. 147, pp. 598-611

Research suggests that there is a complex interplay between risk factors in children's lives and promoting their resilience. As social disadvantage and the number of stressful life events accumulate for children or young people, more factors that are protective are needed to act as a counterbalance.

(*'Mental Health and Behaviour in Schools' June 14)*

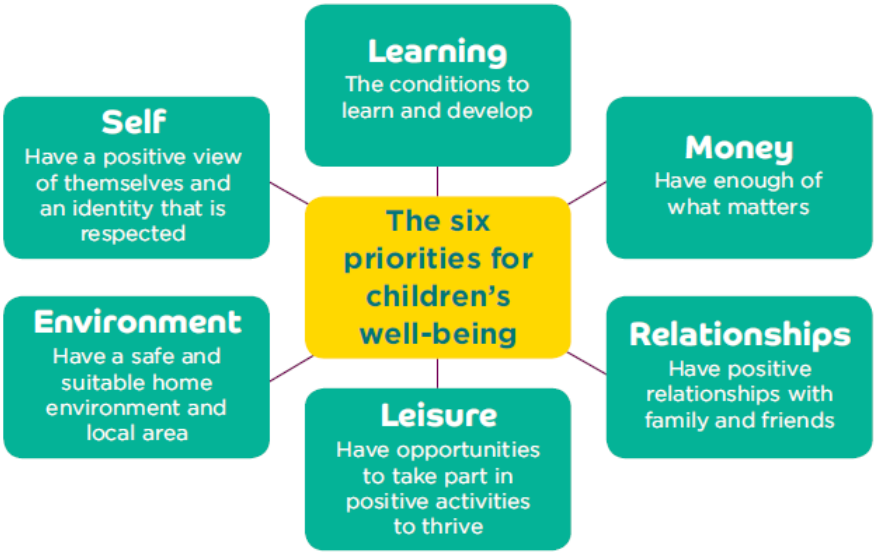
The strategy aims to:

- **Ensure agencies work together in such a way as to develop protective factors focused on a holistic approach**
- **Ensure joined up commissioning, provision and specialist and targeted interventions.**
- **Create the conditions within our communities, schools and settings that enable all children and young people to thrive and seek to reduce the impact of risk factors.**
- **Keep families together**
- **Identify and provide timely interventions for those at most risk**

2. A Focus on emotional wellbeing:

The 2013 'Better Childhood Report' highlights the following six priorities for children's wellbeing:

Figure 23: Six priorities for children's well-being



Given these holistic priorities it is important that there is a join up between social, education and health professionals from across the children's sector to ensure that as earlier support as possible is available to meet needs of both a mental and physical nature.

Therefore links need to be made with local priorities and developments such as:

- A Good School for Every Norfolk Learner
- Early Years Strategy
- Healthy Child Programme
- Supporting Families in Norfolk Strategy
- Healthy Schools Programme
- Active Norfolk
- Short break services for disabled children
- Clinical Commissioning Team

Aims

- **Good transitions at all stages of childhood**
- **Parent and infant mental health support accessible and joined up**
- **Emotional and wellbeing support into school and especially high school**
- **Understanding the importance of good relationships and creating the conditions to support**
- **Promoting play based approaches in the early years and beyond to ensure positive experiences in a supportive environment**
- **Promote active and healthy lifestyle**
- **Promote inclusion in all areas**

- Transition services

- District council

- CCG priorities

- Voluntary sector support

Ensuring the links between childhood development and progress across the system to address emotional wellbeing is complex but work is underway as part of the local Health and Wellbeing Strategy which has identified:

- **Priority 1 – Promoting the social and emotional wellbeing of pre-school children**

The approach here is to consider a range of factors which impact on young children's lives and seek to improve outcomes by focussing support and targeting services in such a way so as to provide positive experiences in relation to health, education and social care. A good example of this is the 'Every Child a Reader' campaign which addresses not only literacy issues for children and adults but also builds positive relationships and experiences between children and their parents and carers.

Using this as a model of a holistic approach in Norfolk to emotional wellbeing the aim will be to work with older children and young people in this way.

The strategy will build on already existing joint commissioning and working together practices and further develop between:

- NCC Children's Services
- Pre-school, school/academies and post 16 education provision
- Adult community services
- Public Health
- Clinical Commissioning Groups
- District Councils
- Police and Crime Commissioner
- Voluntary sector

3. Improving Mental Health outcomes:

In 2011, the government published its mental health strategy, *No health without mental health*. This set out long-term ambitions for the transformation of mental health care – and more importantly, for a broad change in the way people with mental health problems are supported in society as a whole. The strategy was built around six objectives:

• More people will have good mental health

• More people with mental health problems will recover

• More people with mental health problems will have good physical health

• More people will have a positive experience of care and support

• Fewer people will suffer avoidable harm

• Fewer people will experience stigma and discrimination.

In January 2014 the Department of Health created the 'Closing the Gap: Priorities for essential change in mental health' document. Its policy is focused on making mental health services more effective and accessible, and supporting the governments mental health strategy **'No Health without Mental Health'**.

The document sets out 25 priorities for change in how children and adults with mental health problems are supported and cared for, and details how changes in local service planning and delivery will make a difference to the lives of people with mental health problems in the next 2 or 3 years.

The document aims to bridge the gap between long-term ambition and shorter-term action. It seeks to show how changes in local service planning and delivery will make a difference, in the next two or three years, to the lives of people with mental health problems.

(*Department of Health*)

In addition the DfE has just issued guidance to schools *'Mental Health and Behaviour in Schools'* June 14. This non-statutory advice clarifies the responsibility of the school, outlines what they can do and how to support a child or young person whose behaviour - whether it is disruptive, withdrawn, anxious, depressed or otherwise - may be related to an unmet mental health need.

Both documents highlight the need for joined up working and support at the local level and the importance of integrated commissioning and provision informed by service users and their families.

In addition it is recognised that earlier and preventative work will make a difference to improving emotional well-being and mental health issues.

At a local level the Child and Adolescent Mental Health Services Strategic Partnership has identified a range of priorities to address key areas for development:

- **Involvement & Participation**
- **Equalities**
- **Pathways to and from CAMHS need to be clearer**
- **Parent Infant Mental Health Services (PIMHS)**
- **Acute LD CAMHS cases**
- **Eating Disorders Pathways**
- **CAMHS Emergency & Out of Hours Pathways**
- **Gaps in post diagnostic integrated MH support for 'high functioning' Aspergers cases**

Furthermore the Children's and Families Act for the first time recognises Camhs needs within Education, Health and Care Plans.

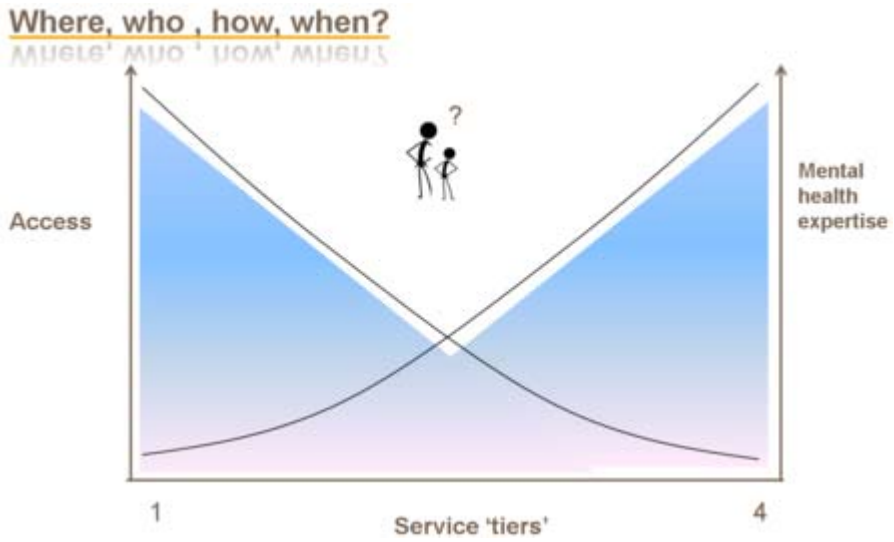
The strategy aims to ensure:

- **Local need is understood**
- **Parent and infant mental health needs are recognised, assessed and support and interventions are provided as early as possible**
- **Support and interventions for post traumatic stress disorders are in place for those suffering from physical and emotional abuse**
- **Longer term interventions are recognised and services identified**
- **Support for sexually aggressive young people is in place**
- **Understanding and responding to self harm with the aim of reducing emergency admissions**
- **NCC Children's Services, Clinical Commissioning Groups, Community Adult Services, NHS England, NCHC and NSFT working together to ensure understanding of need and provision for Learning Difficulties Camhs services and when required in-patient beds**
- **Pathways to and from services clearly defined**
- **Camhs Strategy priorities are delivered in partnership with leads and outcomes identified**
-

4. Working together to improve outcomes:

Typically joint commissioning and working opportunities will need to be built on and further developed between the LA services including Public Health, Clinical Commissioning Groups, District Councils, Voluntary sector and statutory partner agencies of within education and the police. There are a range of local and national initiatives which seek to improve health outcomes through physical activity as well as educational and social experiences.

Therefore the difference the proposed **Emotional Wellbeing and Mental Health Strategy** will make is to ensure that the counterbalance is in place in for individual and cohorts of children whilst planning to improve access improve support and improve outcomes by attempting to answer the question posed in the caption below:



(Young Minds)

The strategy aims to enable improved ways of working by:

- **Promoting reflective practise including at a multi-agency level**
- **Awareness raising**
- **Capacity building**
- **Understanding and agreeing best practise approaches to ensure joined up working**
- **Knowing where trained staff are e.g. trained trainers**
- **Sharing skills and information at a local level**
- **Ensuring clear pathways to and from services so as children, young people and their families are well supported at all stages.**
- **Joint training and workforce development**

5. Listening to Children and Young People:

At a national level Young Minds is informing much of recent government thinking and guidance about how emotional wellbeing and mental health services are designed and locally delivered.

Within Norfolk the current Camhs strategy and current Camhs priority refresh includes involvement and participation of children and young people. In addition recent short breaks re-commissioning activity has included involvement from disabled young people to inform improving short breaks provision.

Often however children and young people let us know about their emotional and wellbeing and mental health in a variety of ways often expressed in their behaviours or how they present including through social media.

In addition what we do know is that children, young people and their families prefer to have support available when they need it, locally provided, without too long to wait and of a good quality.

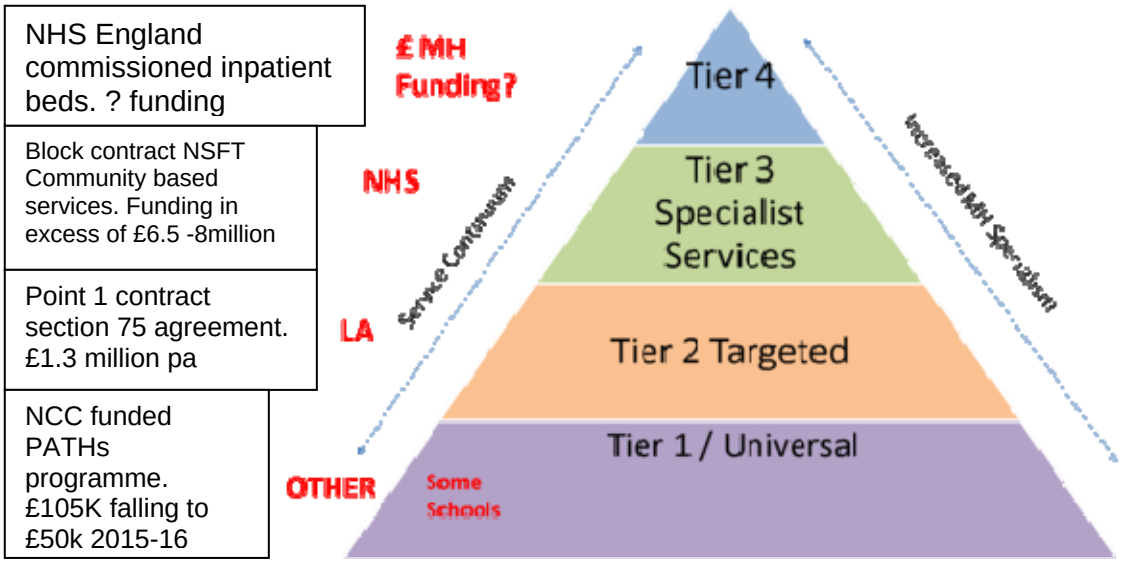
The strategy aims to ensure the voice of the child:

- **Enable parents, carers and those working with children and young people to understand children's and young people's needs through their communication so as to ensure earlier support and interventions.**
- **Individual assessment/plans/interventions**
- **Service development**
- **Strategic direction**
- **Commissioning activity**
- **Direct provision**

6. Resources and funding focussed on earlier intervention and assessed needs

Central to our understanding here is the fact that children can potentially require emotional wellbeing and mental health support from a variety of starting positions and for a variety of needs and therefore an approach which is able to respond flexibly and across a children's services system is critical.

The tiered diagram below assists us in identifying where assessed need is and how support is offered:



It is worth noting that the distribution of resources is heavily skewed towards the higher tiers. So the early intervention services get proportionately very little money despite the overwhelming evidence that early intervention can save very expensive tier 3 and 4 services from being needed later on. *(Young Minds).*

It is apparent CAMHs funding and resources in Norfolk are within the specialist and targeted services whilst through our Early Help strategy and offer we wish to provide support and intervention at the earliest opportunity.

Therefore the tiered model above and associated funding should also been seen alongside other NCC resources wholly or in part contributing to emotional wellbeing and mental health such as the Clinical Commissioning Team, Educational Psychology, specialist services for disabled children (non-social work), short breaks commissioning and the Targeted Support Team. In addition the voluntary sector provides a range of support services for children and young people and their families.

Looking across the sector there are also a range of health commissioned services both by Clinical Commissioning Groups and Public Health for Camhs and for physical health needs. The Healthy Child Programme of particular significance.

The strategy aims to:

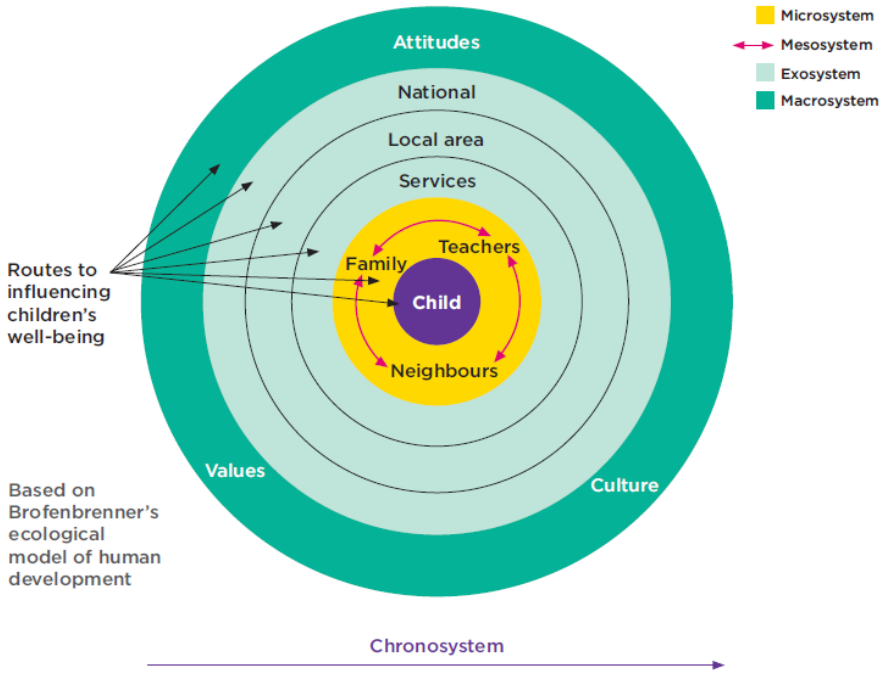
- **Build on existing joint commissioning arrangements and enhance further as exemplified by the SEN joint commissioning work**
- **Promote use of pooled funding at a local and county level**
- **Align staffing and resources so as to avoid duplication**
- **Identify key interventions such as PATHs and Pimhs as approaches to address priority improvements**
- **Reduce use of acute services through earlier recognition and support**
- **Promote alternatives ways of working and support within the communities and families**

How will this be achieved?

The strategy requires an innovative and transformational approach as it will require commissioners and providers from across the education, social care, health, district council and voluntary sector to come together to understand customer insight, local needs and priorities for a wide ranging group of children but significantly focused on ways to improve emotional wellbeing and mental health concerns and associated physical health needs which can be of a specialist nature.

The diagram below highlights the need to focus on the child, the family and local community if the strategy is have an influence.

Figure 22: Different spheres of influence on children's well-being



Source: Based on Brofenbrenner's ecological model of human development (Brofenbrenner, 1979)

The proposal is for key strategies and approaches to be at the heart of implementation:

- **Earlier interventions**
  - Parenting Support including assisting parents with LD to better support their children
  - Play as a means to improve relationships and experiences
  - Over coming communication difficulties – including speech and language therapy
  - PIMHS
  - Activity based support e.g. short breaks
  - Developing self confidence and independence e.g. short breaks/home care services/portage
  - Support within education to enable good education attainment
  - Use of technology to increase access
- **Community/local interventions and support**
  - PATHS as an approach to support universal – children, parents and schools
  - OT services specialist and community based
  - Health Visitors
  - Psychological support – educational and clinical – responding to local need including training
  - Voluntary sector child and parenting support
  - Range of short break offers (disabled and non-disabled children and young people) to develop independence, improve confidence and self-esteem
  - Community offer – working with communities on improving wellbeing and mental health through community strengths and assets.
  - Access to physical activity and use of outside space
- **Targeted and specialist:**
  - Focused on outcomes

- Play therapy
- Psychological support – educational and clinical – responding to local need including training
- Communication support
- Speech and language therapy
- Family Nurse Partnership
- Range of pre-purchased and select provider list approach
- Clear pathways to and out of services including re-integration back into community
- Improved working with families to better enable support

The need for a single referral system and good information sharing processes.

All activity undertaken informed by children's and young people's involvement based on Norfolk County Council's involvement strategy and the principles of the Young Minds Children and Young People's IAPT which is all about improving and changing mental health services to help make them better for children and young people. IAPT stands for *Improving Access to Psychological Therapies*, which basically means **making sure more people, get proper help with their mental health and emotional wellbeing when they need it** (Young Minds).

The strategy aims:
To achieve collaborative working and management of limited resources by the proposed development of a therapeutic partnership approach:

(v) **Joint commissioning based on needs assessment including what children and young people and their families are telling us at countywide and local level including school clusters**

(vi) **Collaborate in developing specialist skills and knowledge at the countywide and community levels, this includes identifying, and planning to fill, gaps in the provision of specialist activities by identifying unmet need.**

(vii) **Coordinate the delivery of specialist activities (including seeking to commission and/or combine existing specialist skills / knowledge in order to strengthen the provision of specialist activities).**

(viii) **Lead and contribute to the implementation across Norfolk of national and local initiatives related to emotional wellbeing and mental health including for the LA promoting healthy lifestyles.**

The key here is to enhance good working relationship with education, health and social care colleagues including CCG and Public Health Commissioners and establish those with District Council Commissioners, Police and Crime Commissioner and the voluntary sector.

In summary:
The proposed **Emotional Wellbeing and Mental Health Strategy** providing a bridge between education, social care and health.

- **Tier 1-4 commissioned and provided services**
- **Therapeutic partnership approach**

- **Focus on key strategies, priorities and interventions**
- **Linked to meeting mental health and physical health needs in collaboration with health and other partners to ensure a blended**

commissioning approach as well as ensuring timely specialist intervention

- **Working across children's services and commissioned as part of child and family support. Providing services in relation to edge of care/LAC Camhs/disability etc**
- **Link with Community Services (Adults) as continuum of support post 16/18 and recognition that children are living in families with adults with mental health difficulties and receiving support.**

*Detailed action plan re delivering priorities against improvement outcomes to be developed. To include refreshed CAMHS Strategy priorities work already underway.

Appendix 2 - Data trends demonstrating mental health needs

National prevalence data/trends of relevance to Norfolk:

Estimates of mental health problems among children aged 11 to 16 by CCG area, 2012 Type of Disorder (ICD10)	%		Number Great Yarmouth		Number Norwich		Number West Norfolk		Number North Norfolk		Number South Norfolk	
	M	F	M	F	M	F	M	F	M	F	M	F
Emotional disorders	4.0	6.1	323	471	257	380	209	313	217	315	316	461
-Anxiety disorders	3.6	5.2	291	401	232	324	188	267	196	269	284	393
-Depression	1.0	1.9	81	147	64	118	52	97	54	98	79	144
Conduct disorders	8.1	6.6	654	509	521	411	423	338	440	341	639	498
Hyperkinetic disorders	2.4	0.4	194	31	154	25	125	21	130	21	189	30
Less common disorders*	1.6	1.1	129	85	103	69	84	56	87	57	126	83
Any disorder	12.6	10.3	1018	795	811	642	658	528	685	533	995	778

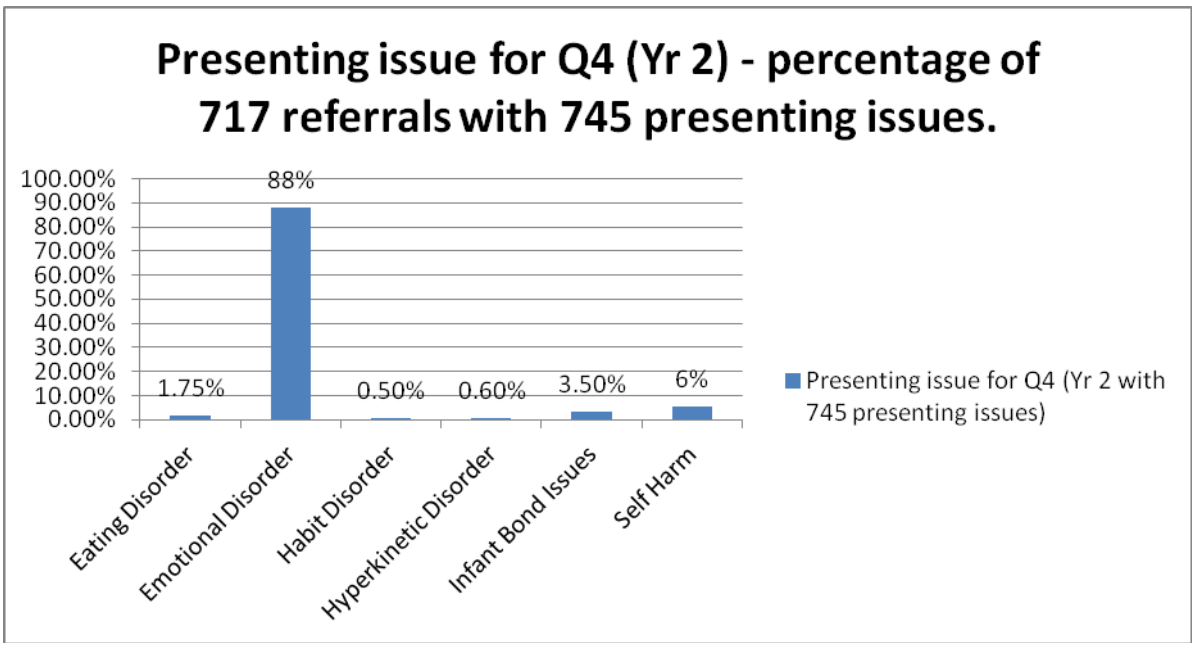
Point 1 Service – Tier 2 CAMHS support:

End of quarter 4 Year 2 reporting

Quarter	CCG of Client	Count of CCG of Client
Quarter 1		**746**
	Great Yarmouth and Waveney	138
	North Norfolk	88
	Norwich	274
	South Norfolk	137
	West Norfolk	104
	CCG not entered	5
Quarter 2		**900**
	Great Yarmouth and Waveney	138
	North Norfolk	134
	Norwich	305
	South Norfolk	180
	West Norfolk	142
	N/A	1
Quarter 3		**803**
	Great Yarmouth and Waveney	107
	North Norfolk	107
	Norwich	260
	South Norfolk	191

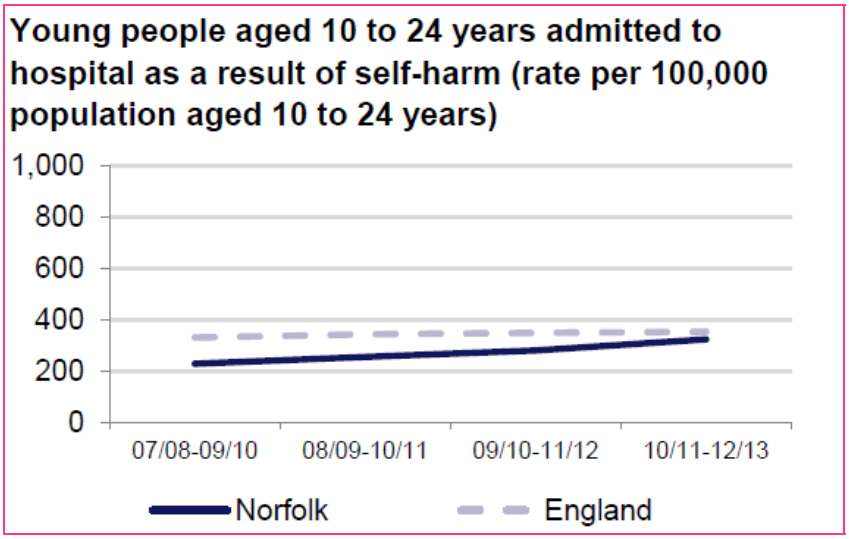
	West Norfolk	138
Quarter 4		**717**
	Great Yarmouth and Waveney	116
	North Norfolk	102
	Norwich	206
	South Norfolk	191
	West Norfolk	102
Year 2 Total		**3160**
	Great Yarmouth and Waveney	499
	North Norfolk	431
	Norwich	1045
	South Norfolk	699
	West Norfolk	486

Point 1 Service presenting issues:



Self Harm:

The Child Health profile[1] for Norfolk shows the rate of self-harm amongst 10-24 years based on hospital admissions (to 2013):



There have been 13 suicides between 2003 to 2011 amongst those aged 0 to 19.

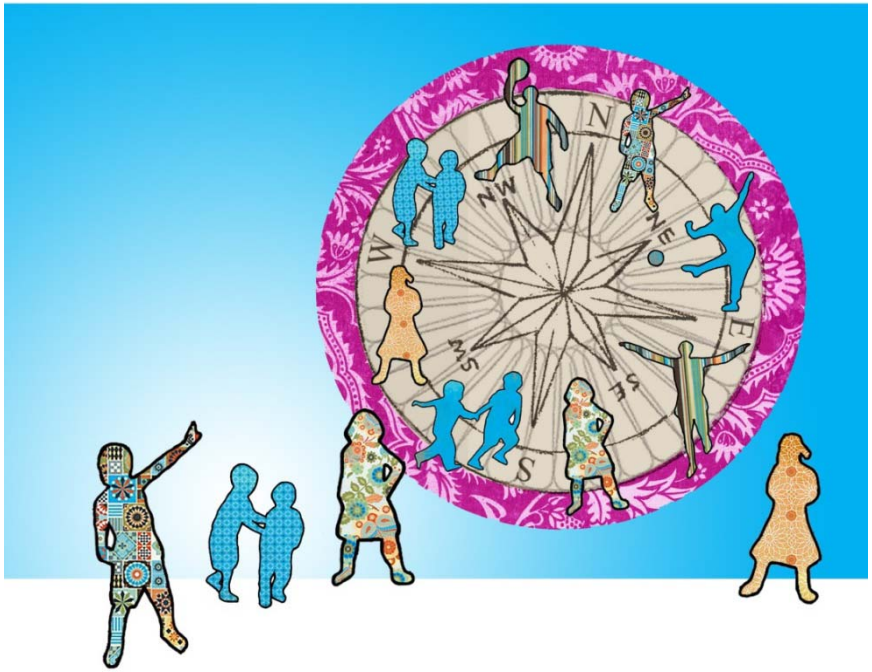
Eating Disorders:
There is little specific data on eating disorders, but data from hospital admissions during 2012 show:

- For ages 10 to 14 years there were 14 inpatient spells for eating disorders. All of these were girls and the spread was fairly equal across all local authority areas.
- For ages 15 to 19 years there were 19 inpatient spells. Eight of these were from Breckland, with the rest spread across the other local authority areas (numbers are too small to publish at local authority area level).

Team	Measure / Month	Jan-2014	Feb-2014	Mar-2014	Apr-2014	May-2014	Jun-2014	Jul-2014	Aug-2014	Sep-2014
Eating Disorders	Active Referrals	68	73	78	79	89	99	102	104	101
Eating Disorders	Discharged Referrals	7	1	7	6	3	4	7	9	5
Eating Disorders	New Referrals	11	6	12	7	13	14	10	11	2

Public Health 'Mental Health Needs Assessment 2013' for Norfolk and Waveney highlights:

- For anorexia nervosa, among young women aged 15 – 30, estimated 860 sufferers, and across all sexes and ages, 108 new cases per year.
- For bulimia, estimated 177 new cases per year
- For an eating disorder 'not otherwise specified', a much higher proportion of people are affected, accounting for 50% of people who present for treatment, but up to 6%, 59,000 people, in our population
- Between 2003 and 2011, 4.3% of all deaths in Norfolk and Waveney were attributed to mental and behavioural disorders, giving an average of 408 deaths per year, not including suicides. The most common cause was dementia in older people, but in younger age groups substance misuse was the predominant cause.
- **Women with post natal mental illness:** In 2011 there were 10,633 births in Norfolk and Waveney. Applying published rates of postnatal depression, it is anticipated that between 1000 and 1500 mothers would have been effected
- **People with learning disabilities:** 1000 to 1600 people effected with mental illness
- **People with sensory impairment:** levels of mental ill health are likely to be higher among people with sensory impairment and in order to ensure they have fair access to mental health services, diagnosis needs to be good, and reasonable adjustments made
- **Young carers:** nearly a third of young carers care for someone with a mental illness. Carers themselves are at risk of developing mental health problems



THE COMPASS CENTRE

Therapy in Education

DfE Innovations Fund bid - update report for Children Services Leadership Board

16th December 2014

Brief history of the Compass Centre

2009 - The Compass Centre opened with its first intake of 5 pupils at risk of being placed in out of county provision

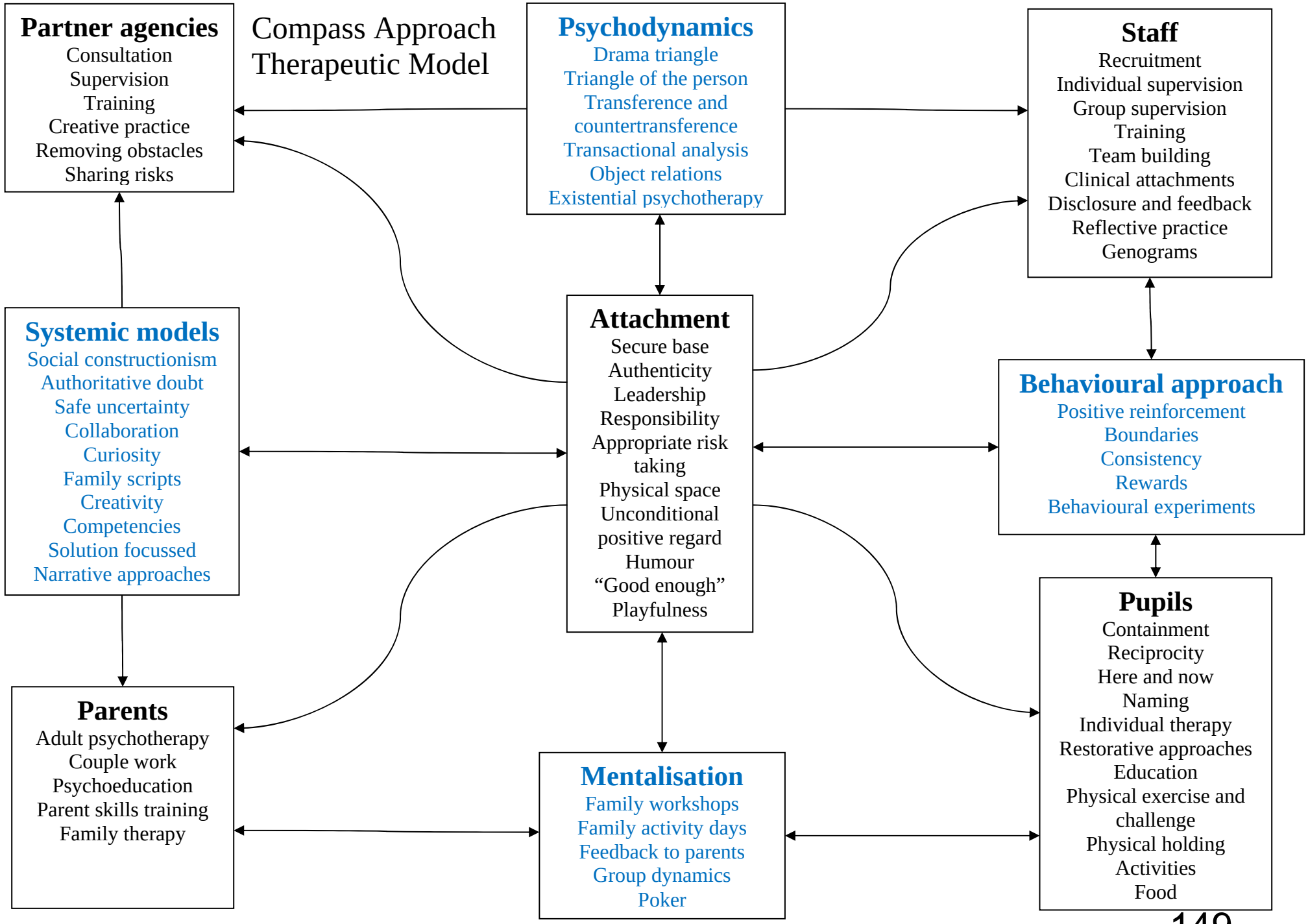
2011 - Success of initial pilot leads to expansion into current premises in Belton increasing to 18 pupils

2013 - Compass Norwich opens for 12 pupils and KS1 provision begins in Belton increasing pupil number to 30

2014 - Compass West opens in Kings Lynn for 8 pupils

Achievements to date

- Included in Department of Health guidelines to "what works" in relation to Quality and Efficiency Improvement by the National Development Team
- Regional finalists in the Health & Social Care awards for partnership working
- Rated as Good and Outstanding in last two OFSTED inspections
- Attendance rate of over 90%
- Zero permanent exclusions since opening in 2009
- Invited to DfE meeting with Charlie Taylor to inform greater integration of CAMHS and Education
- Increased placement stability; maintaining children in their families, local communities and foster care
- Direct savings to statutory services – currently circa £1.9 million per annum
- Awarded 2015 CLAHRC Fellowship funding by the National Institute for Health Research to expand the evidence base for the Compass Approach
- A total of 4 children permanently returned from therapeutic OOC placements - 3 were returned to family of origin
- The only child to ever be accommodated while attending the Compass was successfully reintegrated home
- Poster presentation at the National CAMHS conference organised by the Royal College of Psychiatrists (QNCC)
- Successful Expression of Interest for 2015 DfE Innovations fund proposal. Awarded £24,000 to complete full submission to the Investment Board, provided with Innovations Coach from Spring Consortium and Delloites technical support to complete bid
- Secured necessary permissions from Norfolk, Suffolk Foundation Trust Board to submit bid


Compass Approach
Therapeutic Model
Partner agencies
Consultation
Supervision
Training
Creative practice
Removing obstacles
Sharing risks
Psychodynamics
Drama triangle
Triangle of the person
Transference and countertransference
Transactional analysis
Object relations
Existential psychotherapy
Staff
Recruitment
Individual supervision
Group supervision
Training
Team building
Clinical attachments
Disclosure and feedback
Reflective practice
Genograms
Systemic models
Social constructionism
Authoritative doubt
Safe uncertainty
Collaboration
Curiosity
Family scripts
Creativity
Competencies
Solution focussed
Narrative approaches
Attachment
Secure base
Authenticity
Leadership
Responsibility
Appropriate risk taking
Physical space
Unconditional positive regard
Humour
"Good enough"
Playfulness
Behavioural approach
Positive reinforcement
Boundaries
Consistency
Rewards
Behavioural experiments
Parents
Adult psychotherapy
Couple work
Psychoeducation
Parent skills training
Family therapy
Mentalisation
Family workshops
Family activity days
Feedback to parents
Group dynamics
Poker
Pupils
Containment
Reciprocity
Here and now
Naming
Individual therapy
Restorative approaches
Education
Physical exercise and challenge
Physical holding
Activities
Food

The Proposal

"Placement stability is the most fundamental need to children and young people in care. Furthermore, the stability of a therapeutic relationship needs to be protected, whenever possible." (Someone to Care, CMHC, 2013).

Expanding the Compass Approach

Research has shown that young people who were brought up in care are:

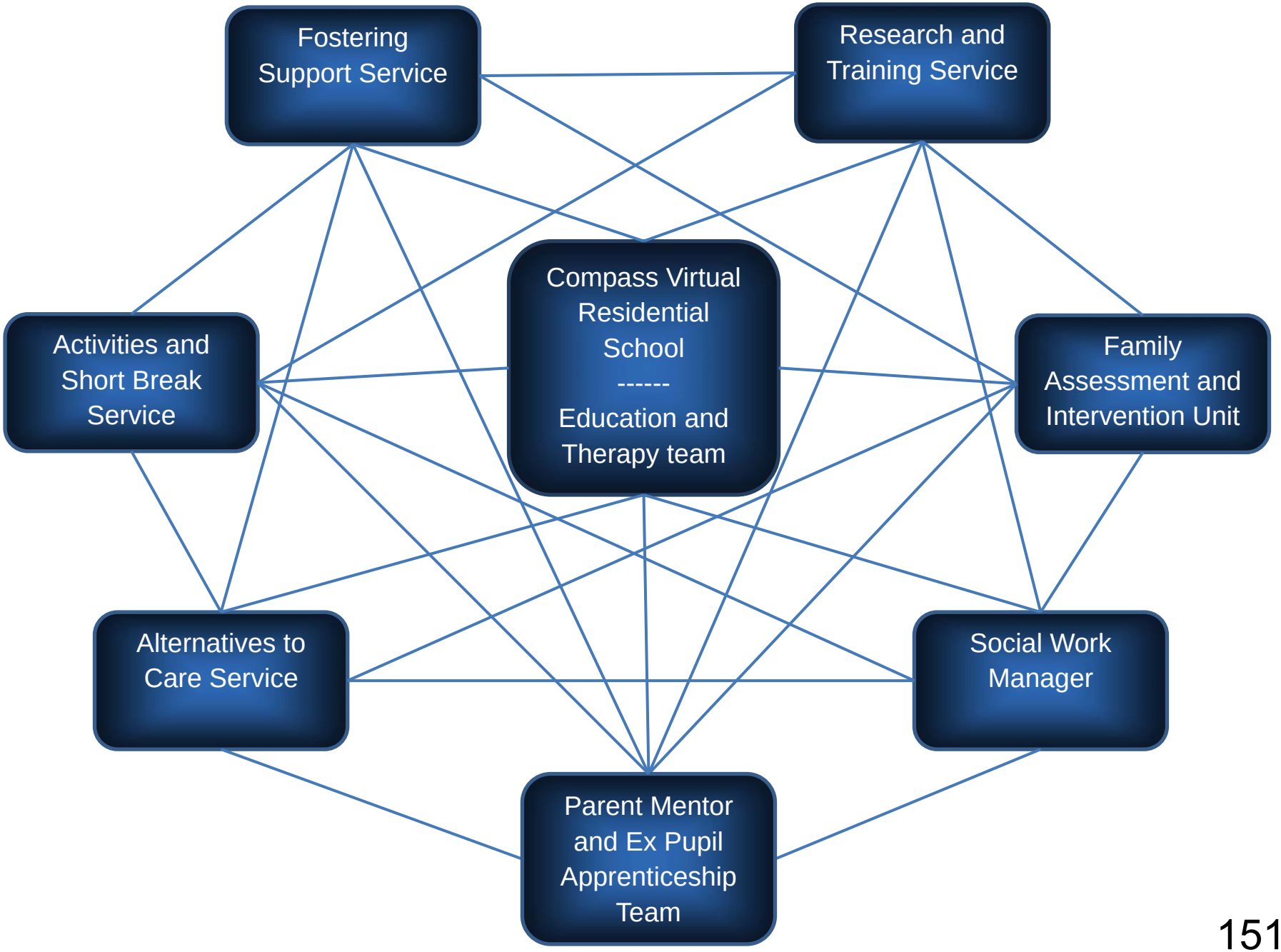
- Ten times more likely to be excluded from school
- Twelve times more likely to leave school without any qualifications
- Four times more likely to be unemployed
- Sixty times more likely to be homeless
- Fifty times more likely to go to prison
- Four times more likely to suffer from mental health problems
- Sixty-six times more likely to require social care for their own children

(Warren, 1999)

The current cohort of Compass pupils includes approximately 20% LAC and a further 55% of pupils are identified as being on the "edge of care." Placement stability (either in care or with their families) for all these children depends on the robustness of their education provision. Placement breakdown frequently occurs when children are permanently excluded from school and parents or foster carers become overwhelmed by offering full time support to excluded children.

The Compass has demonstrated its success in supporting foster carers and families on the edge of care by offering parent and carer training, activity breaks, adult psychotherapy, facilitating multi-agency working and providing the emotional containment necessary for managing risk and creating meaningful and sustainable change. The psychological and emotional needs of children and young people in care, combined with the complexities and instability associated with the care system, often presents obstacles to accessing generic health services. The provision of all of these services coordinated from within the school environment ensures that the vulnerable and disadvantaged pupils do not fall through the gaps in traditional services.

Proposed Compass Multi-Agency **Co**-operation Model



Service Descriptions

Virtual Residential School

- Expand existing support to foster carers to have placements attached to the education and therapy provision
- Offer carers package of support including – supervision, training, therapeutic interventions, consultation, respite, activity breaks,
- Ensure the consistent use of the Compass Approach across every child's school and home life.
- Avoid risks and costs of children becoming of institutionalised in residential provisions.
- Improve foster carers confidence that the school placement will not be withdrawn.
- Avoid placement breakdown.
- Step down from out of county or residential provision.
- Potential registration as an alternative boarding provision.

Alternatives to Care Service

- Application Compass Approach on an outreach basis.
- Partnership working alongside NCC staff teams and The Benjamin Foundation.
- Working alongside of Signs of Safety approach.
- Integrated with the developing short breaks service.
- Activities team linked to existing school hubs and potentially Holt Hall.
- Seamless pathway through levels of service provision maintaining existing relationships.
- Staff provided with clinical attachments and Foundation in Family Therapy diploma courses.
- Clinical interventions, consultation and supervision for staff teams.
- Sharing risk.
- Step down provision for those children returned home or supported into kinship or SGO placements.

Training and Research Team

- The Compass Approach is a theory driven model with a growing evidence base for clinical and cost effectiveness
- Develop training manual and resources, consultation and supervision package and evidence base to scale up model nationally
- CLAHRC Fellowship funding secured for 2015 to enhance evidence base for publication and supporting service development using mixed methods approach
- Sharing best practice developed in Norfolk on a National level
- Independent evaluation on service outcomes by the University of East Anglia using research and financial outcome methods funded by Innovations Grant

Integrated Social Care Manager

- Sharing and communicating risk
- Developing partnership arrangements
- Maintaining statutory responsibilities
- Ensuring safeguarding best practice
- Integrating Signs of Safety approach

Family Development Unit

- Integration of staff from health, social are and education within one service leading to multi-agency assessments
- Reduce the need for independent expert psychological assessments
- Reduce numbers of residential assessments
- Separate accomodation already exists
- Providing interventions and measuring capacity for change rather than prediciting this with varying degree of accuracy

Activities and Short Breaks

- Importance of dysregulated children remain engaged in meaningful and challenging activities
- Providing demanding but achieveble goals and opportunities for success
- Children and their families need opportunities to work cooperatively with one another developing trust and mentalisation
- Learning to take appropriate emotional, interpersonal and physical risks
- Promoting self esteem, self efficay, teamwork, resilience and emotional regulation
- Provides respite for families and carers during school holidays or periods of acute distress

Parent Mentoring and Ex-pupil Apprenticeships

- Research and clinical evidence highlights the value of service user involvement in the engagement and support of "hard to reach families"
- Breaking the cycle of integenerational deprivation depends on developing the social capital of whole communities
- Overcoming barriers for those who are mistrustful of services
- Service users are able to say things to each other that professionals are not
- Young people returning to the Compass revisit important aspects of their own learning in supporting younger learners
- Harnessing the first hand knowledge that change is possible

Compass Outreach Service

Staffing Specifications

Consultant Family Therapist						£100,000
Senior Social Worker						£76,500
Service manager, finance and business administration time						£126,000
2 wte 8a Clinical Psychologists		B7 Art Psychotherapist		8a Family Therapist		£229,500
	Band 4 Assistant Psychologist		Band 4 Research Assistant		Band 5 Activities Instructor	£113,000
		3 Band 4 Family Development Workers		Band 4 Parent Mentoring Worker		£140,000

Service Clinical Capacity

Consultant Family Therapist	15 concurrent cases
2 Band 8a Clinical Psychologists	50 concurrent cases
Band 7 Art Psychotherapist	20 concurrent cases
Band 8a Family Therapist	20 concurrent cases
Total clinical caseload	105 concurrent cases

Interventions lasting on (generous) average six months
Total annual caseload 210 cases

Caseload in addition to assessment, training, consultation, service development, research, evaluation and supervision responsibilities of clinical team.

Assuming 85% success rate in preventing children being accommodated- 179 children maintained with family of origin.

Annual projected savings (calculated on average cost of placement, currently £48,000 in Norfolk)

Total potential savings **£8,592,000** This does not account for families with more than one child needing to be accommodated.

Net savings after service delivery costs are included

£1,050,000 Compass Outreach
£2,000,000 Residential Outreach Service
£1,000,000 Benjamin Foundation
£1,500,000 Short Breaks Service

Net savings **circa £3,042,000***

* In addition to savings outlined above there will also be cost efficiencies in relation to Family Therapy training, care procedings and expert witness assessments. Costings to be calculated as part of full bid submission.

