### City of York YorOK Board

#### AGENDA

**Date of Meeting:**

Monday 10 November 2014, 9.30 – 12 noon, Severus Room, First Floor, West Offices

<table>
<thead>
<tr>
<th>Tabled Items:</th>
<th>Start Time</th>
<th>Duration</th>
<th>Author / Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Minutes of last meeting Matters arising</td>
<td>9:30am</td>
<td>15 mins</td>
<td>Councillor Looker</td>
</tr>
<tr>
<td>2. Pupil Bullying &amp; Wellbeing Surveys (Presentation: there are no papers for this item)</td>
<td>9.45am</td>
<td>20 mins</td>
<td>Tina Hardman &amp; Yvette Bent</td>
</tr>
<tr>
<td>3. Child and Adolescent Mental Health</td>
<td>10.05am</td>
<td>30 mins</td>
<td>Eoin Rush</td>
</tr>
<tr>
<td>- CAMHS Executive – Local Priorities (Storyboard tabled)</td>
<td></td>
<td></td>
<td>Dr Sophie Roberts and Carol Redmond</td>
</tr>
<tr>
<td>- Limetrees (Presentation)</td>
<td></td>
<td></td>
<td>Jayne Hill</td>
</tr>
<tr>
<td>- Commissioning Process and Progress</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>BREAK</strong></td>
<td>10.35am</td>
<td>5 mins</td>
<td></td>
</tr>
<tr>
<td>4. Phase 2 Troubled Families</td>
<td>10.40am</td>
<td>20 mins</td>
<td>Linda Murphy &amp; Judy Kent</td>
</tr>
<tr>
<td>- Review of Phase 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Phase 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Trust Update:</td>
<td>11.00am</td>
<td>15 mins</td>
<td>Judy Kent</td>
</tr>
<tr>
<td>- Early Help Outcomes Report</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- YorOK Annual Report to Health &amp; Wellbeing Board</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. YorOK Performance Monitoring, Quarter Two</td>
<td>11.15am</td>
<td>10 mins</td>
<td>Eoin Rush / Public Health, Safeguarding Board</td>
</tr>
<tr>
<td>7. Forward Plan &amp; Dates for Future Meetings</td>
<td>11.25am</td>
<td>5 mins</td>
<td>Councillor Looker</td>
</tr>
</tbody>
</table>
YorOK BOARD MEETING

Date: Monday 8 September 2014
Time: 9.30 – 12.00
Venue: The Severus Room, West Offices

Angela Crossland - Youth Offending Team
Paul Edmondson-Jones - Deputy Chief Executive and Director of Health & Well-being
Tricia Head - Virtual Headteacher, Danesgate School
Jayne Hill - Partnership Commissioning Unit
Judy Kent - Head of Children’s Trust Unit and Early Intervention
Clr Janet Looker - Lead Member, Children’s Services, Education & Skills (Chair)
Debra Radford - Service Manager, NSPCC
Eoin Rush - Assistant Director, Children’s Specialist Services
Jon Stonehouse - Director of Children’s Services, Education & Skills
Rosie Tebbutt - Head of Operations, York CVS
Simon Westwood - Independent Chair, Local Safeguarding Children Board
Andy Weir - Associate Director - Specialist & Learning Disability Services, Leeds & York Partnership NHS Foundation Trust
Lesley White - Public Health Children and Young People’s Manager

In Attendance - Carolyn Ford, Inspection & Planning Manager (Minutes)
- Polly Griffiths, Healthwatch
- Julie Hotchkiss, Interim Consultant in Public Health
- Helena Nowell, Strategic Support Manager (Adults and Public Health)
- Alison Patey, Health & Wellbeing, Public Health England, Regional Lead
- Peter Quinn, Director, Student Support Services, University of York
- Claire Robson, Delivery Manager, Children, Young People & Families, Public Health England, National Team
- Nic Streatfield, Head of Student Services, York St John University

Apologies: - Lucy Botting
- Graeme Murdoch
- Cllr Carol Runciman

ACTION

1. Minutes of Last Meeting and Matters Arising

The minutes of the meeting held on 7 July 2014 were accepted as a true and accurate record of the meeting. There were no matters arising.

Rotherham Report

Eoin Rush updated Board members on the key messages from the enquiry into child sexual exploitation (CSE) in Rotherham over the last ten years. The report, the third commissioned by Rotherham Council, highlighted the history of concern around CSE and detailed some alarming and shocking statistics. The report estimated that 1400 children and young people were sexually exploited over the ten year period, and the report criticised the leadership of the local authority for suppressing the first report, and the local authority and Police for not responding to the second report.

Eoin Rush reported that in York there is a county-wide strategic group. The police are aware of “hot spots”, and services in the city are focused