Norwich Compass Cost Savings

Proposed Provision Select list band	Length of placement per year	Definition	Description	Capped Cost	NHS Contribution based on one third of total cost	Norwich Children Requirements Pre Admission
1c	38 weeks	**Day Provision Level 3**	Most referrals will be for places in key stage 3 or 4, occasionally key stage 2 Children will have needs of a severity/complexity that could otherwise be met in Norfolk's maintained complex needs school provision or special school for BESD. The reasons for placement in the non-maintained sector could relate to lack of a suitable vacancy parental preference or tribunal decisions Most referrals will relate to a primary need of behaviour, emotional or social development with a range of secondary needs including below average cognitive function A smaller number of referrals will relate to a primary need of autistic spectrum disorder	£40,000 pa	£13, 333 p.a.	DLB BB CW **Total Cost: £120,000 pa**
3a	38 weeks	**Residential Education (weekly/Termly) Level**	Most referrals will be for places in Key Stages 3 and 4 but some may be needed at Key Stage 2. Children will have needs of a severity/complexity that could otherwise be met in Norfolk's maintained complex needs school provision or special school for BESD. The reasons for placement in the non-maintained sector could relate to lack of a suitable vacancy, care issues, an identified need for 24-hour curriculum on educational grounds, parental preference or tribunal decisions	£75, 000 pa	£25,000 pa	MF (Care) ST (Care) BC (Care) JT (Preference) **Total Cost: £300,000 pa**
3b	38 weeks	**Residential Education (weekly/Termly) Level 2**	Most referrals will be for places in Key Stages 3 and 4 but some may be needed at Key Stage 2. Children will have needs beyond those which could met within Norfolk's maintained complex needs schools or BESD special school provision. An individualised curriculum will be needed. Specialist teaching approaches will be needed There could be a high level of identified risk owing to behaviour and safety issues impacting on other children or staff. There is likely to be a complexity of need which	£155,000 pa		GS SC JE MR TT **Total Cost: £775,000 pa**

			results in management challenges. There could be complex health needs in addition to the primary need. A high level of supervision and staff ratios will be required (1:1 or greater).			
5a and 5b	52 weeks	**52 Week Residential Accommodation With Education**	**52Week Residential Accommodation With Education – Level 1 & Category 5b 52 Week Residential Accommodation With Education/Specialist Services – Level 2** The experiences of some of the children and young people have been such that many of them may have developed ways of functioning which are sometimes challenging to the carers in any setting within which they are living. The characteristics of the child mean that care within a family setting is not suitable at the time of referral. Children and young people who struggle to live in a family environment and will have Educational needs which mean that they are unable to attend mainstream school at the time of referral.	5a £3,200 per week 5b £3,500 per week	5a £1,067 per week 5b £1,167 per week	SB (5B) **Total Cost: £182,000 pa**

Total cost prediction for alternative provision for Compass Norwich pupils (x13 inc DLB) = **£1,377,000 pa**

Average cost of alternative placement for Compass Norwich cohort **£105,923**

Cost of Compass place including education and therapy **£40,000**

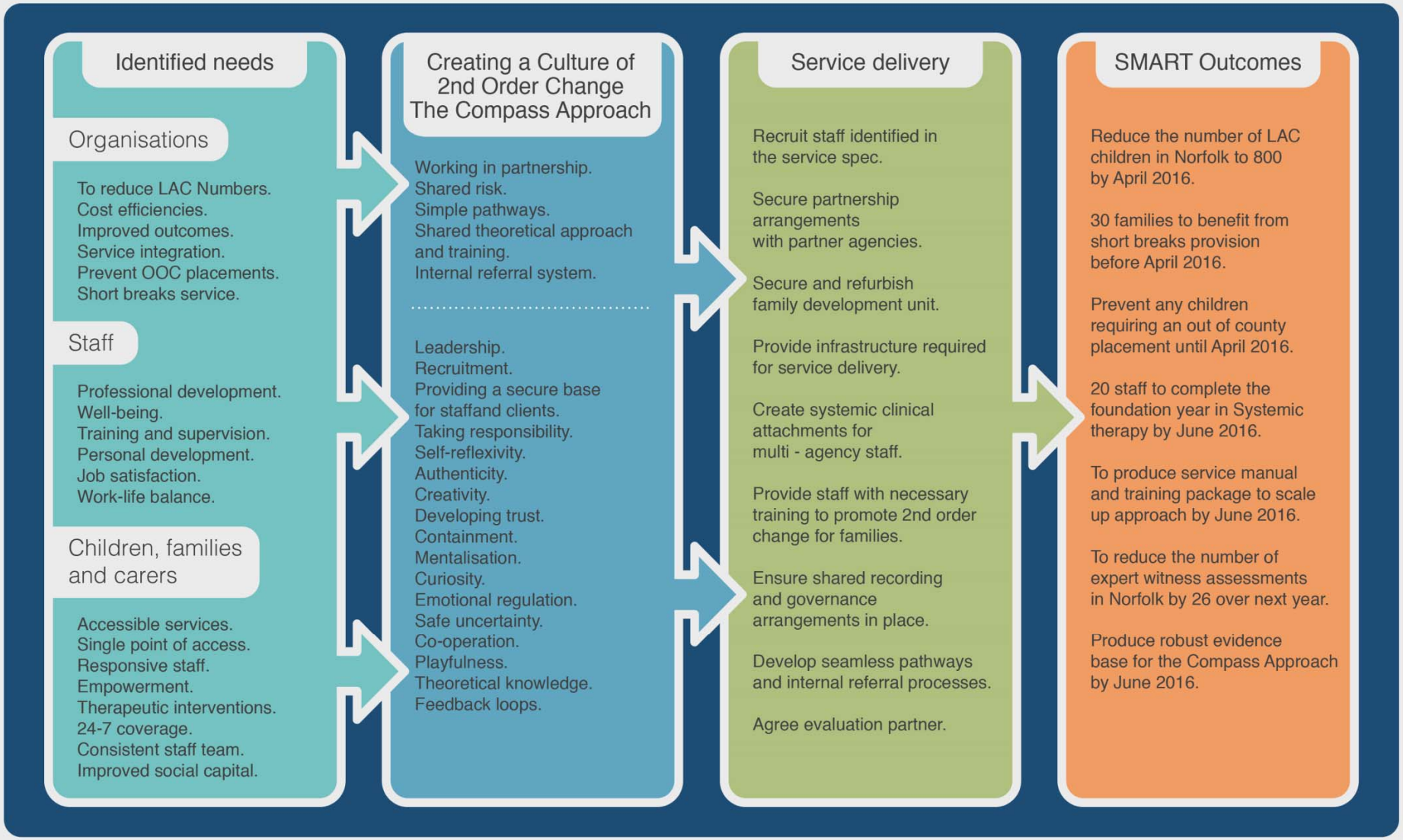
Average saving per pupil at the Compass £65,923

Total annual savings across Compass provision £3,296,150
Reduce by number of children looked after who would be offered alternative accommodation 8 @ £28,000 p.a = £224,000

Net saving of Compass provision circa £3,072,150

The Compass Approach - A Theory of 2nd Order Change

"The difference that makes the difference" (Bateson, 1981)



Innovations Fund Bid

- Successfully through the Expression of interest stage
- £24,000 provided by DfE to complete bid
- Innovations coaching and financial modelling support provided by Spring Consortium and Deloittes
- Current bid value of £1,018,500
- Circa £50,000 to be provided to independent evaluation partner – discussions ongoing with UEA
- Opportunity for partnership Innovation from Norfolk to be scaled nationally and inform policy

Conclusions

The models above of the proposed service structure and current theoretical Compass Approach highlight the importance of Co-Operation between services in responding to the needs of vulnerable children and their families.

The co-location of these services means that children and families are able to move through the service depending on their current levels of need and be provided with the support necessary to facilitate change and promote positive outcomes.

We believe that the proposal is:

- Innovative – we are not aware of any other Virtual Residential School provisions either nationally or internationally
- Deliverable – the experience and success of the Compass to date is evidence that the approach works
- Value for money – the current savings to education budgets confirm the available cost efficiencies
- Sustainable – our experience has shown that once the "pump priming" of the service development has been undertaken the provision becomes sustainable through ongoing savings
- Scalable – over and above the idea of dissemination we plan to develop the research and training and consultation package necessary to share the benefits of our experience to date on a national level. We firmly believe that the project has the potential to drive systemic change for this challenging population.

For clarification or further discussion please contact:

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NICE National Institute for Health and Care Excellence

Social and emotional wellbeing for children and young people: strategy, policy and commissioning

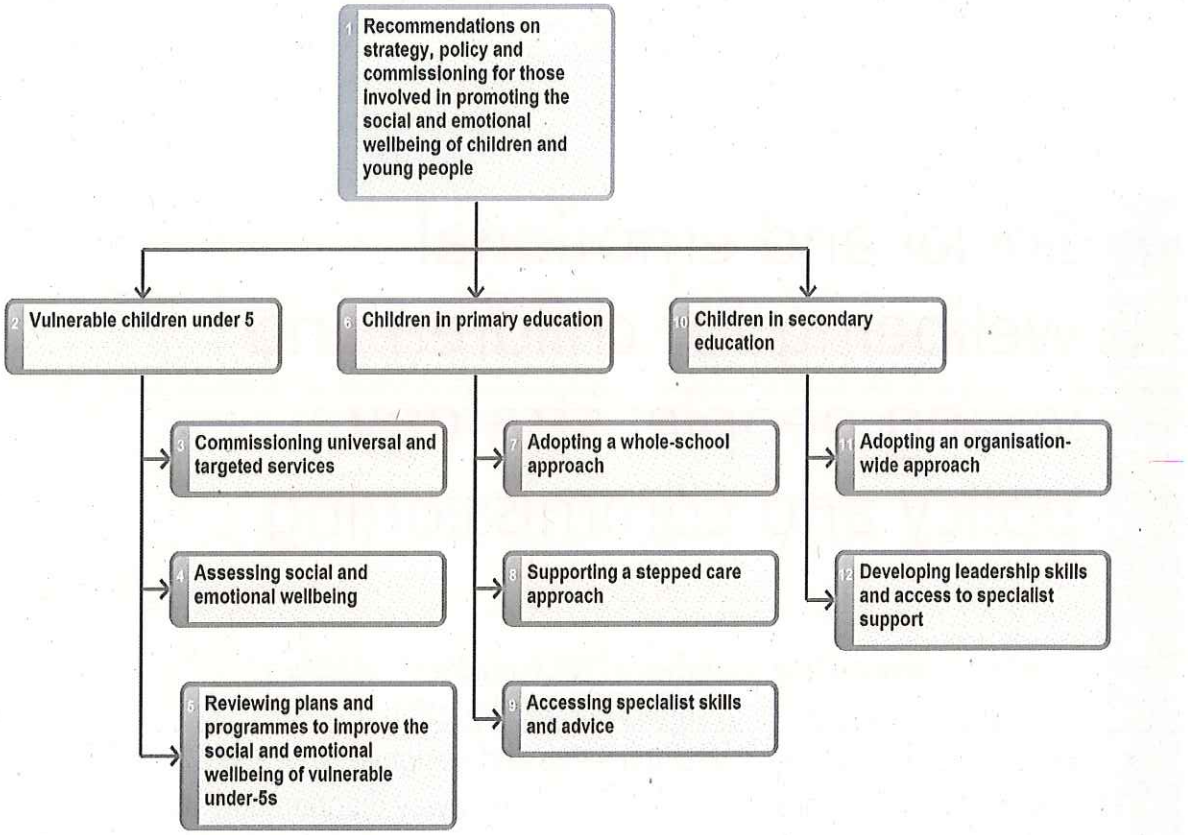
A NICE pathway brings together all NICE guidance, quality standards and materials to support implementation on a specific topic area. The pathways are interactive and designed to be used online. This pdf version gives you a single pathway diagram and uses numbering to link the boxes in the diagram to the associated recommendations.

To view the online version of this pathway visit:

http://pathways.nice.org.uk/pathways/social-and-emotional-wellbeing-for-children-and-young-people

Pathway last updated: 21 February 2014

NICE *Pathways*



1 Recommendations on strategy, policy and commissioning for those involved in promoting the social and emotional wellbeing of children and young people

No additional information

2 Vulnerable children under 5

A definition of social and emotional wellbeing

Who should take action?

All those responsible for planning and commissioning (including joint commissioning) services for children aged under 5 in local authorities, the NHS (primary, secondary and tertiary healthcare) and the voluntary, community and private sectors. This includes:

- clinical commissioning groups
- health and wellbeing boards
- NHS Commissioning Board (up to 2015)[1]
- public health, children's services, education and social services within local authorities.

3 Commissioning universal and targeted services

Health and wellbeing boards should ensure the social and emotional wellbeing of vulnerable children features in the 'Health and wellbeing strategy', as one of the most effective ways of addressing health inequalities. The resulting plan should include outcomes to ensure healthy child development and readiness for school and to prevent mental health and behavioural problems. (See the Department of Health's Public health outcomes framework indicators for early years.)

Health and wellbeing boards should ensure arrangements are in place for integrated commissioning of universal services and targeted services for children aged under 5. This includes services offered by general practice, maternity, health visiting, school nursing and all early years providers. The aim is to ensure:

[1] The NHS Commissioning Board is responsible for commissioning health visiting services up to 2015. From 2015, local authorities will take over this responsibility.

- vulnerable children at risk of developing (or who are already showing signs of) social and emotional and behavioural problems are identified as early as possible by universal children and family services
- targeted, evidence-based and structured interventions (see general principles, specific programmes, local authority children's services, and managers and providers of early education and childcare services) are available to help vulnerable children and their families – these should be monitored against outcomes
- children and families with multiple needs have access to specialist services, including child safeguarding and mental health services.

Also see NICE pathways on:

- antenatal and postnatal mental health
- attention deficit hyperactivity disorder
- autism
- depression in children and young people
- looked-after babies, children and young people.
- pregnancy and complex social factors
- when to suspect child maltreatment

In addition, see NICE guidance on:

- conduct disorder in children - parent-training/education programmes

1

4 Assessing social and emotional wellbeing

Directors of public health, directors of children's services and commissioners of maternity care should ensure the social and emotional wellbeing of under-5s is assessed as part of the joint strategic needs assessment. This includes vulnerable children and their families.

Population-based models (such as PREview, a set of planning tools published by the Child and Maternity Health Observatory) should be considered as a way of determining need and ensuring resources and services are effectively distributed.

[1] The NHS Commissioning Board is responsible for commissioning health visiting services up to 2015. From 2015, local authorities will take over this responsibility.

5 Reviewing plans and programmes to improve the social and emotional wellbeing of vulnerable under-5s

Local authority scrutiny committees for health and wellbeing should review delivery of plans and programmes designed to improve the social and emotional wellbeing of vulnerable children aged under 5.

6 Children in primary education

A definition of social and emotional wellbeing

Who should take action?

Those who work in: schools, local authority education, children's and youth services, primary care, child and adolescent mental health services and voluntary agencies.

7 Adopting a whole-school approach

Commissioners should develop and agree arrangements as part of the children and young people's plan (and joint commissioning activities) to ensure all primary schools adopt a comprehensive, whole-school approach to children's social and emotional wellbeing. All primary schools should:

- Create an ethos and conditions that support positive behaviours for learning and for successful relationships.
- Provide an emotionally secure and safe environment that prevents any form of bullying or violence.
- Support all pupils and, where appropriate, their parents or carers (including adults with responsibility for looked-after children).
- Provide specific help for those children most at risk (or already showing signs) of social, emotional and behavioural problems.
- Include social and emotional wellbeing in all relevant local and school policies for attaining improved outcomes for children and young people.
- Offer teachers and practitioners in schools training and support in how to develop children's social, emotional and psychological wellbeing. The trainers should be appropriately qualified and may be working in the public, voluntary or private sectors. In the public sector, they may be working in: children's services, educational psychology or behaviour support,

community nursing, family support or child and adolescent mental health services (at tier 1 and tier 2).

Implementation tools

The following implementation tools are relevant to this part of the pathway.

Social and emotional wellbeing in primary education: costing statement

Schools and evidence-based action: NICE recommendations

8 Supporting a stepped care approach

Commissioners in schools and local authority children's services should work closely with child and adolescent mental health and other services to develop and agree local protocols. These should support a stepped care approach to preventing and managing mental health problems – as defined in care for children and young people with depression in the depression pathway. The protocols should cover assessment, referral and a definition of the role of schools and other agencies in delivering different interventions, taking into account local capacity and service configuration.

Implementation tools

The following implementation tools are relevant to this part of the pathway.

Social and emotional wellbeing in primary education: costing statement

Schools and evidence-based action: NICE recommendations

9 Accessing specialist skills and advice

Commissioners should put in place and evaluate coordinating mechanisms to ensure primary schools have access to the skills, advice and support they need to deliver a comprehensive and effective programme that develops children's social and emotional skills and wellbeing.

Implementation tools

The following implementation tools are relevant to this part of the pathway.

Social and emotional wellbeing in primary education: costing statement

Schools and evidence-based action: NICE recommendations

10 Children in secondary education

A definition of social and emotional wellbeing

Who should take action?

Those who work in: schools, local authority education, children's and youth services, primary care, child and adolescent mental health services and voluntary agencies.

11 Adopting an organisation-wide approach

Commissioners of services for young people in secondary education should enable all secondary education establishments to adopt an organisation-wide approach to promoting the social and emotional wellbeing of young people. This should encompass organisation and management issues as well as the curriculum and extra-curriculum provision. The approach should form part of the local children and young people's plan and joint commissioning. It should support: Healthy lives, healthy people: our strategy for public health in England; No health without mental health; and the schools white paper.

Commissioners should encourage the appropriate local authority scrutiny committee to assess the progress made by secondary education establishments in adopting an organisation-wide approach to social and emotional wellbeing.

They should also ensure policies and arrangements are in place to promote the social and emotional wellbeing of those who work with young people in secondary education.

Implementation tools

The following implementation tools are relevant to this part of the pathway.

Social and emotional wellbeing in secondary education: costing statement

Social and emotional wellbeing in secondary education: slide set

12 Developing leadership skills and access to specialist support

Commissioners of services for young people in secondary education should help secondary education establishments to develop the necessary organisational capacity to promote social and emotional wellbeing. This includes leadership and management arrangements, specialist skills and resources.

Commissioners should also ensure secondary education establishments have access to the specialist skills, advice and support they require. This may be provided by public, private, voluntary and community organisations. It may involve working with local authority advisory services, personal, social, health and economic (PSHE) education services, educational psychology and child and adolescent mental health services.

In addition, commissioners should help secondary education establishments to share practical advice on how to promote the social and emotional wellbeing of young people.

Implementation tools

The following implementation tools are relevant to this part of the pathway.

Social and emotional wellbeing in secondary education: costing statement

Social and emotional wellbeing in secondary education: slide set

A definition of social and emotional wellbeing

Social and emotional wellbeing provides the building block for healthy behaviours and educational attainment. It also helps prevent behavioural problems (including substance misuse) and mental illness. For the purposes of this pathway, the following definitions are used:

- emotional wellbeing – this includes being happy and confident and not anxious or depressed
- psychological wellbeing – this includes the ability to be autonomous, problem-solve, manage emotions, experience empathy, be resilient and attentive
- social wellbeing – has good relationships with others and does not have behavioural problems, that is, they are not disruptive, violent or a bully.

Glossary

Sources

Social and emotional wellbeing: early years. NICE public health guidance 40 (2012)

Social and emotional wellbeing in secondary education. NICE public health guidance 20 (2008)

Social and emotional wellbeing in primary education. NICE public health guidance 12 (2008)

Your responsibility

The guidance in this pathway represents the view of NICE, which was arrived at after careful consideration of the evidence available. Those working in the NHS, local authorities, the wider public, voluntary and community sectors and the private sector should take it into account when carrying out their professional, managerial or voluntary duties. Implementation of this guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in this guidance should be interpreted in a way which would be inconsistent with compliance with those duties.

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Department for Education

Mental health and behaviour in schools

Departmental advice for school staff

June 2014

Contents

Summary

About this departmental advice

This is advice from the Department for Education. All pupils will benefit from learning and developing in a well ordered school environment that fosters and rewards good behaviour and sanctions poor and disruptive behaviour. Our behaviour and discipline in schools advice sets out the powers and duties for school staff and approaches they can adopt to manage behaviour in their schools. It also says that schools should consider whether continuing disruptive behaviour might be a result of unmet educational or other needs.

This non-statutory advice clarifies the responsibility of the school, outlines what they can do and how to support a child or young person whose behaviour - whether it is disruptive, withdrawn, anxious, depressed or otherwise - may be related to an unmet mental health need.

Schools say that this is a difficult area. They want to know what the evidence says, share approaches to supporting children at risk of developing mental health problems and be clearer on their own and others' responsibilities

One in ten children and young people aged 5 to 16 have a clinically diagnosed mental health disorder and around one in seven has less severe problems.[1] We have developed this advice and practical tools to help schools promote positive mental health in their pupils and identify and address those with less severe problems at an early stage and build their resilience. This advice will also help schools identify and support pupils with more severe needs and help them make appropriate referrals to specialist agencies such as Child and Adolescent Mental Health Services (CAHMS) where necessary.

Review date

This advice will next be reviewed in October 2014.

Who is this advice for?

Primary and secondary school teachers, pastoral leaders, Special Educational Needs Coordinators and others working to support children who suffer from, or are at risk of developing, mental health problems.

[1] Mental Health Problems in Children and Young People

Acknowledgments

- In developing this advice the Department has worked with:

    - a number of effective schools;
    - a team who developed the Department of Health's online mental health training for adults who work with children ('MindEd');
    - the DH Children and Mental Health team;
    - NHS England and the CYP IAPT (Children and Young People's Improving Access to Psychological Therapies) programme team;
    - Professor Mick Cooper and Professor Peter Fonagy;
    - behaviour and SEN colleagues within the Department for Education; and
    - the Department for Education's Primary and Secondary Heads' Reference Groups.

Key points

- **In order to help their pupils succeed, schools have a role to play in supporting them to be resilient and mentally healthy**. There are a variety of things that schools can do, for all their pupils and for those with particular problems, to offer that support in an effective way.
- **Where severe problems occur schools should expect the child to get support elsewhere as well**, including from medical professionals working in specialist Child and Adolescent Mental Health Services (CAMHS), voluntary organisations and local GPs.
- **Schools should ensure that pupils and their families participate as fully as possible in decisions** and are provided with information and support. The views, wishes and feelings of the pupil and their parents should always be considered.
- **Schools can use the Strengths and Difficulties Questionnaire (SDQ) to help them judge whether individual pupils might be suffering from a diagnosable mental health problem** and involve their parents and the pupil in considering why they behave in certain ways.
- **MindEd, a free online training tool,** is now available to enable school staff to learn more about specific mental health problems. This can help to sign post staff working with children to additional resources where mental health problems have been identified. Counselling MindEd, which is part of MindEd, is also available to support the training and supervision of counselling work with children and young people.
- **There are things that schools can do – including for all their pupils, for those showing early signs of problems and for families exposed to several risk factors – to intervene early and strengthen resilience**, before serious mental health problems occur.
- **Schools can influence the health services that are commissioned locally through their local Health and Wellbeing Board** – Directors of Children's Services and local Healthwatch are statutory members.
- **There are national organisations offering materials, help and advice. Schools should look at what provision is available locally** to help them promote mental health and intervene early to support pupils experiencing difficulties. Help and information about evidence-based approaches is available from a range of sources (see Annex B).

1. Promoting positive mental health

Factors that put children at risk

1.1. Certain individuals and groups are more at risk of developing mental health problems than others. These risks can relate to the child themselves, to their family, or to their community or life events. The risk factors are listed in table 1, on page 6.

1.2. Risk factors are cumulative. Children exposed to multiple risks such as social disadvantage, family adversity and cognitive or attention problems are much more likely to develop behavioural problems.[2] Longitudinal analysis of data for 16,000 children suggested that boys with five or more risk factors were almost eleven times more likely to develop conduct disorder under the age of ten than boys with no risk factors. Girls of a similar age with five or more risk factors were nineteen times more likely to develop the disorder than those with no risk factors.[3]

Factors that make children more resilient

1.3. Seemingly against all the odds, some children exposed to significant risk factors develop into competent, confident and caring adults. An important key to promoting children's mental health is therefore an understanding of the protective factors that enable children to be resilient when they encounter problems and challenges.

> '*Resilience seems to involve several related elements. Firstly, a sense of self-esteem and confidence; secondly a belief in one's own self-efficacy and ability to deal with change and adaptation; and thirdly, a repertoire of social problem solving approaches.*'[4]

1.4. Research suggests that there is a complex interplay between risk factors in children's lives and promoting their resilience. As social disadvantage and the number of stressful life events accumulate for children or young people, more factors that are protective are needed to act as a counterbalance. The key protective factors, which build resilience to mental health problems, are shown alongside the risk factors in table 1, below.

1.5. The role that schools play in promoting the resilience of their pupils is important, particularly so for some children where their home life is less supportive. School should be a safe and affirming place for children where they can develop a sense of belonging and feel able to trust and talk openly with adults about their problems.

[2] Brown, E., Khan, L. and Parsonage, M. (2012) A Chance to Change: Delivering effective parenting programmes to transform lives. Centre for Mental Health.

[3] Murray, J. J. (2010). Very early predictors of conduct problems and crime: results from a national cohort study. Journal Of Child Psychology & Psychiatry, 51(11), 1198-1207.

[4] Rutter, M. (1985) Resilience in the face of adversity. Protective factors and resistance to psychiatric disorder. British Journal of Psychiatry. Vol. 147, pp. 598-611

Table 1: Risk and protective factors for child and adolescent mental health

	Risk factors	Protective factors
In the child [5,6]	• Genetic influences • Low IQ and learning disabilities • Specific development delay or neuro-diversity • Communication difficulties • Difficult temperament • Physical illness • Academic failure • Low self-esteem	• Being female (in younger children) • Secure attachment experience • Outgoing temperament as an infant • Good communication skills, sociability • Being a planner and having a belief in control • Humour • Problem solving skills and a positive attitude • Experiences of success and achievement • Faith or spirituality • Capacity to reflect
In the family [4,5]	• Overt parental conflict including Domestic Violence • Family breakdown (including where children are taken into care or adopted) • Inconsistent or unclear discipline • Hostile or rejecting relationships • Failure to adapt to a child's changing needs • Physical, sexual or emotional abuse • Parental psychiatric illness • Parental criminality, alcoholism or personality disorder • Death and loss – including loss of friendship	• At least one good parent-child relationship (or one supportive adult) • Affection • Clear, consistent discipline • Support for education • Supportive long term relationship or the absence of severe discord

[5] Young Minds risk handout
[6] Young Minds resilience handout

	Risk factors	Protective factors
In the school	• Bullying • Discrimination • Breakdown in or lack of positive friendships • Deviant peer influences • Peer pressure • Poor pupil to teacher relationships	• Clear policies on behaviour and bullying • 'Open-door' policy for children to raise problems • A whole-school approach to promoting good mental health • Positive classroom management • A sense of belonging • Positive peer influences
In the community [4,5]	• Socio-economic disadvantage • Homelessness • Disaster, accidents, war or other overwhelming events • Discrimination • Other significant life events	• Wider supportive network • Good housing • High standard of living • High morale school with positive policies for behaviour, attitudes and anti-bullying • Opportunities for valued social roles • Range of sport/leisure activities

Difficult events that may have an effect on pupils

1.6. Form tutors and class teachers see their pupils day in, day out. They know them well and are well placed to spot changes in behaviour that might indicate a problem. The balance between the risk and protective factors set out above is most likely to be disrupted when difficult events happen in pupils' lives. These include:

- **loss or separation** – resulting from death, parental separation, divorce, hospitalisation, loss of friendships (especially in adolescence), family conflict or breakdown that results in the child having to live elsewhere, being taken into care or adopted;
- **life changes** – such as the birth of a sibling, moving house or changing schools or during transition from primary to secondary school, or secondary school to sixth form; and
- **traumatic events** such as abuse, domestic violence, bullying, violence, accidents, injuries or natural disaster.

1.7. Schools will often be able to support children at such times, intervening well before mental health problems develop. The report considers effective approaches in the classroom and more generally within the school in section 4.

How schools can promote their pupils' mental health

1.8. The culture and structures within a school can promote their pupils' mental health through:

- **a committed senior management team** that sets a culture within the school that values all pupils; allows them to feel a sense of belonging; and makes it possible to talk about problems in a non-stigmatising way;
- **an ethos of setting high expectations of attainment for all pupils with consistently applied support.** This includes clear policies on behaviour and bullying that set out the responsibilities of everyone in the school and the range of acceptable and unacceptable behaviour for children. These should be available and understood clearly by all, and consistently applied by staff [7];
- **an effective strategic role for the qualified teacher who acts as the special educational needs co-ordinator (SENCO),** ensuring all adults working in the school understand their responsibilities to children with special educational needs and disabilities (SEND), including pupils whose persistent mental health difficulties mean they need special educational provision. Specifically, the SENCO will ensure colleagues understand how the school identifies and meets pupils' needs, provide advice and support to colleagues as needed and liaise with external SEND professionals as necessary;
- **working with parents and carers as well as with the pupils themselves**, ensuring their opinions and wishes are taken into account and that they are kept fully informed so they can participate in decisions taken about them;
- **continuous professional development for staff** that makes it clear that promoting good mental health is the responsibility of all members of school staff and community, informs them about the early signs of mental health problems, what is and isn't a cause for concern, and what to do if they think they have spotted a developing problem;
- **clear systems and processes to help staff who identify children and young people with possible mental health problems**; providing routes to escalate issues with clear referral and accountability systems. Schools should work closely with other professionals to have a range of support services that can be put in place depending on the identified needs (both within and beyond the school). These should be set out clearly in the school's published SEND policy;

[7] For detailed information on school behaviour policy see: DfE (2014) Guide for heads and school staff on behaviour and discipline.

- **working with others to provide interventions for pupils with mental health problems that use a graduated approach to inform a clear cycle of support:** an assessment to establish a clear analysis of the pupil's needs; a plan to set out how the pupil will be supported; action to provide that support; and regular reviews to assess the effectiveness of the provision and lead to changes where necessary; and

- **a healthy school approach to promoting the health and wellbeing of all pupils in the school**, with priorities identified and a clear process of 'planning, doing and reviewing' to achieve the desired outcomes.[8]

1.9. Schools with these characteristics mitigate the risk of mental health problems in their pupils by supporting them to become more resilient and preventing problems before they arise. In addition, schools should also have in place arrangements which reflect the importance of safeguarding and protecting the welfare of its pupils as set out in the latest safeguarding guidance[9].

[8] For more information on a healthy school approach see Healthy Schools content in The National Archives: DfE (2011)

[9] Working together to safeguard children safeguarding guidance (DfE, 2013)

Case study 1: Promoting positive mental health

Oakington Manor Primary School uses feedback boxes which allow pupils to share a problem anonymously in the 'bullying box' or something good that another pupil did in the 'praise box'. These are managed by the PSCHE (Personal, Social, Citizenship and Health Education) co-ordinator, who may choose to file some comments and will pass safeguarding concerns on to the relevant staff member to follow-up. This anonymous sharing allows teachers to pick up on common worries and problems which can then be discussed in weekly circle time sessions before they grow into more serious wellbeing or mental health risks. The teacher leads the discussion in a calm and respectful environment which allows the whole class to think together about what is happening without being judgemental or singling out the individuals involved. Reports from the boxes may also lead to referrals to Place2Be or CAMHS as well as other school based interventions such as lunchtime nurture clubs.

The St Marylebone CE School in Westminster makes use of the curriculum throughout the whole school to promote mental health and well-being. Students explore the idea of 'being healthy' and are taught that mental health is as important as physical health. The PSHE curriculum includes the promotion of self-esteem, independence and personal responsibility and looks at topics such as work-life balance, stress management and healthy relationships. The PSHE curriculum is also delivered through off timetable 'well-being days' and a cross curricular week with specific sessions to raise awareness of mental health. Teachers are supported to deliver practical sessions about mental health issues, the importance of sleep and practical relaxation techniques such as Yoga and Boxercise. The school also has a 'thought for the day' in which students are read anecdotes, news items and parables to encourage contemplation on issues of morality and their own personal growth.

2. Identification

Identifying children with possible mental health problems

2.1. Behavioural difficulties do not necessarily mean that a child or young person has a possible mental health problem or a special educational need (SEN). Consistent disruptive or withdrawn behaviours can, however, be an indication of an underlying problem, and where there are concerns about behaviour there should be an assessment to determine whether there are any causal factors such as undiagnosed learning difficulties, difficulties with speech and language or mental health issues.

2.2. Only medical professionals should make a formal diagnosis of a mental health condition. Schools, however, are well-placed to observe children day-to-day and identify those whose behaviour suggests that they may be suffering from a mental health problem or be at risk of developing one. This may include withdrawn pupils whose needs may otherwise go unrecognised.

2.3. There are often two key elements that enable schools to reliably identify children at risk of mental health problems:

- **effective use of data** so that changes in pupils' patterns of attainment, attendance or behaviour are noticed and can be acted upon; and
- **an effective pastoral system** so that at least one member of staff (eg. a form tutor or class teacher) knows every pupil well and can spot where bad or unusual behaviour may have a root cause that needs addressing. Where this is the case, the pastoral system or school policies should provide the structure through which staff can escalate the issue and take decisions about what to do next.

Case study 2: monitoring and early identification of problems

Oakington Manor Primary School uses a concern sheet which moves through the school with each year group to identify pupils who are experiencing problems. There are spaces for school staff to comment on literacy, numeracy, social and emotional development, behaviour, and medical concerns about individual children. This ensures that a rounded picture of children at risk of mental health problems is available to staff, which includes all the relevant information to give a complete picture. In addition the Inclusion Manager, Place2Be manager, PSCHE coordinator and medical welfare staff meet as a group every six weeks to discuss and identify individuals/groups of pupils who may be at risk.

St Peter's High School has a Student Support Service (SSS). Any parent or head of year can request a referral to the SSS, and pupils can ask to talk to the SSS staff through their head of year. Students can also be referred to the SSS for mental health support by one of the school's mental health nurses or counsellors. Staff make safeguarding referrals to the SSS who then liaise with outside agencies such as the police and social care. The SSS can take a range of actions to help the young person. It has helped pupils in local authority care, those with social difficulties and some with family difficulties. It has developed varied interventions such as specialised programmes of activities, support for parents, reward schemes and an amended curriculum. In a specific example, a pupil was referred to the SSS for poor behaviour. This improved considerably when they participated in workshops and were better supported by a 'pastoral support plan'.

2.4. It is important that all those who work with children and young people are alert to emerging difficulties and respond early. In particular, parents know their children best, and it is important that all professionals listen and understand when parents express concerns about their child's development. They should also listen to and address any concerns raised by the pupils themselves.

2.5. Schools should be mindful that some groups of children are more vulnerable to mental health difficulties than others. These include, but are not limited to, looked after children, children with learning difficulties and children from disadvantaged backgrounds.[10]

2.6. If it is thought housing, family or other domestic circumstances may be contributing to the presenting behaviour, notifying and working with other agencies and professionals is likely to be necessary. In all cases, early identification and intervention can significantly reduce the need for more expensive interventions or sanctions at a later stage.

[10] Full figures and data can be found in the 2004 Office National Statistics report '*Mental Health of Children and young people in Great Britian*'

Strengths and Difficulties Questionnaire (SDQ)

2.7. If schools suspect that a pupil is having mental health difficulties then they should not delay putting support in place. This can happen whilst the school is gathering the evidence, and the pupil's response to that support can help further identify their needs. Schools looking for a simple, evidence-based tool to help them consider the full range of a child's behaviour, and balance protective factors and strengths with weaknesses and risks, can use the Strengths and Difficulties Questionnaire (SDQ). This can assist them in taking an overview and making a judgement about whether the pupil is likely to be suffering from a mental health problem. The questionnaire, scoring sheet and accompanying notes are available, for free, from www.sdqinfo.com or an online version with automatic scoring is available here.[11]

2.8. SDQ scoring sheets give overall scores considered normal, borderline and abnormal, both for the difficulties themselves and for the impact of those difficulties on a child's peer relationships and classroom learning.[12] SDQs may be completed by both parent and teacher, allowing comparison of the results and a fuller understanding of the situation. In addition, there is a version of the SDQ which those pupils aged 11 and above can complete themselves, although they should be advised what it is and how to use it.

2.9. An "abnormal" score identifies children who are struggling with high levels of psychological difficulties. In these cases it may be appropriate to refer the child either for a specific intervention or for a comprehensive assessment by specialist CAMHS.

2.10. The SDQ is not always the right assessment tool for every pupil in each particular set of circumstances. Some schools prefer the Common Assessment Framework (CAF) for assessing needs and involving other professionals where there is a concern over the pupil's health, development, welfare, behaviour, progress in learning or any other aspect of their wellbeing[13].

2.11. Where teachers suspect a conduct disorder (see annex 3) after using the SDQ, the National Institute for Clinical Excellence (NICE) says that schools should always refer children for comprehensive assessment by local specialist CAMHS if they are aware that they have another mental health problem (eg. depression, post-traumatic stress disorder), a neurodevelopmental condition (eg. ADHD, autism), a learning difficulty or disability or a substance misuse problem.[14]

[11] To find the computerised SDQ within the Youth in Mind website select "UK English" then "Teachers and other education professionals" and then "What, if anything, should I be concerned about?"

[12] For scores relating to the impact of difficulties, the versions of the questionnaire that include an "impact supplement" should be used.

[13] More information on the CAF form is available in the Working Together to Safeguard Children guidance.

[14] NICE guidance - Anti-social behaviour and conduct disorders in children and young people: recognition, intervention and management

Special educational needs (SEN)

2.12. Persistent mental health difficulties may lead to pupils having significantly greater difficulty in learning than the majority of those of the same age. Schools should consider whether the child will benefit from being identified as having a **special educational need (SEN).** Any special education provision should ensure it takes into account the views and wishes of the child and their family.

2.13. When deciding whether a pupil has SEN, schools should use the definition of SEN used in the SEND Code of Practice. This states:

> A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her. A child of compulsory school age or a young person has a learning difficulty or disability if he or she:
>
> • has a significantly greater difficulty in learning than the majority of others of the same age, or
>
> • has a disability which prevents or hinders him or her from making use of educational facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions

For children aged two or more, special educational provision is educational or training provision that is additional to or different from that made generally for other children or young people of the same age by mainstream schools, maintained nursery schools, mainstream post-16 institutions or by relevant early years providers**.**

2.14. A wide range of mental health problems might require special provision to be made. These could manifest as difficulties such as problems of mood (anxiety or depression), problems of conduct (oppositional problems and more severe conduct problems including aggression), self-harming, substance abuse, eating disorders or physical symptoms that are medically unexplained. Some children and young people may have other recognised disorders such as attention deficit disorder (ADD), attention deficit hyperactive disorder (ADHD), attachment disorder, autism or pervasive developmental disorder, an anxiety disorder, a disruptive disorder or, rarely, schizophrenia or bipolar disorder.

2.15. Where a school has identified that a pupil needs special educational provision due to their mental health problems, this will comprise of educational or training provision that is additional to or different from that made generally for others of the same age. This means provision that goes beyond the differentiated approaches and learning arrangements normally provided as part of high quality, personalised teaching. It may take the form of additional support from within the setting or require the involvement of specialist staff or support services.

2.16. Schools should identify clear means to support such children. Many schools offer pastoral support, which may include access to counselling sessions to help their pupils

with social, mental or emotional health difficulties. Where more specialist provision is required, schools should have support from local health partners and other organisations. Additionally they will need to be clear when referrals to Child and Adolescent Mental Health Services (CAMHS) are appropriate.

2.17. The majority of children and young people with SEN will have their needs met through mainstream education providers and will not need Education, Health and Care plans (EHC plans) or Statements. The SEND Code of Practice sets out the steps that schools should take in identifying and meeting special educational needs.[15]

Working with local GPs

2.18. The identification of mental health problems will often be through a pupil's GP. Although medical practitioners cannot always share information, where possible the school should try to be aware of any support programmes GPs are offering that may affect the pupil's behaviour and attainment at school. Schools might consider asking parents to give consent to their child's GP to share information with the school in these circumstances.

[15] The current SEN Code of Practice DfE (2001)

The latest draft of the new SEND Code of Practice, currently under review. DfE (2014)

3. Interventions

Strategies to promote positive mental health

3.1. Poor mental health undermines educational attainment. Surveys suggest that disproportionately large numbers of pupils with conduct and emotional disorders fall behind in their overall educational attainment, missing school and/or being excluded.[16]

3.2. Schools offer important opportunities to prevent mental health problems by promoting resilience. Providing pupils with inner resources that they can draw on as a buffer when negative or stressful things happen helps them to thrive even in the face of significant challenges. This is especially true for children who come from home backgrounds and neighbourhoods that offer little support. In these cases, the intervention of the school can be the turning point. Having a 'sense of connectedness' or belonging to a school is a recognised protective factor for mental health.[17] Activities that bolster mental health operate under a variety of headings, including 'emotional literacy', 'emotional intelligence', 'resilience', 'character and grit' 'life skills', 'violence prevention', 'anti-bullying', and 'coping skills'. Systematic reviews of this work show that the best of interventions, when well implemented, are effective in both promoting positive mental health for all, and targeting those with problems.[18]

3.3. Schools use various strategies, some of which are listed in more detail below, to support pupils who are experiencing high levels of psychological stress or who are at risk of developing mental health problems. This additional support may come from within the school or require the involvement of specialist staff or support services.

[16] Green H., McGinnity A., Meltzer H., Ford and Goodman R. (2005) Mental Health of Children and Young People in Great Britain. Basingstoke: Palgrave.

[17] Catalano, R. F., Mazza, J. J., Harachi, T. W., Abbott, R. D., Haggerty, K. P., & Fleming, C. B. (2003). Raising healthy children through enhancing social development in elementary school: Results after 1.5 years. Journal Of School Psychology, 41(2), 143-164 in Weare, K. (2011) Op. cit.

[18] Weare, K. (2011) Thinking ahead: Why we need to improve children's mental health and wellbeing. Chapter 4: Improving mental health and wellbeing through schools. Pp33.

Personal, social, health and economic (PSHE) education

3.4. Schools have the flexibility to create their own PSHE curriculum and many use this to focus on developing children's resilience,confidence and ability to learn. Discussions or activities can also be used to identify pupils who require additional support. More information is available on GOV.UK and from the PSHE Association, which supports schools to develop their PSHE curriculums.

Case study 3: PSHE

Hardenhuish School uses the PSHE curriculum to address many of the issues related to mental health. The school gives a particular focus to issues impacting upon teenage boys which, experience suggests, they are sometimes unwilling to speak up about. The PSHE lessons are also used to explore sensitive topics without making the discussion personal to particular pupils. The topics include rape, self-harm, bereavement, anxiety and the expectations placed upon pupils. PSHE lessons are mixed and seating is organised boy/girl to encourage conversation and the sharing of different perspectives. From these discussions school staff are often able to identify at risk pupils and those identifications are then fed back to the pastoral team for follow-up. The PSHE curriculum is highly regarded by pupils throughout the school as shown through externally verified questionnaires. Ofsted also noted that pupils 'feel safe and can explain in detail issues around their own safety'.

Positive classroom management and small group work

3.5. Evidence has shown that an effective approach to promote positive behaviour, social development and self-esteem is to couple positive classroom management techniques with one-to-one or small group sessions to help pupils identify coping strategies.

Case study 4: Approaches beyond the classroom

Widden Primary School has a 'rainbow room', a small, quiet and calm room where staff can take individual children and small groups to get ready for the school day, talk about concerns and worries or to calm down if something has upset or angered them. All the children are supportive and keen to use it and the school works hard to make sure it is not seen as a time out or naughty room. There is no stigma and all of the children like being made to feel unique. The schools has seen benefits in terms of attendance, well-being and achievement. The new behaviour policy which teaches the values of Friendship, Respect, Excellence and Equality (FREE) has also introduced a FREE room where children can explore issues related to behaviour with the learning mentor or welfare officer. Plans are in place to develop student leadership with house captains leading behaviour based activities in the FREE room.

Ocklynge Junior school runs an 'oasis' facility for children who have additional emotional needs. The Oasis staff run a range of sessions for individuals or groups dealing with a wide range of issues including friendships, conflict resolution, social skills, anger management and family break-up. The team also designs specific sessions for individual needs as and when they arise. As children in this school are often working in groups, or individually away from class on a range of learning activities there is no stigma attached to the children who attend these groups. The Oasis is staffed every afternoon by two specially trained teaching assistants. Children are referred by teachers or support staff to the Oasis and the work is managed by the SENCO. Most of the work the Oasis team do is proactive and planned, and it is not a place where children can choose to go at any time. Occasionally children need time away from class and this is managed by individual needs assistants who may remove them from class to a quiet area where any issues can be resolved.

Counselling

3.6. School-based counselling is one of the most prevalent forms of psychological therapy for young people in the UK. Most secondary schools offer some form of counselling service. These services generally provide one-to-one supportive therapy, with pupils referred through their pastoral care teachers, and attending for three to six sessions. Non-directive supportive therapy[19] is recommended by NICE for mild depression[20] and there is emerging evidence to suggest that school-based humanistic counselling[21] is effective at reducing psychological distress and helping pupils achieve their goals. Both the pupils who use it and school staff believe school-based counselling to be an effective means of improving students' mental health and emotional wellbeing. They also believe it enhances pupils' capacity to study and learn.[22] A variety of resources and services are available to assist schools in establishing or developing counselling services, including from the British Association of Counselling and Psychotherapists (BACP) and various national and local voluntary organisations. BACP also have a Register of Counsellors and Psychotherapists which is accredited by the Department of Health. In addition, in March 2014 the Department of Health and BACP launched Counselling MindEd, a free programme of e-learning modules, to support the training and supervision of counselling work with children and young people.

Child and adolescent psychologist

3.7. Specialising in the mental health of young people, a child psychologist may provide help and support to those experiencing difficulties. A CAMHS team will include a child and adolescent psychologist, but it may also be possible for schools to use the services of an LA educational psychologist or to commission one directly themselves, depending on local arrangements.

[19] Therapy involving the planned delivery of direct individual contact time with an empathic, concerned and skilled non-specialist…to offer emotional support and problem solving help (without specifically telling the pupil what to do) and to review the child or young person's state (for example, depressive symptoms, school attendance, suicidality, recent social activities) in order to assess whether specialist help is needed.

[20] NICE (2005) Depression in Children and Young People: Identification and Management in Primary, Community and Secondary Care, in Clinical Guideline 282005, National Institute for Health and Clinical Excellence: London.

[21] A family of psychological therapies that place particular emphasis on establishing a warm, understanding relationship with clients such that clients can come to uncover, and express, their true thoughts and feelings.

[22] Cooper, M. (2013) School-based counselling in UK Secondary Schools: A review and critical evaluation, Lutterworth: BACP/Counselling MindEd.

Developing social skills

3.8. Deficits in social skills and competence play a significant role in the development and maintenance of many emotional and behavioural disorders in childhood and adolescence. Helping children and young people to develop these skills, for example through Social Skills Training (SST), can be an effective element of multi-method approaches to bolstering the ability to perform key social behaviours that are important in achieving success in social situations.[23]

Working with parents

3.9. Evidence shows that if parents can be supported to better manage their children's behaviour, alongside work being carried out with the child at school, there is a much greater likelihood of success in reducing the child's problems, and in supporting their academic and emotional development. Many support services will work to support the family as well as the child that has be referred.

3.10. Whilst it is good practice to involve parents and families wherever possible, in some circumstances the child or young person may wish not to have their parents involved with any interventions or therapies they are receiving. In these cases schools should be aware that those aged 16 or over are entitled to consent to their own treatment, and their parents cannot overrule this. Children under the age of 16 can consent to their own treatment if it is thought that they have enough intelligence, competence and understanding to fully appreciate what is involved in their treatment. Otherwise, someone with parental responsibility can consent for them[24].

[23] Spence, S.H. (2003) Social Skills Training with Children and Young People: Theory, Evidence and Practice. Child and Adolescent Mental Health (Volume 8), No. 2, 2003, pp. 84–96

[24] Consent to treatement – children and teens

Case study 5: Working with parents

Ocklynge Junior School works to engage parents to help support their pupils outside of school so that they are mentally healthy and able to engage with their learning in school. Like many schools they have a parent open evening, but they also have an open door policy making themselves available to parents whenever needed. The school also has a Parent Support Advisor who provides out of school support to pupils and their families with emotional wellbeing issues. The Parent Support Advisor will visit the family in their home, set goals to work towards and plan a programme of intervention. These interventions are not time limited. The school has several experienced staff who are available to meet parents and offer advice on a whole range of issues relating to family life and managing the home. The parent support advisor also runs parenting courses on behaviour management. The courses run once a year and cover the causes of challenging behaviour and strategies for managing and reducing it.

St Gregory's Catholic Science College believes that parental engagement is key to keeping children on track and tackling any behaviour or mental health problems early and effectively. Parents are asked to attend a parental induction meeting in July and the October after their child has joined the school. In July the school helps to ensure parents are able to support their child's transition to secondary school. The meeting in October provides parents with the opportunity to meet their child's form tutor informally. These measures ensure new pupils can 'hit the ground running' when they start in September.

The White Horse Federation and Multi Academy Trust is committed to engaging the 'silent majority' of parents and involving as many as possible in school life. To do this parents are invited to join a parent advisory board who are the "experts" in the school and provide unique insight into the wider community perspective. They are also great informal "playground promoters" of the inclusive ethos that the schools promote in terms of educational and behavioural difficulties. The White Horse Federation also supports parents through a Family Skill Force programme which targets families where there may be behaviour or mental health issues. The programme is non-academic, with activities including sailing and orienteering, and runs for six weeks. It brings families together in a safe and relaxed environment and aims to encourage parents to interact positively with their children to support their needs and ultimately make a sustainable change to their behaviour in and out of school. A real advantage of the programme is that the children are frequently praised by their parents, which is often lacking at home.

Peer mentoring

3.11. Some schools also find peer mentoring to be an effective (and low cost) approach to supporting pupils.

Case study 6: Peer mentoring

Hardenhuish School has a peer mentoring system that involves Year 10 working with Year 12. Pupils are paired according to their subject interest and tend to be of the same sex. The Year 12 mentors are trained by the Intervention Manager. Mentors are expected to meet their Year 10 mentee at least every half term for a face-to-face discussion which may lead to further informal meetings. The aim of the peer mentors is to raise the aspirations of Year 10 pupils and to give them an insight into life in the 6th form. Pupils report social benefits of the mentoring and since introducing the scheme 6th form numbers have increased significantly.

Sir Jonathan North Community College runs a peer mentor programme to support year 7 students in the transition from primary school. During the summer term year 9 students volunteer to become a peer mentor and receive a full day of training. The mentors welcome the year 6 students on transition day and also meet them on their first day at school. This helps the year 7 students to feel at ease and more relaxed about starting secondary school. The mentors run activities in form time one morning each week and conduct one to one meetings under the supervision of an adult learning mentor. Students are supportive of the mentoring scheme and one student commented that “the peer mentors are amazing because they are funny and kind and make me happy to be here”.

Children with more complex problems

3.12. For children with more complex problems, additional in-school interventions may include:

- **support to the pupil’s teacher**, to help them manage the pupil’s behaviour within the classroom, taking into account the needs of the whole class;
- **additional educational one to one support for the pupil** – to help them cope better within the classroom;
- **one to one therapeutic work** with the pupil, delivered by mental health specialists (within or beyond the school), which might take the form of cognitive behavioural therapy, behaviour modification or counselling approaches;
- **medication** may be recommended by mental health professionals, school staff should be aware of any medication that children are taking; and

- **family support and/or therapy could also be considered by mental health professionals** – to help the child and their family better understand and manage behaviour.

Case study 7: Supporting children with more complex problems

Hardenhuish School has recruited non-teaching staff, known as pastoral managers, to support pupils with mental health needs prior to, during and after CAMHS's involvement. They are a central contact point for parents, pupils and teachers. The pastoral managers support pupils in a number of ways depending upon the individual. These can include providing daily support, liaising between the pupil and teachers and offering a morning check-in to discuss possible trigger points during the day. Pastoral managers are specifically trained to deal with mental health issues and have the opportunity to attend Mental Health Cluster Group networking meetings. The school also provides a fully qualified counsellor for two days each week to speak with pupils with identified needs and difficulties.

Sir Jonathan North Community College has a pastoral support programme for students who have been supported by pastoral teams but have failed to make sufficient progress. Students are offered a more intensive support programme with a range of interventions that are tailored to meet individual needs and support student achievement. Students may have a learning mentor, counselling or be offered in-class support. Students have a meeting every 6 weeks with their parent/carer to review progress. For example one student was supported through her time at the school with a learning mentor, a personalised learning programme and external support from CAMHS which enabled her to complete her qualifications and progress to a placement at college.

The White Horse Federation and Multi Academy Trust, run by 2 executive heads, comprises seven primary schools and two children centres. The trust has created posts to support vulnerable families, funded therapeutic provision for very needy pupils and created bespoke provision for families and bespoke timetables for children with challenging behaviours

Approaches used by professionals to tackle mental health problems

4.13 Annex C outlines the main types of mental health disorder with brief descriptions and a summary of the interventions that evidence from the Targeted Mental Health in Schools (TaMHS) project suggests are most effective.

4. Referral and commissioning

Involvement of schools in defining local services

4.1. The Health and Social Care Act 2012 established health and wellbeing boards as a forum for local councillors, the NHS and local communities (including schools when invited) to work together to identify the local priorities for children and young people. All health services used by children and young people are within the scope of the health and wellbeing board, including specialist CAMHS.

4.2. The job of the health and wellbeing board is to collect and analyse information about current and future health and social care needs and develop a strategy for commissioning the right balance of services. Schools can influence this process by feeding in what they know about the needs of their pupils. This could include information on pupils with specific impairments (such as mental health problems) and more broadly, sharing their perspective, experience and knowledge of pupil needs to help shape a system that is better able to deliver for their pupils.

4.3. Local authority directors of children's services and local Healthwatch[25] are statutory members on health and wellbeing boards. They will be critical in promoting the interests of all children and young people, including those with disabilities and SEN. Schools are not statutory members of health and wellbeing boards. It will be for local authorities and health and wellbeing boards themselves to use their discretion in shaping the wider membership in a way that reflects local priorities and encourages meaningful dialogue.

4.4. To get involved, schools should approach their Director of Children's Services (DCS) or local Healthwatch organisation, who are responsible for engaging children and young people, professionals and other stakeholders in the work of the board. Although schools are not required to become members, headteachers may be invited or could seek to join. In addition to approaching the Director of Children's Services individually, headteachers might also consider engaging with the DCS through a lead headteacher as part of local cluster arrangements. Other routes of involvement might include:

- Developing a relationship with other local managers of social care who may also take a lead on local multi-agency planning arrangements;
- Developing a good relationship with CAMHS (perhaps through an existing multi-agency body or as a cluster of schools for example to request mental health awareness training) which can also promote effective referral and cooperation and validate the work of schools with young people with mental health problems; or
- Commissioning other voluntary and community sector organisations, as a cluster of schools, to play an advisory or assessment role in mental health issues which

[25] Local Healthwatch: a strong voice for people – the policy explained

may also reduce inaccurate referrals to CAMHS; provide quick response services and long term planning for the school population.

4.5. More information on the health and wellbeing boards can be found on the Department of Health website[26].

Referring serious cases to CAMHS

4.6. The specific services offered by CAMHS vary depending on the needs of the local area. The best way to influence those services overall is to get involved with your local health and wellbeing board, as detailed above.

4.7. Schools have told us, however, that several things can be helpful to them in referring pupils effectively to specialist CAMHS and otherwise working well with the service for the benefit of their vulnerable pupils. These include:

- **using a clear process for identifying children in need of further support** (such as the Strengths and Difficulties Questionnaire detailed at section 3);
- **documenting evidence of the symptoms** or behaviour that are causing concern (and including this with the referral);
- **encouraging the pupil and their parents to speak to their GP**, where appropriate;
- **working with local specialist CAMHS to make the referral process as quick and efficient as possible** – for example by being clear who can refer, by ensuring schools have access to the relevant forms and by sharing information about when decisions will be taken and fed back;
- **understanding the criteria that will be used by specialist CAMHS** in determining whether a particular pupil needs their services;
- **having a close working relationship with local specialist CAMHS**, including knowing who to call to discuss a possible referral and allowing pupils to access CAMHS professionals at school – see, for example, Case Study 8); and
- **consulting CAMHS about the most effective things the school can do to support children** whose needs aren't so severe that they require specialist CAMHS.

[26] A short guide to Health and Wellbeing Boards

Schools commissioning services directly

4.8. Specialist CAMHS, which are a limited resource, are not the only support available to children and young people who are experiencing, or at risk of, mental health problems. In addition to statutory services, some schools have found that their local voluntary and community sector (VCS), organisations offer valuable services, either working directly with pupils and their families, or offering support and advice to schools.

4.9. Many individual schools are able to commission individual support and health services for pupils, which gives increased flexibility and provides an early intervention response. Schools therefore need to have a robust commissioning process that ensures that the services they choose are suitably accredited and can demonstrate that they will improve outcomes for their children and young people. Guidance on good commissioning, based on evidence from the DfE funded BOND programme is available online[27].

4.10. Schools may choose in some circumstances to commission specialist CAMHS directly. It is best practice for CAMHS to offer a 'triage' service to identify and provide for children and young people who need specialist provision very quickly. Where needs are less urgent, this service can signpost them to appropriate sources of support whether provided by CAMHS or other services.

4.11. Schools considering commission services directly may find it helpful to ask for advice and assistance from commissioners of targeted and specialist CAMHS in Clinical Commissioning Groups (CCGs) and Local Authorities. This will support the development of high quality services that meet the needs of the children and young people in the school which are also fully integrated into local systems.

4.12. All services that support children and young people with SEN should be part of the LA published local offer on SEN support, which should be available in all regions from September 2014. This will provide clear, comprehensive and accessible information about the provision available. Schools will be able to use it as a resource to help with the commissioning of support services, and by contributing to its development and review they will be able to ensure provision is targeted at local needs.

4.13. A selection of contacts available nationally is available at Annex B.

[27] BOND consortium *'Learning from best practice review'*

Case study 8: Working with partners

Compton School is very successful at engaging organisations beyond the school to support any students who might have emotional and mental health needs. The school has strong links with its local CAMHS and two support programmes (Health and Emotional Wellbeing Service and Barnet Secondary Schools CAMHS Project) are provided in school on alternate weeks for up to six students. The student will be seen every fortnight for a number of sessions depending on the level of need. Depending on the nature of the case alternative routes may be offered; usually the case will be closed or a student can be referred on to specialist CAMHS or other agencies for more intensive work .The school also buys in a counselling service called Catch 22, in which a counsellor sees up to six children a week, providing support for students who have emotional issues which they need to talk through but which may not be at the stage of requiring CAMHS involvement. The Targeted Youth Service is also used by the school, mainly offering support to KS4 students some of whom are at risk of becoming NEET. The school has positive relationships with other local schools and can work collaboratively to share good practice in the management of behaviour and emotional health issues. As a result of their work with the range of external agencies Compton School is able to provide swift and easy access for students and their families enabling them to be happy and successful.

Annex A – Facts about mental health problems in children and young people

Good mental health

5.1. Children who are mentally healthy have the ability to:

- develop psychologically, emotionally, intellectually and spiritually;
- initiate, develop and sustain mutually satisfying personal relationships;
- use and enjoy solitude;
- become aware of others and empathise with them;
- play and learn;
- develop a sense of right and wrong; and
- resolve (face) problems and setbacks and learn from them.[28]

Mental health problems in children and young people

5.2. Some children experience a range of emotional and behavioural problems that are outside the normal range for their age or gender. These children and young people could be described as experiencing mental health problems or disorders.

5.3. Mental health professionals have defined these as:

- emotional disorders, e.g. phobias, anxiety states and depression;
- conduct disorders, e.g. stealing, defiance, fire-setting, aggression and anti-social behaviour;
- hyperkinetic disorders e.g. disturbance of activity and attention;
- developmental disorders e.g. delay in acquiring certain skills such as speech, social ability or bladder control, primarily affecting children with autism and those with pervasive developmental disorders;
- attachment disorders, e.g. children who are markedly distressed or socially impaired as a result of an extremely abnormal pattern of attachment to parents or major care givers; and

[28] Mental Health Foundation (2002) A bright future for all: promoting mental health in education, London: MHF.

- other mental health problems include eating disorders, habit disorders, post-traumatic stress syndromes; somatic disorders; and psychotic disorders e.g. schizophrenia and manic depressive disorder.[29]

5.4. Many of these problems will be experienced as mild and transitory challenges for the child and their family, whereas others will have serious and longer lasting effects. When a problem is particularly severe or persistent over time, or when a number of these difficulties are experienced at the same time, children are often described as having mental health disorders.

Numbers of children and young people with a mental health problem

5.5. 9.8% of children and young people aged 5 to 16 have a clinically diagnosed mental disorder. Within this group, 5.8% of all children have a conduct disorder (this is about twice as common among boys as girls), 3.7% have emotional disorders, 1.5% hyperkinetic disorders and a further 1.3% have other less common disorders including autistic spectrum disorder, tic disorders, eating disorders and mutism. 1.9% of all children (approximately one fifth of those with a clinically diagnosed mental disorder) are diagnosed with more than one of the main categories of mental disorder.[30]

5.6. Beyond the 10% discussed above, approximately a further 15% have less severe problems that put them at increased risk of developing mental health problems in the future[31].

[29] DfEE (2001) *Promoting Children's Mental Health within Early Years and School Settings*, DfEE.

[30] Green et al. (2004) *Mental health of children and young people in Great Britain*, Office of National Statistics

[31] Brown et al. (2012) *Delivering effective parenting programmes to transform lives* Elena Rosa Brown, Lorraine Khan & Michael Parsonage Centre for mental Health

Annex B – Sources of support and information

Here are links to some national support and information services offering assistance for child mental health issues. We can only list national services but please remember to look around for local services too.

Childline – A confidential service, provided by the NSPCC, offering free support for children and young people up to the age of nineteen on a wide variety of problems.

Counselling MindEd – Counselling MindEd is an online resource within MindEd that provides free evidence-based, e-learning to support the training of school and youth counsellors and supervisors working in a wide variety of settings.

Education Endowment Foundation – The Sutton Trust-EEF Teaching and Learning Toolkit is an accessible summary of educational research which provides guidance for teachers and schools on how to use their resources to improve the attainment of all pupils and especially disadvantaged pupils.

HeadMeds – website developed by the charity YoungMinds providing general information about common medications that may be prescribed for children and young people with diagnosed mental health conditions.

MindEd –MindEd provides free e-learning to help adults to identify and understand children and young people with mental health issues. It provides simple, clear guidance on mental health to adults who work with children and young people, to help them support the development of young healthy minds.

National Institute for Health and Care Excellence (NICE) – NICE's role is to improve outcomes for people using the NHS and other public health and social care services, including by producing evidence-based guidance and advice. Some of this guidance had been drawn on to produce this document and much of it is provided in non-specialist language for the public. This can be useful in understanding social, emotional and mental health conditions and their recommended treatments.

Place2Be – Place2Be is a charity working in schools providing early intervention mental health support to children aged 4-14 in England, Scotland and Wales.

Relate – Relate offers advice, relationship counselling, sex therapy, workshops, mediation, consultations and support face-to-face, by phone and through their website. This includes children and young people's counselling for any young person who is having problems.

Royal College of Psychiatrists (RCPSYCH) – Provide specifically tailored information for young people, parents, teachers and carers about mental health through their Parents and Youth Info A-Z.

Women's Aid – Women's Aid is the national domestic violence charity that works to end violence again women and children and supports domestic and sexual violence services across the country. They provide services to support abused women and children such as the free 24hour National Domestic Violence Helpline and The HideOut, a website to help children and young people.

Young Minds – Young Minds is charity committed to improving the emotional wellbeing and mental health of children and young people. They undertake campaigns and research, make resources available to professionals (including teachers) and run a helpline for adults worried about the emotional problems, behaviour or mental health of anyone up to the age of 25. They also offer a catalogue of resources for commissioning support services.

Annex C – Main types of mental health needs

6.1. This annex provides a brief description of the main types of mental health needs and summarises which approaches other professionals might use if a mental health problem is diagnosed. The information draws on the evidence collected from the Targeted Mental Health in Schools (TaMHS) project and gives information about the kinds of treatments and approaches that are supported by the evidence reviewed in the new edition of *What Works For Whom? A Critical Review of Treatments for Children and Adolescents*.[32][33]

6.2. In all cases it is assumed that a supportive whole school framework will also be in place along with appropriate classroom management, anti-bullying and support strategies. Public Health England is developing a framework to support schools to understand better what is meant by a whole school approach (to be available April/May 2014). An important caveat in relation to therapeutic work, especially for children and young people with multiple needs, is that it should not take place in isolation and practitioners need to be working together towards a common set of goals with the child and family.

[32] DCSF (2008) Targeted Mental Health in Schools Project: Using the evidence to inform your approach, a practical guide for headteachers and commissioners.

[33] Fonagy, P, Cottrell, D, Philips, J., Bevington, D., Glaser, D. E., & Allison, E. (in press). What Works For Whom? A Critical Review of Treatments for Children and Adolescents (2nd ed.). New York: Guilford.

Conduct disorders

(e.g. defiance, aggression, anti-social behaviour, stealing and fire-setting)

Overt behaviour problems often pose the greatest concern for practitioners and parents, because of the level of disruption that can be created in the home, school and community. These problems may manifest themselves as verbal or physical aggression, defiance or antisocial behaviour. In the clinical field, depending on the severity and intensity of the behaviours they may be categorised as Oppositional Defiant Disorder (a pattern of behavioural problems characterised chiefly by tantrums and defiance which are largely confined to family, school and peer group) or Conduct Disorder (a persistent pattern of antisocial behaviour which extends into the community and involves serious violation of rules).[34]

Around 4-14% of the child and adolescent population may experience behaviour problems. Many children with attention deficit hyperactivity disorder (ADHD) will also exhibit behaviour problems. Such problems are the most common reason for referral to mental health services for boys, and the earlier the problems start, the more serious the outcome. There is, however, evidence to support the effectiveness of early intervention.

Intervention for primary school pupils

The strongest evidence supports prevention/early intervention approaches that include a focus on:

- the whole school environment, particularly addressing bullying;
- teaching social and emotional skills in combination with:

...1. working with parents (families at risk may be difficult to engage) where possible in the school context as there is a high risk of dropout of families at greater risk. Individual child oriented interventions are less effective than ones which involve parents although programmes are available including the *Coping Power Program*: CBT Problem-solving skills training which involve parents to some degree; and

...2. small group sessions for children with a focus on developing cognitive skills and positive social behaviour and staff training as part of a multi-system intervention. Interventions designed to change how teachers behave are not likely to produce clinically significant improvements in individual children in the absence of other concurrent interventions, notably parent reinforcement of classroom contingency management.

[34] Brosnan and Carr, Adolescent Conduct Problems', in Carr (2000) What Works with Children and Adolescents. London: Routledge.

Where particular problems have been identified evidence supports starting as early as possible and giving a 'booster' intervention at the end of primary school, where possible. The strongest evidence supports:

- working with parents in a structured way to address behavioural issues through education and training programmes (these are particularly effective for younger children with less severe behavioural problems and include: *The Incredible Years Program*, *Triple P-Positive Parenting Program* and *The Oregon Social Learning Centre (OSLC) Program*); and
- parent training programmes combined with interventions with the child to promote problem-solving skills and positive social behaviours.

There is also evidence to support:

- well-established nurture groups to address emerging social, emotional and behavioural difficulties;
- play-based approaches to developing more positive child/parent relationships or for enabling a child to express themselves;
- specific classroom management techniques to support primary school pupils, including strategies using token systems for delivering rewards and sanctions (though the impact is limited to the period and context of the intervention itself) and changing seating arrangements in classrooms from groups to rows; and
- 'Self-instruction' programmes (programmes that children can learn to use on their own to manage their own behaviour) in combination with parental support may be moderately effective if accompanied by parental involvement.

Intervention for secondary school pupils

The strongest evidence supports prevention/early intervention approaches that include a focus on:

- Multi-component school-based prevention programmes for older children – targeted at students at high risk– though their impact is greater with younger children. There are targeted universal US programmes (e.g. '*The Family Check-Up'* targets adolescents and their families) which have had some successes but these have not yet been introduced in the UK.

Where particular problems have been identified the strongest evidence supports:

- Working with the family is preferable as therapeutic approaches are most effective when they look at the young person in the context of their family structure and work with all family members, even while intervening in the school. Where this is impossible, individual work focusing on thoughts and behaviour can also be helpful. The more social systems engaged in a

coordinated fashion by the intervention, the more effective the intervention is likely to be;

- For more severe and entrenched problems, a range of tailored, multi component interventions. In multi-systemic therapy, therapists have multiple contacts each week and deliver a range of different evidence-based services according to each family's individual needs. While effective, this approach involves high levels of professional resources; and
- For chronic and enduring problems, specialist foster placement with professional support, within the context of an integrated multi-agency intervention. Multicomponent interventions without integration by an overarching organisational focus and shared set of principles are ineffective.

Anxiety

Anxiety problems can significantly affect a child's ability to develop, to learn or to maintain and sustain friendships, but they tend not to impact on their environment.

Children and young people may feel anxious for a number of reasons – for example because of worries about things that are happening at home or school, or because of a traumatic event. Symptoms of anxiety include feeling fearful or panicky, breathless, tense, fidgety, sick, irritable, tearful or having difficulty sleeping. If they become persistent or exaggerated, then specialist help and support will be required.

Clinical professionals make reference to a number of diagnostic categories:

- generalised anxiety disorder (GAD) – a long-term condition which causes people to feel anxious about a wide range of situations and issues, rather than one specific event; [35]
- panic disorder – a condition in which people have recurring and regular panic attacks, often for no obvious reason; [36]
- obsessive-compulsive disorder (OCD) – a mental health condition where a person has obsessive thoughts (unwanted, unpleasant thoughts, images or urges that repeatedly enter their mind, causing them anxiety) and compulsions (repetitive behaviour or mental acts that they feel they must carry out to try to prevent an obsession coming true);[37]
- specific phobias – the excessive fear of an object or a situation, to the extent that it causes an anxious response, such as panic attack (e.g. school phobia);[38]
- separation anxiety disorder (SAD) – worry about being away from home or about being far away from parents, at a level that is much more than normal for the child's age;[39]
- social phobia – intense fear of social or performance situations;[40] and
- agoraphobia – a fear of being in situations where escape might be difficult, or help wouldn't be available if things go wrong.[41]

While the majority of referrals to specialist services are made for difficulties and behaviours which are more immediately apparent and more disruptive (externalising difficulties), there are increasing levels of concern about the problems facing more withdrawn and anxious children, given the likelihood of poor outcomes in later life.

[35] Anxiety
[36] Panic disorder
[37] Obsessive compulsive disorder
[38] Anxiety disorders
[39] Separation anxiety
[40] Anxiety disorders
[41] Agoraphobia

The strongest evidence supports prevention/early intervention approaches that include a focus on:

- regular targeted work with small groups of children exhibiting early signs of anxiety, to develop problem-solving and other skills associated with a cognitive behavioural approach; and
- additional work with parents to help them support their children and reinforce small group work. Such work is likely to be especially effective when the parents are themselves anxious and the children are younger.

Where particular problems have been identified the strongest evidence supports:

- Therapeutic approaches focusing on cognition and behaviour for children with specific phobias, generalised anxiety and obsessive compulsive disorder (in some cases doctors may consider using medicines alongside therapy if therapy alone is not working but this does not include anxiety related to traumatic expereinces). This should include parents where the child is under 11 or where there is high parental anxiety;
- Specific individual child focused programmes which show recovery in 50-60% of C&YP include *Coping Cat* and *FRIENDS.* On the other hand, group based interventions are likely to be almost as effective. The programmes have been shown to be effective when delivered by different professionals, including teachers;
- Education support, training in social skills and some behaviour focused interventions are highly effective for social phobia (e.g. *Social Effectiveness Therapy*).;
- For obsessive compulsive disorders professionally administered *Exposure and Response Prevention (ERP)* and cognition focused interventions are nost effective; and
- Trauma related problems require special adaptiations of therapy (e.g.*Trauma -focused CBT*) including sexual trauma.Trauma and grief component therapy is effective for trauma and can be delivered in school (e.g. *Cognitive Behavioral Intervention for Trauma in Schools*).

There is also evidence to support:

- for anxiety, the use of play-based approaches to develop more positive child/parent relationships or to enable the child to express themselves; and
- psychoanalytic family psychotherapy (focusing on the ‘internal’ world of family members and their unconscious processes) has reported some positive outcomes especially when trauma is involved.

Depression

Feeling low or sad is a common feeling for children and adults, and a normal reaction to experiences that are stressful or upsetting. When these feelings dominate and interfere with a person's life, it can become an illness. According to the Royal College of Psychiatrists, depression affects 2% of children under 12 years old, and 5% of teenagers.

Depression can significantly affect a child's ability to develop, to learn or to maintain and sustain friendships, but tends not to impact on their environment. There is some degree of overlap between depression and other problems. For example, around 10% to 17% of children who are depressed are also likely to exhibit behaviour problems.

Clinicians making a diagnosis of depression will generally use the categories major depressive disorder (MDD – where the person will show a number of depressive symptoms to the extent that they impair work, social or personal functioning) or dysthymic disorder (DD – less severe than MDD but characterised by a daily depressed mood for at least two years).

The strongest evidence supports prevention/early intervention approaches that include a focus on:

- Regular work with small groups of children focusing on cognition and behaviour – for example changing thinking patterns and developing problem-solving skills – to relieve and prevent depressive symptoms.

Where particular problems have been identified the strongest evidence supports:

- therapeutic approaches focusing on cognition and behaviour, family therapy or inter-personal therapy lasting for up to three months (in severe cases these interventions are more effective when combined with medication);
- psychoanalytic child psychotherapy may also be helpful for children whose depression is associated with anxiety;
- family therapy for children whose depression is associated with behavioural problems or suicidal ideation; and
- for mild depression, non-directive supportive counselling.

Hyperkinetic disorders

(e.g. disturbance of activity and attention)

Although many children are inattentive, easily distracted or impulsive, in some children these behaviours are exaggerated and persistent, compared with other children of a similar age and stage of development. When these behaviours interfere with a child's family and social functioning and with progress at school, they become a matter for professional concern.

Attendetion Deficit Hyperactivity Disorder (ADHD) is a diagnosis used by clinicians. It involves three characteristic types of behaviour – inattention, hyperactivity and impulsivity. Whereas some children show signs of all three types of behaviour (this is called 'combined type' ADHD), other children diagnosed show signs only of inattention or hyperactivity/ impulsiveness.

Hyperkinetic disorder is another diagnosis used by clinicians. It is a more restrictive diagnosis but is broadly similar to severe combined type ADHD, in that signs of inattention, hyperactivity and impulsiveness must all be present. These core symptoms must also have been present before the age of seven, and must be evident in two or more settings.

The strongest evidence supports:

- Use of medication, where ADHD is diagnosed and other reasons for the behaviour have been excluded. These treatments have few side-effects and are effective in 75% of cases when there is no depression or anxiety accompanying ADHD. High doses can be avoided if behavioral treatments accompany medication;
- Introduction of parent education programme and individual behavioural therapy where there is insufficient response to medication. These need to be provided in the school as well as home, as they do not appear to generalise across settings;
- For children also experiencing anxiety, behavioural interventions may be considered alongside medication; and
- For children also presenting with behavioural problems (conduct disorder, Tourette's Syndrome, social communication disorders), appropriate psychosocial treatments may also be considered by medical professionals.

Evidence also supports:

- Making advice about how to teach children with ADHD-like behaviour in their first two years of schooling widely available to teachers, and encouraging them to use this advice.

Attachment disorders

Attachment is the affectionate bond children have with special people in their lives that lead them to feel pleasure when they interact with them and be comforted by their nearness during times of stress. Researchers generally agree that there are four main factors that influence attachment security: opportunity to establish a close relationship with a primary caregiver; the quality of caregiving; the child's characteristics and the family context. Secure attachment is an important protective factor for mental health later in childhood, while attachment insecurity is widely recognised as a risk factor for the development of behaviour problems.

The strongest evidence supports:

- Video feedback based interventions with the mothers of pre-school children with attachment problems, with a focus on enhancing maternal sensitivity.

Evidence also supports:

- Use of approaches which use play as the basis for developing more positive child/parent relationships.

Eating disorders

The most common eating disorders are anorexia nervosa and bulimia nervosa. Eating disorders can emerge when worries about weight begin to dominate a person's life. Someone with anorexia nervosa worries persistently about being fat and eats very little. They lose a lot of weight and if female, their periods may stop. Someone with bulimia nervosa also worries persistently about weight. They alternate between eating very little, and then binging. They vomit or take laxatives to control their weight. Both of these eating disorders affect girls and boys but are more common in girls.

The strongest evidence supports:

- The primary aim of intervention is restoration of weight and in many cases inpatient treatment might be necessary;
- For young people with anorexia nervosa, therapeutic work with the family, taking either a structural systemic or behavioural approach may be helpful even when there is family conflict; and
- For young people with bulimia nervosa, individual therapeutic work focusing on cognition and behaviour, for example to change thinking patterns and responses.

Evidence also supports:

- Early intervention because of the significant risk of ill-health and even death among sufferers of anorexia;
- School-based peer support groups as a preventive measure (i.e. before any disordered eating patterns become evident) may help improve body esteem and self−esteem; and
- When family interventions are impracticable, cognitive-behavioural therapy may be effective.

Substance misuse

Substance misuse can result in physical or emotional harm. It can lead to problems in relationships, at home and at work. In the clinical field, a distinction is made between substance abuse (where use leads to personal harm) and substance dependence (where there is a compulsive pattern of use that takes precedence over other activities). It is important to distinguish between young people who are experimenting with substance and fall into problems, and young people who are at high risk of long-term dependency. This first group will benefit from a brief, recovery oriented programme focusing in cognitions and behaviour to prevent them to move into more serious use. The second group will require ongoing support and assessment, with careful consideration of other concurrent mental health issues.

The strongest evidence supports:

- Therapeutic approaches which involve the family rather than just the individual; this assists communication, problem-solving, becoming drug-free and planning for relapse prevention. These approaches are especially helpful with low-level substance users, and when combined with cognitive-behavioural therapy or treatments focusing on motivation;
- A variation of family therapy known as ‘one−person family therapy’, where families cannot be engaged in treatment; and
- *Multi-Systemic Therapy , Multidimensional Family Therapy and the Adolescent Community Reinforcement Approach* and other similar approaches (which consider wider factors such as school and peer group), where substance misuse is more severe, and part of a wider pattern of problems.

Evidence also supports:

- The introduction of programmes, delivered in community settings or schools and which focus on developing skills that enhance resilience, as a preventative measure as substance abuse is connected to other problems that can be addressed within these settings.

Deliberate self-harm

Common examples of deliberate self-harm include ’overdosing’ (self-poisoning), hitting, cutting or burning oneself, pulling hair or picking skin, or self-strangulation. The clinical definition includes attempted suicide, though some argue that self-harm only includes actions, which are not intended to be fatal. It can also include taking illegal drugs and excessive amounts of alcohol. It can be a coping mechanism, a way of inflicting punishment on oneself and a way of validating the self or influencing others.

The strongest evidence supports:

- Brief interventions engaging the child and involving the family, following a suicide attempt by a child or young person;
- Assessment of the child for psychological disturbance or mental health problems which, if present, should be treated as appropriate. At times, brief hospitalisation may be necessary; and
- Some individual psychodynamic therapies (*Mentalisation Based Treatment*) amd behavioral treatments (*Dialectic Behavior Therapy*).

Post-traumatic stress

If a child experiences or witnesses something deeply shocking or disturbing they may have a traumatic stress reaction. This is a normal way of dealing with shocking events and it may affect the way the child thinks, feels and behaves. If these symptoms and behaviours persist, and the child is unable to come to terms with what has happened, then clinicians may make a diagnosis of posttraumatic stress disorder (PTSD).

The strongest evidence supports:

- Therapeutic support which is focused on the trauma and which addresses cognition and behaviour especially regarding sexual trauma and some can be delivered in schools such as *Trauma and grief component therapy* and *Cognitive Behavioral Intervention for Trauma in Schools* (CBITS). Trauma focused CBT should be adapted appropriately to suit age, circumstances and level of development.

The evidence specifically does not support:

- prescription of drug treatments for children and young people with PTSD; or
- the routine practice of ‘debriefing’ immediately following a trauma.

Department for Education

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Children's Services Committee

Item No 14

Report title:	**Young carers and families legal reform implementation project**
Date of meeting:	**13 January 2015**
Responsible Chief Officer:	**Sue Hobbs,** **Strategy and Commissioning Manager Young Carers and Disabled Parents**

Strategic impact

The Children and Families Act 2014 and the Care Act 2014 introduced new duties for Local Authorities in respect of young carers, young adult carers and their families. From April 2015 all young carers will be entitled to an assessment of their needs from the Local Authority. This new provision works alongside measures in the Care Act 2014 for assessing adults to enable a whole family approach to providing assessment and support.

This report sets out the Norfolk context for young carers and makes proposals to ensure that both Children's Services and Community Services are able to implement the new duties.

Executive summary

Children's Services Committee will receive a further report in May 2015 that will establish policy and procedures, pathways and outcome measures, together with proposals for sustainable resourcing of effective and compliant services to young carers, young adult carers and their families.

Recommendations

The Children's Services Committee are asked to;

- **Make any recommendations considered necessary to ensure the proposals due to be reported to CS Committee in May 2015 meet the needs of young carers, young adult carers and their families,**
- **Agree and support the project objectives including project reporting requirements and timescales,**
- **Agree to re-endorse and operationalise, alongside Adult Social Care, the Norfolk Joint Memorandum of Understanding Working Together to Support Young Carers and Their Families**
- **Agree to invest in the implementation of legal reform project by building capacity into the proposed Children's Services structure within Early Help to ensure commissioned services are available to meet the needs of young carers and their families and that the resources are aligned with those of other agencies supporting young carers and their families.**

1. Proposal (or options)

- To work in partnership and consultation with key multi agency stakeholders ensuring that the aspirations, views and needs of young carers and their families are at the centre of our planning and implementation of the new statutory duties.

- That the principles and actions signed up to in 2012 by Norfolk's Directors of Children's and Adult's Social Services in the *'Joint Memorandum Of Understanding for Norfolk – Working Together to Support Young Carers and their Families'* are re-endorsed by the Council and progressed by all stakeholders.
- The project must be evidence based and address challenges and barriers to implementation, building on what is already working well locally and nationally, striving for excellence in our services for young carers and their families in Norfolk.
- The project must integrate and align with other Council and stakeholder key projects, strategies and initiatives to embed whole family approaches to young carers and young adult carers in the Council's strategic planning, commissioning and operational delivery of services. The project objectives are to develop new policy and procedures, pathways, tracking and outcome measures, together with proposals for sustainable resourcing of effective and compliant services to young carers, young adult carers and their families.
- The project to proactively collaborate with key stakeholders, including young carers and their families, to specifically address the education, training, employment and health and wellbeing dimensions of the new statutory duties.

1.1 Councillor James Joyce has been consulted in the preparation of this paper.

1.2 The Council are working in partnership with key stakeholders, including young carers, young adult carers and their families, to ensure effective collaboration and extensive consultation is planned in Norfolk January - March 2015 aligning with national consultation and benchmarking activities. A formal response from the Council will be submitted to the current government consultation on the Young carers' draft regulations.

1.3 The Big Lottery funded Norfolk Young Carers Forum (NYCF) promotes the voice of young carers in Norfolk and has been consulted by Council Officers as key stakeholders in the preparation of this paper and in the overarching project scoping and planning activities. NYCF are launching a research report early in January 2015 including consultation exercises with young carers and young adult carers. NYCF have asked me to share some of the young carers' voices with you in advance of the launch of their report.

1.4 Consultation has taken place with other key stakeholders and partners through the Norfolk Young Carers Project Advisory Group chaired by Children's Services, the Young Adult Carers Reference Group chaired by young adult carers and the Carers Council for Norfolk chaired by adult carers.

1.5 The draft regulations and government consultation in respect of the new statutory duties was launched on 22nd December with responses due by 26th January 2014. The final regulations, statutory guidance and good practice examples are due to be published on March 2015. The Council will be submitting a formal response to this consultation.

2. Evidence

2.1 Context

2.1.1 Norfolk's joint Memorandum of Understanding (MoU) between the Directors of Children's Services and Adult Social Care Services '*Working Together to Support Young Carers and their Families',* endorsed by the previous Director of Children's Services and the Director of Adult Social Services in 2012, commenced in September 2013. The MoU provides the framework for this

briefing paper on the Young Carers and Families legal reform implementation project and defines young carers and their families;

2.1.2 *'We agree that the term 'young carer' should be taken to include children and young people under 18, and young adult carers to be aged 16-24 years, who provide regular and ongoing care and emotional support to a family member who is physically or mentally ill, disabled or misuses substances.*
A young carer becomes vulnerable when the level of care-giving and responsibility becomes excessive or inappropriate for that child, risking impacting on his or her emotional or physical wellbeing or educational achievement and life chances.'

2.1.3 The 2011 census identified 5,570 unpaid young carers aged 4-24 years living in Norfolk, 3**%** of these young carers spend more than 50 hours a week on their caring duties. National research suggests there are as many as 12,000 young carers in Norfolk (University of Nottingham/BBC 2010.)

2.1.4 Young carers experience poorer outcomes than children and young adults without caring responsibilities. Over 11% of primary school aged carers are providing more than 50 hours of care a week. 68% of young carers experience bullying at school and 39% said that nobody in their school was aware of their caring role. 13% of primary aged young carers miss school or experience educational difficulties. If left unsupported young carers can continue to struggle with school. By the time they reach 16 a young carer is more than twice as likely as their peer to be out of education, employment or training (Carers Trust 2014).

2.1.5 Many young carers face difficulties in schools as they often fall behind with work due to their caring responsibilities. Attendance levels are often poor as young carers can feel very anxious about leaving their family member home alone. Lateness can often be an issue where a young carer has responsibilities for getting other siblings to school.

2.1.6 Young carers are often plagued by physical issues related to their caring role – this can vary from being fatigued to physical injury due to providing physical support to a family member. Emotionally, being a young carer can be tough, most young carers feel frustrated about their caring role, at the same time feeling guilty about their anger and frustration. On a simple level many cannot socialise with friends a lot of the time as they are needed at home so this makes it more difficult to build and maintain supportive friendships.

2.2 Supporting young carers and families in Norfolk

2.2.1 We have a great deal to be proud of in Norfolk in our work to support young carers and their families. NCC has invested in specialist services to young carers and their families for over two decades. In Children's Services there are currently two dedicated 0.5 posts to progress strategic and development work and to commission services. We have a proactive commitment to young carers in our NCC Leader and Elected Member portfolio leads, who meet regularly with the statutory and third sector and with young carers through a range of initiatives. Our Children's and Adult Social Care Directors signed up to the Joint Memorandum of Understanding in 2012. We have an Enabling Parents with a Disability joint protocol to address parenting capacity issues. The voice of young

carers is strong in Norfolk through many sources including the Big Lottery funded Norfolk Young Carers Forum (NYCF) hosted by Crossroads Care. We have a strong, vibrant and diverse third sector delivering services to young carers in Norfolk which is thriving in the context of a changing economic and market economy. Norfolk was one of the DfE Pathfinder LAs for the multi agency Young Carers Think Family pilots which were evaluated in 2011 and led to the current legislative reform. Norfolk is viewed nationally as a pioneering and innovative LA in responding to our statutory duties to young carers, young adult carers and their families. Improving Times in November 2014 reported that NCC and partners were invited by DfE and the Carers Trust to showcase our good practice in collaborative partnership working in Norfolk.

2.2.2 Norfolk County Council Children's Services commission specialist and dedicated services to over 500 young carers annually in line with the local and national views and wishes of young carers and their families, the evidence base from research, and pragmatic and innovative policy and practice initiatives. The young carers and families individual support service delivered by Break/Families House is 40% joint funded by our Health partners and has an initial target to support 165 young carers annually.

2.2.3 Children's Services additionally commissions Positive Activities services for young carers with all 8 contracts delivered by the Benjamin Foundation providing 26 age and stage groups across all localities in Norfolk with an annual capacity of 390 group places leading to an estimated 500 young carers accessing these specialist services.

2.2.4 Our partners in the Projects Advisory Group reports that here are hundreds more young carers and their families being supported in Norfolk by a proactive, vibrant and diverse third sector.

2.2.5 The Carers Agency Partnership (CAP) is jointly commissioned by the Council with Health to deliver a range of services for carers of all ages including identification, information, advice and guidance services.

3. Financial Implications

There are no new external funding streams for this work. Costs will be met within existing agreed budgets and will require some reallocation of resources within direct and commissioned services. This delivery may reduce the provision for some existing service users. Report to Committee in May 2015 will provide further detail.

4. Issues, risks and innovation

How have children and young people been involved in the development of this report and its recommendations?

4.1 The Big Lottery funded Norfolk Young Carers Forum (NYCF) promotes the voice of young carers in Norfolk and has been consulted by Council Officers as key stakeholders in the preparation of this paper and in the overarching project scoping and planning activities. NYCF are launching their research report early in January 2015 including consultation exercises with young carers and young adult carers. NYCF have asked me to share some of the young carers' voices with you in advance of the launch of the report.

4.2 Consultation has taken place with other key stakeholders and partners through the Norfolk Young Carers Project Advisory Group chaired by Children's Services, the Carers Agency Partnership and the Carers Council for Norfolk.

- Workforce development and training resource implications internally, and with key multi agency stakeholders, to ensure effective multi agency identification and support of young carers and families.
- The challenge for Norfolk County Council in delivering against these new duties to young carers, young adult carers and their families from April 2015 is complex and there are multiple cross directorate and external stakeholders including Children's Services, Adult Social Care Services, Health services, Schools, Colleges, the third sector and most importantly young carers themselves and their families.
- No property implications identified.
- The Council needs to implement the new legal duties toward young carers, young adult carers and their families in the Children and Families Act and Care Act as of April 2015. The Council needs to ensure legal reform implementation is effective and compliant with performance measurement and inspection requirements. The proposals to Committee ensure the legal implications are addressed.
- A key risk is that demand for services may exceed resources. This will require clear thresholds for assessment and service access.
- Young carers are often disadvantaged and have poorer outcomes than their peers. By meeting these statutory duties the Council will also meet it's duties to reduce inequalities. Further work is needed to establish the extent to which young carers in Norfolk have protected characteristics under the Equality Act 2010. In addition we will need to improve our understanding of the Special Educational Needs of young carers and young adult carers.
- Young carers have rights as children under the United Nations Convention 1989 including the right to privacy and family life, healthy development, to be protected from abuse, neglect, exploitation and work that is dangerous or might harm their health or education, to relax, play and join in a wide range of cultural and artistic activities and the right to freedom of thought, belief, religion and expression. Every child has the right to say what they think in all matters affecting them, and to have their views taken seriously.
  The DfE Young Carers' 2014/15 draft regulations state; 'Young carers need the same access to education, career choices and wider opportunities as other children in the community without care responsibilities'.
  A Norfolk child or young person has as much right to be educated in a 'good' school as a child or young person growing up in other parts of England. Norfolk County Council has pledged to accelerate the pace of educational improvement so that every Norfolk child or young person is entitled to a 'good' school place.
- No environmental implications identified.
- No health and safety issues identified.

The report to Children's Services Committee in May 2015 will outline where other areas of the County Council are likely to be impacted by the proposals.

5. Background

This report is supported by the following appendices;

- Norfolk Young Carers' views
- Young Carers' draft regulations consultation
- Norfolk Memorandum of Understanding Young Carers and Families
- Norfolk Young Carers good practice

No additional background papers have been submitted with this report.

Officer Contact

If you have any questions about matters contained or want to see copies of any assessments, eg equality impact assessment, please get in touch with:

If you have any questions about matters contained in this paper please get in touch with:

Officer Name: Sue Hobbs
Email address: sue .hobbs@norfolk.gov.uk

IN TRAN
communication for all

If you need this Agenda in large print, audio, Braille, alternative format or in a different language please contact 0344 800 8020 or 0344 800 8011 (textphone) and we will do our best to help.

Norfolk County Council
at your service

WORKING TOGETHER TO SUPPORT

YOUNG CARERS AND THEIR FAMILIES

Memorandum of Understanding [MoU] for Norfolk

between Statutory Directors for

Children's Services and Adult Social Services

March 2013

About this Paper

There is a considerable amount of guidance and practice material to guide local policy and practice when working with young carers and their families. New materials are appearing all the time and increasingly there is local evidence based material that can be used to review and support local action.

The template in this paper is intended to be a resource and not a prescription. The intention is to promote working together between Adult's and Children's social care services and offer an enhanced basis for working in partnership with health and third sector partners. The final local text may be varied to reflect local circumstances. Additional areas may be included where this is considered appropriate. Any areas covered by existing local policies may be omitted or simply referenced. The content reflects the cross government strategic vision and priorities set out ***Recognised, Valued and Supported***[1] [See: **Appendix B**] intended to inform national and local progress.

Nothing in this updated paper seeks to amend or replace existing statutory or accepted best practice guidance on any of the issues the template seeks to cover. Should any conflict or apparent difference in interpretation arise, or if further statutory guidance is issued, the expectation is that the statutory guidance would take precedence. Statutory Directors should obtain further information or legal advice, as necessary.

Whilst every attempt has been made to ensure accuracy and promote best practice, the content of this document does not represent a formal statement of the law or Government policy. The Associations cannot accept any responsibility for loss or liability occasioned as a result of people acting or not acting on any information contained in this paper.

The content of the template applies in all situations irrespective of age, disability, gender, race, cultural or religious beliefs and sexual orientation. All references to *children* in this paper include *young people*.

About Our Organisations

The Association of Directors of Adult Social Services [ADASS]
Principal Office: Local Government House, Smith Square, London SW1P 3HZ
Tel: 0207 072 7433 E-mail: adasscarers@warwickshire.gov.uk or team@adass.org.uk. Registered Charity No: 299154 – England

The Association of Directors of Children's Services Ltd [ADCS]
Registered Office: 3rd Floor, The Triangle, Exchange Square, Manchester M4 3TR. Tel: 0161 838 5757 E- mail: info@adcs.org.uk Registered in England and Wales Company No: 06801922

The Children's Society
Church of England Children's Society ,Company No. 40004-C England Charity Registration No. 221124 .Registered Office: Edward Rudolf House, Margery Street, London WC1X 0JL ,VAT Registration No. 626649317 Subsidiary Companies: The Children's Society (Services) Ltd Company No. 4545124, The Children's Society (Trading) Ltd Company No. 885496

Acknowledgements
The development of this paper has been made possible by funding from The Children's Society, the Department of Health in support of progressing the priorities within the national strategy for carers, the invaluable contributions of colleagues within both Associations, the ADASS Carers Policy Network, the support and advice of the Department for Education [DfE] and the contribution of participants within the DfE funded *Prevention Through Partnership Programme* [2011-12].

CONTENTS

JOINT FOREWORD

The first model local Memorandum of Understanding [MoU] was published jointly by ADCS and ADASS in December 20092. A summary version was prepared in partnership with The Children's Society in 2010. Quite a few Councils have developed their local agreements. The updated template contained in this paper reflects this and the experience flowing from the Department for Education [DfE] funded Prevention through Partnership Programme3 led by The Children's Society. In addition, we have some new resources, which we have worked on, that support the need for working together to support young carers and their families:

Signposts 2011[4]

Young Carers Personalisation And Whole Family Approaches 2011[5]

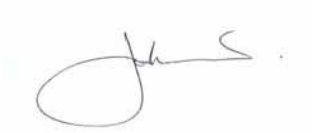
Whole Family Pathway 2012[6]

Our starting point for everything continues to be that children and young people who are carers have the same rights as all children and young people. We should be pursuing the same opportunities for them. They should be able to learn, achieve, develop friendships and enjoy positive, healthy childhoods just like other children. Where services are working with families we should try to ensure that the needs of dependent children in the family, including those who may be assisting with caring, are recognised. This means taking account of their hopes, aspirations, strengths and achievements and the need for advice and support for all the family. Continued caring by children and supporting others in a family can be an appropriate part of this where this does not have an adverse affect on well-being.

Young carers and families are experts on their own lives. It falls to professionals across all sectors to include them in shaping the personalised and integrated responses that best suit their needs. We remain clear, however, that the approaches we outline apply no matter how competent or willing a young carer may appear to be. They apply equally whether care needs arise as a result of mental or physical illness or disability, substance misuse and whether a parent or a sibling is the focus of support. The updated template offers a clear framework which professionals can use to develop and provide personalised and joined up support for young carers and their families. It is expected that it will apply equally when working in partnership with colleagues in health and the third sectors.

Where one person holds both statutory roles the memorandum template approach may still be relevant for use by their operational leads for adult's and children's social care within the organisation. This is consistent with our view that the template is principally about how we work together and the professional culture we expect to inform it. In updating the template we are clear that early local adopters of the 2009 model do **not** need to review or amend their local agreement until its agreed review date unless, of course, they wish to do so.

Finally, it is especially pleasing that this updated template is a jointly agreed one between our three organisations. It is a reflection of the shared commitment we hold. Widespread adoption and use of the template can help us all to build upon local delivery of national policies, support local progress and better achieve the outcomes we are working towards.



Clair Pyper
ADCS LEAD
YOUNG CARERS

Jenny Frank
PROGRAMME MANAGER
THE CHILDREN'S SOCIETY

Joe Blott
ADASS LEAD
CARERS

Joint Memorandum of Understanding for Norfolk

WORKING TOGETHER TO SUPPORT

YOUNG CARERS AND THEIR FAMILIES

Lisa Christensen
Director Children's Services

Harold Bodmer
Director Adult Social Services

Commencement Date: 3rd September 2012

Review Date: 1st September 2015

Note: Variations may be agreed to reflect changing legislative, policy and local requirements and evidence of what works best for young carers and their families. Consultation on changes is expected to be undertaken consistent with local policy and practice.

WORKING TOGETHER TO SUPPORT YOUNG CARERS AND THEIR FAMILIES

WHAT WE ARE AIMING TO DO LOCALLY – A JOINT STATEMENT OF INTENT

Young carers tell us that they value their caring roles and are often proud of the contribution they are able to make in their families. All too often, however, children and young people become carers because someone in their family has significant unmet care needs arising from ill health, disability, mental health needs or substance misuse. In some cases young carers have stepped into the breach, sometimes assuming a level of responsibility that no child should be expected to take on. This can have consequent knock-on effects on schooling and other key areas of their lives.

Putting People First[7] emphasised that care services should be delivered in ways which sustain families, avoid the need to take on inappropriate caring roles and prevent further inappropriate caring. This policy aim, which is also reflected within the current national strategy for carers, is interdependent with the principle of integrated working.

Making it Real [2011][8] was prepared by the Think Local Act Personal Partnership [TLAP] and sets out a framework for taking forward personalised, community based support.

Positive for Youth, 2012[9]***,*** the cross-Government policy for young people aged 13-19 offers us real insights and encouragement on how we can work together in partnership to support families and improve outcomes for young people; especially, those who are vulnerable.

We have committed to working together locally. We will do this across systems, in partnership with health and local carers' organisations and within the resources available. We will work in partnership with parents and young carers to ensure:

- Children have a sense of belonging within supportive relationships where parents feel supported in their parenting role.
- Risks to independence, safety and welfare are recognised and responded to. We ensure safety of those who are vulnerable and at risk of significant harm and do so in ways that are personalised, proportionate and risk based.
- Integrated, earlier and more effective responses to young carers and their families are adopted using approaches such as the "***whole family pathway***".
- There are no "wrong doors". Young carers are identified, assessed and their families are supported in ways that prevent excessive or inappropriate caring and support parenting roles regardless of which service is contacted first.
- No care or support package for a parent or sibling relies on excessive or inappropriate caring by a young carer to make it sustainable.
- Young carers are encouraged to have strong ambitions and good opportunities to realise their potential and to have the same access to education, career choices and broader opportunities as their peers.
- Transition to adulthood is supported. The challenges faced by young adult carers [1824] around education, training, employment and independence are responded to.
- All young carers and their families feel empowered. Increasingly they see themselves and are seen as partners in shaping what we do.
- We learn from and build on their experience and outcomes.

1. Young Carers: A Shared Understanding

We are agreed that the term "young carer" should be taken to include children and young people under 18 who provide regular and ongoing care and emotional support to a family member who is physically or mentally ill, disabled or misuses substances.

The term does not apply to the everyday and occasional help around the home that may often be expected of or given by children in families and is part of community and family cohesion. The key features for us are that:

"***caring responsibilities are important and relied upon within the family in maintaining the health, safety or day to day well-being of the person receiving support or care and/or the wider family."***

We will continue to work together to develop a shared and more detailed understanding of the different types and levels of caring in our area. Our main focus, however, will be to ensure we develop better ways of identifying where caring by children risks becoming excessive and/or inappropriate and putting in place the support that prevents this happening.

The central issues for us are recognition, adverse impact, empowerment and support, including emotional support and accountability. Timely assessment and early intervention can prevent a child undertaking inappropriate levels of care. We start from the belief that:

"a young carer becomes vulnerable when the level of care-giving and responsibility to the person in need of care becomes excessive or inappropriate for that child, risking impacting on his or her emotional or physical well being or educational achievement and life chances" [10]

The young carers involved in the *Whole Family Regional Conferences*[11] facilitated by The Children's Society provided powerful testimony about joint working and support services for young carers. They want to be seen as just like other children and young people. At the same time they are very clear that timely and effective support for young carers and their families can make a real difference to the impacts they experience by:

- reducing marginalisation, isolation and anxiety
- managing feelings of stigma or shame
- meeting additional needs
- keeping together as a family – being a family
- enabling them to keep up with school work
- improving school attendance and achievement
- enabling young carers to continue in education post 16 and gain employment
- recognising what it means to be a "young carer"
- responding to concerns around self identification and what happens next

2. Promoting Awareness and Recognition

We have heard key messages[12] that:

- Without early identification young people's disclosure tends to happen at crisis points.
- Young people appreciate professionals who give them space to build trust as well as the choice to talk, what to tell and at what pace.
- Young people's repeated experiences of disrupted relationships with professionals may result in resignation and lack of engagement.

We will keep local practice under review and where appropriate refine it to ensure that it:

- promotes positive images of adults with long term conditions/disabilities that encourage families to seek information, assistance and spot children with caring responsibilities;
- provides appropriate and accessible information for families about services that support parenting capacity, independence and well being;
- enables access to self directed support; including direct payments to meet the needs of parents where appropriate;
- reaches out to families to offer support that avoids inappropriate forms of caring developing or continuing;
- reflects principles of partnership working with communities, in particular, the need for sensitivity to cultural needs;
- supports schools in their key role of identifying children with additional support needs and early intervention and support of young carers;
- identifies "hard to reach" groups/families and creates opportunities to meet their needs;
- recognises that care needs can vary significantly and ensures local processes offer emergency advice and support where usual care arrangements risk breaking down; and,
- engages with local young carers' projects for early support and *whole family* working.

Awareness is the key to recognition. Indicators of the impact of caring on children can include:

Problems at school, not completing homework, absenteeism, lateness and inability to take part in after school activities.

Social Isolation from other children their age, feeling that no one else can understand his or her experience.

- Lack of free time for play, sports and leisure activities.
- Emerging behavioural problems, in some cases including youth offending activity.
- Emotional impacts, such as worry, depression, self-harm.
- Physical impacts, such as tiredness, fatigue, back injury.

- Lack of aspirations and career opportunities.
- Increased independence and maturity for their age.
- Advanced life skills such as a caring attitude or being a good listener.
- Increased knowledge of disability and illness.

Not all children who have ill or disabled parents or siblings take on caring roles or do so in ways that cause difficulties. Circumstances will vary. What is important is that we work closely with the family and the young person so that reasonable steps can be taken to pre-empt likely problems and any emerging difficulties affecting well-being can be identified at an early stage.

Adult Social Services**,** in addition to assessing parental social care needs, have a key role in identifying young carers, as they will often be the first point of contact. At the point of assessing the cared-for person, adult services will ask whether the person they are assessing has children and, if they do, what impact they feel their situation has on them.

SIGNPOSTS [ADCS/ADASS 2011] contains valuable evidence to inform practice on working together to improve outcomes for young carers in families affected by enduring parental mental illness or substance misuse. It is a useful resource for local professionals in identifying and supporting young carers. It offers points for discussion that we can use to support progress.

3. Schools, Academies and Colleges

Schools, Academies and Colleges will be encouraged to identify young carers at an early stage; promote and co-ordinate their support of young carers; and, liaise with other agencies as appropriate with the outcomes we are seeking. School nurses also have a role to play here. We will encourage schools and academies to:

- Have a named staff member with lead responsibility for young carers and to recognise this role within continuing professional development.
- Have in place a policy to encourage practice that identifies and supports young carers such as adapting school arrangements if needed, provision for personal tutors and private discussions and access to local young carers' projects.
- Promote open communication with families that supports parenting capacity and encourages the sharing of information.
- Ensure school policies such as those for enrolment, attendance, bullying, behaviour and keeping safe afford recognition to young carers.
- Incorporate into individual pupil plans recognition and support for the positive aspects of the young carer's role, as well as providing the personalised support necessary to enable young carers to attend and enjoy school.
- Consider scope for school staff to adopt lead professional roles within locally agreed assessment arrangements or ***CAF***[13].
- Consider the role of school nurses in supporting improved health outcomes and reduce inequalities of family/child experience[14].

4. Promoting Health and Wellbeing

Health professionals are also likely to be among the people that a family turns to for help with an illness or disability. Whether they work in a hospital or community, with adults or children, they may be the only person who is able to ask the right questions to find out that a child is taking on caring responsibilities. Additionally, we will encourage GP surgeries to have registers identifying carers and young carers and consider use of e-learning resources[15].

Child and adolescent mental health services should be used as appropriate to support the emotional well being of young carers who are seriously troubled by their caring role. Integrated working across health, adult social care, children's services and third sector partners and through local partnership arrangements and the local ***Health and Wellbeing Board***[16] will be used to develop a strategic and operational framework that identifies young carers and their needs. This would be done with a view to:

- Promoting and sustaining healthy lifestyles and diets
- Encouraging regular exercise
- Ensuring good oral health
- Raising awareness and reducing risks of substance misuse
- Offering smoking cessation support to young carers interested in giving up.
- Raising awareness of maintaining emotional well being and reducing personal stress
- Enabling young people to assess risks about lifting and handling and provide information, advice and support to remove or reduce risk of injury as necessary
- Promoting safe procedures for control of medication that do not involve young carers.

5. Equality & Diversity

As with abuse or neglect, inappropriate caring responsibilities adversely impacting on wellbeing, cannot be condoned on gender, religious or cultural grounds. We will ensure that appropriate people are readily available to provide advice on such matters. We will tackle barriers to effective communication and take up of support.

When considering translation services we will consult with families as to who could fill this role appropriately. Where appropriate and possible, bi-lingual advocates will be used and account taken of any relevant factors around faith, gender or locality. We are agreed it is not good practice to expect young carers to interpret for their families, particularly when it involves someone with an illness. We will discourage this. We expect interpreters to be used and will reinforce this in staff guidance as appropriate. There may be occasions, however, where a family express a strong preference for an adult family member to be the interpreter. Where all are in agreement and the requirements and responsibilities of the role are understood this can be considered.

We will keep under review and encourage staff awareness around gender issues and assumptions that can impact upon both male and female young carers

6. Information for Empowerment

Together with our partners, we will work towards a position where, if not already in place, information and advocacy services are available to all young carers and their families offering information, advice,

advocacy, representation and support. This includes, where appropriate, peer support through local young carers' projects or parenting groups. We will encourage local use of the following general principles when people act as advocates for young carers and/or their families:

- Advocates should be the individuals' person of choice and can be informal as well as professional advocates. Peer advocacy may be appropriate in some situations.
- Advocates should work for the best interests of the individual and their family.
- Advocates should be alert to the potential for conflicts of interests within families and potential needs for separate advocates in some situations.
- Advocates should value and respect young carers and their families as individuals and challenge all types of unlawful discrimination.
- Advocates should work to make sure that everyone understands what is happening to them, can make their views known and exercise, where possible, appropriate choices when decisions are being made.
- Advocates should help young carers and their families to raise issues and concerns about things with which they are unhappy. This includes complaints.
- Advocates must understand requirements regarding safeguarding and know what to do if they become aware of abuse or neglect or risk of it occurring.

7. Information Sharing

Effective and timely information sharing between our agencies and with our partners is critical to empowerment, the provision of early intervention and preventative work, supporting transitions and, for safeguarding and promoting the welfare of young carers. Within the framework of existing local information sharing protocols our aim is to ensure specific recognition of the position of young carers. This will cover their identification and support. Local arrangements for information sharing under this protocol will be consistent with national guidance. All practitioners should follow the seven "golden rules" that are in place:

- Remember that Data Protection legislation is not a barrier to sharing information
- Be open and honest about why, what, how and with whom information could be shared,
- Seek advice if in any doubt
- Share information with consent where appropriate
- Consider the child's safety and welfare
- Gather and keep secure information that is necessary, proportionate, relevant, accurate, and timely
- Keep a record of decisions and what, if any, information has been shared and with whom.

8. Transition to Adulthood

We will build on local experience and make use of the findings of ***Young Carers Pathfinders***[17] and other research[18] to deliver our commitment on transition to adulthood and for support of young adult carers. We will:

- Raise professional awareness of the risks and challenges faced by young carers around low aspirations, negative experiences of learning and support and the impacts of disadvantage and consequences of caring responsibilities on take up of education, training and employment.

- Aim to have one organisation/named professional who takes responsibility for the holistic needs of a young adult carer's; support on transition issues, moving from dependence to independence; improving resilience and opportunities to take up education, training and employment whilst recognising needs around continuing to care.

ASSESSMENT

9. Introduction

We are agreed that the key to ensuring better support and outcomes for young carers is effective assessment. If a referral is made about a parent with a disability, dependency or illness, agencies should always consider whether there is a child in the family who is providing personal care or practical support. In doing so, practitioners will be expected to consider, preferably within a ***whole family approach***, the impact of the disability or illness on each child within the family; including whether any of them are or could be providing care or support that is relied upon, is impacting on wellbeing and where a review of adult care needs is indicated.

Concerns may arise in many different contexts and their nature will vary. Our local approach will make appropriate use of partnership and integrated working. For young carers and their families this includes:

- **Assessment** – ensuring all assessments are timely, transparent and proportionate within the locally agreed *Assessment Framework or CAF* which is consistently understood and applied. [See Below].

- **Early intervention** – early or identification of situations before they become critical

- **Reviewing or referring for review** the adult social care needs of a parent where children with caring responsibilities that are relied upon within the family are identified.

- **Personalising Support –** using the potential of personalised care and self-directed support planning to meet care and support needs.[19]

- **Recording** – making sure information is in one place with the consent of the child or parent consistent with established principles for obtaining informed consent.

- **Sharing information** – so that all agencies involved know what the issues are, what is intended and so that young carers and families do not have to repeat things to us. [See above]

- **Joint Decisions,** using, as appropriate, *Team around the Child* and *Team Around the Family* for assessments and evidence based decisions for support

- **Lead Professionals** – acting as the point of contact for young carers and their families to make connections, build trust, bring things together and help them stay that way.

- **Ensuring child safety** [See: p 15]

- **Effective professional supervision and regular reviews –** seeing assessment as a continuing process to ensure a clear direction of travel and inform future plans.

10. Empowering and Proportionate

The local approach to working with families will be empowering, holistic, inclusive, proportionate, integrated, child centred, rooted in child development, focus on strengths as well as difficulties and have a clear focus outcomes. We will:

- Consider the family as a whole, acknowledge parents' strengths, promote resilience

and beware of undermining parenting capacity.

- Work with colleagues from all sectors including with the voluntary sector where appropriate.
- Ensure that the assessment process is appropriate to age and understanding and specific to their needs as a young carer.
- Recognise that families may be fearful of acknowledging children's caring roles.
- Ascertain if the illness/disability is stable, changing or episodic.
- Maintain a focus on positive outcomes for the young person and their family when working with other departments/agencies.
- Respond to young carers' needs for emotional support and counselling.
- Consider the family's housing needs and access to benefits.
- Be sensitive to cultural perceptions and needs around disability, illness and caring consistent with a child's fundamental right to a safe and secure childhood.
- Recognise there may be differences of view between children and parents about appropriate levels of care and that such differences may not be acknowledged.
- Take account of the young carers wishes regarding education, employment and recreational activities

The resolution of any tensions requires good quality joint work between adult and children's social services as well as co-operation from schools and health care workers. This work should include direct work with the young carer to understand his/her views. The young person who is a primary carer of his or her parent or sibling may have a good understanding of the family's functioning and needs. These should be incorporated into any assessment.[16]

This memorandum also provides a framework to ensure that any lead professional, adult or children's services, should have access to and hold multi-agency information and assess the whole family regularly. Consideration will be given to who is deemed to be an appropriate lead professional having regard to all the circumstances of the assessment.

We will encourage professionals to ask certain questions either as part of their assessment, or during professional supervision, or at review to inform judgements about what is in the "best interests" of the young carer and their family. These questions might well include:

- Is a child undertaking (or at risk of undertaking) caring tasks likely to impact on them?
- Why is a child undertaking care and support tasks that are relied upon?
- What is the impact of caring on the child's development, health and well-being?
- What additional personalised services or support may be needed to ensure the parental care needs are met or to sustain a family unit and to prevent a child taking on or continuing to hold inappropriate caring responsibilities?

- What is the parental capacity to respond to needs? Do they need support in their parenting role or in developing their parenting capacity?

- What can be done to help the whole family or to maximise the broader support which others in the family are able to provide and to promote resilience?

- How might we build resilience and family strengths and manage risks along the way?

- Do the impacts on the child indicate that it would be appropriate to engage the locally agreed framework for assessment of *Children in Need and their Families* or under the Carers and Disabled Children Act 2000[20?]

- Are there any additional needs falling within the locally agreed ***Assessment Framework*** **for Children** [See: endnote 13]?

Keeping the Family in Mind[21] offers some timely reminders from children and young people for professionals coming into contact with parents with enduring mental health needs. We will encourage professional awareness of these, as appropriate, along with the principles of successful front line family services[22].

11. Whole Family Working

A ***whole family*** approach will be embedded into local assessments. We will ensure that:

- The primary responsibility for responding to the needs of young carers derives from the person in need of care and support. This means that whichever service identifies there is a young carer in the family, whether it is children's or adults' social care services or health, it is responsible for referring or assessing the needs of that young carer within that family context.

- Practitioners seek advice and support where necessary from colleagues, whether it is children's or adults' social services or a partner agency, to support discharge of our joint and separate responsibilities towards young carers and their families.

- Practitioners are aware of the prejudices and stereotypes that may exist around cultures, and disability, or about adults who misuse drugs/alcohol or have mental health needs in terms of their parenting capacity and competence.

- Practitioners reach their conclusions on the basis of the evidence of their observation of both parents and children; including any young carers.

12. Focused on Change and Outcomes

Providing an assessment only for the child will not necessarily resolve the situation that has caused their referral. All adult social care and children's assessments should ascertain **why** the child is caring, the **extent** of the reliance and caring responsibility and **what** needs to change. This is essential to prevent children from undertaking inappropriate levels of care and being relied on to assume levels of responsibility which impact adversely on their own well-being.

Timely assessments of both the person who needs care and the whole family could prevent a child undertaking inappropriate levels of care in the first place. When a referral is made about a parent with a disability, substance dependency or illness, we have committed to finding out whether there is a child in the family who is providing personal care or practical help. In doing so, professionals will also be expected to consider, within a ***whole family*** approach, the impact of the disability or illness on any child within the family; including, whether any of them are or could be providing some form of care or not. Similar considerations apply if there is a child with a disability within a family.

Such assessments should not only identify regular individual personal care needs (including safeguarding), but should also consider the range of parenting, caring and family tasks that are needed when care workers are not present and mean a child is relied upon to carry them out.

13. Joint Assessment

Joint assessment by adult, child and family and health staff will be expected where this is appropriate. Access to specialist advice and support should be available as needed. Finally, we should never ignore any aspect of a situation that indicates there are concerns about children's and/or vulnerable adults' safety and they require protection from harm.

14. Children at Risk of Harm

Safeguarding[23] is part of a continuum where prevention and early intervention can help young carers and their families work through the challenges they face. Safeguarding is about keeping children safe from harm and abuse and is an important part of integrated working.

By working together in an integrated way professionals place the child at the centre of all activities and are better able to identify holistic needs earlier and improve outcomes. We accept a joint responsibility to work in partnership with others to identify and respond to any young carers who are suffering, or likely to suffer, significant harm and to protect them from this harm. We will do this in ways that keep children safe and:

- focus on working together, early intervention and prevention;
- reflect practice guidance;
- do not stigmatise families or risk increasing the number of hidden young carers; and,
- do not discourage young carers and their families from seeking information and advice,
- or an assessment and provision of services.

Local single and multi-agency policies and procedures set out clearly the local arrangements for safeguarding children at risk of significant harm and/or promoting their welfare. We will:

- State clearly the responsibilities of staff under local safeguarding children procedures to make referrals where children are considered to be suffering or likely to suffer significant harm and emphasise the principle that safeguarding is everyone's business.

- Ensure all staff and volunteers across all sectors have undertaken appropriate training in recognising harm, reporting concerns about a child's welfare and safety and confirming referrals they have made to children's social care within 48 hours.

- Ensure all staff and volunteers across all sectors have undertaken appropriate training in relation to mental health and substance misuse issues.

- Make sure our arrangements for young carers and their families reflect any requirements of local multi-agency and single agency policies for safeguarding children and seek inclusion as necessary.

15. Adults at Risk of Harm

The Vision for Adult Social Care[24] identifies seven key principles for building up a modern system of social care. They are: prevention, personalisation, partnership, plurality, protection, productivity and people. Protection is defined as ensuring that:

"there are sensible safeguards against risk of abuse or neglect. Risk is no longer an excuse to limit people's freedom".

We are agreed that we have a joint leadership responsibility to:

- Ensure awareness of safeguarding adults' policy and practice; the ability to recognise and respond to safeguarding adults' concerns; and to promote confidence and consistency in using local multi-agency procedures by staff in across all agencies.

- Apply the agreed principles of adult safeguarding and secure consistency with local multi-agency policies and procedures in respect of adults who are vulnerable and more

at risk of harm in line with the following[25]:

- **Empowerment:** presumption of person led decisions and informed consent.
- **Protection**: support and representation for those in greatest need.
- **Prevention:** it is better to take action before harm occurs.
- **Proportionality:** proportional and least intrusive response appropriate to the risk presented.
- **Partnership:** local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting abuse and neglect.
- **Accountability:** accountability and transparency in delivering safeguarding; including learning from experience and outcomes

16. Local Safeguarding Boards

Local Safeguarding Children and Adults Boards have been made aware of the general issues surrounding young carers and the intention to adopt this Memorandum of Understanding. This has been done to ensure consistency with local multi-agency policies and procedures.

It is also intended to raise awareness of the way in which safeguarding work forms part of a continuum of locally agreed person-centred and proportionate risk-based responses. We can all use these to ensure that those adults and children at risk of harm are kept safe and their welfare is promoted.

17. Funding Responsibilities

The internal allocations of funding by the Council should not become a barrier to timely and appropriate support for young carers and their families. We recognise that disputes about where funding responsibility lies can be deeply damaging to families. They were one of the concerns voiced by families and young carers in national consultations on the National Carers Strategy. We will act to ensure that staff have a clear understanding of joint and separate responsibilities to support parenting roles, respond to needs and reduce the need for inappropriate caring by young carers. The following general principles apply to the expected *whole family* and joint approach to meeting needs and arranging support:

- Adult social care is responsible for commissioning care and support services for adults to reduce or prevent inappropriate caring responsibilities by young carers.
- Children's social care is responsible for commissioning services to respond to specific needs of the child or young person; including, those relating to the impact of their caring role on them.
- Shared responsibility exists between us for commissioning services that would support or sustain adults in their parenting role having regard to the individual circumstances.

18. Preventing Disagreements

We believe that the inclusive, *whole family* approach to which we are committed should mean significant disagreements between local adult and children's services will be rare. Two potential areas suggest themselves and are:

- disagreements about whether the need relates to the young carer or the adult or sibling who is supported by him or her; and/or,
- disagreements about respective responsibilities or thresholds for adults or children.

We intend to reduce the risk of disagreements by:

- ensuring that staff are appropriately trained and supported in understanding and in the exercising of joint and separate responsibilities towards young carers and those they support;
- being as clear as we can about our joint and separate responsibilities;
- ensuring young carers and parents have access to information and advocacy services to support them in the exercise of their rights; and,
- ensuring that effective arrangements for consultation, communication and feedback to young carers and those they support are available and acted upon.

How such issues are resolved is a matter for us as the Statutory Directors to determine within the context of our corporate responsibilities within the Council. The following general principles will be used to inform action and decision-making:

- Disagreements about funding responsibilities must not get in the way of responding in a timely manner to situations where it is evident that inappropriate caring responsibilities are being undertaken and relied upon.

- Disagreements about funding must not be allowed to become a problem for the young carer or the person supported and must not be argued about in front of them.

- Disagreements about responsibilities must not leave the needs of family members unmet because they seem to fall between internal administrative boundaries.

- Dispute resolution procedures relating to the joint and separate responsibilities of Statutory Directors for young carers and the people they support will be put in place.

- Both Statutory Directors have final operational responsibility for ensuring that any disagreements about funding are resolved in a reasoned, timely and appropriate manner with better outcomes for young carers being a primary consideration.

19. Audit and Reasonable Assurance

We intend to put in place arrangements for periodic audit and the provision of reasonable assurance to the Council, partners, young carers, their families and the community on how this memorandum of understanding [MoU] works in specific areas or as a whole.

These audit arrangements will be located within wider Council processes for the management of risk and provision of reasonable assurance. The information arising from these audits will be used to inform performance priorities for development and delivery of the key processes and outcomes that the memorandum has been designed to help secure.

Information on audit and assurance will be shared within local partnership arrangements.

20. Learning and Development

We will ensure that our programmes for learning and development reflect the need for joint and separate training to underpin the organisational, policy and practice principles adopted for working with young carers and their families.

Feedback from young carers and their families will be used to inform our programmes.

21. Local Partnerships

We are agreed that successful local partnerships depend on the building of constructive relationships and a shared vision around what we are trying to do. We will use the opportunities for working together to identify key priorities for commissioning and the best use of available resources designed to secure the outcomes for well-being we have identified and agreed.

APPENDIX A

WORKING TOGETHER TO SUPPORT YOUNG CARERS AND THEIR FAMILIES WITHIN A *WHOLE FAMILY* APPROACH

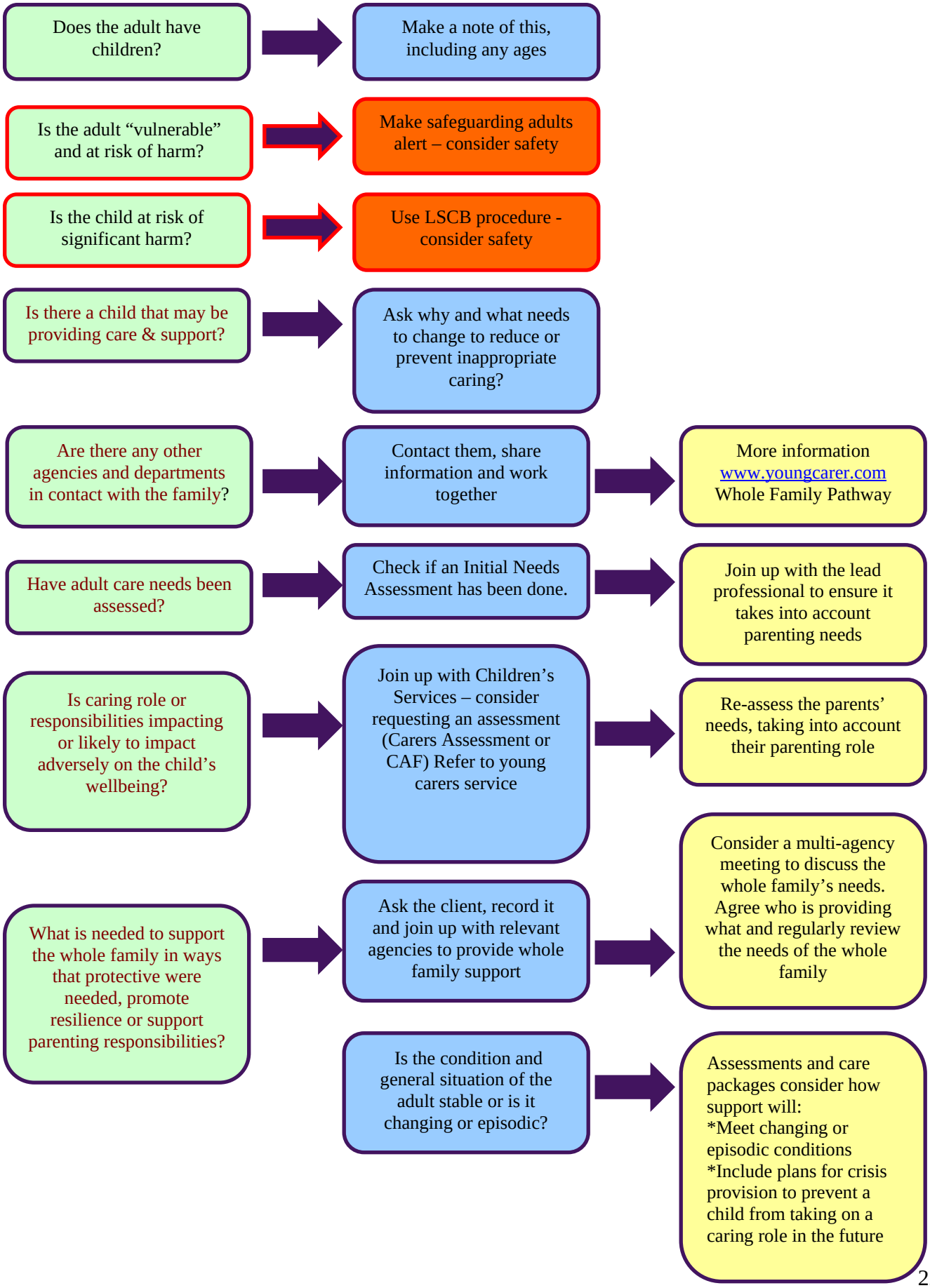
FLOW CHARTS [1]

FOR ALL STATUTORY, NON-STATUTORY AND INDEPENDENT SECTOR SERVICES WORKING WITH OR LIKELY TO COME INTO CONTACT WITH FAMILIES AND YOUNG CARERS

[1] The flow charts presented are those used by some councils where a MoU is in place. Local arrangements will need to reflect local circumstances and practice. Other examples are available, for a single page model please see: http://liverpool.gov.uk/council/strategies-plans-and-policies/children-and-families/think-family/.

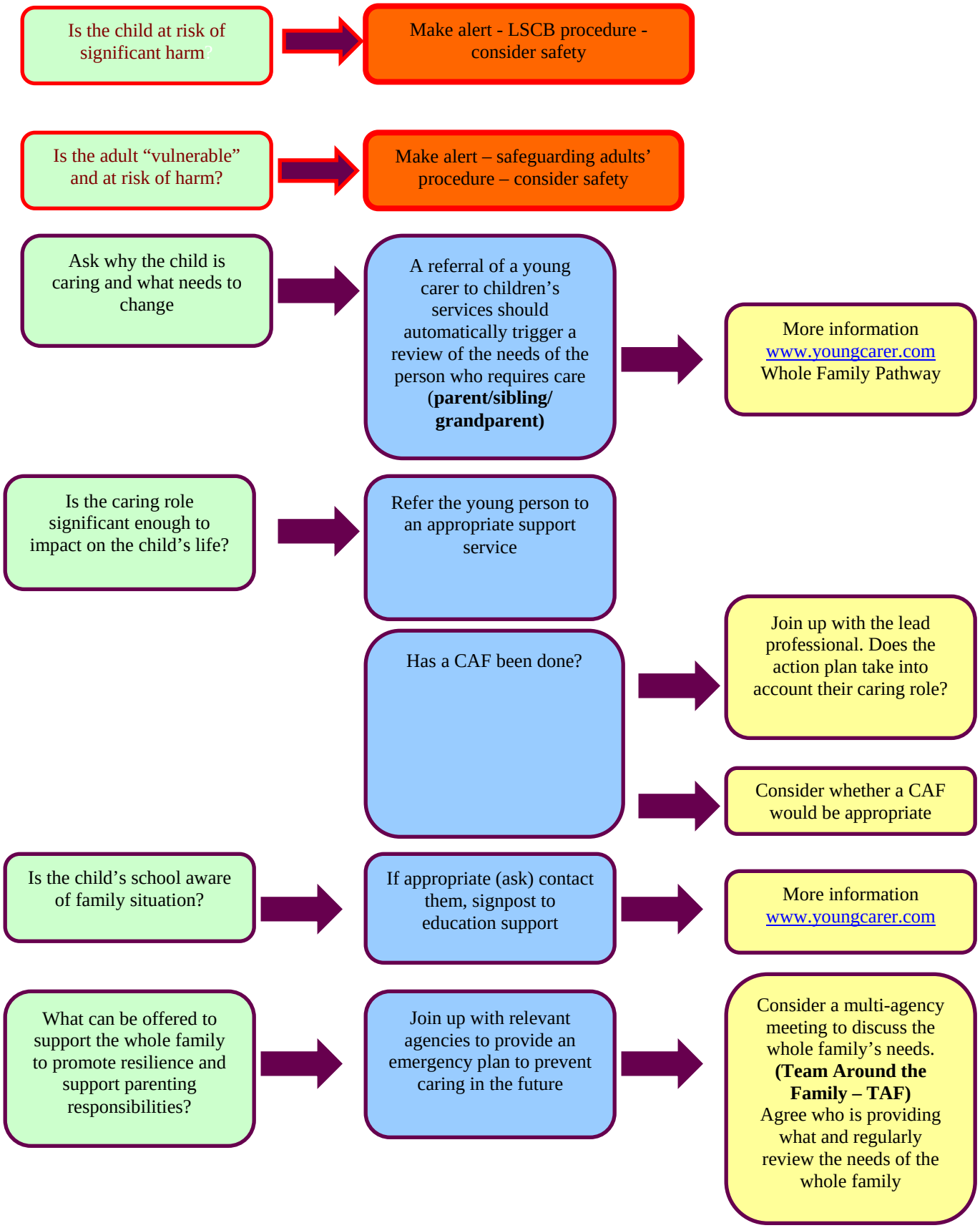
Flowchart for Adult Social Services

When a referral is made for an adult with a disability or illness, consider:



Flowchart for Children's Services

When a referral is made for a child who is a young carer consider:



APPENDIX B

RECOGNISED VALUED AND SUPPORTED

- THE CURRENT NATIONAL POLICY CONTEXT FOR CARERS

Recognised, Valued and Supported [2010] set out the Coalition Government's broad approach and priorities in England with a view to securing the best possible outcomes for carers and those they support.

The five key outcomes within the 2008 strategy[26] continue to inform the overall framework:

- Carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role.
- Carers will be able to have a life of their own alongside their caring role.
- Carers will be supported so that they are not forced into financial hardship by their caring role.
- Carers will be supported to stay mentally and physically well and treated with dignity.
- Children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive and to enjoy positive childhoods.

The Coalition Government identified four key priority areas flowing from consultation responses and discussions with the Standing Commission on Carers. They are:

- Supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the outset both in designing local care provision and in planning individual care packages.
- Enabling those with caring responsibilities to fulfil their educational and employment potential.
- Personalised support both for carers and those they support, enabling them to have a family and community life.
- Supporting carers to remain mentally and physically well.

The priority areas were recognised to be overlapping and that "… addressing any one of them adequately will require attention to all of them."

Source: Recognised, Valued and supported: next steps for the carers strategy [2010]

APPENDIX C

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Your Notes:

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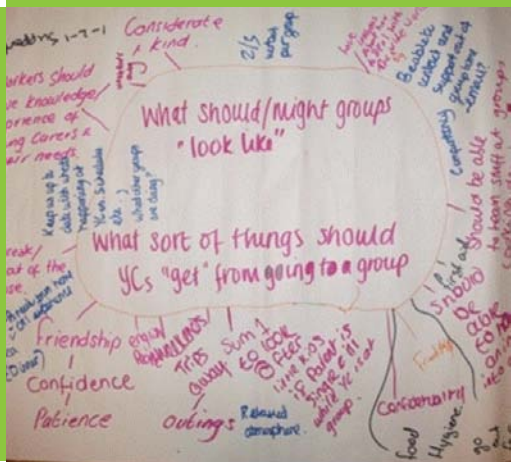
Practice example

Young carers' involvement in a local authority commissioning process



What is the initiative?	Who runs it?
The involvement of young carers in Norfolk County Council's commissioning process	Norfolk Young Carers Forum (NYCF), which is part of Crossroads Care East Anglia, in partnership with Norfolk County Council.

Who does it benefit?

Young carers and their families living in Norfolk.

What does it do?

The commissioning exercise enables members of the Norfolk Young Carers Forum to have their say on the design of local services, scrutinize bids and influence the awarding of contracts for young carers services made by Norfolk County Council.

When did it start?

April 2011.

Why was it started?

As much of the provision for young carers aged 12–18 was run by Norfolk County Council Youth Services, this provision was lost when Youth Services was axed. Norfolk Young Carers Forum raised concerns about the lack of group provision for young carers at one of their regular meetings with the Council's multi-agency Young Carers Projects Advisory Group.

As a result, the Director of Children's Services at the Council suggested that some of the funds that had gone towards Youth Services should be used to provide groups for young carers. When developing this, the Service Development Manager for

Vulnerable Children and Young People wanted to ensure the specification for these services was properly informed by young carers and approached Norfolk Young Carers Forum to be involved and form the Young Carers' Panel.

What are the aims and objectives?

Aim:

- To ensure that the young carers services commissioned by Norfolk County Council are directly informed by young carers.

Objectives:

- To directly consult with young carers about the service specification for young carers groups across the county.
- To involve young carers as per the Young Carers and Young Adult Carers Plan, drawn up jointly by Norfolk County Council and the Projects Advisory Group for Young Carers.
- To provide support for Forum Members through training so that they have the skills to be able to evaluate bids from tendering organisations.

How is it funded?

Norfolk Young Carers Forum is funded by Crossroads Care East Anglia with money from Big Lottery Fund. The time that the Forum Participation Worker at Norfolk Young Carers Forum devotes to the commissioning work then comes from her core Norfolk Young Carers Forum hours. However, Norfolk Young Carers Forum has the additional expense of paying for taxis to transport young carers across the county to commissioning training and meetings which amounts to £500; this comes out of the Norfolk Young Carers Forum budget.

What has it achieved?

"I think young carers should have as much involvement as possible in how the money is spent to help them. They need to hear it from us and not people who think they know what we want."

Forum Member

"The Forum's involvement in the commissioning process for young carers services has been especially valuable, helping to ensure that our specifications truly reflect the views of young carers, and contributing to a tender-evaluation process in which service users have real influence. Forum members always approach these processes with maturity and commitment, earning the respect of all of us who have worked alongside them."

Service Development Manager (Vulnerable Children and Young People), Norfolk County Council

The co-production of services and the need to ensure that service users are involved in designing and planning the services which will ultimately support them are key themes in contemporary social care. This commissioning exercise achieved the primary aim of ensuring that there was real and direct involvement of young carers in the design and commissioning of new service provision.

Contracts for all of the young carers services for 12–18 year olds up for tender were awarded. A total of 11 young carers' services were commissioned altogether, awarded in three block contracts across three regions of Norfolk.

The involvement of Norfolk Young Carers Forum in the service specification design and the evaluation of bids has been welcomed by the Projects Advisory Group for Young Carers at Norfolk County Council.

The Carers Council for Norfolk, a partnership of carers, voluntary organisations and local authority commissioners and officers, has been fully supportive of the work of Norfolk Young Carers Forum too. Currently, there is a commissioning exercise for adult carers services underway and this will also involve a panel of carers in the process, organised by the Carers Council for Norfolk and using a model similar to that developed with the Norfolk Young Carers Forum but with some modifications as it is working with adults.

After a successful commissioning process, Norfolk Young Carers Forum is now involved in further commissioning exercises. One concerns groups for 6–16 year old young carers, as although these services in Norfolk are mostly provided by voluntary groups, some were run by Youth Services and provision across the county has been patchy since it dissolved. A one-to-one service is also coming up for re-commissioning and Norfolk Young Carers Forum is likely to be involved in that too.

How have carers been involved in planning and delivering this work?

The Norfolk Young Carers Forum members were involved from the very beginning when the commissioning exercise was in the planning stages. Even before the commissioning process had begun, the Forum had been campaigning for young carers groups to be reinstated after the loss of Youth Services in Norfolk.

When approached by the Council, the Forum Participation Worker asked the Forum if they wanted to be involved in contributing to the design of services and the development of the service specification. Following this first commissioning exercise, the Forum's involvement in the commissioning process was discussed at length by members of the local forums who sit on the county forum at their annual evaluation meeting. A firm decision was made that the Forum would be keen to be involved in any future commissioning work.

Commissioning work is open to all members of the county forum, but if it is oversubscribed the Forum Participation Worker will pull names out of a hat. A further five of these members were trained to be members of the Young Carers Panel which scrutinised the bids.

How is the initiative run?

The commissioning exercise is part of the work of Norfolk Young Carers Forum.

Norfolk Young Carers Forum

Norfolk Young Carers Forum is organised into five local area forums for young carers aged 11–19 and one county-wide forum for young carers 14 and older. These are supported by a Forum Participation Worker and a Forum Sessional Support Worker, working between them four days a week. Management and administrative support for Norfolk Young Carers Forum is provided by Crossroads Care East Anglia's Norfolk Young Carers Project; an Administrator works for the Forum two days a week. Project Workers from Norfolk Young Carers Project provide additional support at key events for Norfolk Young Carers Forum, such as the annual conference.

Any young carer aged 11–19 in Norfolk is entitled to become a member of their local area forum. Young carers usually become aware of the Norfolk Young Carers Forum through either attending an event hosted by Norfolk Young Carers Forum, Norfolk Young Carers Forum visiting their young carers group or through speaking with a one-to-one worker and receiving an application pack. Once a young carer becomes a member of their local area forum, they can attend forum meetings as they wish. Those members of local forums aged 14 plus who have a good attendance record, and are confident and interested in doing more forum work, are invited to join the county forum.

The main aim of Norfolk Young Carers Forum is to give young carers a voice and let them have a meaningful say in the issues which affect them. As such, members of Norfolk Young Carers Forum have a say in the use of the budget and running of Norfolk Young Carers Forum and it was a natural step to get involved in the process of commissioning the services that they would use.

The commissioning exercise

The commissioning exercise was jointly organised by the Forum Participation Worker and two members of staff from Norfolk County Council – the Service Development Manager (Vulnerable Children and Young People) and the Commissioning Officer assigned to this strand. Forum members aged 14–19 designed the service specification and the tender-evaluation process.

Service specification consultation

The initial consultation was carried out by two officers from Norfolk County Council with Forum members. This identified the expected outcomes of young carers services and the necessary resources and knowledge needed to achieve this. It took place at one of the Norfolk Young Carers Forum county group meetings, with the forum members discussing ideas in groups and recording ideas on large sheets of paper so that everyone could be involved. This initial consultation about the service specification then fed directly into the service specification Norfolk County Council issued.

Following the consultation, officers from Norfolk County Council reported back to the Norfolk Young Carers Forum to show them how their ideas were incorporated into the service specifications and to explain why some ideas could not be included.

Scrutiny process

Five Forum members were selected to form the Young Carers Panel for the scrutiny element of the commissioning exercise. They undertook a training session that covered choice making, scoring, finding evidence and anti-discriminatory practice.

This was conducted by a Commissioning Officer, supported by the Forum Participation Worker.

The commissioning specification – decided by the young carers – requested that all the bidding organisations provided a young-person-friendly summary of their aims, how they would provide the service and what structure they proposed for the service. These were made anonymous since some young carers were being supported by the organisations bidding for the tender.

The Young Carers Panel then scored the summaries against the criteria they had worked out with the Commissioning Officer, while the Adult Panel worked through the complete tender documentation. Once the bids had been evaluated, the scores from the two panels were combined. In this process, 20% of the overall score was attributed to the Young Carers Panel. This meant the local authority retained the overall accountability for the commissioning decisions but gave young carers significant influence in that decision. The first commissioning exercise resulted in a tie between the scores of two organisations, so in this case the Young Carers Panel was given the deciding vote.

What methods have been particularly effective?

The established and respectful relationship between Norfolk County Council and Norfolk Young Carers Forum has been a solid foundation for this commissioning work. The Norfolk Young Carers Forum, for instance, has a one-hour slot – where it determines the agenda and content – at alternate meetings of the multi-agency Young Carers Projects Advisory Group. The Service Development Manager (Vulnerable Children and Young People) also regularly attends the Norfolk Young Carers Forum's sessions to hear its priorities and update it on the progress of Norfolk County Council's Young Carers Plan.

Partnership working was essential to the success of this commissioning exercise. From the beginning, the commissioning team at Norfolk County Council demonstrated a real commitment to the meaningful involvement of young carers at all stages in the commissioning process. For instance, the commissioning team made adjustments to the timing of the process to ensure the consultation and evaluation stages fell within the school holidays so that young carers did not have to miss out on their schooling.

The existence of the Norfolk Young Carers Forum as a ready-made resource was invaluable as it meant that a group of young carers, from different areas of the county and differing ages was already available and – importantly – accustomed to working together. This was helpful as the short timescale that Norfolk County Council needed to work within meant that there would not have been sufficient time for a new group of young carers to develop relationships, build a trusting support network and learn effective group work skills.

Have there been any challenges along the way?

There were potential biases and conflicts of interest that needed to be circumvented as some of the young carers at Norfolk Young Carers Forum were being supported by the organisations bidding for tenders. It was therefore determined early on that the summaries of the tender applications presented to the Young Carers Panel needed to be made anonymous.

Issues of potential bias concerning the Forum Participation Worker were also discussed, but in this case it was identified to be a very low risk since the organisation which employed the worker (Crossroads Care) was not tendering for any of the contracts. As an additional precaution, an Officer from the Commissioning Team or member of Children's Services was present during the consultation, training and evaluation exercises with young carers. With subsequent commissioning exercises however, this has become more of an issue.

Partnership working has meant that from the outset the Forum Participation Worker has engaged in a dialogue with the officers from the Commissioning Team about how to manage the process while ensuring that the members of the Forum have access to support from people they trust. The new arrangement for these commissioning exercises will involve consultations being carried out by officers of the Commissioning Team with an accompanying member from Children's Services who is already known as a trusted professional to the Forum members.

What hints and tips might help me get started?

- Work closely with the Commissioning Team and the lead worker to ensure that you all have a clear understanding of the need for meaningful engagement and are all keen to ensure that young carer involvement is not tokenistic.
- Make sure that the young carers you are working with have actually agreed to play a part in the commissioning process. Clearly, professionals all see the value and importance of having user involvement – but it is hard work so be honest about this with young carers from the beginning.
- Consider and address any issues of bias and conflict of interest right from the start of the process. For instance, in this case the organisations bidding were made anonymous as some of the young carers were currently receiving their services.
- If you do not have an existing group like the Norfolk Young Carers Forum then do be realistic about how you will set up the consultation and evaluation processes. It is not feasible to bring a group of young carers together who do not know each other and expect them to be able to work together to evaluate applications. This is where training and/or meetings would need to be put in place beforehand.
- If you are bidding for specific funding to run a commissioning exercise involving young carers and where there is not already a forum structure in place, then remember to factor in the costs of transport, food and time.

Are there any useful documents or resources that could assist me?

Read **Norfolk County Council's Young Carers and Young Adult Carers Plan**.

Find out about the Norfolk Young Carers Forum and its commissioning work on its **website**.

Keep up with the latest news from Norfolk Young Carers Forum on its **Facebook page**.

Young Devon has an accredited training programme to enable young people to participate meaningfully in the commissioning of services.

Where can I get further information?

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Tel: 01788 298318 or 07842 534758

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The views of young carers and young adult carers in Norfolk, 2014

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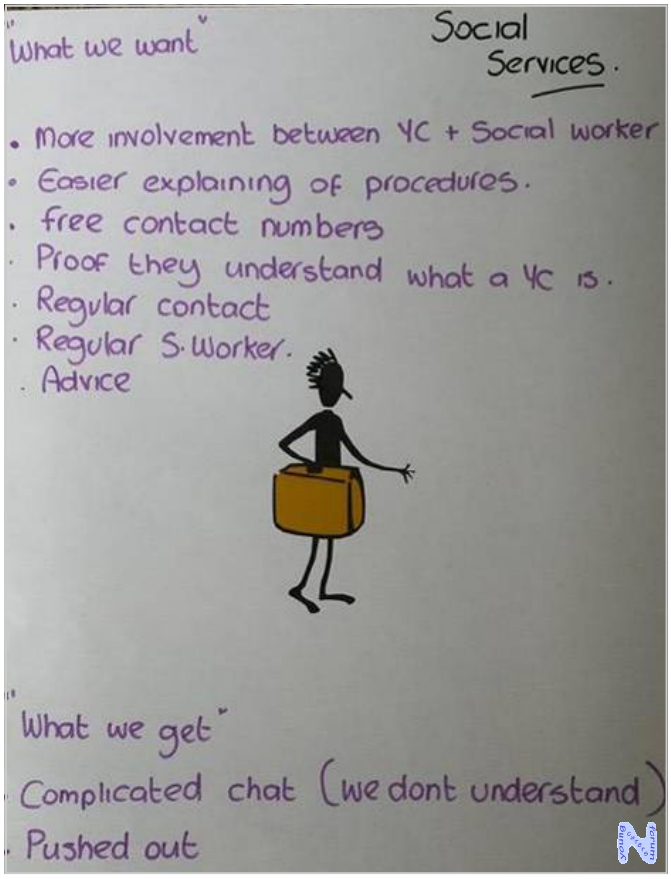
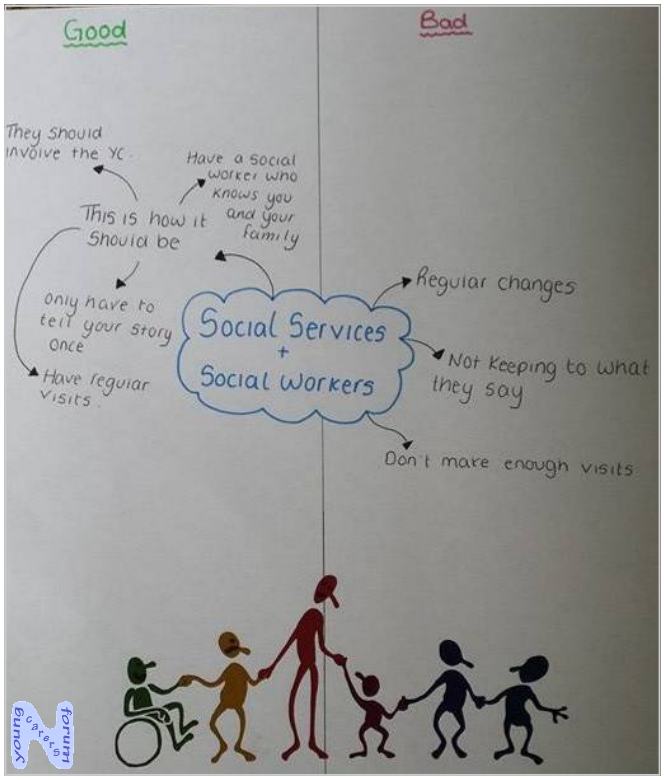
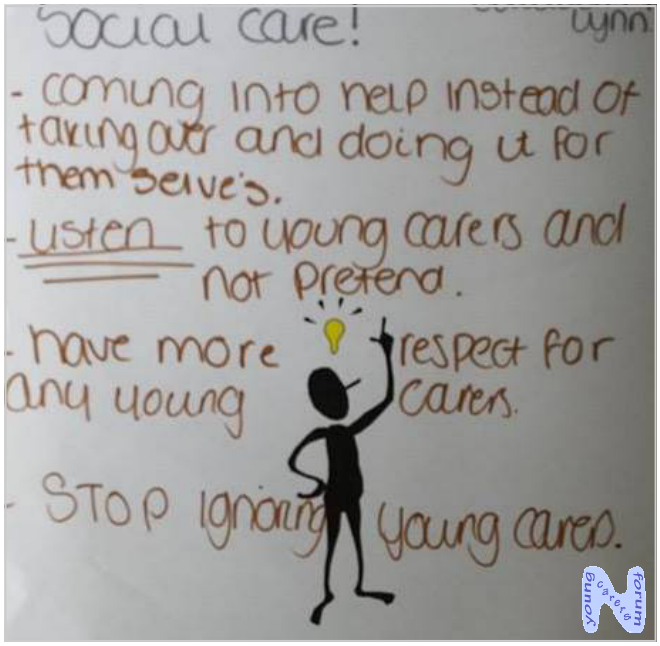
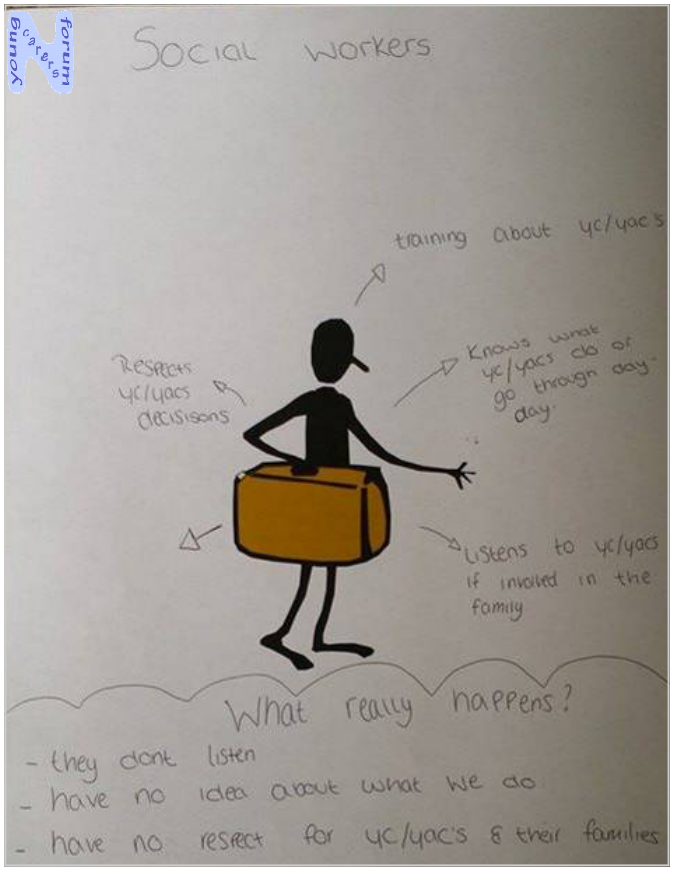
Appendix One - views about social services

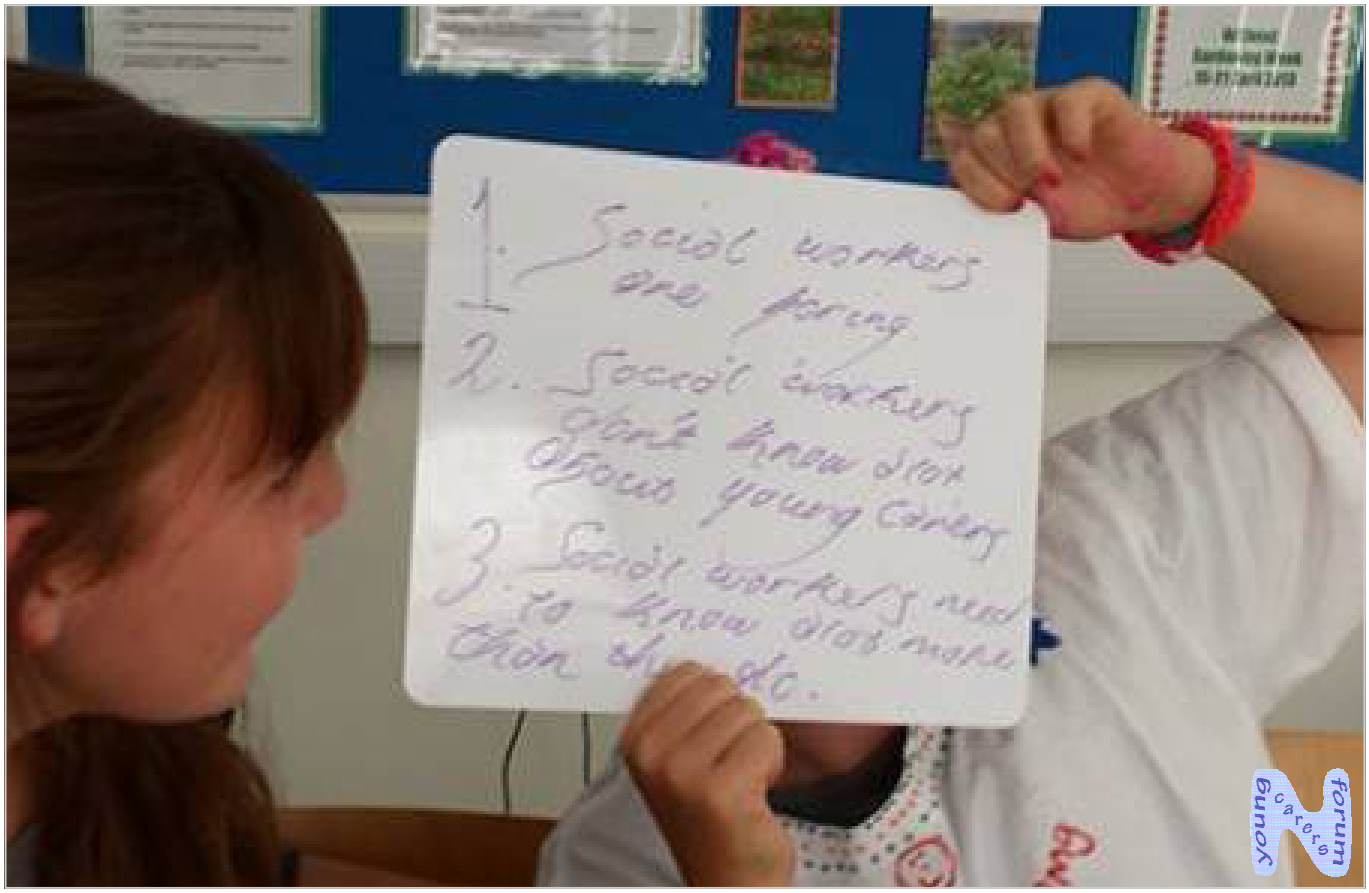




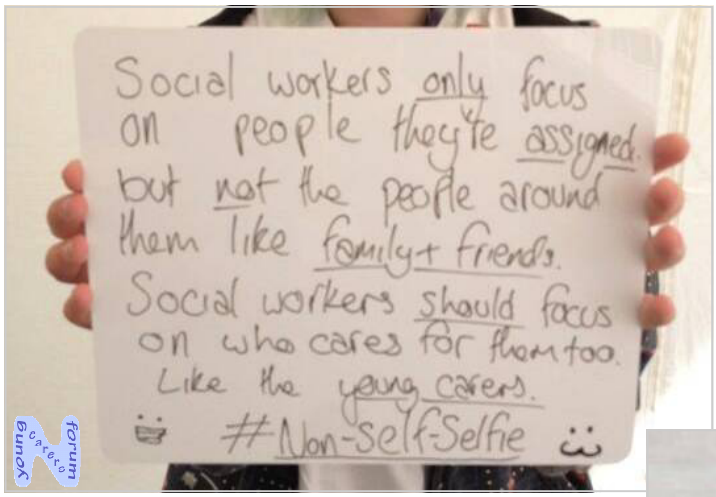


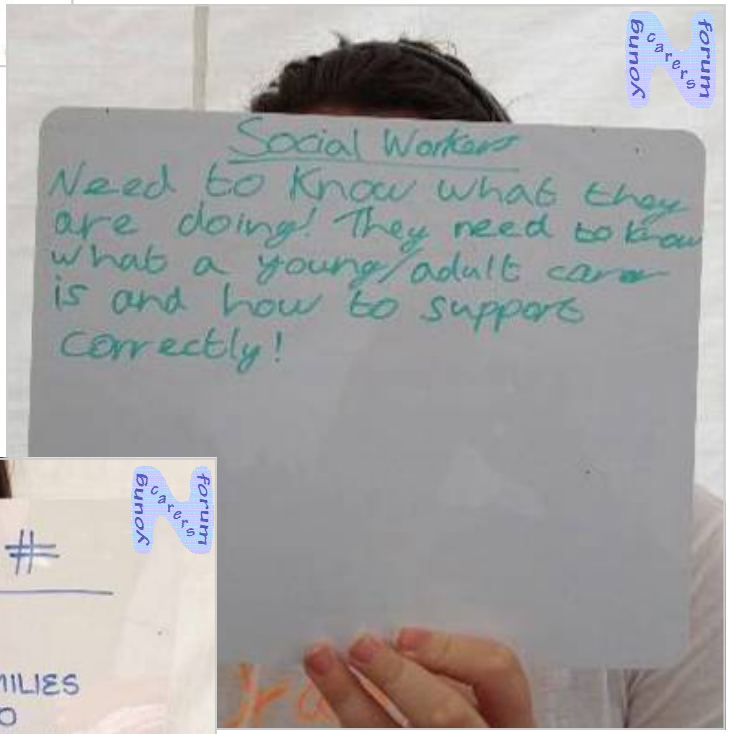


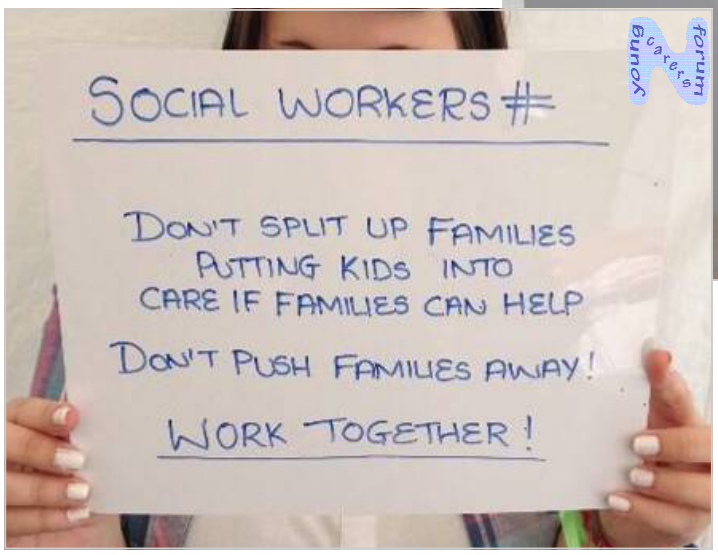
Appendix One - views about social services



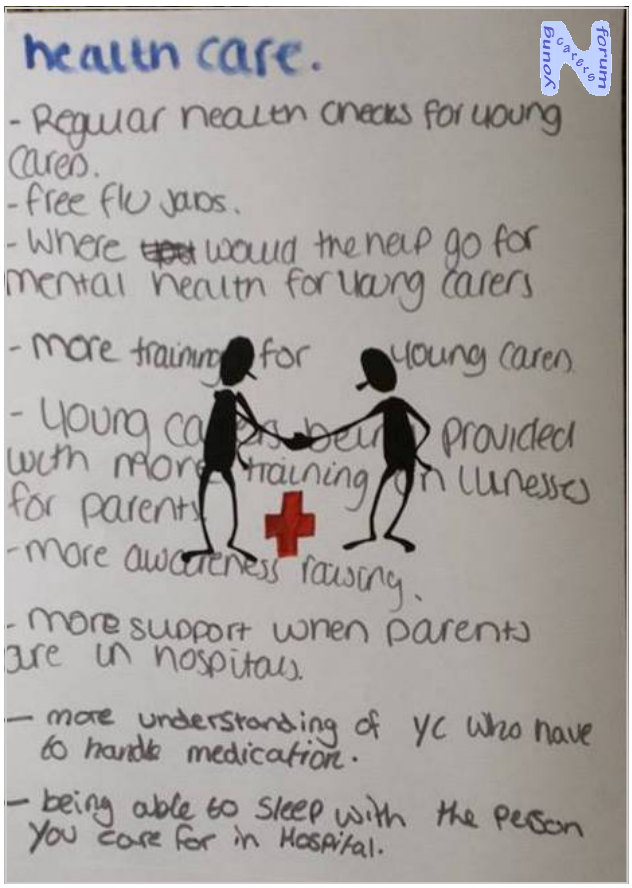
Appendix One - views about social services

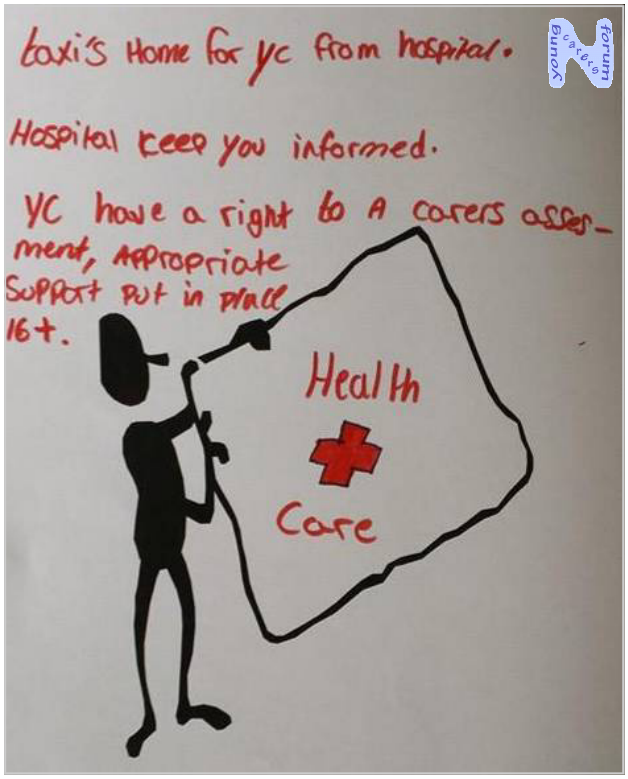


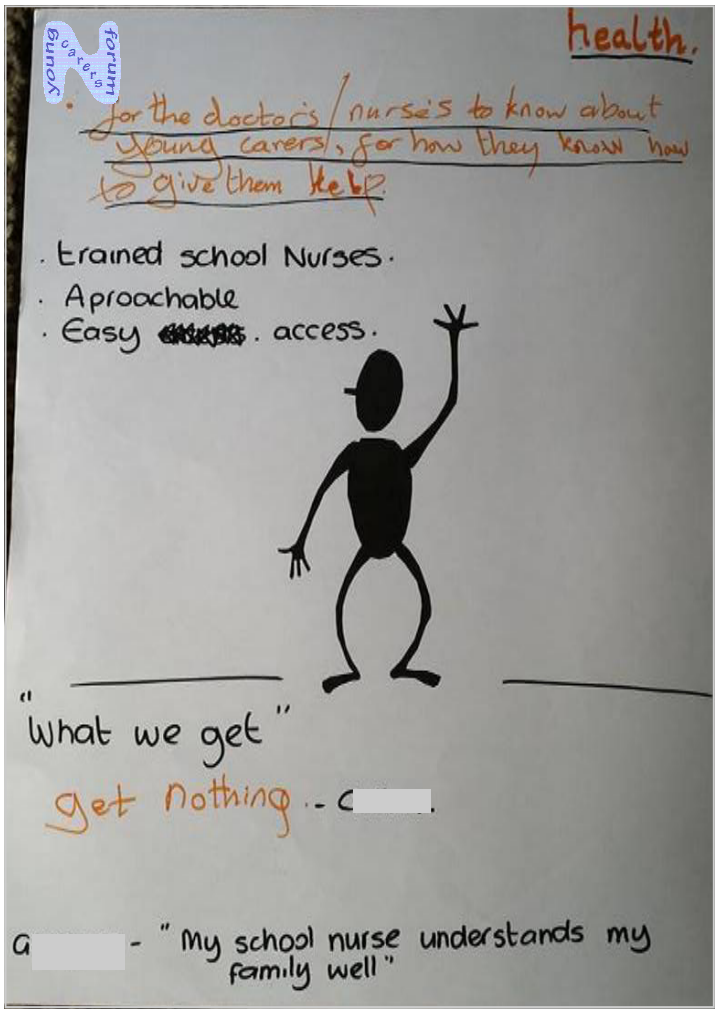


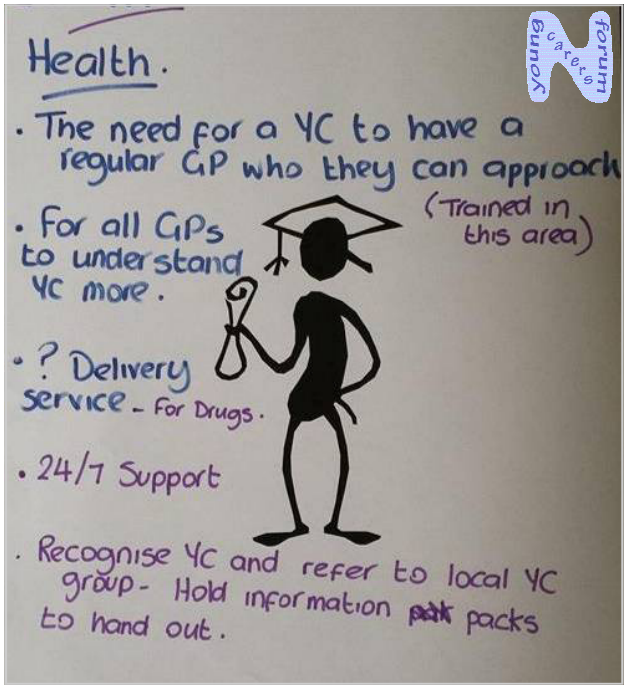


Appendix Two - views about health support









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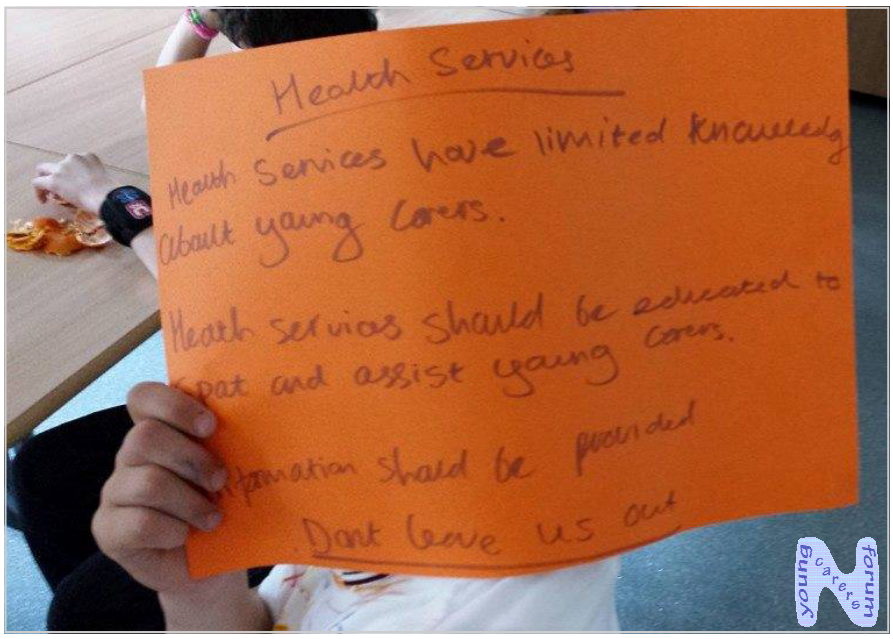

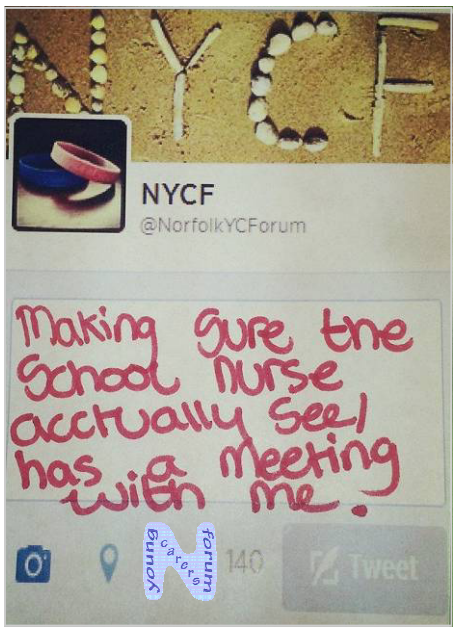

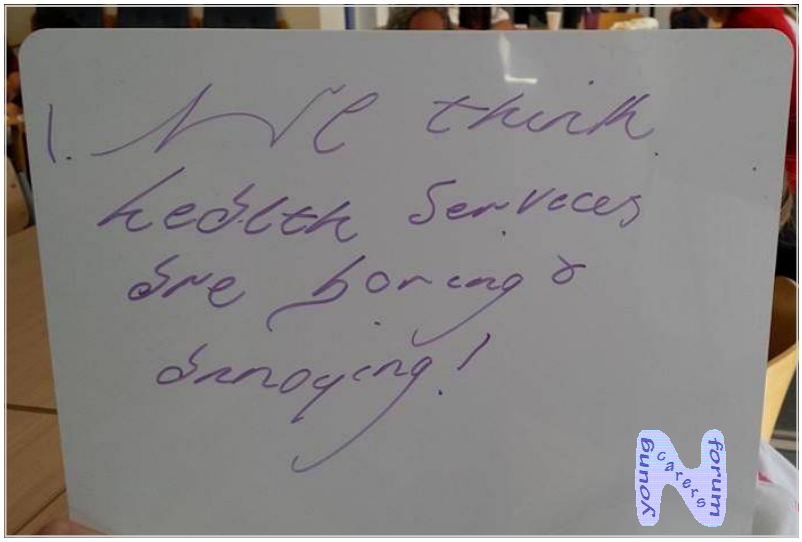

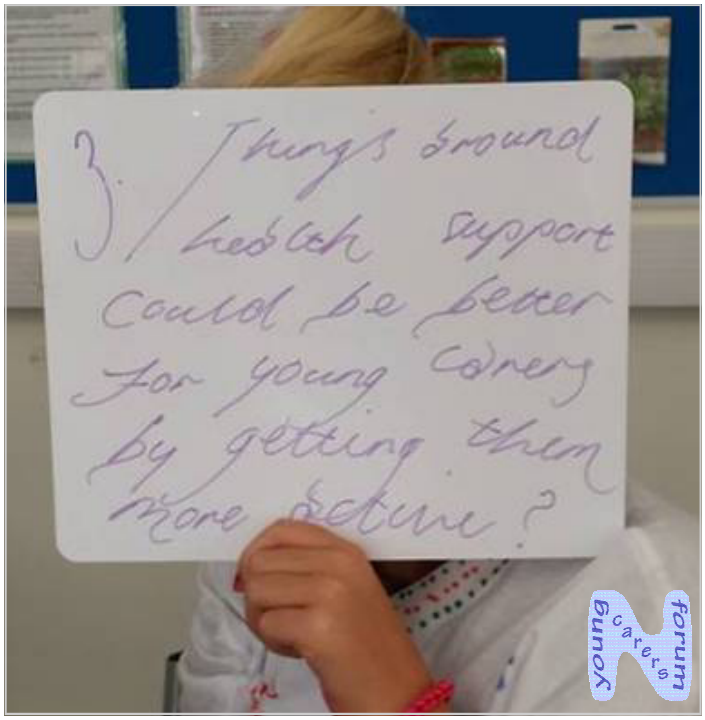

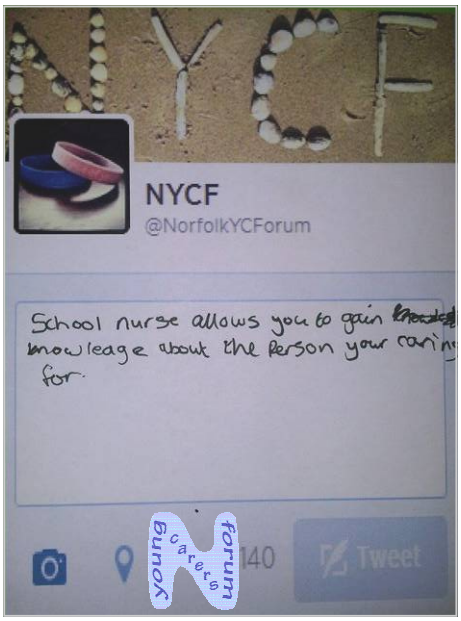

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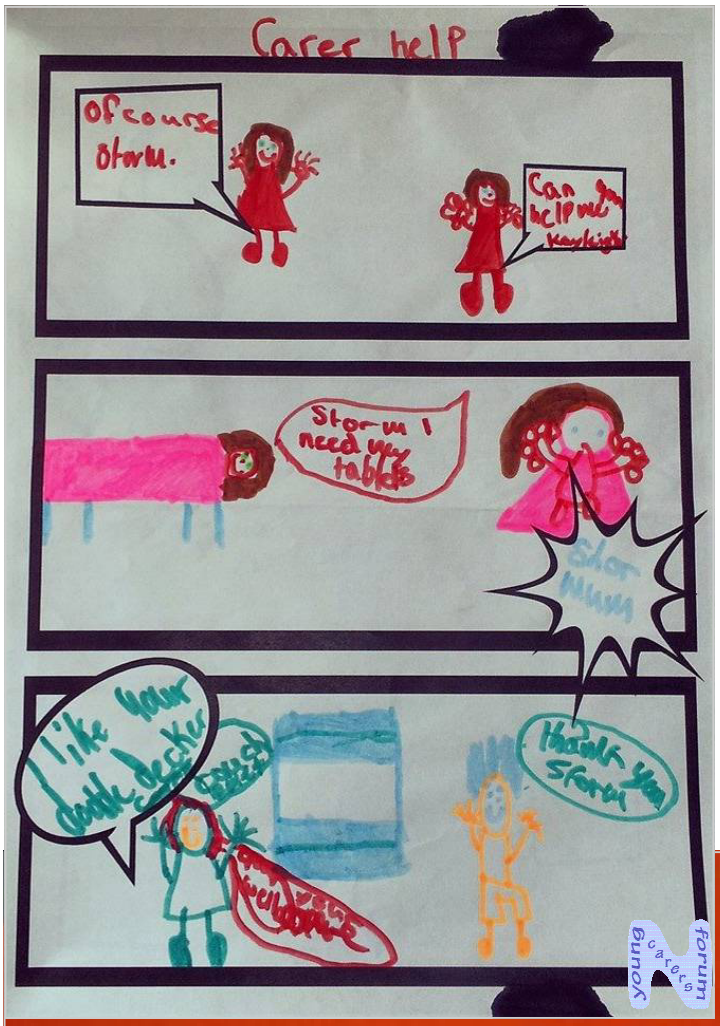
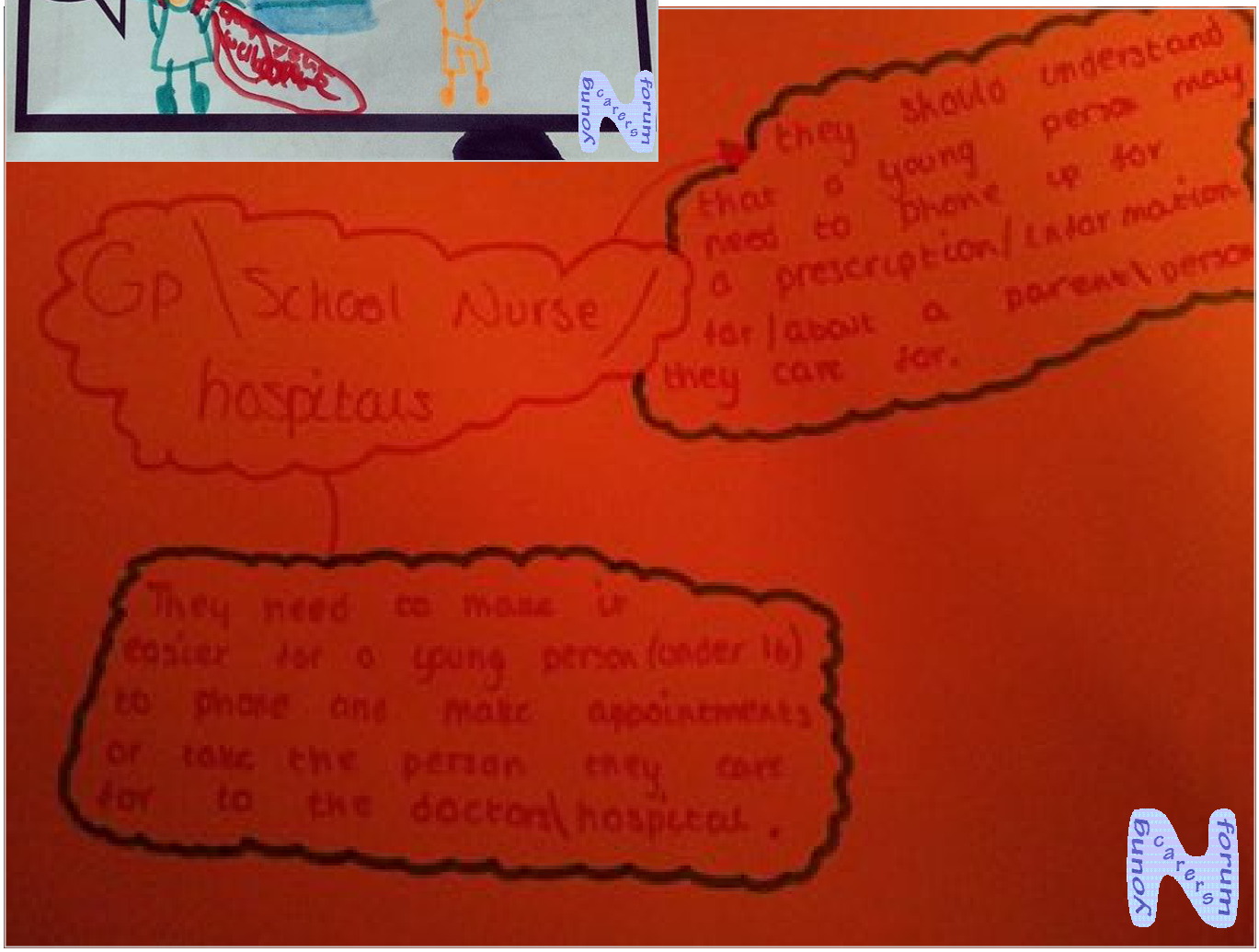
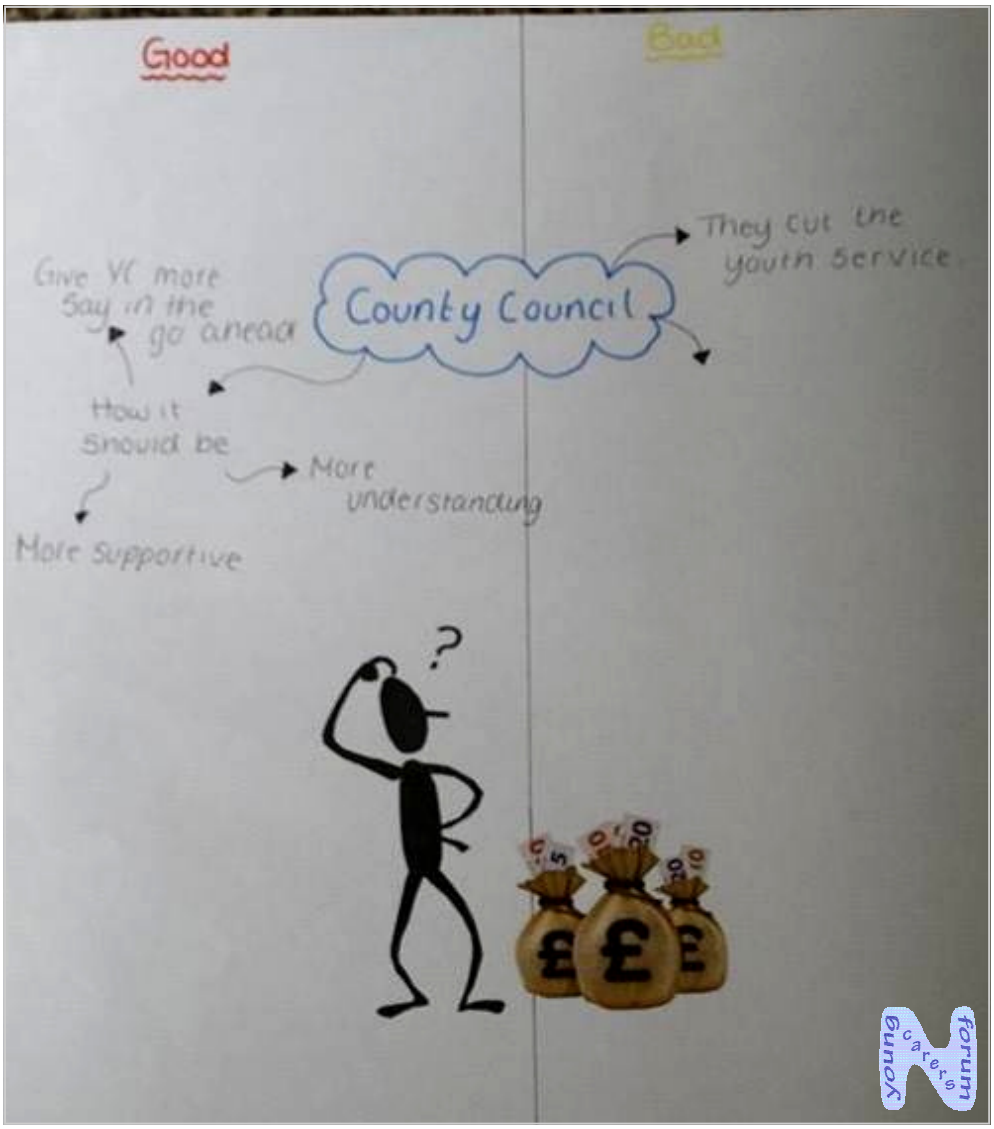
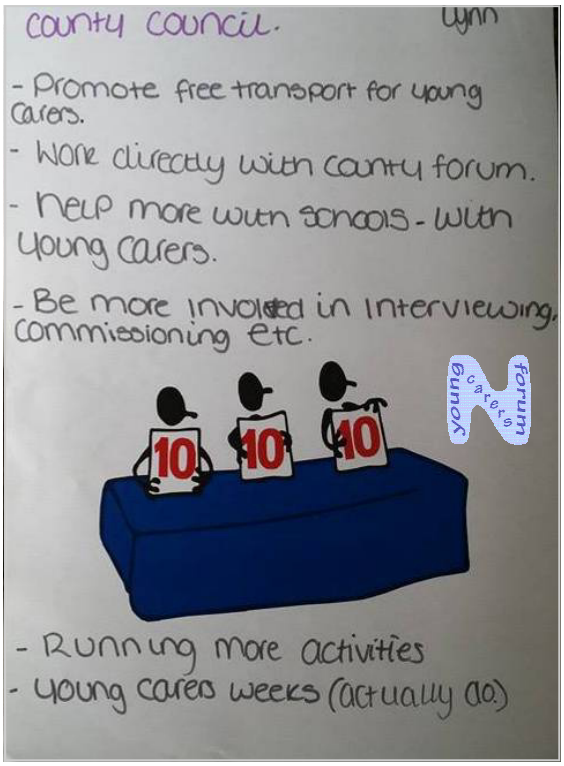
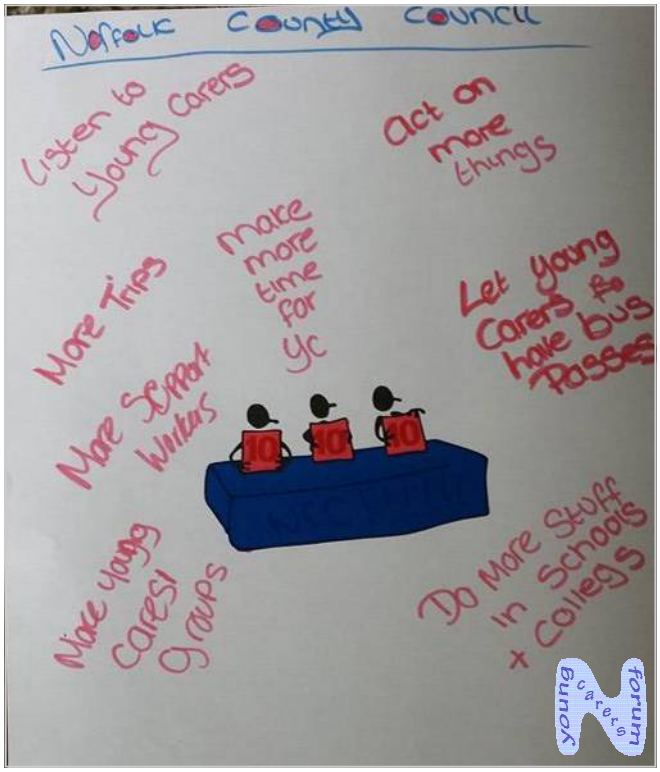




Appendix Three - views about Norfolk County Council







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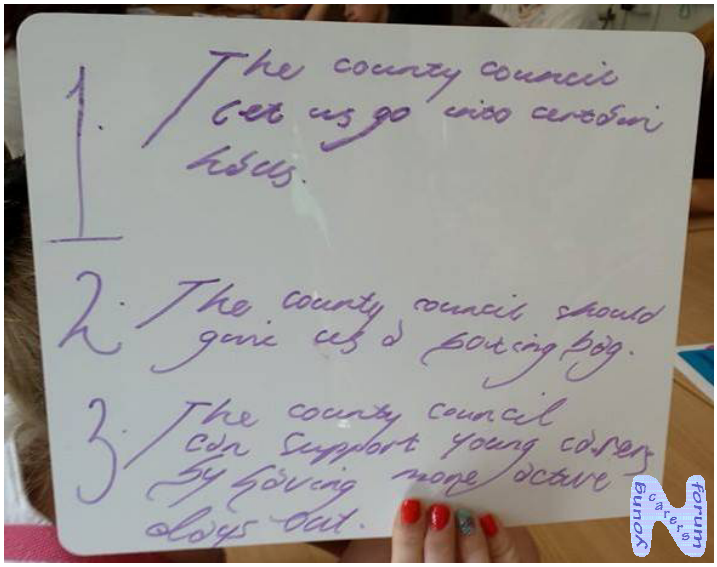
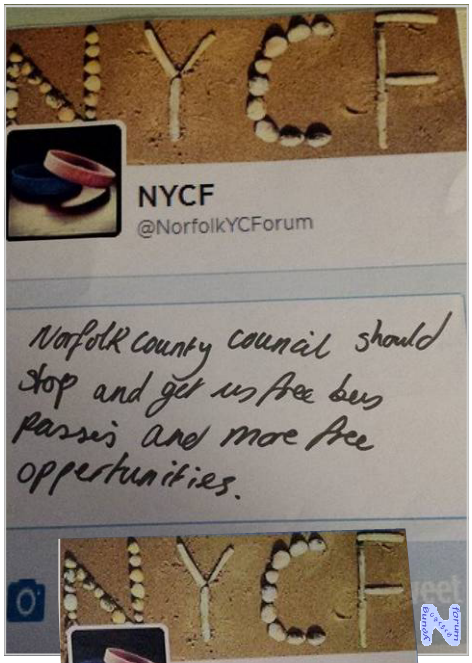
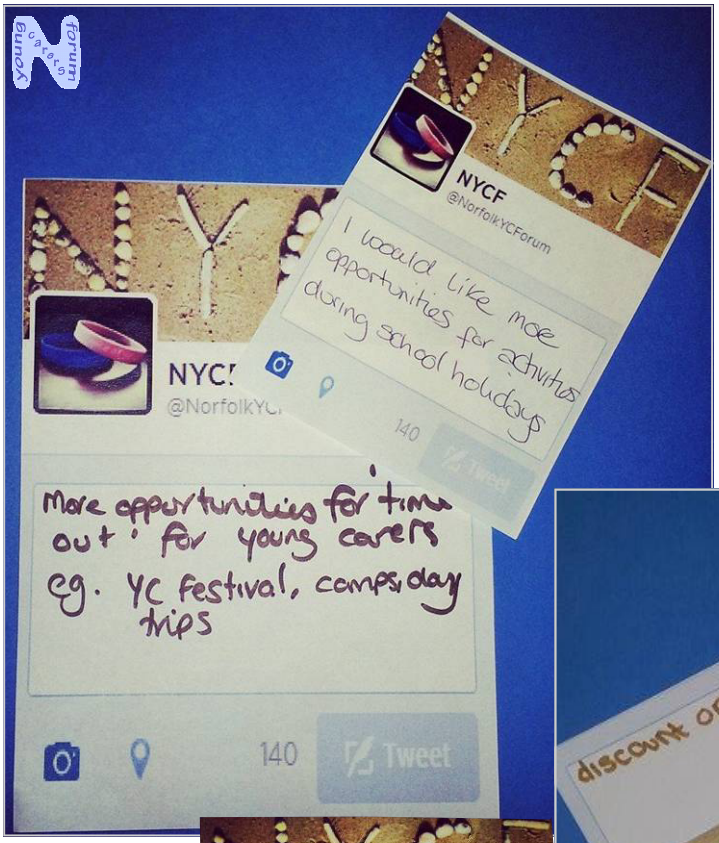
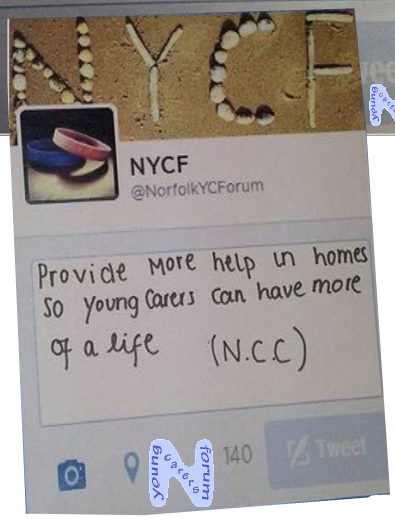
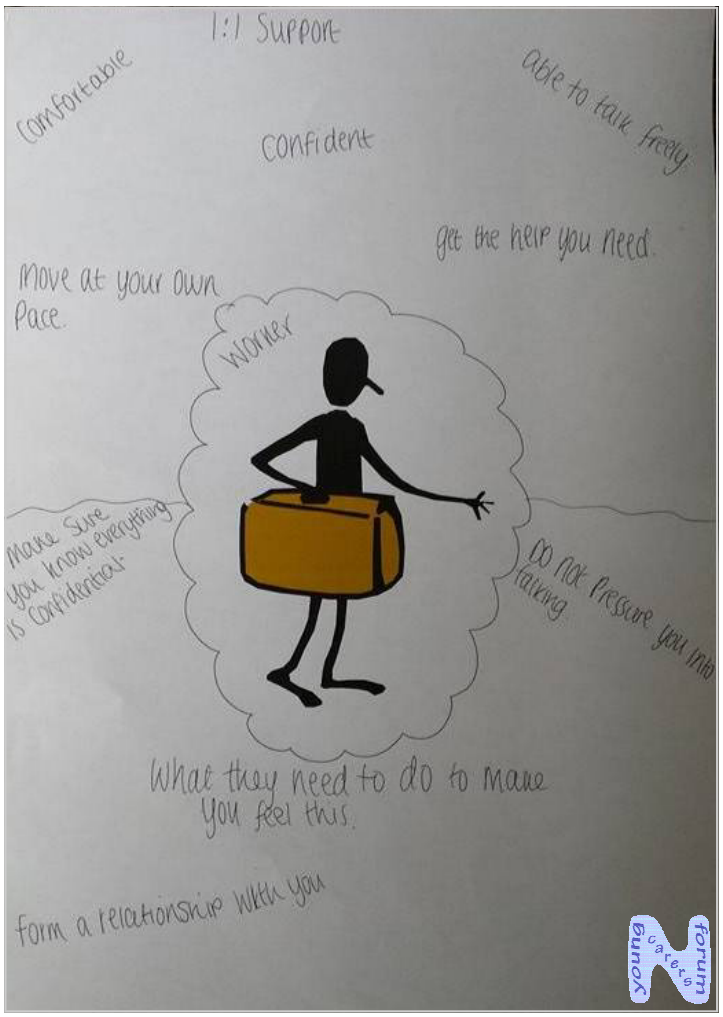


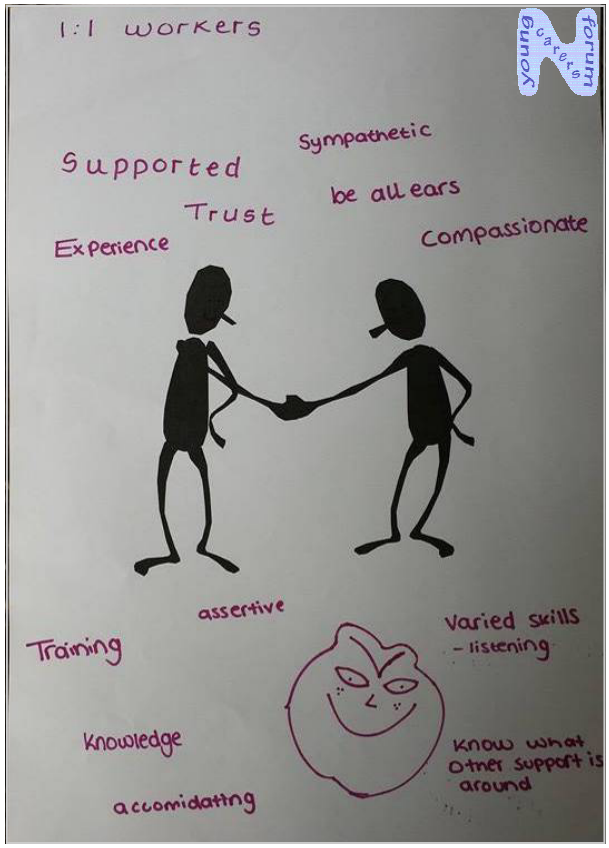


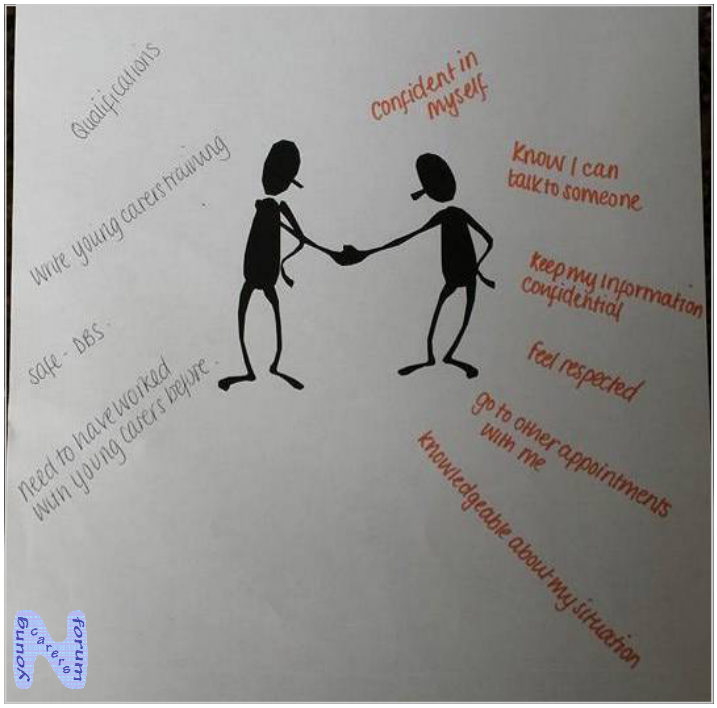


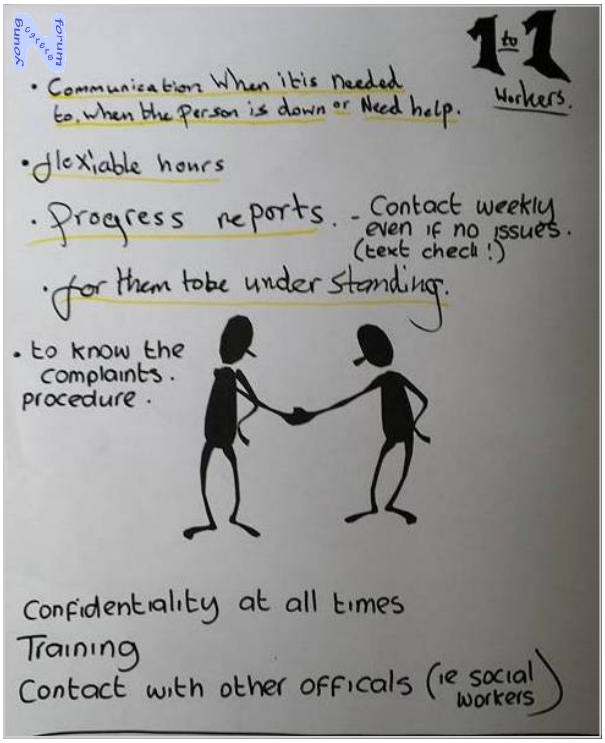


Appendix Four - views about one-to-one support









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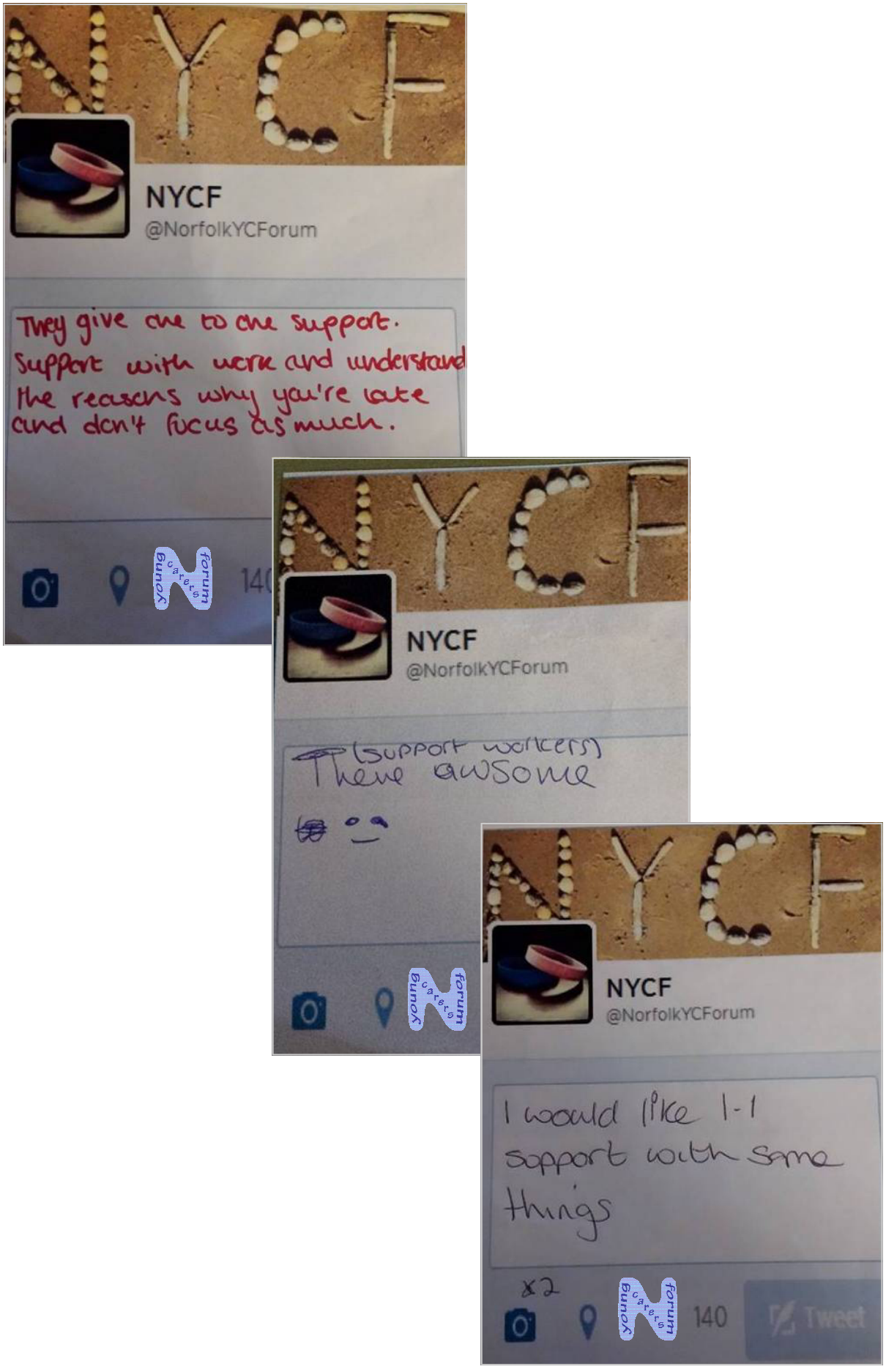
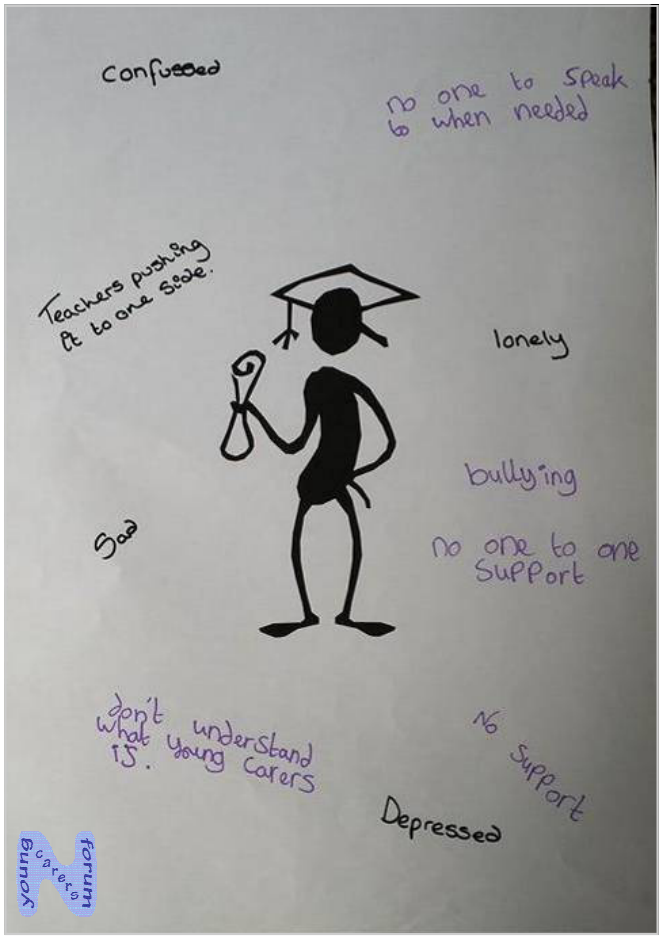
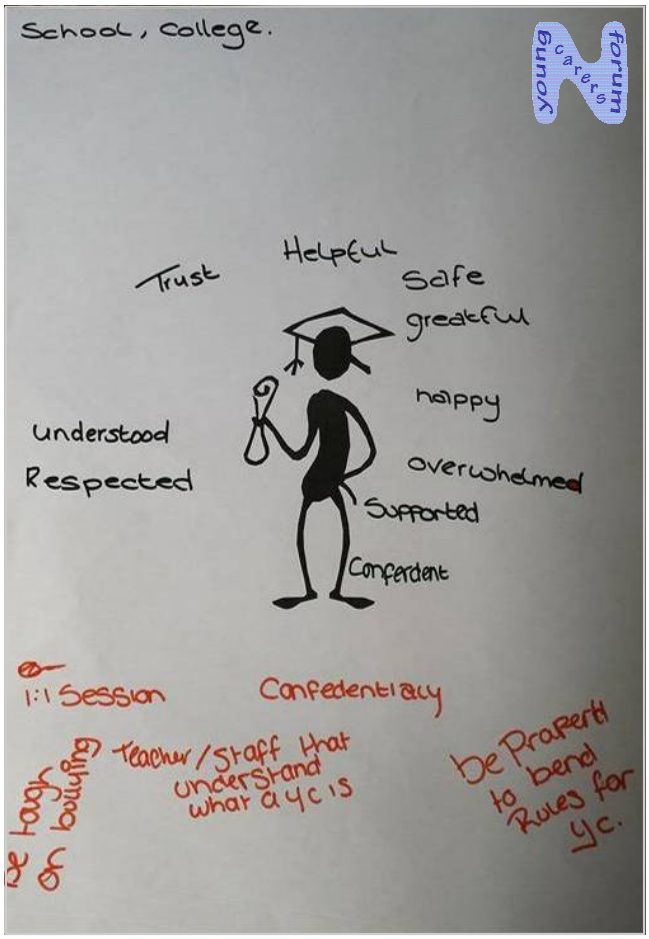
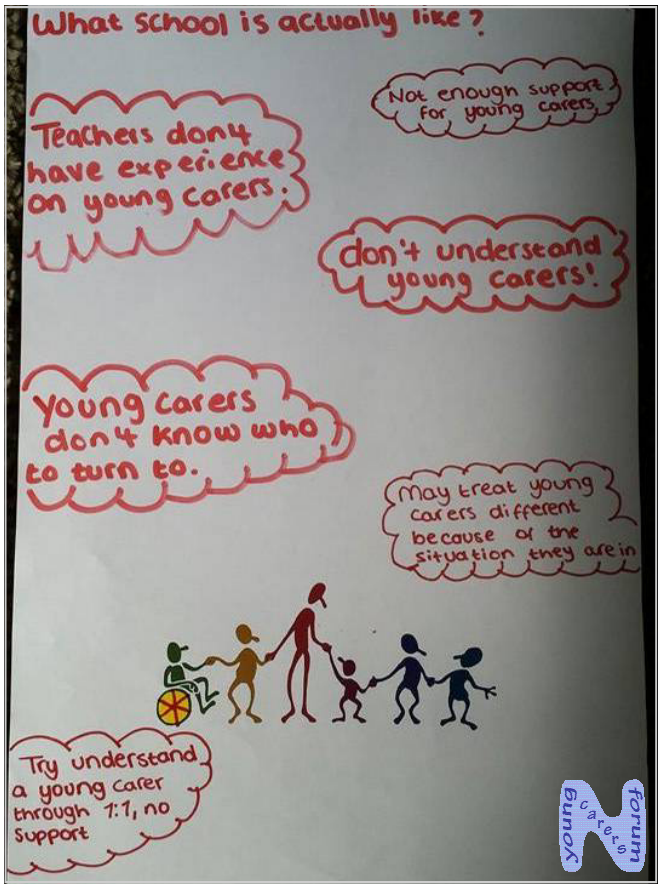
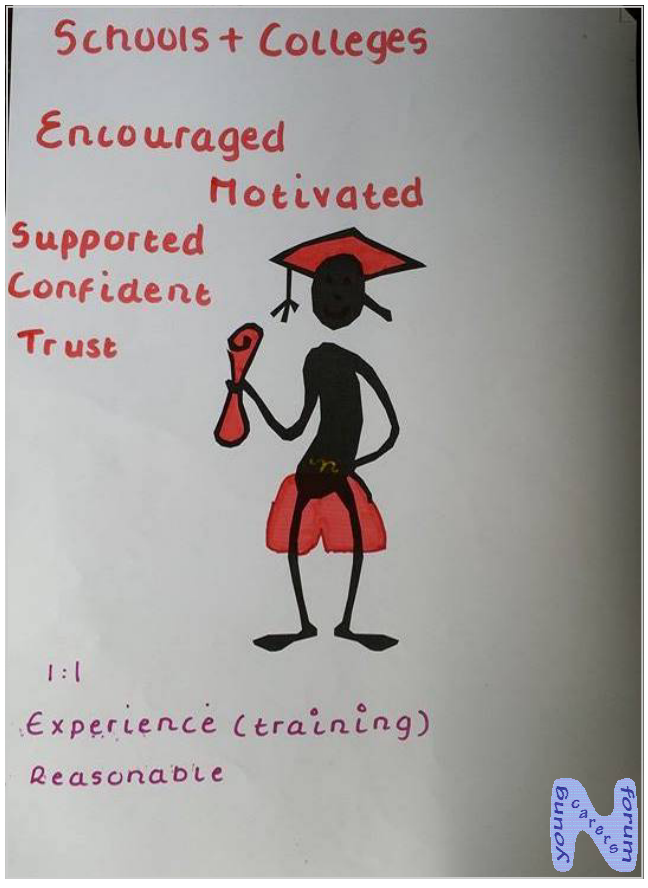


Appendix Four - views about Schools, college and work









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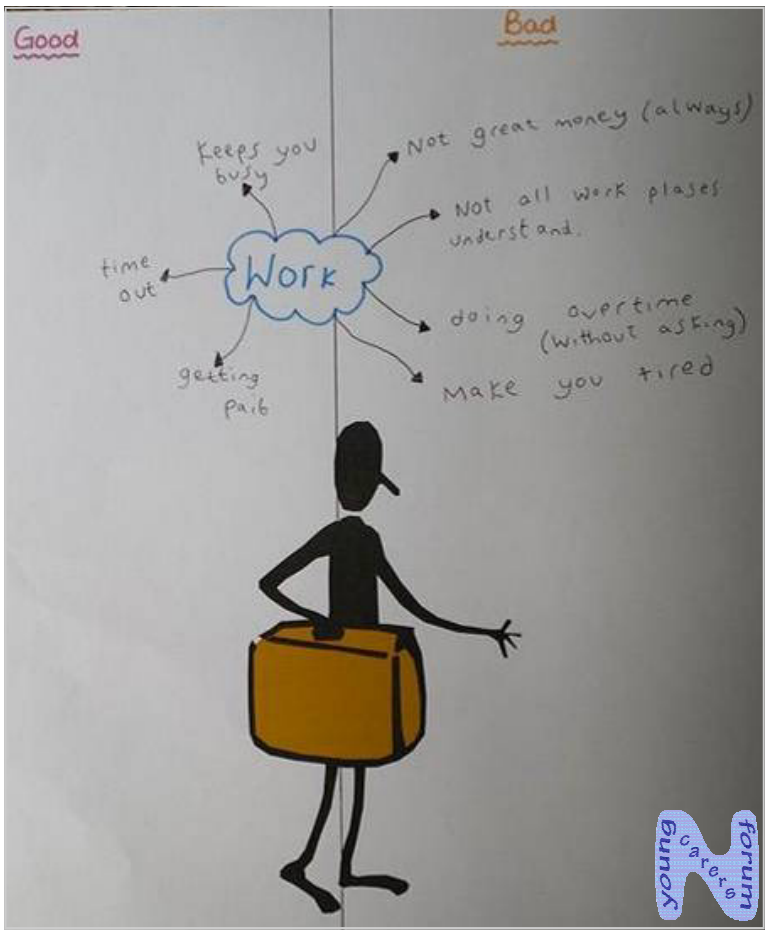
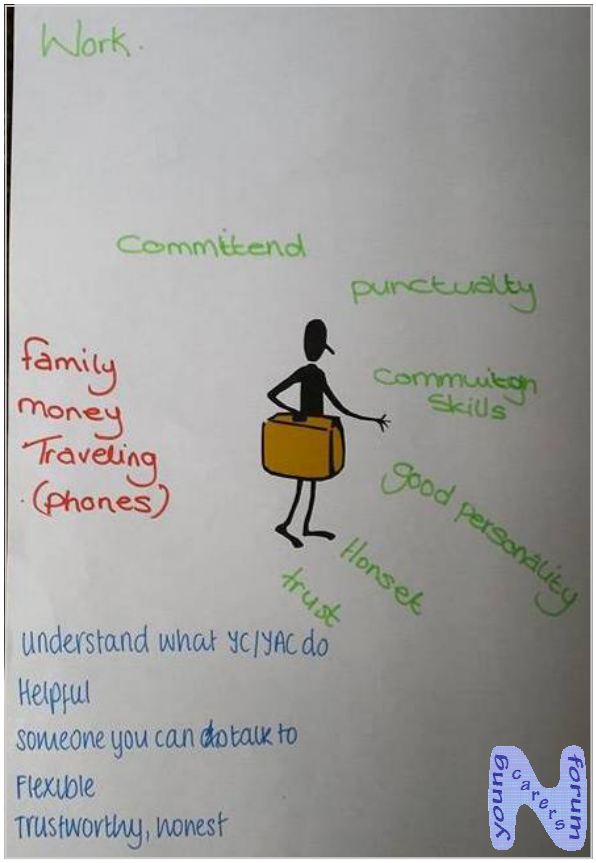
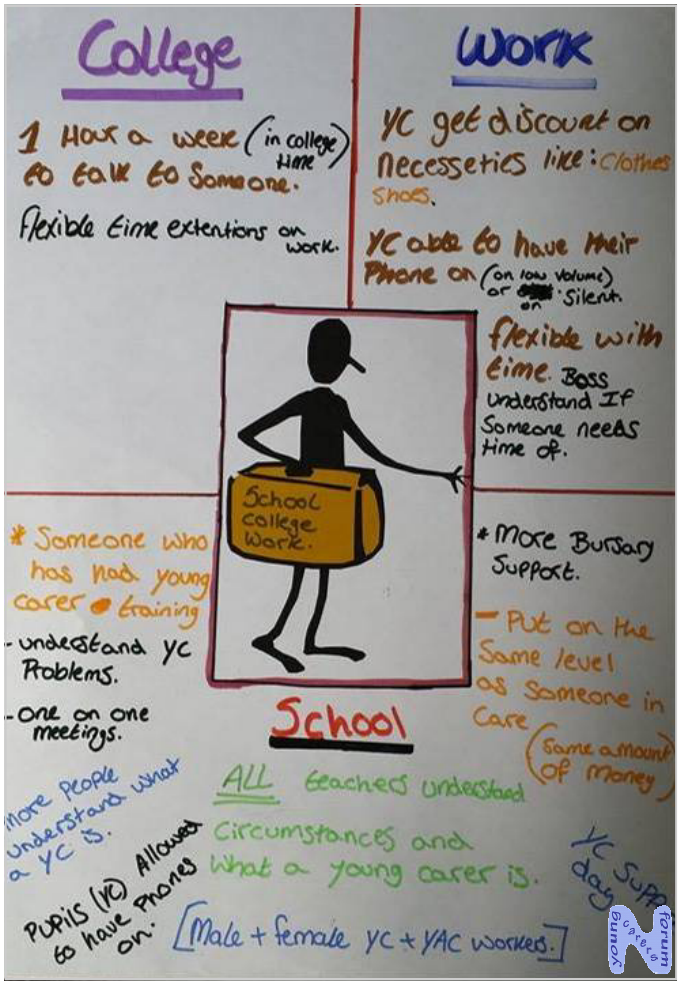
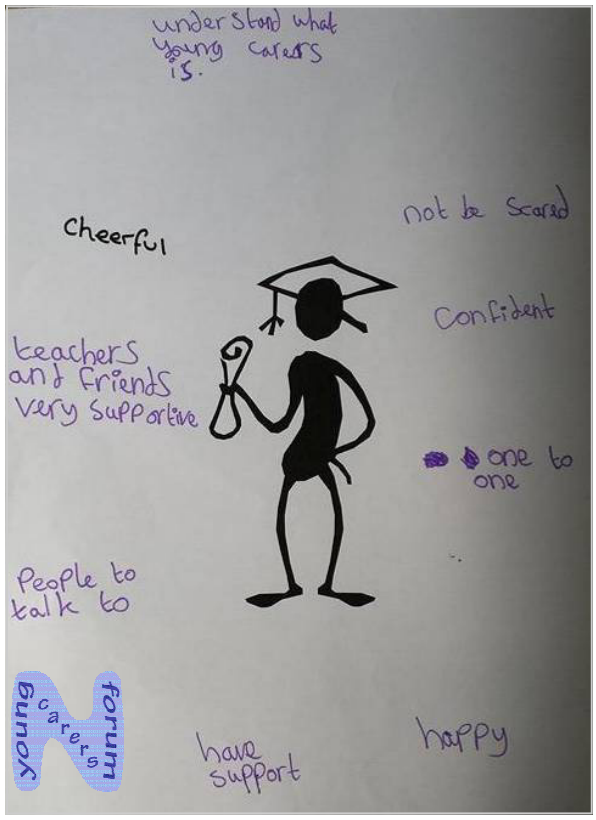


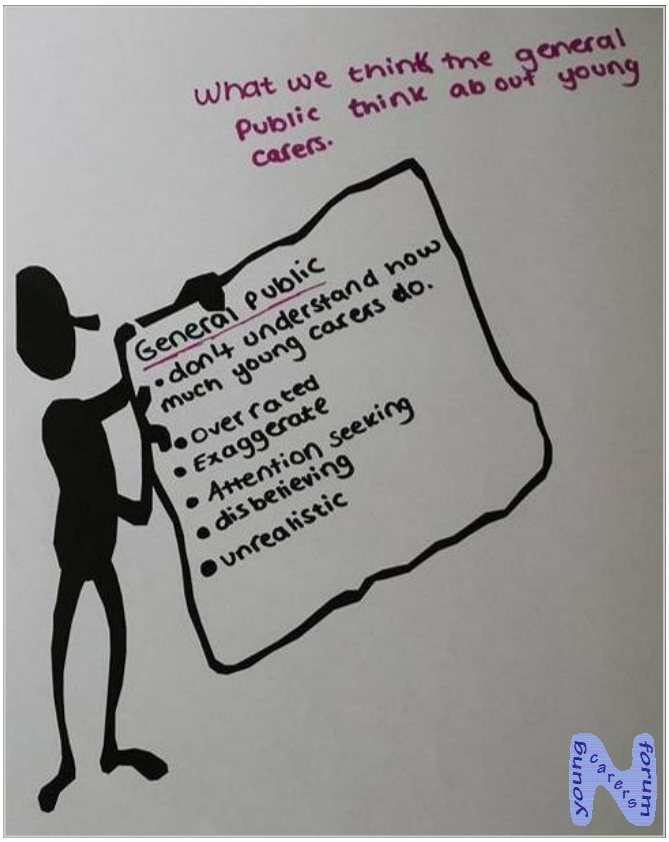


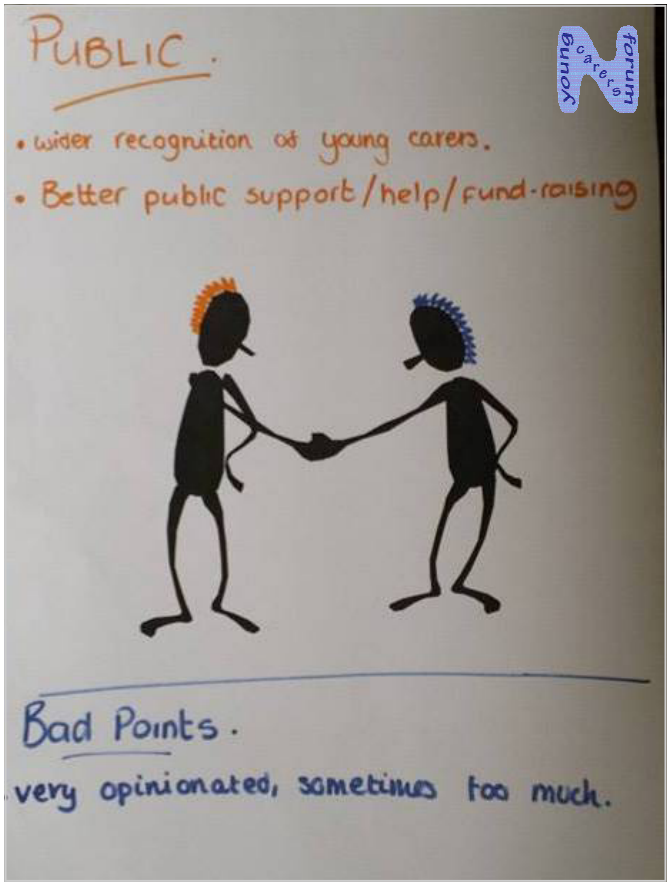




Appendix Four - views about Schools, college and work

Appendix Five - views about what the General Public think of young carers





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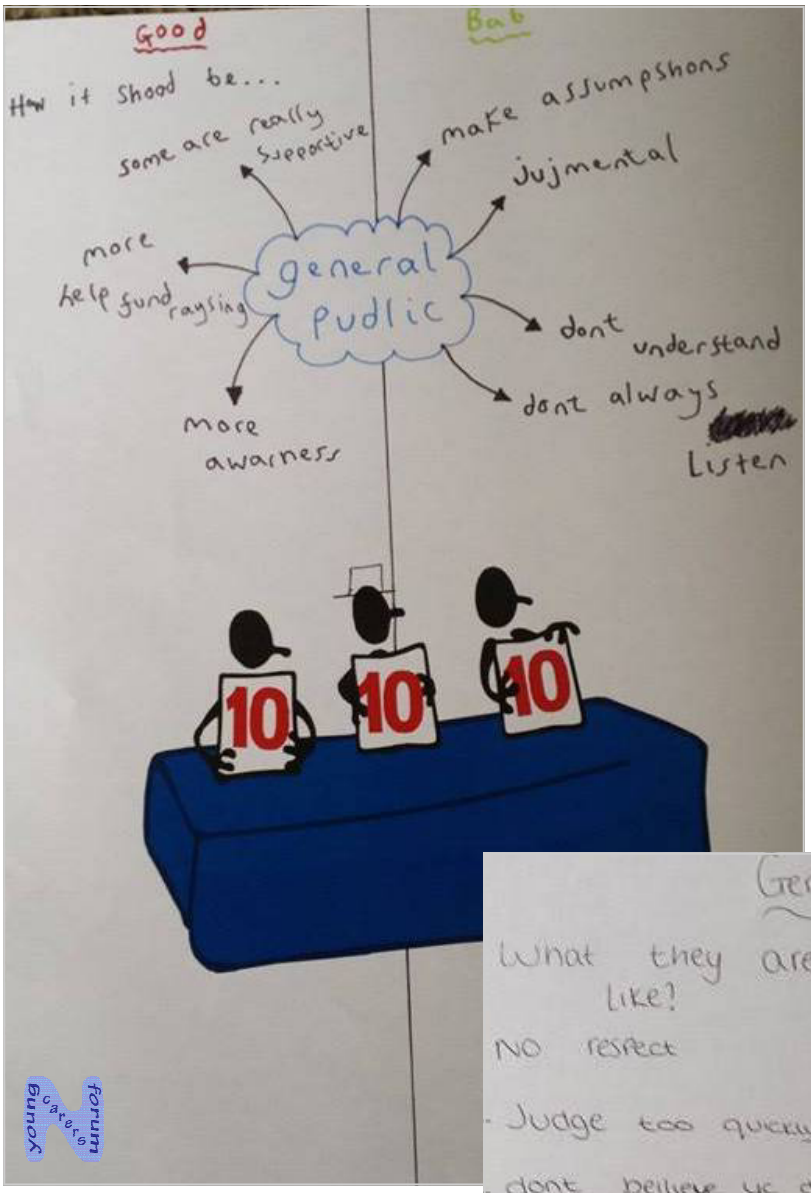

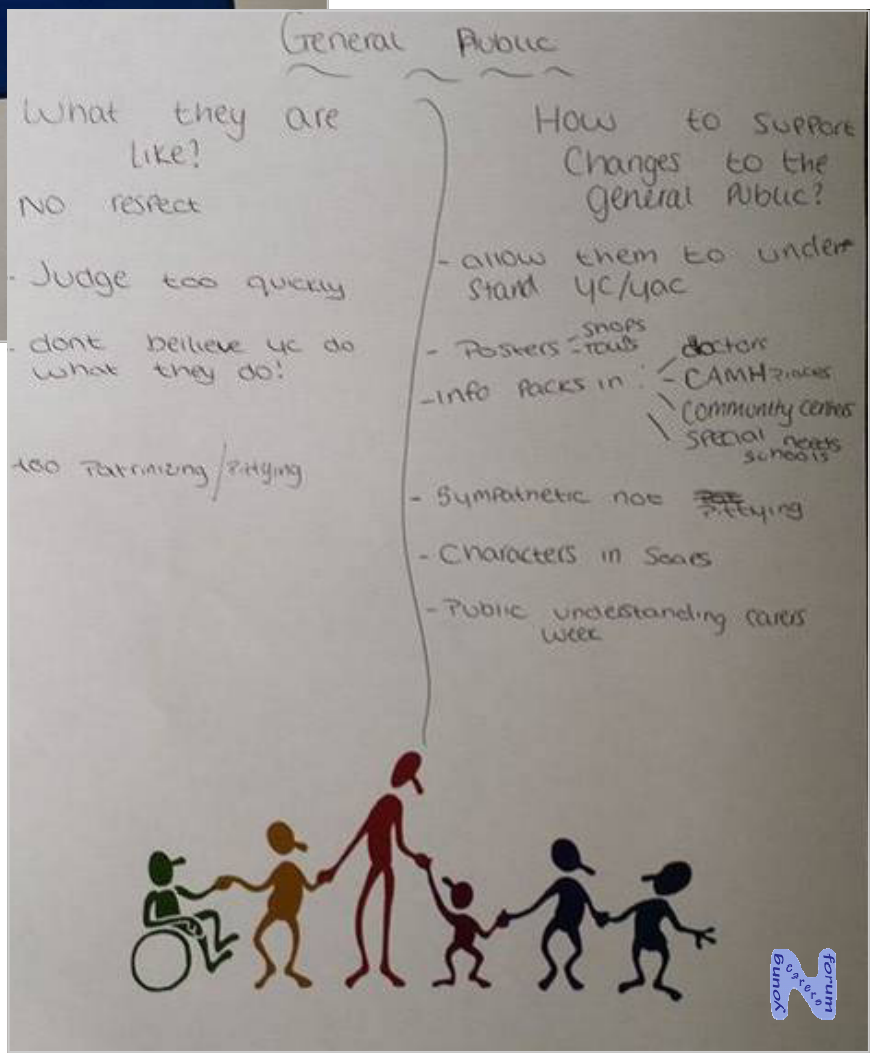

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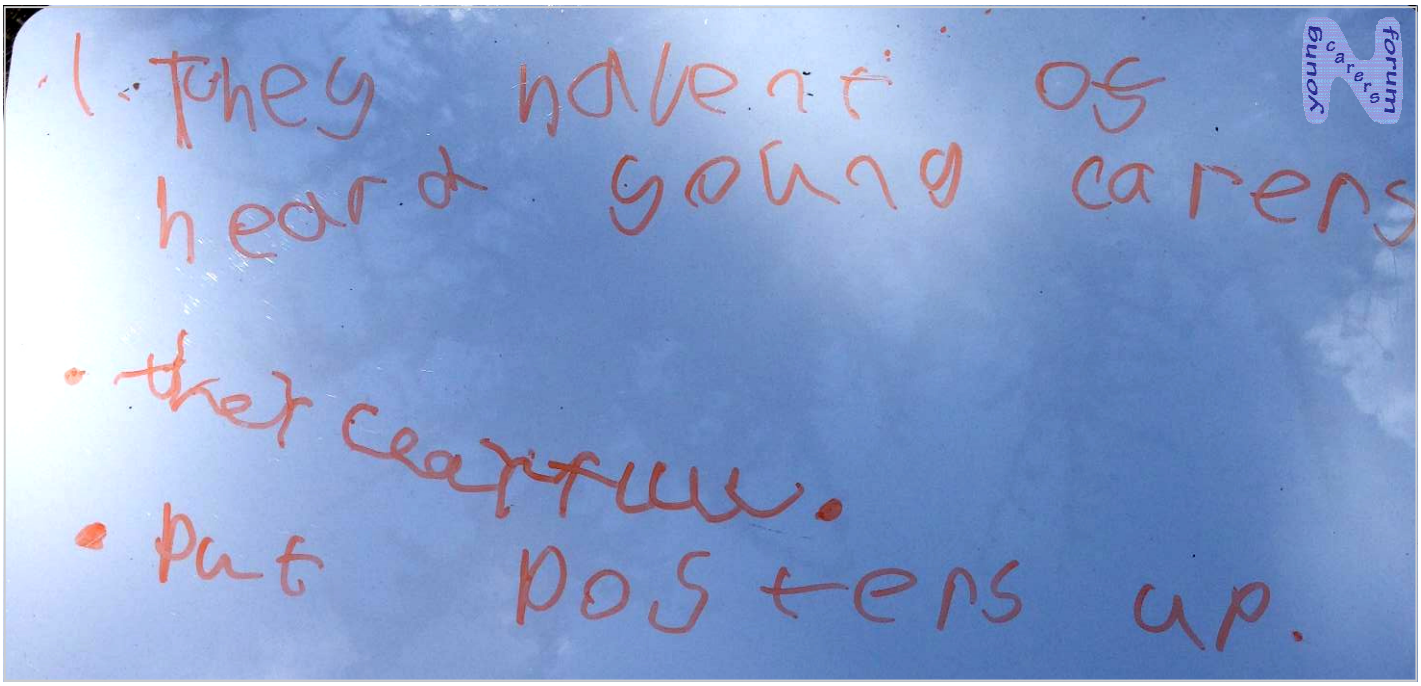
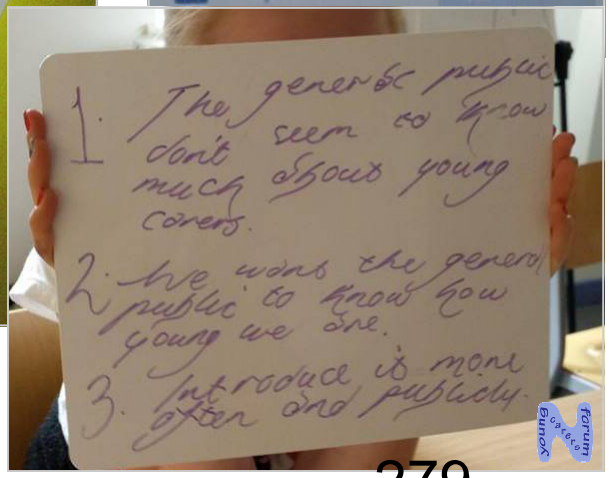
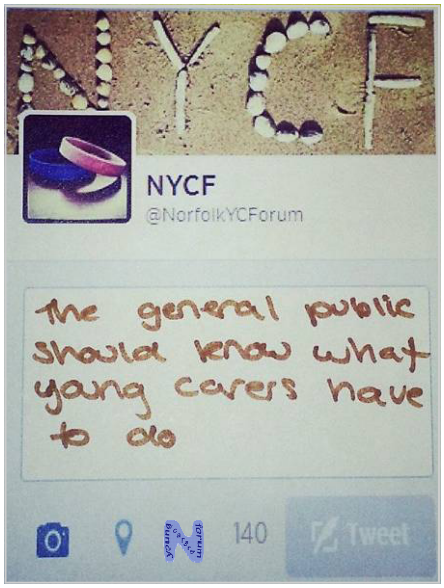
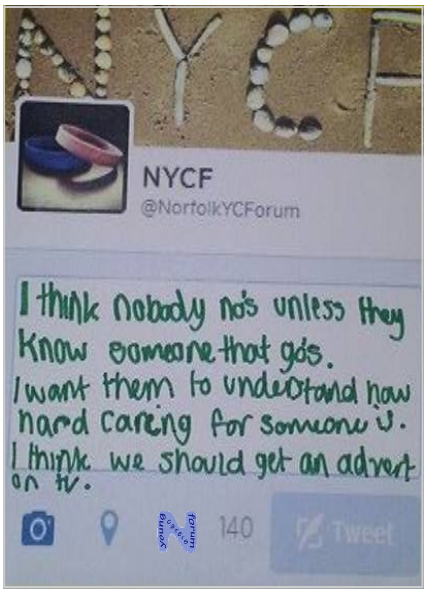
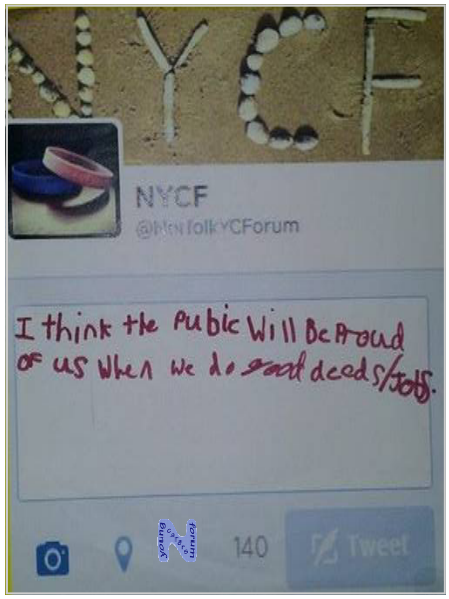




Appendix Five - views about what the General Public think of young carers







Appendix Six - The Tree of promises

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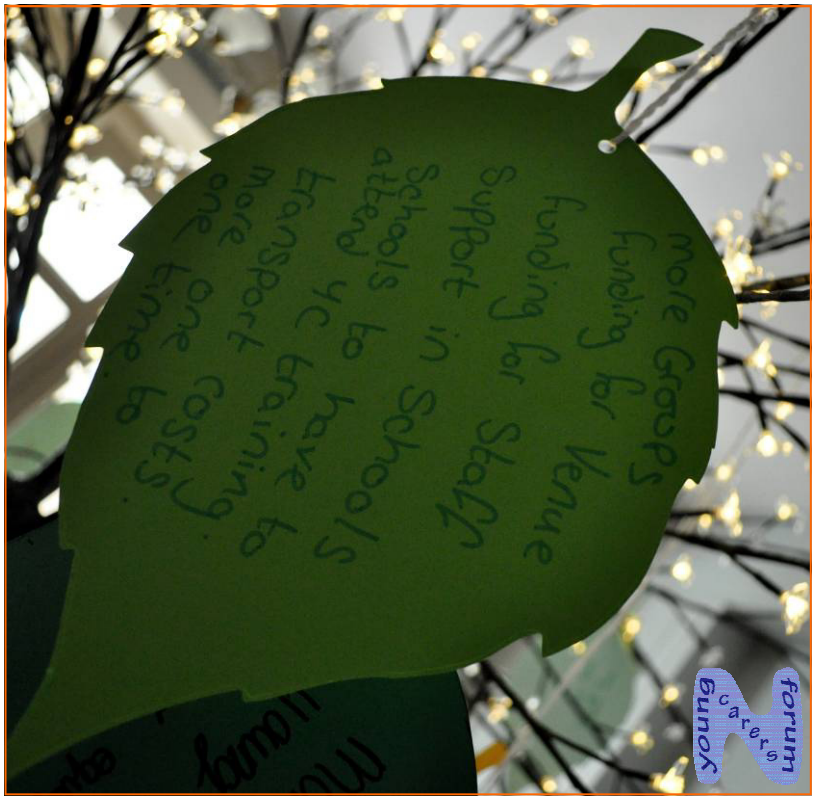

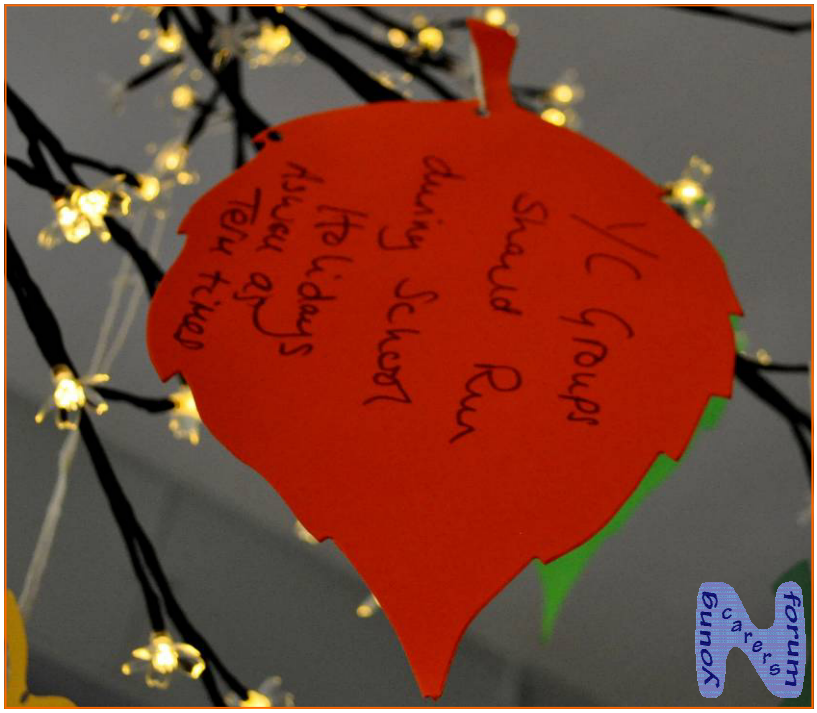

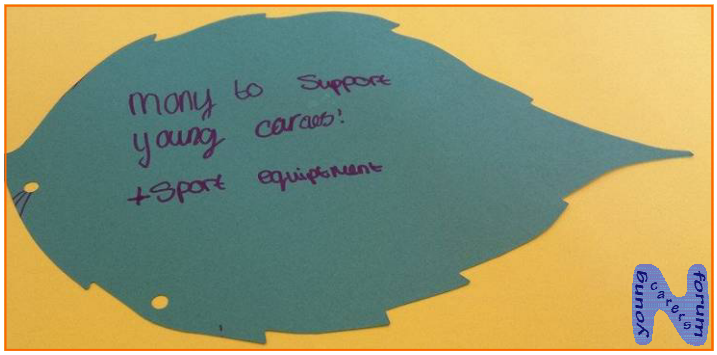

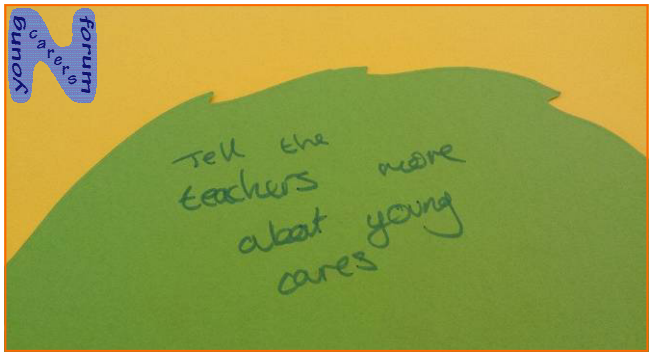

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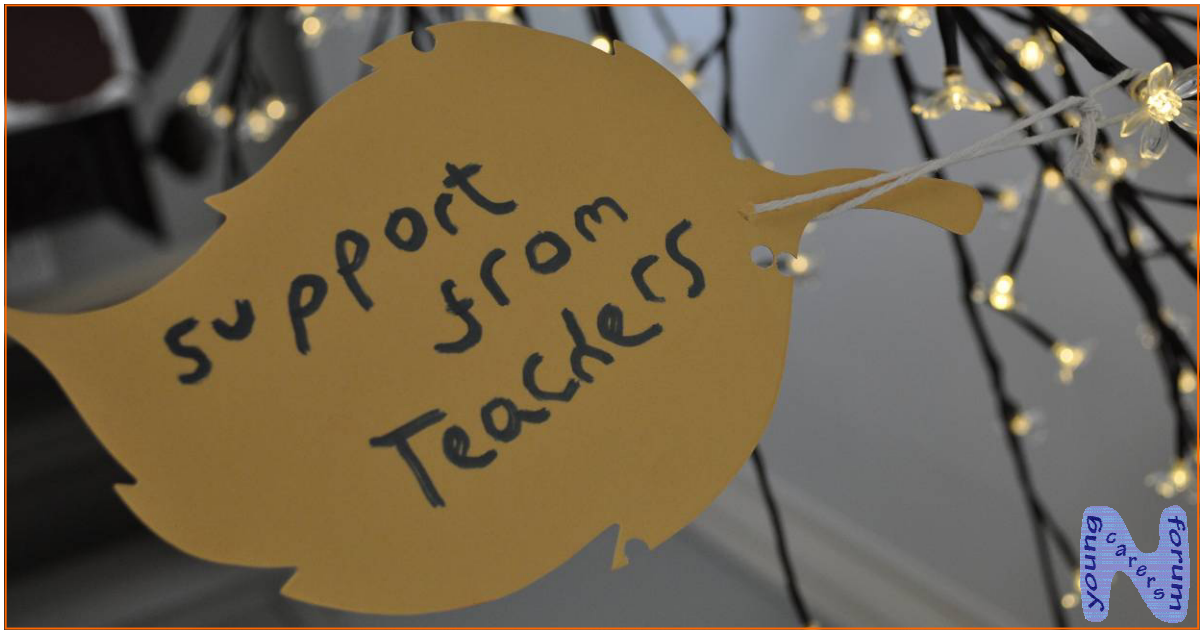

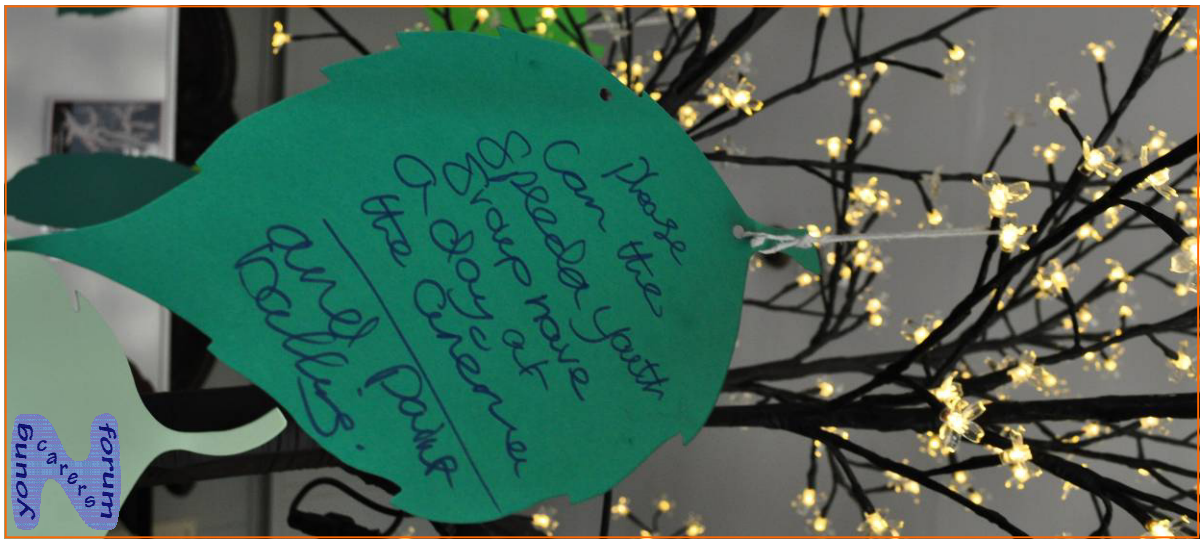

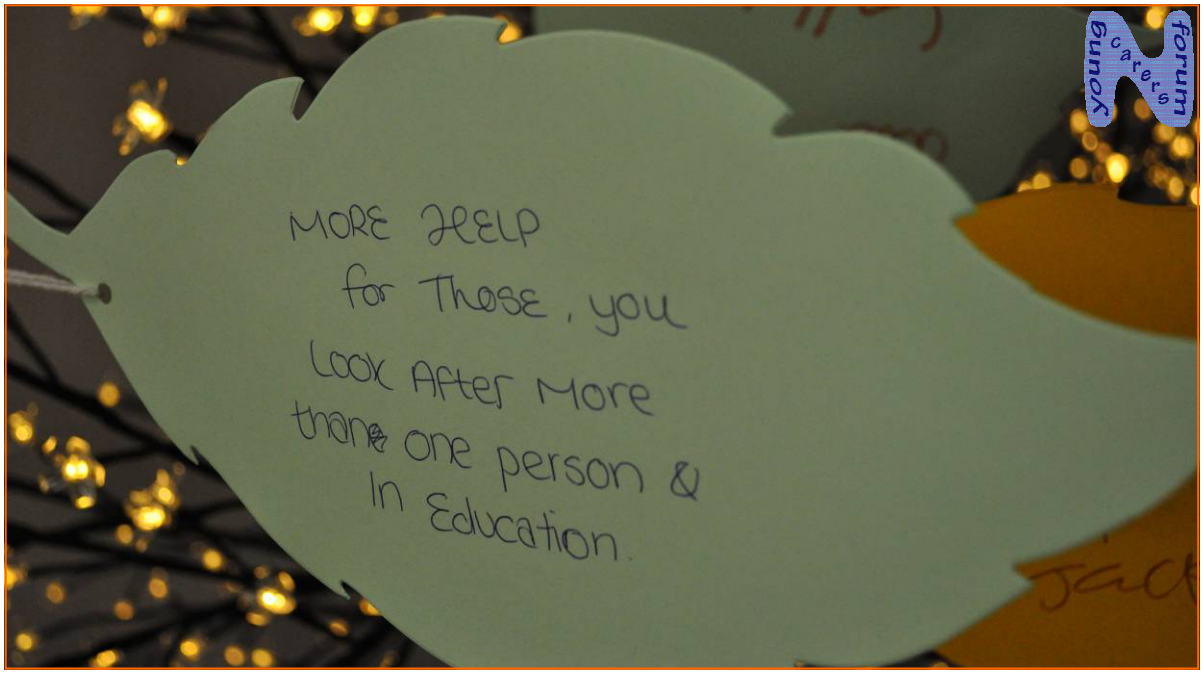

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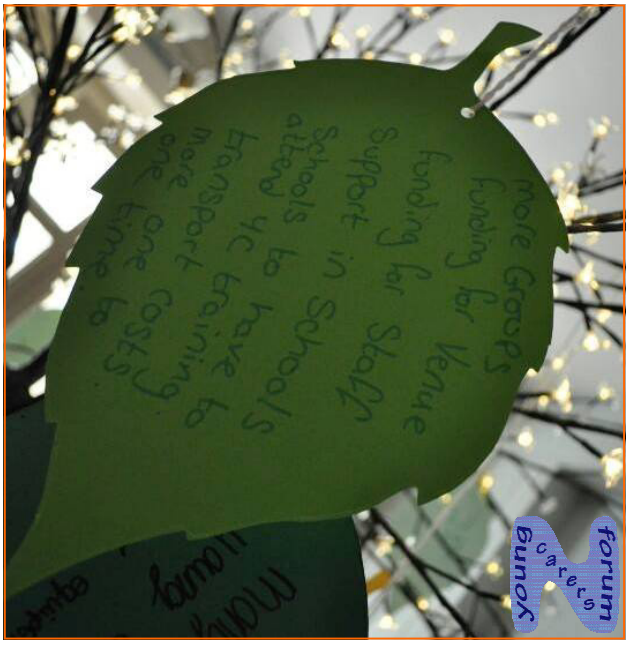

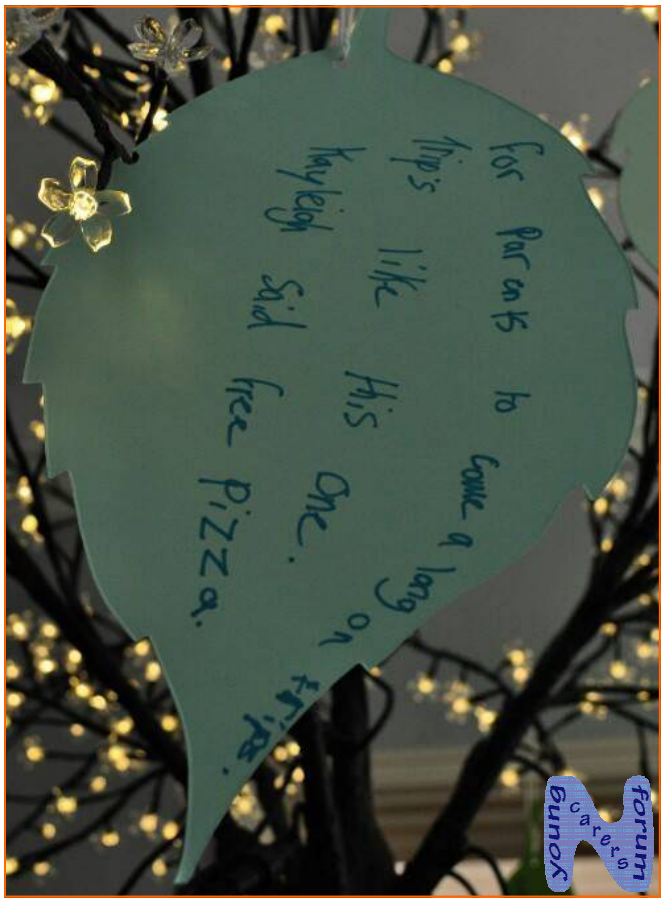

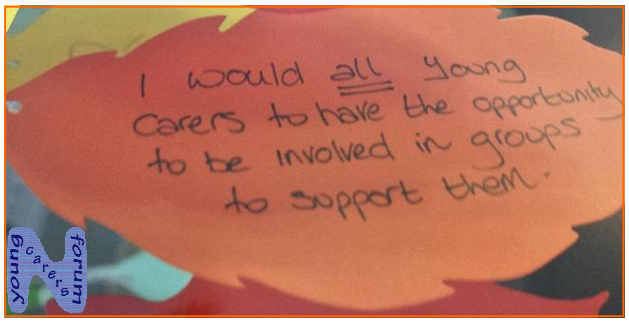

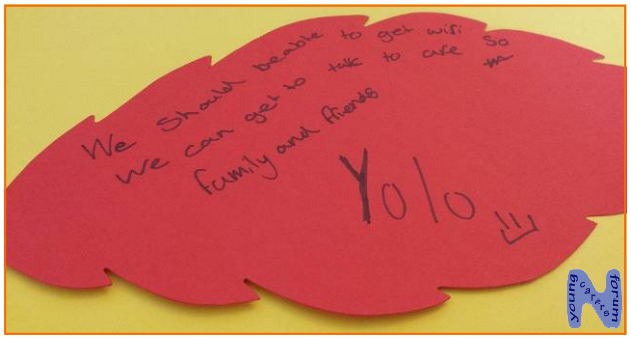

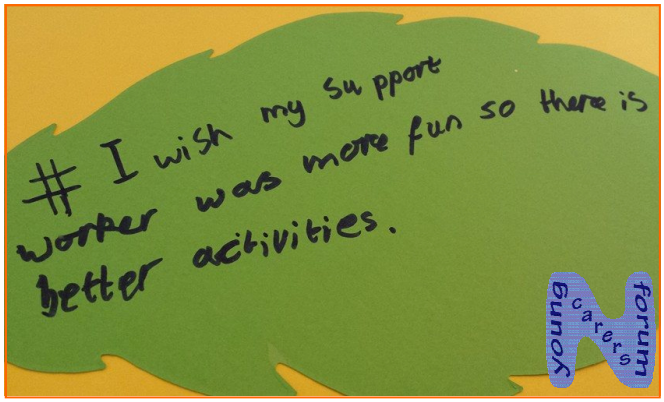

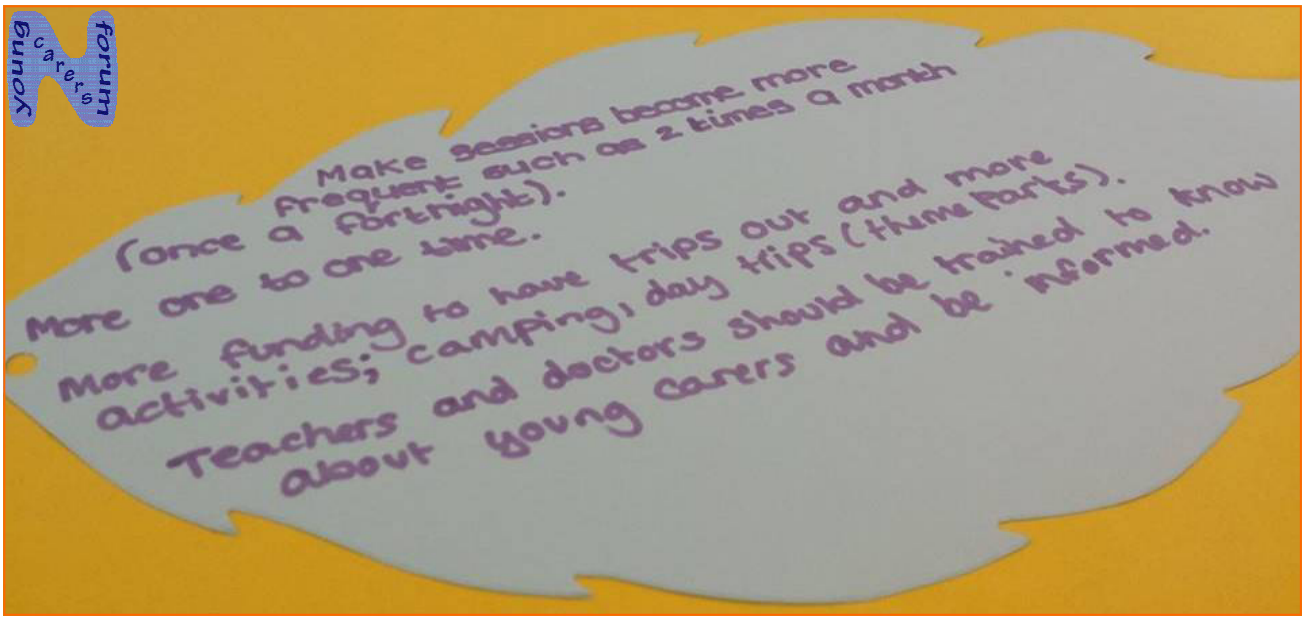

Department for Education

Young carers' draft regulations

Government consultation

Launch date 22 December 2014 Respond by 26 January 2015

Contents

Introduction

Young carers need the same access to education, career choices and wider opportunities as other children in the community without care responsibilities.

Section 96 of the Children and Families Act 2014 introduced new rights for young carers to improve how young carers and their families are identified and supported

From April 2015 all young carers will be entitled to an assessment of their needs from the local authority. This new provision works alongside measures in the Care Act 2014 for assessing adults to enable a "whole family approach" to providing assessment and support.

A "whole family approach" means making sure any assessment takes into account and evaluates how the needs of the person being cared for impacts on the needs of the child who is identified as a possible young carer, or on any other child or on other members of the household. This approach also allows the local authority to combine a young carer's needs assessment with any other assessment in relation to the young carer, the person cared for or another member of the young carer's family.

The Department of Health will shortly be publishing best practice guidance on 'Whole Family Approaches' to assessment.

The national carers strategy was published in June 2008. This sets out the Government's priorities for carers and identifies the actions we will take to ensure the best possible outcomes for carers and those they support. One of the five key outcomes of this is that "*Children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive and to enjoy positive childhoods*". Our commitment to this vision was reaffirmed in the updated action plan for the carers strategy published in October 2014[1].

Who this is for

- Directors of local authority children's services
- Directors of local authority adult services
- Children's services social workers and their managers
- Staff employed or commissioned by local authority adult services
- Lead members in local authorities

[1] Carers Strategy: Second National Action Plan 2014 – 2016
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/368478/Carers_Strategy_-_Second_National_Action_Plan_2014_-_2016.pdf

- Health services managers and staff
- Voluntary organisations supporting and advocating on behalf of young carers and their families
- Young carers and their families.

Issue date

The consultation was issued on 22 December 2014.

Enquiries

If your enquiry is related to the policy content of the consultation you can contact the team on:

- 0207 7838079 for information on young carers policy and ask for Mark Burrows; or
- 0207 340 7444 for information on this consultation and ask for Xane Panayiotou.

or email:

YoungCarers.CONSULTATION@education.gsi.gov.uk

If your enquiry is related to the DfE e-consultation website or the consultation process in general, you can contact the DfE Ministerial and Public Communications Division by email: consultation.unit@education.gsi.gov.uk or by telephone: 0370 000 2288 or via the DfE Contact us page.

Additional copies

Additional copies are available electronically and can be downloaded from GOV.UK DfE consultations.

The response

The results of the consultation and the Department's response will be published on GOV.UK in March 2015.

About this consultation

We wish to seek the views of interested parties on the draft Young Carers' (Needs Assessments) (England) Regulations to put into effect Section 96 of the Children and Families Act 2014. [See Annex 1]

Section 96 of the Children and Families Act 2014 defines a young carer as;

> *"…a person under 18 who provides or intends to provide care for another person (of any age, except where that care is provided for payment, pursuant to a contract or as voluntary work)."*

A local authority must assess whether a young carer within their area has needs for support and, if so, what those needs are, if —

(a) it appears to the authority that the young carer may have needs for support, or;

(b) the authority receives a request from the young carer or a parent of the young carer to assess the young carer's needs for support.

The draft regulations set out;

- the matters to which a local authority must have regard in carrying out a young carer's needs assessment;
- the manner and form of a young carer's needs assessment;
- the matters which a local authority must take into account when carrying out a young carer's needs assessment; and,
- the definition of the term "whole family approach".

We plan to issue final regulations on young carer assessments in March 2015.

Respond online

To help us analyse the responses please use the online system wherever possible. Visit www.education.gov.uk/consultations to submit your response.

Other ways to respond

If for exceptional reasons, you are unable to use the online system, for example because you use specialist accessibility software that is not compatible with the system, you may download a word document version of the form and email it or post it.

By email

YoungCarers.CONSULTATION@education.gsi.gov.uk

By post

Xane Panayiotou, Young Carers consultation
Floor 1
Sanctuary Buildings
Great Smith Street
Westminster
London
SW1P 3BT

Deadline

The consultation closes on 26 January 2015.

Consultation questions - context

Question 1

Regulation 2 - *Citation, commencement and interpretation* - meaning of "whole family approach"

2. In these Regulations, "a whole family approach" means a local authority —

- considering and evaluating the circumstances of a young carer's family and the impact of those circumstances on any child in the family and the young carer's needs for support; and
- considering whether to combine a young carer's needs assessment with any other assessment in relation to the young carer, the person cared for or another member of the young carer's family.

A "whole family approach" to assessment will help identify children undertaking inappropriate or excessive caring roles. A thorough assessment centred on the family should result in appropriate support being provided for the carer, or for the person receiving care, or both. This approach means making sure any assessment takes into account and evaluates how the needs of the person being cared for impacts on the needs of the child identified as a possible young carer, or on any other child, or on other members of the household.

The Children and Families Act modifies section 17 of the Children Act to allow the local authority to combine a young carers' assessment with assessment of adults in the household, where the young carer and the person being cared for agree (section 17ZB (7)).

For example, the Care and Support (Assessment) Regulations 2014 requires that a local authority assessing an individual with care needs must consider the impact of the individual's needs on the well-being, welfare, education and development of any child involved in providing care; and identify whether any of the tasks which the child is performing for the individual are inappropriate for the child to perform having regard to all the circumstances (Regulation 4(3))

These measures are intended to avoid young carers and the people they care for having to be assessed by different agencies working independently and in isolation from one and other. Combining assessments for young carers and their families has the potential to offer a single route enabling them to access the right kind of help.

Question 2

Regulation 3: Matters to which a local authority is to have regard in carrying out a young carer's needs assessment

3. In carrying out a young carer's needs assessment, a local authority must have regard to—

- the preferences and wishes of the young carer;
- the outcomes desired by the young carer;
- any other assessment in relation to the young carer or the person cared for which the authority consider to be relevant;
- any differences of opinion between the young carer and the person cared for with respect to the care which the young carer provides for that person;
- the importance of adopting, and how best to apply, a whole family approach.

Like an assessment of a "child in need" under section 17 of the Children Act, a young carers' needs assessment must take into account the wishes, feelings and aspirations of the child concerned and their family. The assessment should draw on a wide range of evidence about the needs of the child and about the needs of the person they care for and about those of the rest of the family, including other children. This evidence is likely to include information held by adult health and care services.

The young carers' needs assessment must note any differences of opinion between the young carer and the person cared for about the nature of that care and about how, in future, this might be provided to avoid relying on the child having to take on an excessive caring role. Young carers will need the same access to education, career choices and wider opportunities as other children in the community without care responsibilities.

Question 3

Regulation 4: Manner and form of a young carer's needs assessment

4. When carrying out a young carer's needs assessment, a local authority must—

- ensure that the assessment is carried out in a manner which the authority consider to be appropriate and proportionate [in the light of the young carer's needs and circumstances];
- adopt a whole family approach;
- ensure that a person who is to carry out a young carer's needs assessment, in the view of the authority—
  - has sufficient competence, knowledge, skills and training to be able to carry out that assessment;
  - is an appropriate person to carry out the assessment in the light of the young carer's age, circumstances and sex;
- where they consider it appropriate or necessary to do so, consult and involve experts from other disciplines in the carrying out of the assessment;
- ensure that the young carer, the person cared for and, if different, the parents of the young carer are informed about the assessment process and are able to participate in the process as effectively as possible.

The professional appointed to carry out a young carers' needs assessment must have the necessary knowledge and skills to assess the child's developmental needs and make any consequent recommendations about future intervention and support. The views of education and health professionals are likely to help inform the assessment's conclusions about how the child is affected by their responsibilities as a carer. It will also be important for young carers' needs assessment to take account of relevant information about the clinical and care needs of the person cared for which will be known to health and adult care services.

Children and their families must be helped to understand what is involved in participating in an assessment. A written copy of the completed assessment must be given to the young carer, their parents and to any other person, if a young carer, or their parent, requests. Young carers and their families must also understand how to make representations or complain, if they are dissatisfied with the conduct of the assessment.

Question 4

Regulation 5: Matters which a local authority is to determine when carrying out a young carer's needs assessment

5. When carrying out a young carer's needs assessment a local authority must determine—

- the amount, nature and type of care which the young carer provides;
- the impact of the caring role on the young carer's wellbeing, welfare, education and development;
- whether any of the caring tasks the young carer is performing are inappropriate for the young carer to perform having regard to all the circumstances
- where the person cared for is a child, whether an assessment of their needs for support has been carried out, and if not, to request one;
- where the person cared for is an adult, whether an assessment of their needs for support has been carried out, and if not, to offer one.
- whether any of the young carer's needs for support could be met by providing [support] [services] to—
    - the person cared for [by the young carer]; or
    - another member of the young carer's family.
- what the young carer's needs for support would be likely to be if he or she were relieved of part or all of his or her caring role and whether the young carer has any remaining unmet support needs;

Children's services may become aware of a child carrying out a caring role in a number of ways. These could include referral from adult social care or health services following assessment or treatment of an adult in the household, or referral from a school, perhaps because a child is repeatedly absent or late.

When assessing the needs of a young carer, the professional(s) responsible must take into account the impact of the child's caring role on their health and development. The assessment should address:

- whether the child's caring role limits their educational opportunities, perhaps because it means there are reasons why they are absent from school; or
- whether caring prevents the child from building relationships and friendships; or
- how caring affects the child's emotional wellbeing.

The assessment must also reach a view about whether any of the child's caring tasks are "inappropriate", in view of child's own needs and personal circumstances. Inappropriate tasks could include:

- personal care such as bathing and toileting;
- carrying out strenuous physical tasks such as lifting;
- administering medication;
- maintaining the family budget; or
- emotional support to the adult.

If, as a result of their caring role, a young carer is assessed as unlikely to achieve, maintain, or have the opportunity of achieving or maintaining a reasonable standard of health or development without the provision for services, they will be a "child in need", under Section 17 of the Act, and entitled to services to support them. Services could be provided by children's services but could also include assistance from local adult services or from health services (though there is no duty under the Care Act to meet the needs of an adult who does not otherwise meet the eligibility criteria in order to support a carer under 18).The provision of services to support the person the child cares for will help the young carer by limiting the extent of their caring responsibilities.

Annex 1

STATUTORY INSTRUMENTS

2015 No. 000

CHILDREN AND YOUNG PERSONS, ENGLAND

SOCIAL CARE, ENGLAND

The Young Carers' (Needs Assessments) (England) Regulations 2015

Made - - - -	*2015*
Laid before Parliament	*2015*
Coming into force - -	*1st April 2015*

The Secretary of State makes the following Regulations in exercise of the powers conferred upon him by sections 17ZB(8) of the Children Act 1989([2]).

Citation, commencement and interpretation

1. These Regulations may be cited as the Young Carers' (Needs Assessments) (England) Regulations 2015 and come into force on 1st April 2015.

2. In these Regulations, "a whole family approach" means a local authority—

(a) considering and evaluating the circumstances of a young carer's family and the impact of those circumstances on any child in the family and the young carer's needs for support; and

(b) considering whether to combine a young carer's needs assessment with any other assessment in relation to the young carer, the person cared for or another member of the young carer's family.

Matters to which a local authority is to have regard in carrying out a young carer's needs assessment

3. In carrying out a young carer's needs assessment, a local authority must have regard to—

(a) the preferences and wishes of the young carer;

(b) the outcomes desired by the young carer;

(c) any other assessment in relation to the young carer or the person cared for which the authority consider to be relevant;

(d) any differences of opinion between the young carer and the person cared for with respect to the care which the young carer provides for that person;

(e) the importance of adopting, and how best to apply, a whole family approach.

([2]) 2013 c.[XXX].

Manner and form of a young carer's needs assessment

4. When carrying out a young carer's needs assessment, a local authority must—

(a) ensure that the assessment is carried out in a manner which the authority consider to be appropriate and proportionate [in the light of the young carer's needs and circumstances];

(b) adopt a whole family approach;

(c) ensure that a person who is to carry out a young carer's needs assessment, in the view of the authority—

(i) has sufficient competence, knowledge, skills and training to be able to carry out that assessment;

(ii) is an appropriate person to carry out the assessment in the light of the young carer's age, circumstances and sex;

(d) where they consider it appropriate or necessary to do so, consult and involve experts from other disciplines in the carrying out of the assessment;

(e) ensure that the young carer, the person cared for and, if different, the parents of the young carer are informed about the assessment process and are able to participate in the process as effectively as possible.

Matters which a local authority is to determine when carrying out a young carer's needs assessment

5. When carrying out a young carer's needs assessment a local authority must determine—

(a) the amount, nature and type of care which the young carer provides;

(b) the impact of the caring role on the young carer's wellbeing, welfare, education and development;

(c) whether any of the caring tasks the young carer is performing are inappropriate for the young carer to perform having regard to all the circumstances

(d) where the person cared for is a child, whether an assessment of their needs for support has been carried out, and if not, to request one;

(e) where the person cared for is an adult, whether an assessment of their needs for support has been carried out, and if not, to offer one.

(f) whether any of the young carer's needs for support could be met by providing [support] [services] to—

(i) the person cared for [by the young carer]; or

(ii) another member of the young carer's family.

(g) what the young carer's needs for support would be likely to be if he or she were relieved of part or all of his or her caring role and whether the young carer has any remaining unmet support needs;

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Reference: DFE-00732-2014

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Children's Services Committee

Item No 15

Report title:	**Children's Services Integrated Performance and Finance Monitoring Draft report for 2014-2015**
Date of meeting:	**13 January 2105**
Responsible Chief Officer:	**Sheila Lock** **Interim Director of Children's Services**

Strategic impact

Norfolk Children's Services continues its intensive and extensive improvement activities under the direction of the Children's Services Committee and the independently chaired Norfolk Education Challenge Board and Norfolk Safeguarding Children Board. Committee Members have stated that they wish to diligently oversee these improvements to ensure that all elements of Children's Services operations are increasingly evidencing greater effectiveness and efficiency.

The increasingly sophisticated performance and challenge functions being put in place are ensuring that there is an array of detailed evidence available to ensure that Members are sighted on all aspects of Children's Services Improvement as they progress. Accordingly members will see progress on a range of indicator and trend data and areas of variance such as over or under performance. Alongside the Task and Finish Groups and fact-finding activities planned for Members, these reports are assisting Committee Members in their strategic decision-making.

Executive summary

This report provides an update on operational performance within children's Services including Support for School Improvement, Social Care and Safeguarding and finance monitoring information for the 2014/15 financial year.

The report set out financial monitoring data for the period ending 30 November 2014.

The report also sets out the variations between the approved budget for 2014/15 and the actual spending during the year. The paper comments on the Children's Services Revenue Budget, Capital Budget, School Balances and Children's Services Reserves and Provisions.

Support for School Improvement

- The improvement scorecard for 2014 – 2015 reflects the priority for focusing on district variation and the outcomes for disadvantaged pupils. Trends in data are shown however should be treated with caution as it is still early in the school year.
- For Early Years Foundation Stage learners the autumn 1 data from schools shows little difference in most districts from the 2014 outcomes with the exception of Breckland, which indicates a predicted decline of 3%.
- For Key Stage 2, most districts are predicting overall outcomes similar to those achieved in 2014. Broadland is predicting a 1% rise and Great Yarmouth a 2% drop. For pupils eligible for Free School Meals some significant rises are predicted in Breckland, Kings Lynn and West Norfolk. Great Yarmouth district are currently predicting a 4% drop for this group of pupils.
- For Key Stage 4 pupils the predictions for the expected outcome indicate a 3% rise overall for 2015. Great Yarmouth is predicting a 7% rise. For pupils eligible for Free School Meals some significant rises are predicted in Great Yarmouth and Broadland.
- Ofsted outcomes for the percentage of all Norfolk schools judged good or better has not changed significantly this term (72%). The district break down of Ofsted outcomes

indicates that only the South district is achieving outcomes in line with the national average.

- In the New Year a Pupil Premium Strategy and Toolkit will be published which will support and challenge Norfolk schools to improve outcomes for disadvantaged children.

Social Care and Safeguarding

- The number of contacts continues to rise steadily and this represents increasing pressure on the NCC social care system.
- The timeliness of initial assessments is poor (49%). This represents further slippage from the last report to Committee and there is concerted effort to address this.
- Improved performance within the 'Children With Disabilities' (CWD) team reflects the impact of the additional resources recently deployed in teams together with outstanding commitment to delivery on the part of managers and staff across the CWD social work teams.
- Numbers of Children in Need have decreased slightly with a substantial number of cases appropriately 'stepping down' or closed balanced by a smaller number of new cases.
- Performance on cases allocated to social workers remains high.
- The Norfolk 'Troubled Families' programme continues to perform very well. This performance ensures that Norfolk's position in Round Two of the programme is almost certainly secured.
- Allocations of Child Protection cases to Qualified Social Workers are high (just under 100%) and this is a product of 'cases in transit' between social workers at the moment the data cut is taken.
- An improvement to the Section 47 Core Assessments in timescale is noted for October, with increased volumes for this month.
- The volume of initial children protection conferences has increased (83 in September, 101 in October). The performance in terms of timeliness has dropped.
- LAC numbers are continuing to fall slowly and It can be confidently claimed that the downward trend is now established
- Allocations of LAC cases to a Qualified Social Worker are consistently strong with performance here as high as it could practically be expected to be (as near to 100% as is possible).
- Performance around LAC care plans and Personal Education Plans (PEP's) has improved slightly. Performance around Pathways Plans has slipped slightly.
- The quality of social work is gradually improving across most teams however there are inconsistencies.

Finance

The main financial points within the paper are:

- The Children's Services revenue budget shows a £1.338 million or 0.8% projected overspend for the year.
- The Schools Budget variations are contained within the approved contingency fund.
- The Children's Services capital budget shows a £0.000 million or 0.0% projected underspend for the year.
- The level of projected school balances at 31 March 2015 is £18.243 million.
- The level of projected balances and provisions at 31 March 2015 is £19.752 million.

Recommendation

Children's Services Committee is asked to note and comment on the information contained in this report specifically:

- The early data received from schools and the trends that are being established
- Social Care Performance data
- The continued focus required on the Looked After Children reduction to deliver the budgeted savings;
- The increased cost of Special Educational Needs transport;
- The cost associated with the use of temporary social workers;
- The additional costs of educating children with a high level of additional need
- The actions being taken in response to the financial pressures to deliver a balanced budget.

1. Impact of Support for School Improvement

Education performance

1.1 The progress of schools is monitored by collecting predictions from schools every 6 weeks. Currently half of all Norfolk schools routinely provide predictions for outcomes in 2015. The predictions collected include attainment, progress for all pupils, by gender and free school meals. This data is analysed and a commentary is returned to the school. The Intervention Service are provided with the report card from each school of concern and these predictions are followed up by an Intervention Officer where needed. They are provided also to the Head of Norfolk to Good and Great where they can be used to help target support and challenge appropriately.

1.2 The scorecard for December 2014 (Appendix A) reflects the first set of data collected from schools in the first half of the autumn term 2014. The scorecard for 2014 – 2015 reflects the priority for focusing on district variation and the outcomes for disadvantaged pupils. The colour coding is also heightened and demonstrates a lower level of tolerance of outcomes below the national average, in order to monitor the progress towards closing the gap. (Scorecard p2) The comparison of outcomes for pupils eligible for Free School Meals should be made with those pupils that are not Free School Meals. However in order to maintain a clear and useful scorecard the scorecard does not contain the non-Free School Meals data, even though this is collected and analysed by the Education Achievement Service.

1.3 For Early Years Foundation Stage outcomes (the percentage of pupils reaching a Good Level of Development) early headline data for all children was collected in the first 6 weekly report. (Scorecard p3) (From the spring term 2015 data will be collected for those pupils eligible for Free School Meals.) The autumn 1 data from schools shows little difference in most districts from the 2014 outcomes with the exception of Breckland, which indicates a predicted decline of 3%. However these predictions must be treated with caution as they reflect early views of 4 to 5 year olds who have been in school for up to 6 weeks.

1.4 For Key Stage 2 pupils the predictions for the expected outcome (the percentage achieving a Level 4 in reading, writing and mathematics) indicate a 1% improvement for 2015 (Scorecard p4). Most districts are predicting overall outcomes similar to those achieved in 2014. Broadland is predicting a 1% rise and Great Yarmouth a 2% drop. For pupils eligible for Free School Meals some

significant rises are predicted in Breckland, Kings Lynn and West Norfolk. Great Yarmouth district are currently predicting a 4% drop for this group of pupils.

1.5 For Key Stage 4 pupils the predictions for the expected outcome (the percentage achieving five good GCSEs including English and mathematics) indicate a 3% rise overall for 2015. (Scorecard p5) Great Yarmouth is predicting a 7% rise. No district at this stage is predicting lower overall outcomes compared to 2014. For pupils eligible for Free School Meals some significant rises are predicted Great Yarmouth and Broadland. The North is not predicting a gain, however outcomes are well above the national average for this group of pupils. (In spite of these positive outcomes for the Free School Meals pupils in The North the predicted gap between these pupils and all pupils is still 20%).

1.6 Ofsted outcomes for the percentage of schools judged good or better has not changed significantly this term. (Scorecard p6) For all schools the current actual is 72%. For primary schools this percentage is also 72% and for secondary phase schools there has been a drop to 62% following 2 schools that were judged to require special measures. As a result of the national issues surrounding Key Stage 4 performance and the national and local decline in outcomes for the percentage achieving five good GCSEs in including English and mathematics, it is expected that there will be a national decline in the percentage of schools judged good or better and this is likely to be mirrored in Norfolk. The district break down of Ofsted outcomes indicates that only the South district is achieving outcomes in line with the national average.

1.7 The LA risk assesses every Norfolk school, including Free Schools and academies in order to determine the relationship with them. This enables a targeted approach to intervention, challenge and support. The bands of support are confidential to the school, and are shared with the Headteacher and Chair of Governors. The risk assessment is revised termly as appropriate but in exceptional cases a school may be re risked as causing concern within the term. The scorecard (p7) now includes a breakdown for the risk assessment by each category used by the LA. The key provided shows the 3 broad bands of schools which are made up of 6 categories (two per band). For internal differentiations of intervention, challenge and support the categories are divided into 8 groupings. For example the schools of concern category (A schools) are internally sub-divided into those that are improving and those still of significant concern. Similarly the good schools (E schools) are sub divided by the LA as those that have some fragility in their ‘good’ achievement and those that do not.

1.8 This data, by district has been shared with LA education services, and especially the local authority District Education Improvement Boards. The local picture has been reviewed and a district set of priorities has been agreed for each officer board. These priorities for targeted intervention, challenge and support by the local authority will influence the operational focus of each service.

1.9 In the light of the Norfolk outcomes the LA has worked swiftly with the Secondary Headteacher Association, (Norfolk Secondary Education Leaders NSEL) to challenge the performance of Norfolk schools and to identify a plan of action to address future under performance.

A Good School for Every Norfolk Learner – phase 2

1.10 The local authority plan is being refreshed to reflect the outcomes of school performance in 2014 and the areas agreed with Ofsted following our inspection of local authority arrangements for supporting school improvement in June 2014. The approaches to engaging with schools to intervene, challenge and support remain as described in 'A Good School for Every Norfolk Learner. The plan describes the enhanced, nuanced and new strategies for supporting school improvement. It includes the rapid response made by the LA to challenging poor outcomes for some Norfolk schools. The plan includes new success criteria to monitor and evaluate the impact of the LA arrangements. A draft will be shared with schools in January 20-15 and provided to this committee for comment in February 2015.

1.11 The LA is publishing a Pupil Premium Strategy and Toolkit to support and challenge Norfolk schools to improve outcomes for disadvantaged children. A draft document has been taken to the Norfolk Education Challenge Board so that Headteachers and Governors have been consulted and have contributed to the LA Strategy. The document will provided a range of supportive tools for schools and governing bodies as well as the current data that sets a significant challenge to radically improve outcomes.

2. Impact of Child Protection Services and Services for Looked After Children and Early Help

2.1 At Appendix B is the October 2014 dashboard of quantitative indicators showing the latest trends in statutory and non-statutory processes associated with children's social care. Members are asked to note:

Contacts, Referrals and Initial Assessments

- The number of contacts continues to rise steadily and this represents increasing pressure on the NCC social care system. Through audits and increased dialogue with partners NCC managers are working with partners to ensure that apportionment of risk is appropriately shared across the partnership. The number of contacts from police has increased in October following a significant, but expected seasonal rise (following the August lull) in September. The conversion rate for these contacts to referrals is reduced further than last reported and for October is low at 20%. The source of the largest agency cohort is police with a conversion rate of 15% this data has been reported to NSCB for attention.

- The timeliness of initial assessments is poor (49%). This represents further slippage from the last report to Committee. Managers are aware that there needs to be a shift in performance and that timelines cannot be traded for quality. There needs to be both. However the increasing demands made on duty teams from increased volumes of work is a concern managers which they are monitoring carefully in conjunction with senior Children's Services managers.

Children in Need (CIN) and Early Help

- Improved performance within the 'Children With Disabilities' (CWD) team reflects the impact of the additional resources recently deployed in teams together with outstanding commitment to delivery on the part of managers and staff across the CWD social work teams. Challenges remain in the West, where staff shortages persist. The service deserves recognition of the substantial improvement in performance.

- Overall CIN performance masks significant variation in achievement of individual teams and where issues persist these are being addressed robustly through local challenge and intervention. More recent data shows an improved picture that will appear in future dashboards.

- Numbers of Children in Need have decreased slightly with a substantial number of cases appropriately 'stepping down' or closed balanced by a smaller number of new cases. The extent to which this reflects an improved Early Help offer is being examined.

- In order to better inform performance management for this area of Children's Services operations, future dashboards will contain data on CIN plans open for more than 12 months, re-referrals from closed CIN cases, and number of step-down cases that subsequently re-enter social care system.

- Performance on cases allocated to social workers remains high. Unallocated cases are those very recently received or where the allocated worker has left and the team has yet to reallocate. This information is being closely tracked by senior managers.

- The Norfolk 'Troubled Families' programme continues to perform very well and should be commended for a recent increase from 48% to 68% in families' needs being met. This performance ensures that Norfolk's position in Round Two of the programme is almost certainly secured.

- The proportion of Family Support Plans (FSPs) which resulted in the needs of the family being met (as reported by the family) has decreased to 68% from 74% (July to September).

Child Protection

- Allocations of Child Protection cases to Qualified Social Workers are high (just under 100%) and this is a product of 'cases in transit' between social workers at the moment the data cut is taken.

- An improvement to the Section 47 Core Assessments in timescale is noted for October, with increased volumes for this month, this is particularly pleasing, but this needs to improve further.

- The volume of initial children protection conferences has also increased (83 in September, 101 in October). The performance in terms of timeliness has dropped.

Looked After Children (LAC)

- LAC numbers are continuing to fall and allocations to a Qualified Social Worker are consistently strong. Performance here is high, just below 100%

and reflects 'cases in transit' between social workers at the moment the data cut is made.

- Performance around LAC care plans and Personal Education Plans (PEP's) has improved slightly however needs to improve further. Performance around Pathways Plans has slipped further and must be a focus for the next few months. There is currently considerable additional resource allocated to the management of the LAC service and LAC cases. It is imperative that improvement in timescale is accompanied by the necessary improvement in quality on all LAC processes. There is a determination to get this right as quickly as possible.

- LAC numbers continue to fall and as at 20th December stand at 1083. It can be confidently claimed that the downward trend is now established. (See also Finance section of this report Section 3.3 below).

2.2 At Appendix C is an analysis of the qualitative (audit) data for the month spanning October/November. Members are asked to note that:

- There is an increasingly detailed and refined analysis of qualitative measures being developed and managed by the QA team.

- The quality of social work is gradually improving across most teams however there are inconsistencies with some teams performing less-well as a result of a combination of factors including reductions in additional interim agency staff.

- The quality of LAC social work practice and recording continues to be a challenge (see above for proactive response to this).

3. Compliments and Complaints

3.1 Over the period 1 April to 9 December 2014 there has been a 6% decrease in the number of complaints received compared with last year.

3.2 In the year to date there have been 101 compliments received from members of the public regarding the quality of service provided by Children's Services staff. 52 of these have concerned child protection services provided. Given that these services are always delivered to families in very difficult circumstances, this represents a sound testament to the professionalism and dedication of social care staff.

4. Financial Implications

4.1 Revenue – Local Authority Budget

4.1.1 The 2014/15 Children's Services revenue budget is £161.903 million. There is no Local Authority funding of schools as they are funded completely by the Dedicated Schools Grant.

4.1.2 As at the end of period 8, (November 2014) the year end monitoring report shows a projected overspend of £1.338million for the year.

4.1.3 The following summary table shows by type of budget, the actual spend for the year. The table shows the variance from the approved budget both in terms of a cash sum and as a percentage of the approved budget.

Revenue – Local Authority Budget

Division of service	Approved budget £m	Forecast Outturn £m	Forecast +Over/- Underspend £m	Forecast +Over/ Underspend as % of budget	Movement since last report £m
Spending Increases					
Looked After Children - Agency	23.307	25.399	+2.092	+9	-0.023
Adoption allowances	1.200	1.385	+0.185	+15	+0.026
Adoption recruitment	0.140	0.140	+0.000	+0	-0.020
Fostering recruitment	0.041	0.056	+0.015	+38	-0.083
Residence/ kinship payments	2.268	2.764	+0.496	+22	
OFSTED unregulated accommodation	0.335	0.685	+0.350	+105	+0.090
Special Education Needs Home to School Transport	11.643	12.193	+0.550	+5	
Education Support Grant	(10.756)	(10.123)	+0.633	+6	+0.409
Agency social Workers and NIPE	2.300	4.515	+2.215	+74	+0.500
Spending Reductions					
School Pension /Redundancy costs	4.094	3.610	-0.484	-12	
Looked After Children Legal	4.053	3.223	-0.830	-20	-0.250
Looked After Children Transport costs	0.782	0.592	-0.190	-24	
Fostering allowances	8.373	8.153	-0.220	-3	+0.060
NCC run Children's Homes	3.436	3.211	-0.225	-7	
School	0.410	0.290	-0.120	-29	

Crossing Patrols					
Clinical Commissioning	1.176	0.632	-0.544	-46	-0.400
Information, Advice and Guidance Service	1.761	1.511	-0.250	-14	
Early Years and Childcare Service	3.678	3.158	-0.520	-14	-0.190
Maximisation of grant	0.000	0.000	-1.815	n/a	-0.100
Total			**+1.338**		**+0.019**

The main reasons for the variances are shown in the following table:-

Division of service	Forecast +Over/- Underspend £m	Reasons for variance
Spending Increases		
Looked After Children (LAC) - Agency placements	+2.092	Number of Looked After Children not reducing as quickly as originally planned .
Adoption allowances	+0.185	Increased cost of adoption allowance payments
Fostering recruitment	+0.015	Additional cost of recruitment
Residence/ kinship payments	+0.496	Additional number and cost of residence/ kinship payments
Ofsted unregulated accommodation	+0.350	Additional cost of Ofsted unregulated accommodation for16/17 year olds
Special Education Needs Home to School Transport	+0.550	Additional cost of school transport to Schools, Specialist Resource Bases and Short Stay Schools
Education Support Grant	+0.633	Reduced level of grant due to NCC schools becoming academies
Improvement reserve agency social workers	+2.215	Additional costs of agency social and the Norfolk Institute of Private Excellence
Spending Reductions		
School Pension /Redundancy costs	-0.484	Reduced number of school teachers being made redundant
Looked After Children Legal	-0.830	Reduced cost of legal services
Looked After Children Transport costs	-0.190	Tighter control on non-public transport use
Fostering allowances	-0.220	Reduced number of fostering payments
NCC run Children's Homes	-0.225	Reduced running costs of NCC Children's Homes
School Crossing Patrols	-0.120	Savings on staff vacancy costs

Clinical Commissioning	-0.544	Savings on therapy and assessment commissioned services
Information, Advice and Guidance Service	-0.250	Savings on staff vacancies and running costs
Early Years and Childcare Service	-0.520	Savings on staff vacancies, running costs and training of Early Years providers
Maximisation of grant	-1.875	Use of the specific grants in line with grant conditions

4.2 Revenue – Schools Budget

4.2.1 The Dedicated Schools Grant funds the Schools Budget. The Schools Budget has two main elements, the amounts delegated to schools and the amounts held centrally for pupil related spending. The amount delegated to schools includes a contingency which was allocated to schools for specific purposes.

4.2.2 The Dedicated Schools Grant can only be used for specified purposes and must be accounted for separately to the other Children's Services spending and funding.

4.2.3 **Variations on Dedicated Schools Grant Funded Budgets**
The variations are presented in the same way variations within the budget for Local Authority services are being reported. The following summary table therefore shows for budgets with an in year variances, the actual spend for the year. The table shows the variance from the approved budget both in terms of a cash sum and as a percentage of the approved budget.

Revenue – Schools Budget

Division of service	Approved budget £m	Outturn £m	+Over/- Underspend £m	+Over/ Underspend as % of budget	Variance in forecast since last report £m
School maternity staff costs	1.256	1.374	0.119	9	0.037
School Suspended staff costs	0.358	0.267	-0.091	-25	-0.091
3 and 4 year old Early Years places	17.913	17.613	-0.300	-2	0
2 year old Early Years places	8.424	6	-2.424	-29	0
2 year old infrastructure	1.036	0.5	-0.536	-52	-0.536
Special education non-maintained	12.003	13.268	1.265	11	1.265
Special schools	20.9	21.249	0.349	2	0.349
Alternative education provision	1.708	1.898	0.190	11	0.19

Special schools Services to schools	0	0	0.150	-	0.15
Minority Achievement & Attainment Service	0.725	0.585	-0.140	-19	-0.14
Special Schools ASD Unit	0	0	0.352	-	0.352
Contribution to schools contingency reserve	0	0	1.066	-	-1.576

Division of service	Forecast +Over/- Underspend £m	Reasons for variance
School maternity staff costs	0.119	This is a centrally held budget that has been de-delegated by the school's forum for the benefit of all maintained schools. The increase cost is a result of a higher number of temporary staff required to cover maternity leave.
School Suspended staff costs	-0.091	This is a centrally held budget that has been de-delegated by the school's forum for the benefit of all maintained schools. The decrease cost is a result of a lower number of temporary staff required to cover suspended staff.
3 and 4 year old Early Years places	-0.300	The underspend is as a result of a slightly lower number of hours being claimed for 3 and 4 year old places than forecast against the total entitlement. This isn't a reflection of the number of children that are accessing the service, it just represents the numbers of hours claimed by those children.
2 year old Early Years places	-2.424	The funding for 2 year olds was based on targeted numbers and the underspend represents the fact that the full year impact of the increased number of 2 year old places has not been seen, but will in the next financial year when the funding moves to actual places based on lagged figures.
2 year old infrastructure	-0.536	The underspend represents a recent agreement with a provider that has enabled external funding to be leveraged.
Special education non-maintained	1.265	This represents additional requirement for places for Children with additional needs
Special schools	0.349	This represents additional requirement for places for Children with additional needs
Alternative education provision	0.190	This represents additional requirement for places for Children with additional needs
Special schools Services to schools	0.150	This represents the support of an outreach service to reduce the pressure on places within special schools
Minority Achievement & Attainment Service	-0.140	This underspend is as a result of savings on staff vacancies

Special Schools ASD Unit	0.352	This represents the support of an outreach service to reduce the pressure on places within special education non-maintained provision.

4.3 Response to financial pressures

4.3.1 The current forecast is showing a £1.3m overspend based on the monitoring returns provided by responsible budget officers. In response to this a number of corrective actions have been instigated with the intention to deliver a balanced budget in this financial year and to reduce the ongoing impact in future years.

The three main areas of concern are:

1. Agency social workers
2. Special Educational Needs travel costs
3. Looked After Children placement spend

4.3.2 In response to the increased costs of agency social workers, work has been undertaken to identify short term funding that can legitimately be used to match the cost of the social workers. Whilst this has been identified, further work is being done to recruit permanent social workers and maximise the social workers within the NIPE (Norfolk Institute for Practice Excellence) to ensure that the need for agency social workers is reduced. Looking into the future the cost of agency social workers has been built into the new structure.

4.3.3 With regard to Special Educational Needs travel costs it should be noted that the overspend is being offset by underspends on other home to school transport budgets for children outside of special educational needs provision which gives the net figure of £0.550m. The total SEN overspend is currently forecast as £1.417m. In addition to this there is a saving that was identified by a cross cutting review of Norfolk County Council and is reliant on delivery outside of Children's Services direct control that is not deliverable in this financial year, this totals £0.254m.

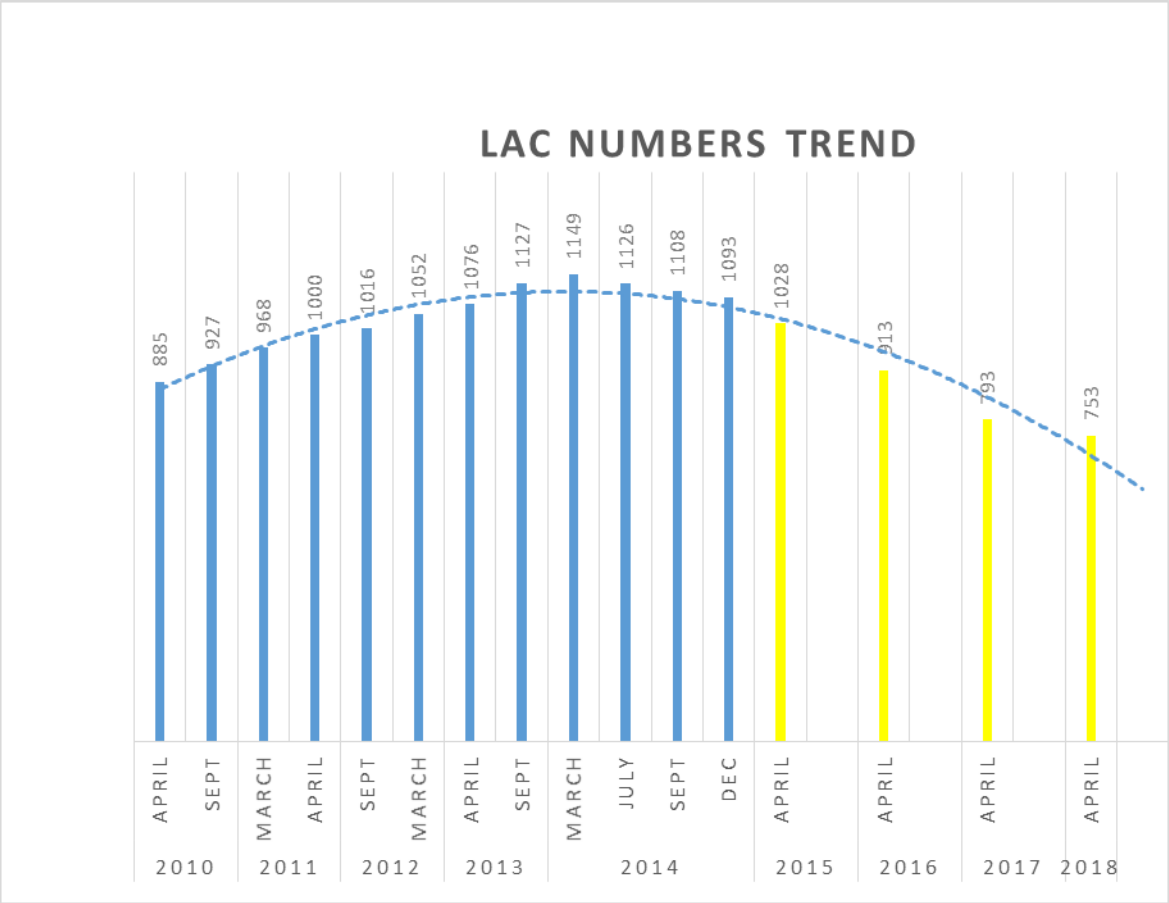
4.3.4 To address this issue in future years work is being undertaken to review high cost transport solutions. This is an iterative process as the stability of placements needs to take into account. This work includes:

- Reviewing high cost transport packages for children who have sole occupancy of taxis (we currently have 41 children who have sole occupancy of taxis costing £680k per year) to assess if their needs have changed to allow them to share transport.
- Reviewing high cost journeys to look for more local provision.
- Work is being undertaken to understand the potential to use personal budgets to help reduce the SEN transport costs.
- Working differently in schools to address the root cause that results in the numbers of children being educated outside of mainstream education. This will be facilitated by the new structure and the increased focus on inclusion.

4.3.5 The final area regarding the costs associated with the Looked After Children placement costs relies on the continued reduction in the number of Looked After

Children. The following graph shows the number of Looked After Children over the past five 5 years (the blue bars). It then shows the estimates over the next 3 years. The reduction from April 2015 to 2016 is based purely on the numbers of children turning eighteen in the year, and therefore assumes that number of children entering into the care system is offset by a corresponding amount leaving (above those turning 18).

4.3.6 The April 2015 figure is based on the number of looked after children that would have to be achieved for the above to deliver the targeted number of looked after children in April 2018.



4.3.7 It should be noted that this model to demonstrate the deliverability of the savings in the future is a crude measure and works on the assumption of an average cost reduction of £70k per looked after child (taken from the average cost of looked after children aged 15,16,and 17). This does not reflect any cost reductions achieved by the stepping down of placements. More detailed financial modelling is ready to be undertaken, and the information regarding the pathway plans and timescales for individual looked after children is being collated by the social work team managers.

4.3.8 In addition to this a controlled spend freeze within all teams for discretionary spend and a recruitment freeze, with the exception of permanent social workers to replace agency workers, has been instigated. These are being monitored to be able to quantify any potential underspend.

4.4 Capital Programme

	2014/15	Future Years
	£m	£m
Approved Budget	42.757	98.588
Outturn	42.757	98.588
Variation from Approved Budget	**0.000**	**0.000**

The 2014/15 approved capital budget contained £83.066 million of estimated payments in 2014/15. Since approval the approved budget has decreased by £40.309 million to £42.757 million. This is due to re-profiling of spend across financial years.

The 2014/15 projected outturn is £42.757 million.

This year end outturn report shows a £0.000 million or 0.0% capital budget variance for the year.

All funding has been committed to individual schemes and programmes of work. The reasons for the variance is analysed in the following table.

There are no variances to report

4.5 School Balances

4.5.1 The Scheme for Financing Schools in Norfolk sets out the local framework within which delegated financial management is undertaken. In respect of budget plans the expectation is that schools submit budget plans:

- at the end of the Summer term, taking account in particular the actual level of balances held at the end of the previous financial year;
- at the end of the Autumn term, taking account in particular of staff and pupil on roll changes; and if necessary, during the Spring term.

Based on budget information provided by schools the projection of balances is as follows:

School Balances as at 31 March 2015

Title/description	Balance at 31-03-14 £m	Forecast balance at 31-03-15 £m	In year Variance £m	Schools becoming academies £m
Nursery schools	0.070	0.044	-0.026	0.000
Primary schools	14.601	12.586	-0.578	-1.437
Secondary schools	7.025	3.415	-1.337	-2.273
Special schools	1.089	1.094	+0.005	0.000
School Clusters	4.159	1.104	-3.055	0.000
Partnerships	0.251	0	-0.251	0.000
Short Stay Schools	-0.176	0	0.000	+0.176
Total	**27.019**	**18.243**	**-5.242**	**-3.534**

4.6 Children's Services Reserves and Provisions

4.6.1 A number of Reserves and Provisions exist within Children's Services. The table in Appendix D sets out the balances on the reserve and provision in the Children's Services accounts at 1 April 2014 and the balances at 31 March 2015.

4.6.2 The table has been divided between those reserves and provisions relating to Schools and those that are General Children's Services reserves and provisions.

5. Issues, risks and innovation

5.1 Appendix E shows the children's services corporate risks and mitigations. This is the latest version of the register.

5.2 These risks are regularly reviewed by both the CS Leadership Team and the Chief Officer group and are reported and reviewed at each Audit Committee meeting.

5.3 **Equality Impact Assessment (EqIA)**
This report deals with equality issues throughout.

6. Background

6.1 Improvement in Children's Services continues to be given a high priority by the Council with determined focus on safeguarding and support and challenge for schools. Our first priority is to make sure that all children are safe and achieve the best possible educational outcomes. We will then build dynamic, self-assured, forward thinking, sustainable services that are valued and recognised as outstanding by all service users, staff, auditors and inspectors. We will increasingly work with all our partners to ensure we provide a consistently high quality service that achieves the best possible positive outcomes and impact for children and families. We will get it right for every child every time.

6.2 This report summarises our improvement progress using performance measures contained in scorecards and associated information and data to demonstrate impact and highlight issues. The report also demonstrates mitigations against the four corporate risks that children's services are currently reporting which are shown above.

Officer Contact

If you have any questions about matters contained or want to see copies of any assessments, e.g. equality impact assessment, please get in touch with:

If you have any questions about matters contained in this paper please get in touch with:

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Norfolk County Council

December 2014

Norfolk Children's Services Education Improvement Plan Scorecard

A Good School for Every Norfolk Learner
2014 – 2015

Phase 2 – Embedding the Local Authority Strategy for Supporting School Improvement

SCORECARD

The Local Authority has 4 key strategic aims which underpin the support provided to settings, schools and colleges. The support for school improvement sits within a broader ambition of 'A Good Education for Every Norfolk Learner'. The four key aims are to:

Aim 1: Raise Standards at all Key Stages
Aim 2: Increase proportion of schools judged good or better
Aim 3: Improve leadership and management
Aim 4: Improve monitoring and evaluation of impact

(This scorecard reflects measurable data for Aim 1 and Aim 2 for routine monitoring purposes)

Performance Monitoring – Against LA High Level Strategic Targets for Improvement

Aim 1: Raise Standards at all Key Stages

Data is collected each half term from Norfolk schools that are identified through the LA risk assessment as schools causing concern (SCC) including Academies, and those already judged to require improvement or those at risk of requiring improvement (RI). The data collected from these schools is analysed school by school by the Education Achievement service and an interpretation is sent back to the school with comments.The Education Intervention Service then follow up with schools of concern to quality assure the data provided.

Each school's data is aggregated to calculate an overall percentage in order to monitor whether all SCC and all RI are on track to meet 2015 targets. This data is then further aggregated with the 2014 outcomes for the remaining schools (ie those that are risk assessed as good or better) to see the impact of intervention and support on the overall trajectory to meet 2015 targets.

Aim 2: Increase the proportion of schools judged good or better

Outcomes from school inspections are monitoried weekly. A report is provided to the Assistant Director of Children's Services showing the impact of Norfolk inspections on our trajectory towards our 2014 targets. Further analysis is undertaken to show the impact of intervention, challenge and support on inspection outcomes by LA risk category.

Key		
Green	Performance is in line with national or better	*Latest – represents the latest value and rating available at the time of reporting
+	Performance above national	
Amber	Performance is off-track (up to 4% below national)	
Red	Performance is well below national (more than 4% below national)	
↑ / ↓	Improvement / decline	
Frequency	Frequency of reporting is given against each measure - available Monthly [M], Quarterly [Q], Bi-annually [B] or Annually [A], some measures with © against are cumulative figures so data cannot be compared month to month as numbers will always increase.	

Aim 1: Raise Standards at all Key Stages

1.1 Improve Early Years outcomes (Target for 2015 - 60% of pupils achieve a Good Level of Development)

Percentages represent the percentage of pupils.

FSM = Pupils eligible for Free School Meals at any point in the last 6 years

All = All pupils in the cohort

2015 predictions are derived from half termly report card data for schools where outcomes are not good, combined with 2014 outcomes for good and outstanding schools who are not required to submit half termly data.

				2015 Predictions					
		2013	2014	Aut 1	Aut 2	Spr 1	Spr 2	Sum 1	Sum 2
Norfolk	All	46	58 ↑	58					
	FSM	32	43 ↑						
Breckland	All	41	58 ↑	55 ↓					
	FSM	28	49+ ↑						
Broadland	All	52	60 ↑	61+					
	FSM	37 +	41 ↑						
Great Yarmouth	All	40	57 ↑	56 ↓					
	FSM	32	48+ ↑						
Kings Lynn & West	All	47	61+ ↑	61+					
	FSM	34	43 ↑						
Norwich	All	38	51 ↑	52 ↑					
	FSM	28	38 ↑						
North	All	48	57 ↑	59 ↑					
	FSM	37+	45 ↑						
South	All	55+	60 ↑	59 ↓					
	FSM	32	42 ↑						
National	All pupils	52	60						
	FSM	36	45						

In order to trackthe progress in closing the gap with national averages - the colour codingrelates to the Norfolk gaps to national average .

We have not collected FSM data in autumn term 1 (Schools should compare the FSM gap with pupils who are not FSM – and <u>not</u> to the average for All children. So it is advisable not to calculate the gap between FSM and All children)

1.2: Improve Outcomes at Key Stage 2 (Target 81% of pupils achieve Level 4+ in Reading, Writing and Mathematics)

Percentages represent the percentage of pupils.

FSM = Pupils eligible for Free School Meals at any point in the last 6 years

All = All pupils in the cohort

2015 predictions are derived from half termly report card data for schools where outcomes are not good, combined with 2014 outcomes for good and outstanding schools who are not required to submit half termly data.

				2015 Predictions					
		2013	2014	Aut 1	Aut 2	Spr 1	Spr 2	Sum 1	Sum 2
Norfolk	All	71	74 ↑	75 ↑					
	FSM	55	59 ↑	62 ↑					
Breckland	All	64	68 ↑	68					
	FSM	48	51 ↑	57 ↑					
Broadland	All	78+	82+ ↑	83+ ↑					
	FSM	67+	69+ ↑	70+ ↑					
Great Yarmouth	All	65	74 ↑	72 ↓					
	FSM	55	62 ↑	58 ↓					
Kings Lynn & West	All	69	73 ↑	73					
	FSM	53	58 ↑	64 ↑					
North	All	72	75 ↑	75					
	FSM	56	63 ↑	64 ↑					
Norwich	All	66	72 ↑	72					
	FSM	57	60 ↑	63 ↑					
South	All	79+	82+ ↑	82+					
	FSM	60	63 ↑	66 ↑					
National	All pupils	76	**79**						
	FSM	63	**67**						

In order to track the progress in closing the gap with national averages - the colour coding relates to the Norfolk gaps to the national average .

(Schools should compare the FSM gap with pupils who are not FSM – and <u>not</u> to the average for All children. So it is advisable not to calculate the gap between FSM and All children.)

1.3: Improve outcomes at Key Stage 4 (Target 63% of pupils achieve 5 GCSE 5A*-C, including English and Mathematics)

Percentages represent the percentage of pupils.

FSM = Pupils eligible for Free School Meals at any point in the last 6 years

All = All pupils in the cohort

2015 predictions are derived from half termly report card data for schools where outcomes are not good, combined with 2014 outcomes for good and outstanding schools who are not required to submit half termly data.

				2015 Predictions					
		2013	2014	Aut 1	Aut 2	Spr 1	Spr 2	Sum 1	Sum 2
Norfolk	All	55	52 ↓	55 ↑					
	FSM	31	30 ↓	33 ↑					
Breckland	All	50	52 ↑	54 ↑					
	FSM	26	33 ↑	34 ↑					
Broadland	All	60	58+ ↓	60+ ↑					
	FSM	34	33 ↓	38+ ↑					
Great Yarmouth	All	48	44 ↓	51 ↑					
	FSM	30	29 ↓	37+ ↑					
Kings Lynn & West	All	54	45 ↓	47 ↑					
	FSM	34	24 ↓	23					
North	All	57	59+ ↑	62+ ↑					
	FSM	34	42+ ↑	42+					
Norwich	All	46	49 ↑	50 ↑					
	FSM	26	28 ↑	30 ↑					
South	All pupils	66+	61+ ↓	62+ ↑					
	FSM	43+	32 ↓	35 ↑					
National	All pupils	60	**55***						
	FSM	41	**36****						

The 2014 results are FIRST and cannot be compared to 2013 results

In order to track the progress in closing the gap with national averages - the colour codingrelates to the Norfolk gaps to the national average .

(Schools should compare the FSM gap with pupils who are not FSM – and <u>not</u> to the average for All children. So it is advisable not to calculate the gap between FSM and All children)

* Unvalidated data from RAISEonline
** NCER calculated National, not officially published

Aim 2: Increase the proportion of schools judged good or better

Shown as a percentage of schools, the number of settings or schools is shown in brackets.The denominator represents the current number of schools that have an Ofsted judgement.

		July 2012		July 2013		July 2014		December 2014			April 2015			July 2015			
		Norfolk Actual	National (June 2012)	Norfolk Actual	National (June 2013)	Norfolk Actual	National	Norfolk Actual	Norfolk Target	National	Norfolk Actual	Norfolk Target	National	Norfolk Actual	Norfolk Target	National	Latest Norfolk
% should increase	%Early Years settings judged good or better	78%+	74%	78%+	77%	78%+	77%										
	%Primary phase schools judged good or better	60%	69%	64% ↑	78%	70% ↑	81%										
	%Secondary phase schools judged good or better	47%	66%	63% ↑	72%	62% ↓	70%										
	%Special schools judged good or better	91%	81%	82% ↓	87%	91% ↑	90%										
% should decrease	Reduce % of schools in an Ofsted category	3%	3%	4% ↑	3%	4%	3%										
	Reduce % of schools judged to Require Improvement	37%	28%	32% ↓	19%	25% ↓	17%										

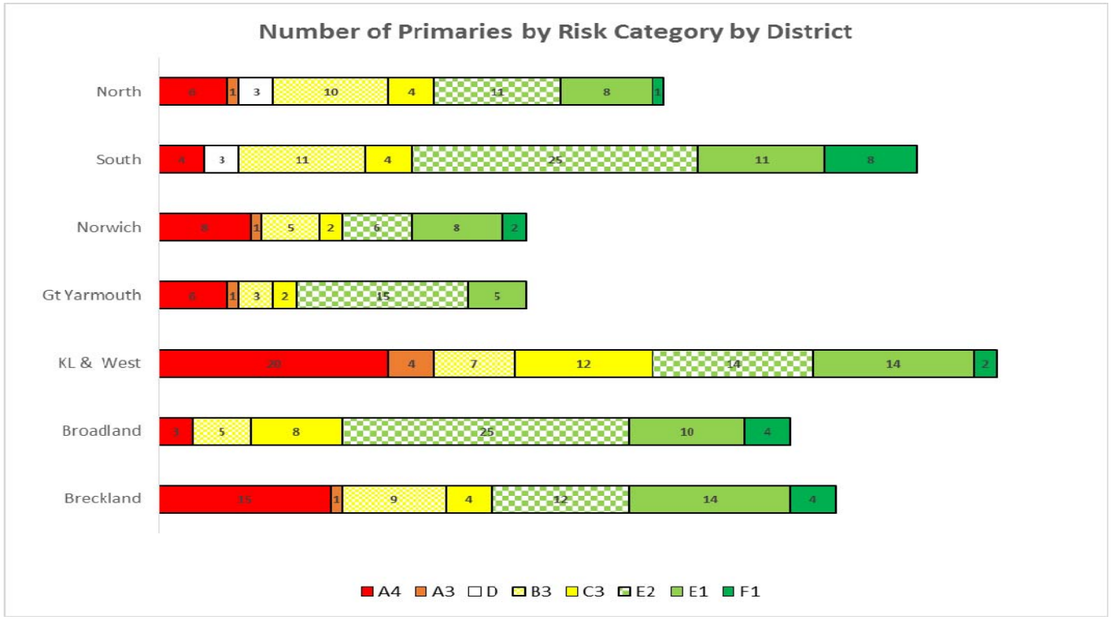
Reduction in District Variation: Percentage of all schools, percentage of schools judged good or better :

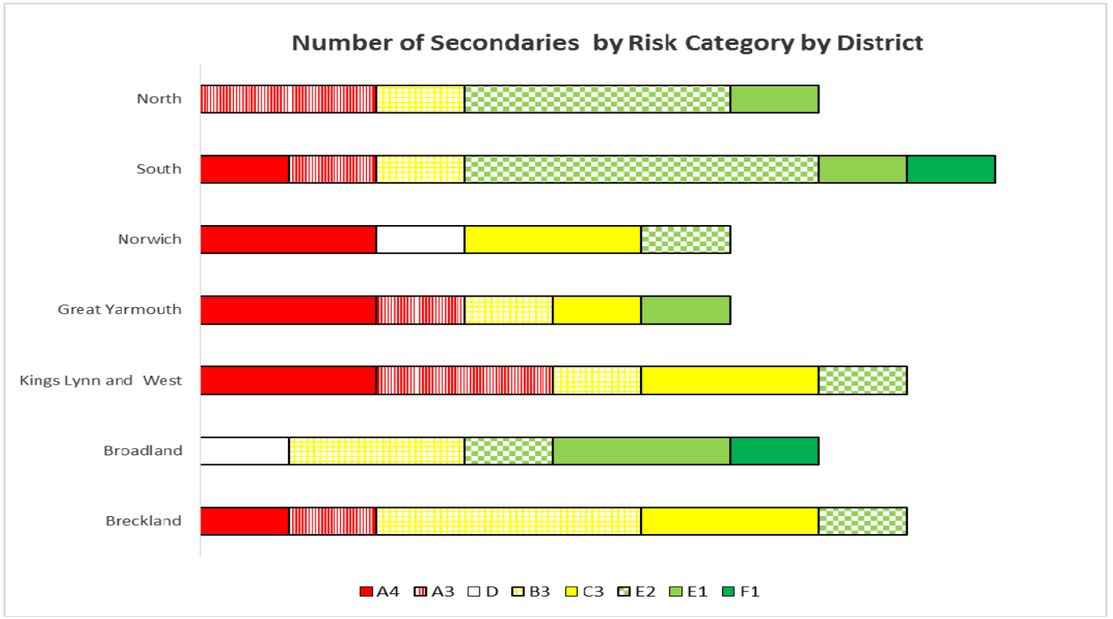
	Autumn 2013	July 2014	December 2014	April 2015	July 2015	Norfolk Latest
Norfolk	66% (270/409)	71% (287/403) ↑				72% (285/399) ↑
Breckland	64% (41/64)	69% (44/64) ↑				67% (43/64) ↓
Broadland	77% (46/60)	75% (45/60) ↑				75% (45/60)
Great Yarmouth	56% (20/36)	65% (22/34) ↑				65% (22/34)
Kings Lynn & West	52% (51/79)	63% (49/77) ↑				64% (47/73) ↑
Norwich	66% (27/41)	70% (28/40) ↑				70% (28/40)
North	65% (35/54)	73% (39/54) ↑				73% (40/55)
South	80% (59/74)	81% (59/73) ↑				81% (59/73)
National (Data View)		81%				

In order to track the progress in closing the gap with national averages - the colour coding relates to the Norfolk gaps to the national average .

Aim 2: - Increase the proportion of schools judged good or better

The LA risk assessment of schools is designed to provde the appropriate relationship between the LA and a school in order to challanege achievement, target service activity, intervene and broker relevant support. This risk assessment is revised termly (or sooner if a school becomes of concern to the LA). It is not a prediction of an Ofsted ouctome, but a judgement on published achievement outcomes – which could put the school at risk of a similar judgement in an Ofsted inspection. (In a small number of cases schools are risk assessed as of concern to the LA for reasons other than achieviement – e.g. significfant staffing issues including poor leadership and governance which has capacity to affect provision and outcomes for pupils).





Key - Schools are risk assessed into 3 broad bands, made up of 6 categories shared with schools, and 8 internal LA categories for differentiated intervention, challenge and support.

3 broad bands of schools	Confidential risk shared with school	LA internal risk categories
A = School of Concern	A schools	A4 = school of concern
		A3 = school of concern – and improving1
	D schools	D = temporary school of concern
B / C = Requiring Improvement	B schools	B3 = Requires Improvement (RI) or risk of RI but stuck and declining)
	C schools	C3 = Requires Improvement (RI) or risk of RI but improving)
E /F = Good and Outstanding schools schools	E schools	E2 = Good , but some minor issues which might affect good judgement
		E1 – solidly good
	F schools	F1 - Outstanding

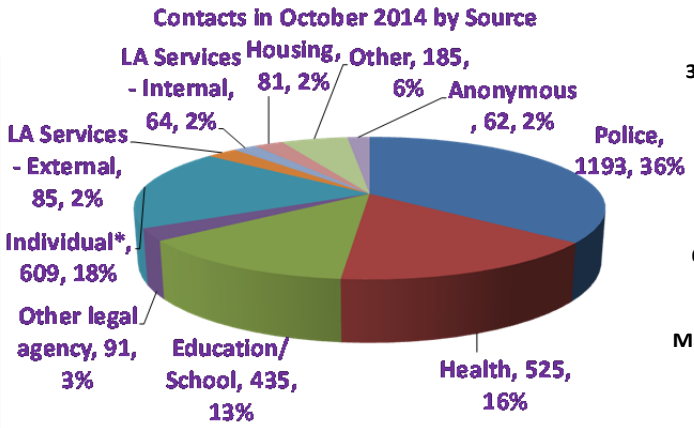
Norfolk Children's Services Social Care Performance Overview Dashboard – October 2014 Data

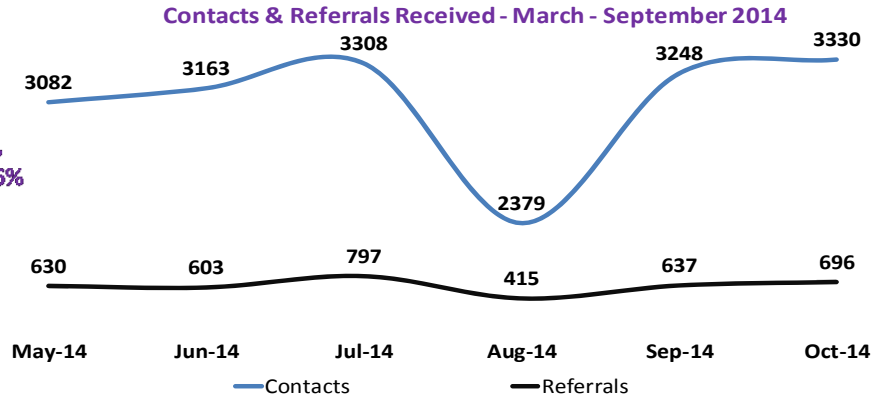
Contacts and Initial Assessments:

Initial Contacts by Source:

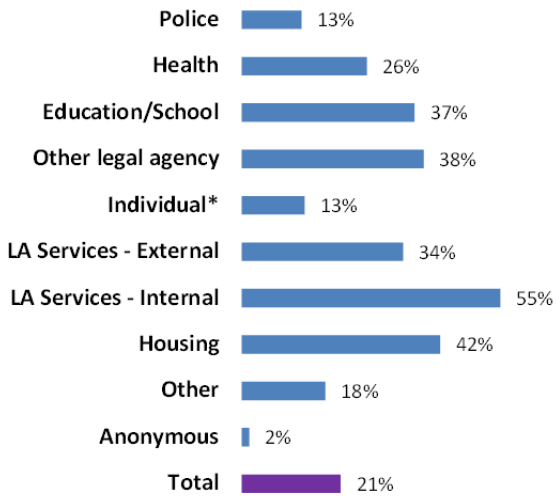
	Aug-14	Sep-14	Oct-14
Police	841	1127	1193
Health	431	414	525
Education/ School	9	423	435
Other legal agency	68	75	91
Individual*	472	651	609
LA Services - External	106	80	85
LA Services - Internal	53	58	64
Housing	109	123	81
Other	220	194	185
Anonymous	70	103	62
Total	2379	3248	3330

* Individuals are comprised of: Stranger/Family/Carer/ Neighbour/Self





Conversion of Contacts to Referrals by Source:

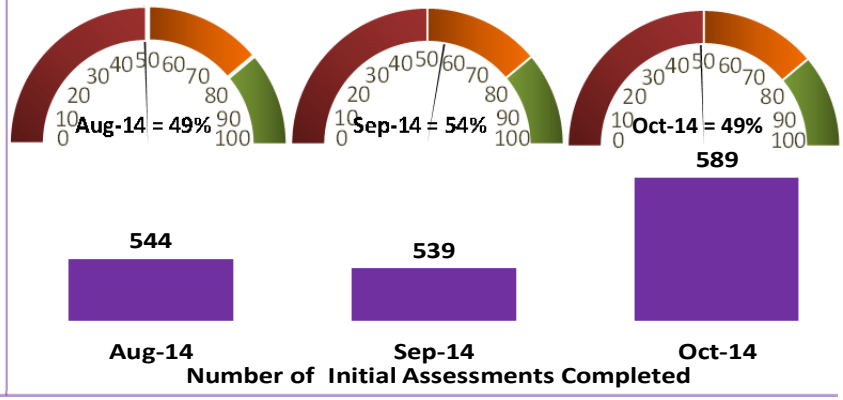


* Individuals are comprised of: Stranger/Family/Carer/ Neighbour/Self

Percentage of Re-Referrals:

Re-Referrals	Aug-14	Sep-14	Oct-14
Norfolk	23.9%	25.7%	22.4%
England 2012/13	24.9%		
Statistical Neighbours 2012/13	20.8%		
East of England 2012/13	23.4%		

Initial Assessments Completed in Timescales:



Commentary:

Contacts continue to rise month-on-month principally represented by increased numbers from Police and Health. The conversion rate from contact to referral remains consistent with Police contacts having much the lowest numerical conversion.

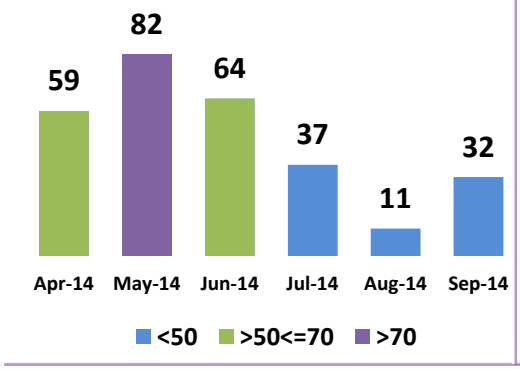
Re-referral rates are unstable.

We completed a higher number of Initial Assessments during the month but need to make improvements on timeliness, which duty teams are now focusing on.

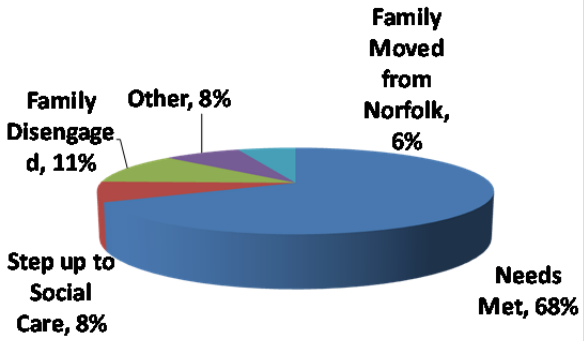
Norfolk Children's Services Social Care Performance Overview Dashboard – October 2014 Data

Early Help & Children in Need:

Family Support Plans Initiated:



Outcomes of Family Support Plans closed 1st July – 30th September 2014:



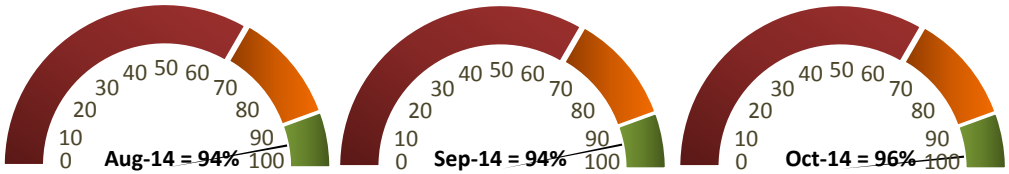
Section 17 Children in Need in CIN & CWD Teams with an up-to-date* CIN Plan:

	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14
No. s17 Children in Need	1353	1352	1340	1364	1270	1157
No. s17 with CIN Plan	1067	1140	1171	1122	866	752
No. s17 without a CIN Plan	286	212	169	242	404	405
% with a CIN Plan	**78.9%**	**84.3%**	**87.4%**	**82.3%**	**68.2%**	**65.0%**
No. CWD Children in Need	398	340	336	335	322	317
No. CWD with CIN Plan	84	159	149	135	132	252
No. CWD without a CIN Plan	314	181	181	200	190	65
% with a CIN Plan	**21.1%**	**46.8%**	**44.3%**	**40.3%**	**41.0%**	**79.5%**

* To count as having a CIN Plan, any existing plan must have been started or reviewed within the last 30 working days

Children in Need Allocated to a Qualified Social Worker:

	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14
No. Children in Need (not CP or CLA)	2534	2593	2610	2570	2342	2323
No. Allocated to Qualified Worker	2465	2517	2486	2424	2195	2232
% Allocated to Qualified Worker	97.3%	97.1%	95.2%	94.3%	93.7%	96.1%



ANOTHER CIN / EH MEASURE NEEDED!

Rate of Children in Need per 10,000 Under-18 Population:

	Aug-14	Sep-14	Oct-14
Norfolk (Current)	296.1	297.0	302.8
England 12/13		332.2	
Statistical Neighbours 12/13		304.0	

Commentary:

CWD performance reflects the impact of the additional resources recently deployed in teams together with outstanding commitment to delivery on the part of managers and staff across the CWD social work teams. Challenges remain in the West, where staff shortages persist. The service deserves recognition of the substantial improvement in performance.

Overall CIN performance masks significant variation in achievement of individual teams and where issues persist these are being addressed through local challenge and intervention. More recent data shows an improved picture that will appear in future dashboards. Numbers of Children in Need have decreased slightly with a substantial number of cases stepping down or closed balanced by a smaller number of new cases. The extent to which this reflects an improved Early Help offer is being examined. Future dashboards will contain data on CIN plans open for more than 12 months, re-referrals from closed CIN cases, and number of step-down cases that subsequently re-enter social care system.

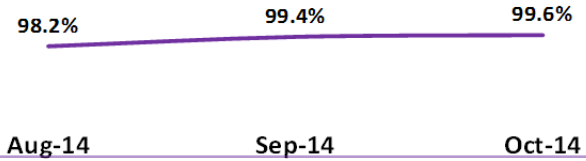
Performance on cases allocated to social workers remains high. Unallocated cases are those very recently received or where the allocated worker has left and the team has yet to reallocate.

Norfolk Children's Services Social Care Performance Overview Dashboard – October 2014 Data

Child Protection:

Children in Child Protection Teams Allocated to a Qualified Social Worker:

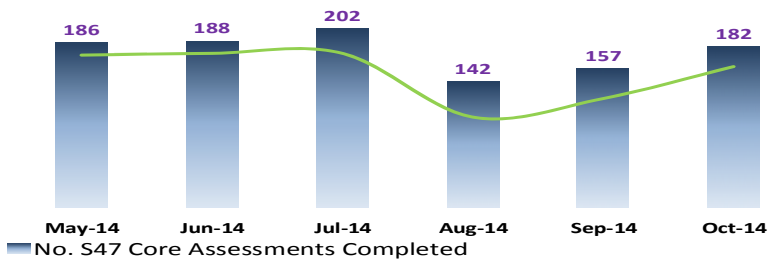
	Aug-14	Sep-14	Oct-14
No. Children on CP Plan	509	516	535
No. Allocated to Qualified Social Worker	500	513	533
% Allocated to Qualified Social Worker	98.2%	99.4%	99.6%



Rate of Children on a CP Plan per 10,000 Under-18 Population:

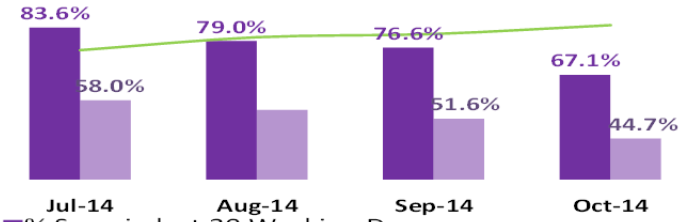
	Aug-14	Sep-14	Oct-14
Norfolk (Current)	30.7	30.9	32.3
Norfolk 12/13		33.1	
England 12/13		37.9	
Statistical Neighbours 12/13		35	

Section 47 Core Assessments Completed in Timescales:



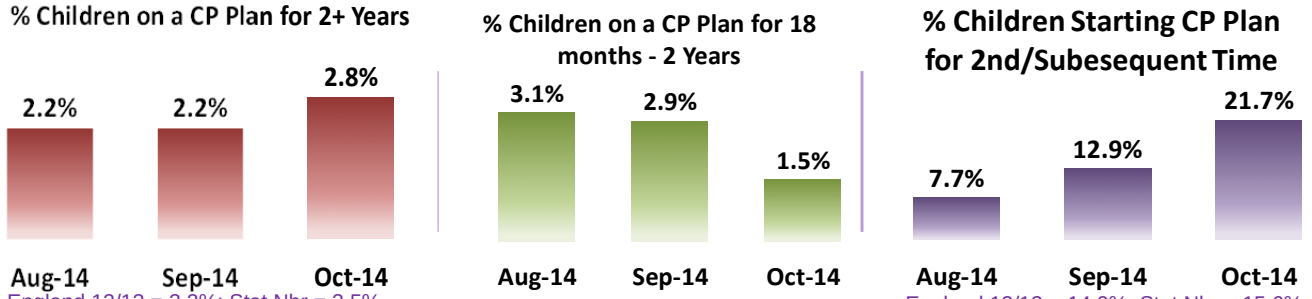
	Aug-14	Sep-14	Oct-14
No. Section 47 Core Assessments Completed	142	157	182
No. Section 47 Core Assessments Completed within 35 Working Days	102	123	159
% Section 47 Core Assessments Completed within 35 Working Days	71.8%	78.3%	87.4%

Social Worker visits to Children on a Child Protection Plan in Timescales:

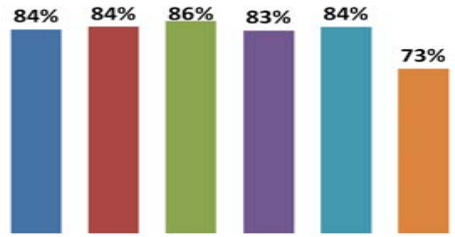


	Aug-14	Sep-14	Oct-14
No. Seen in last 20 Working Days	402	395	359
No. Seen Alone in last 20 Working Days	279	266	239

Children on a CP Plan for 18 months & Over and Children Starting a CP Plan for a Second/Subsequent Time:



ICPCs within 15 Working Days of Strategy Discussion:



	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14
Total ICPCs	55	77	57	60	83	101
Within 15 Working days	46	65	49	50	70	74
Over 15 Working Days	9	12	8	10	13	27

Commentary:

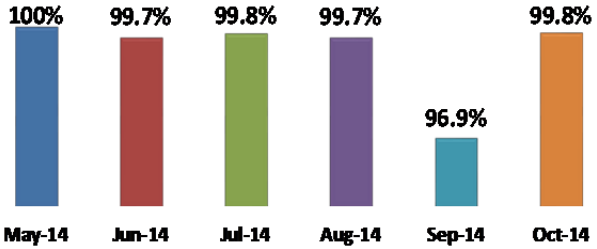
CP visits within 20 days have dropped again and we need to make a concerted improvement.

Section 47 Core Assessments in timescales are impressively high.

Norfolk Children's Services Social Care Performance Overview Dashboard – October 2014 Data

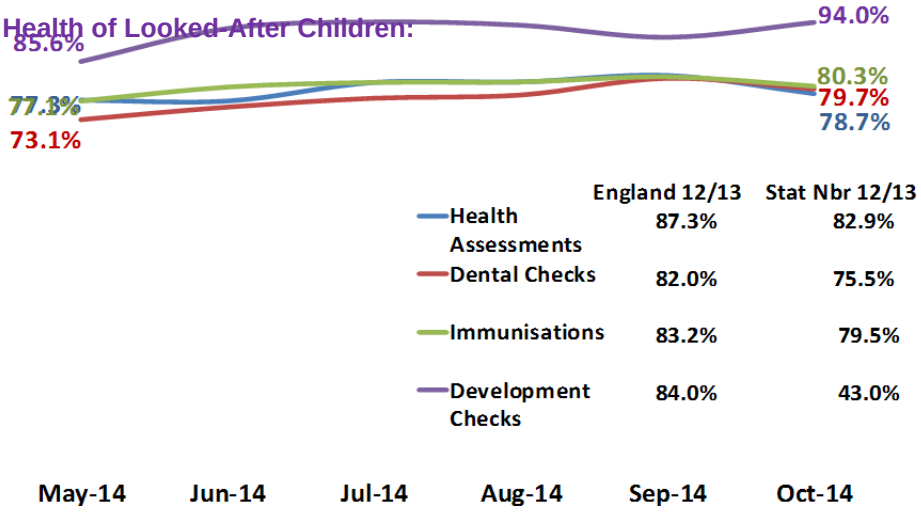
Looked-After Children:

Looked-After Children allocated to a Qualified Social Worker:



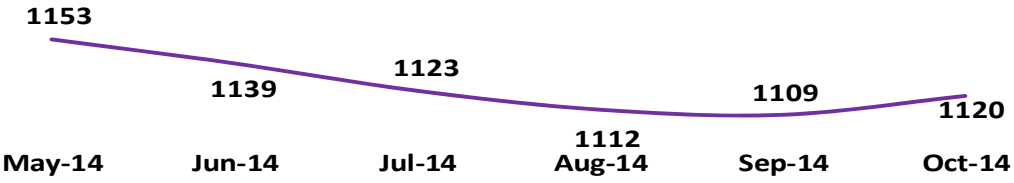
	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14
Number	1123	1120	1110	1090	1106	1118

Health of Looked After Children:

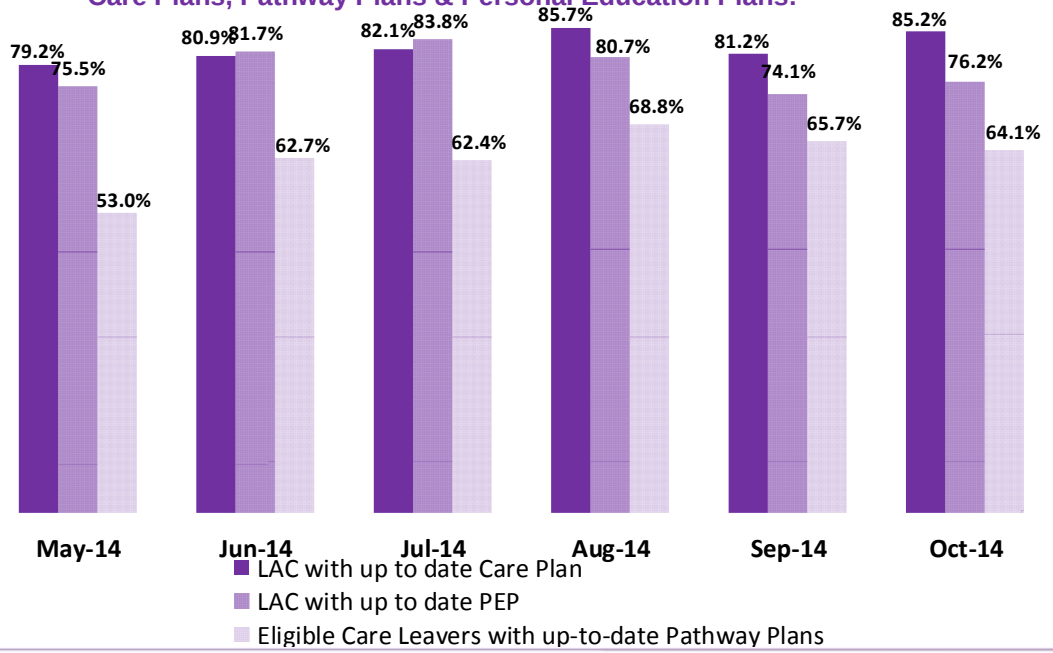


	England 12/13	Stat Nbr 12/13
Health Assessments	87.3%	82.9%
Dental Checks	82.0%	75.5%
Immunisations	83.2%	79.5%
Development Checks	84.0%	43.0%

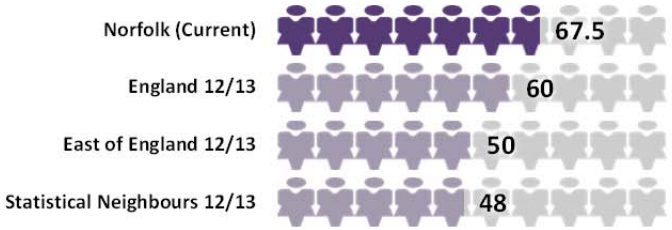
Number of Looked-After Children:



Care Plans, Pathway Plans & Personal Education Plans:



Rate of LAC per 10,000 Under-18 Population



Commentary:

Developmental checks for LAC outstrip both statistical neighbour and all England figures. Health data remains high.

LAC numbers rose in October, essentially the result of the accommodation of 3 large sibling groups.

Quality Assurance Service Activity October - November 2014

This table describes the QA activity for the period October - November 2014.
This month's report also contains the activity of both the Systems Development and Court Work leads.

1 case 1 worker audits. City CiN 1+2. CiN 2 Breckland

Resource 2 FTE audit officers	**Activity type - Audit**
Outcome **City CiN 1+2** • Average case load 15-25 • 2 good cases (1 with outstanding features), 5 requiring improvement + 1 inadequate • Sound knowledge of cases • Positive and progressive attitudes to supervision and managers leadership style • Workers open and positive to audit process • Workers are empowered to lead meetings • 7 of 8 cases audited have up to date core assessment – 3 of good quality, 1 with good features. • Outstanding recording + engagement with child and family, analysis and outcomes in 1 case. • Children centric in planning • Good multi agency involvement • Accurate use of missing and return procedures • To add extra value add direct professional, family and child quotes • Ensure contacts are up to date • Planning was the weakest element of this teams audit – • Appropriate documentation to be used for initial CiN planning meetings	

CiN 2 Breckland –

- 4 cases requiring improvement
- Workers know their children and families well
- Good outcomes for children
- Statutory visits take place in time and sometimes earlier than required
- Core assessments will improve if the analysis is better, refer to a theoretical base and can evidence how this is applied in practice
- The Norfolk Threshold Document must be referred to in support of defensible decision making
- Norfolk recording timescale document is implemented with particular reference CiN progress planning.
- 3 of the core assessments were completed in time.
- Child's voice evident in cases audited
- Good multi agency working
- This team piloted the audit officer visiting families for feedback – the families were eager to meet and expressed views that are positive about the social work they receive.

Impact

- Children and families from CiN city know why they have a social worker. The impact on families is that expectations are clear and objectives are understood.
- All workers in this team report that they receive dynamic and reflective supervision. The impact is that workers are clear about what needs to happen and why and drift is curtailed.
- Relationships are sound. The impact on families is that professionals are clear about their role in the family's life and their contribution to supporting them

2. Service led manager audits –CiN, Duty +CP, LAC, CWD and Skylakes

Resource 3 FTE Audit officers	**Activity type - Audits**
Outcome **CWD 5 cases – 2 Good, 2 requiring improvement and 1 inadequate**	

CiN- 2 requiring improvement and 4 inadequate

- Children under 5 not routinely seen alone and not being asked about their lives
- Core assessments not paying due regard to child development in sufficient detail
- Plans confusing and lacking in clarity
- With the exception of CiN1 Breckland supervision records for other teams are at least satisfactory.
- Processes being followed but quality of practice needs to improve.

Duty and CP – 2 good, 4 requires improvement, 3 inadequate

- Voice of the child is improving and present in 8 of the 9 cases (particularly strong in 4 cases)
- The quality of the Chairs report do not focus in sufficient detail on individual needs but all other standards are met.
- There needs to be a clear, embedded and understood transfer in procedure to avoid inconsistency
- Inconsistency in assessment practice between teams and across cases
- IA drift and timeliness a cause for concern.

LAC – due to changes in management arrangements the interim Heads of Service were only able to attend part of the audit – there is an overarching improvement plan in place that will include monitoring and evaluation activity.

- 4 good, 4 requiring improvement, 1 inadequate (grades require verification)

Skylakes 4 requiring improvement (To date we have not received the audit tools completed by skylakes team manager)

- Team manager not always revisiting previously made decisions with workers
- Drift evident in 1 of the 4 cases (improvement)
- Risk/protective factors, what needs to change, capacity and motivation to change still not evident in analysis.
- Child's voice and experience still not routinely evident.
- Little evidence of children being seen alone or rationale for why it hasn't happened.
- Management overview in relation to assessment planning very clear.
- 2 cases (same worker) good evidence of multi agency working
- Direction given in management overview not always followed by worker or challenged by manager
- Little evidence of thought given to workers exit strategy in 3 out of 4 cases.

• Drift and change of worker in 1 case. • Confusion in how to differentiate between protective factors + strengths and risk factors + needs.
Impact – • Whilst there is commitment to the manager audit cycle it is not without challenge if team managers continue to apply personal standards and not agreed grading criteria. This is not an enduring issue with duty and child protection teams however there have been instances of managers not accepting grades and requesting work is re audited by the QA team. It is clearly an ongoing concern in LAC teams as none of the cases team managers have graded as good have been considered good when re audited by the QA team. CiN team managers are still seeking consistency and routinely report on inconsistent findings. CWD routinely now find good cases. Inadequate cases are generally found in the same team however this team has seen an improvement in supervision recording. What is clear from all of the service functions is that CWD managers have sound and deep knowledge of the children they work with – almost in the same way that you would expect an allocated worker to have. To make their good cases outstanding they need to include in their plans the impact on all of the children in the family of the intervention they provide to the disabled child. • Managers must understand and take responsibility for knowing what is expected as evidence of good and outstanding social work.

3. Review of LAC cases previously audited and graded inadequate /good.

Resource 1FTE audit officer	• **Service improvement**
Outcome **Inadequate cases –** • Between March and September 2014 15 cases open to LAC teams were graded through audit as being inadequate. In October 2014 all cases were re audited by the QA team 5 now required improvement all others remained inadequate. • All managers have been contacted with clear information and instruction – to date 3 responses have been received. • LAC managers had graded 8 cases as being good – on QA scrutiny all grades had to be revised – 5 were down-graded to requiring improvement 2 are inadequate (and were at the time of initial audit) and 1 is currently being audited.	
Impact • The impact on workers who have been told that their work is of a good standard means this is where they set their bar, what they aim for and what they continue to deliver. To later be told that their work is of an inadequate standard means that they have continued to deliver inadequate social work, children have received inadequate social work or elements	

of inadequate social work and managers haven't taken responsibility for improving outcomes or service delivery. • Conversely to hear that a case has attained an inadequate grade should be sufficient for managers to want to know why, how, what aspects and provide both management overview and clear direction to improve. They shouldn't need to be reminded that action must be taken. • All workers and managers must ask themselves……'if this child ever wants to view their file is it a) a true reflection of their time in care, b) a true reflection of my social work intervention + c) resonate with the child.

4. Case file dry run – Postponed due to support to Police investigation. Arranged for 26/27 November.

Resource 3 FTE audit officers, 1 team manager, Principal Social Worker, project assistant, inspection readiness officer, QA manager	• **Inspection readiness**
Outcome • **2 Good, 6 Requiring Improvement, 1 inadequate**	
Impact • This was the most successful dry run • Only 1 case was found to be inadequate • Of the 2 cases that were good 1 had outstanding features and is allocated to a NIPE. • The Cases considered as requiring improvement had some good features and are in a position to attain a good grade if identified actions are carried out or if the child's record better evidences the actual social work carried out. • We continue to find too many cases where there is little or no management overview – this needs to be understood as a behaviour and not just a heading to record under e.g. poor use of authorisation comment – if used appropriately this would provide sufficient evidence of routine management overview. • The case audited under case type re referral had been referred 3 times – twice dealt with by skylakes the third time by one of our own duty teams and actioned. This case is now in the arena of CP and this possibly have been avoided if we had been able to work with the family sooner. • The difference between the case graded as inadequate and all of the other cases is the lack of inquisitiveness and assessment of unknown risk, little understanding of the child's feelings and her understanding of why she is in care.	

5. Sector led improvement programme

Resource 1 FT project manager	
Outcome • Voice of the child workshops – workshops at planning stage – Norfolk has identified their 2 tier 4 leads • Domestic abuse project – to be launched 17 November • ACCESS project – cultural competency • Supporting LSCB's project – guidance being written • Leaders event – for elected members, chief executives, DCS's and LSCB chairs • Support to Regional networks leads • Plans for Commissioning workshop – 14 November • Planning for FCYP group 21 November	
Impact • All children's services in the Eastern Region working collaboratively, sharing resources, training together and supporting each other to improve knowledge of specialist officers and create a consistent understanding of good.	

6. Systems development work

Resource 1 FT Systems development Officer .7 Systems development Officer .5 CF trainer 1 FT CF trainer	
Outcome • Early help case management system – early discussions with HP • Children's services business testing • Fostering recruitment team – business process mapping • CareFirst forms designed to support above • CareFirst Records Manager integration • CareFirst 3 month review activity	

• CareFirst auditing following individual requests • Weekly Annex A testing/scrutiny • Reconfigured DfE data extracts in CareFirst • Highlighting and rectifying errors with BIPS weekly reports. • Private fostering board • Ongoing reconfiguration of missing children processes • Support to ongoing police investigation • Transfer protocol and audit checklist amended • CareFirst advisory board • CareFirst production review • CareFirst design authority • Divisional improvement meetings • 16 CF training sessions • 7 Floor walking days.
Impact • Visible CareFirst presence in teams to increase both knowledge and confidence in use of CF • CF training to provide both bespoke and general CF training • Ensuring Children's Services views and requirements to variety of CF meetings are heard and appropriate priority attached to each request/activity • Ensuring Annex A will be fit for purpose and discrepancies rectified • Weekly data reports rectified when informed of errors or misinterpretation

8. Court work

Resource 2 FT L grade officers	
Outcome • Developing plans for court work training • Updated procedures and templates for court proceedings • Development of referral process for domestic abuse perpetrator programmes • Support to staff re: preparation and presentation in court	

• Court work leads group • Analysis into assessment workshops • Intentionally homeless families protocol • Risk assessment tool kit • S17 finance procedure completed
Impact • Workers better equipped, better informed and up to date with relevant statutory frameworks • Support in appropriateness and quality of information contained within court reports • Workers accessing appropriate information via workshops designed to ensure analysis and assessments are more robust. • Procedures and protocols up to date and appropriately shared with staff. • Feedback from the developing analytical court reports shows that 30% found the course fully met their expectations, 50% mostly met their expectation and 12% partially met. 8% didn't respond.

9 Inspection Readiness – please see attached report.

10. Miscellaneous

Resource 1 FT project assistant
Outcome • Targeted Support Team West + Breckland Tracking and Reporting System • Review of all residential unit documents • Support to compilation of ICS 6 monthly report • Support to all audit programmes
Impact

Plans for October- November

1. Weekly analysis of Annex A – **started and continuing**
2. Completion of re referral audit - **?**
3. National take over day – 6 NICC joining QA service to audit their own pathway plans – **starting 21/11/14**
4. CareFirst upgrade

5. Fostering Recruitment Team go live with recording – **6/11/14**
6. Better ways of working
7. Adoption Support Team
8. EDT manager training
9. Single Assessment development
10. Court work training
11. Commencement of short life group re: Family Drug + Alcohol court
12. Private fostering procedures
13. Monthly manager audits
14. 1 case 1 worker in LAC W+B completing CIN C+S
15. Ofsted dry run **26/27/11/14**
16. TST manager audit
17. Completion of LAC audits revisited.

Risks

- 1 FT audit officer has taken flexible retirement thus reducing the audit capacity by 2 days per week
- 1 FT audit officer has commenced MA in social work on a distance learning basis but will be absent from the team on occasion thus reducing capacity of the team further
- FT project officer was successful in application to inspection development officer post thus leaving **project officer post vacant**
- FT QA team manager acting up as interim head of service – **QA manager role not being back filled**
- If CSLT require any additional thematic audit this will impact on the team's ability to complete the planned audit activity.
- Internal audit

Appendix D: Reserves and Provisions

Title/description	Balance at 01-04-14 £m	Forecast balance at 31-03-15 £m	Variance £m	Reason for variance
Schools				
Transport Days Equalisation Fund	0.249	0.655	+0.406	Reduced number of home to school/college transport days in the 2014/15 financial year as a result of the timing of Easter.
Schools Contingency Fund	9.315	10.092	+0.777	Investment in high need provision and net variances on DSG funded activities (+1.066)
Schools Non-Teaching Activities	1.170	1.170	0.000	
Building Maintenance Partnership Pool	1.197	1.197	0.000	
School Sickness Insurance Scheme	1.284	1.284	0.000	
School Playing surface sinking fund	0.248	0.188	-0.060	Schools becoming academies
Education Provision for Holiday Pay	0.017	0.017	0.000	
Non BMPP Building Maintenance Fund	1.034	0.996	-0.038	Schools becoming academies
Norfolk PFI Sinking Fund	2.061	1.971	-0.090	Draw down of reserve
Schools total	**16.575**	**17.570**	**+0.995**	

Title/description	Balance at 31-03-14 £m	Forecast balance at 31-03-15 £m	Variance £m	Reason for variance
Children's Services				
IT Earmarked Reserves	0.249	0.144	-0.105	Use of reserves
Repairs and Renewals Fund	0.179	0.179	0.000	
Grants and Contributions	3.115	1.618	-1.497	Use of reserves
Children's Services post Ofsted Improvement Fund	1.741	0.241	-1.500	Use of reserves
Children's Services total	**5.284**	**2.182**	**-3.102**	
Total	**21.859**	**19.752**	**-2.107**	

Risk Register - Norfolk County Council

Risk Register Name	**Corporate Risk Register**
Prepared by	**Steve Rayner**
Date updated	**December 2014**
Next update due	**March 2015**

High	
Med	
Low	

Red
Amber
Green
Met

CDGSTP	Area	Risk Number	Risk Name	Risk Description	Date entered on risk register	Current Likelihood	Current Impact	Current Risk Score	Tasks to mitigate the risk	Progress update	Target Likelihood	Target Impact	Target Risk Score	Target Date	Prospects of meeting Target Risk Score by Target Date	Risk Owner	Reviewed and/or updated by	Date of review and/or update
C	Children's Services	RM14147	Failure to improve at the required pace.	CS Teams do not show the improved performance at the speed which is acceptable to DfE and Ofsted.	01/12/2013	2	5	10	Additional capacity in leadership and management in place with 'grow our own' model for sustaining social worker capacity in place. Additional social worker capacity in place. Robust and systematic performance management structures and processes established and beginning to embed. System leadership priorities to be agreed.	**SOCIAL CARE:** Improvement board has completed its work as part of NCC CS Phase 1 improvement. NCC and DfE are working together on the model for further challenge and support to assure and ensure pace and range of improvement activities. System leadership discussions are continuing with key partners' CEOs and are led by NCC MD. Signs Of Safety has been adopted as the philosophy of social work across NCC CS and partner services . Evidence from QA and Performance reports shows that improvements continue in the right direction. Recruitment to NIPE is complete and additional capacity is being offered through this initiative. NFF cotinues strong and rapid progress towards targets. SUPPORT FOR SCHOOL IMPROVEMENT: Ofsted inspection evidences that LASSI is effective. Overall - the restructure of children's services will ensure that structures are more strongly aligned with strategic priorities and new ways of working.	1	4	4	31/01/2016	**Green**	Sheila Lock	Helen Wetherall	01/12/2014
C	Children's Services	RM14148	Overreliance on interim capacity	Overreliance on interim capacity at leadership and management levels and in social worker teams leads to unsustainable performance improvement.	01/12/2013	3	5	15	Succession Planning. Skills and knowledge transfer from interim to permanent staff in place and showing positive impact. Need for permanent replacement to interim senior leadership team.	NIPE initiative is providing significant additional capacity and is showing signs of improving performance in teams were deployed. New structure has been pubished for consultation. Advertisements for DCS and ADs have been published and processes are moving forward to timescale and plan.	2	4	8	30/06/2015	**Amber**	Sheila Lock	Helen Wetherall	01/12/2014
C	Children's Services	RM13906	Looked After Children overspends	The number of LAC continues to increase so that the Looked After Children's budget could result in significant overspends that will need to be funded from elsewhere within Children's Services or other parts of Norfolk County Council	18/05/2011	5	5	25	LAC Reduction Strategy agreed by CSLT and being applied. LAC Panel now in place, chaired by DCS. Target reunification given to all LAC Teams and IRO's	Interim team targets have been profiled over the next year and a tracker to be produced. Interim additional management in place to drive performance to achieve targets. Private sector (Ingson's) reviewing every LAC case to address performance issues and identification of re-unification opportuities. work etc	2	4	8	30/06/2016	**Amber**	Sheila Lock	Helen Wetherall	01/12/2014
D	Children's Services	RM14157	Lack of Corporate capacity and capability in particular ICT and BIPS reduces the ability of Children's Services to	Lack of NCC capacity and infrastructure to support the back-office functions that Children's Services needs in particular ICT is becoming a limiting factor for improvement as DNA improvements are awaited.	13/03/2014	5	5	25	COG involvement to ensure pace of improvement is maintained over protracted timescale. Decentralisation of services for schools report to Education Challenge Board. More robust client side function.	Restructure brings a new post and team 'Clientside manager and team' - will ensure that the needs of the service are srongly expressed as part of all shared services planning in the future.	4	5	20	31/03/2015	**Red**	Sheila Lock	Helen Wetherall	01/12/2014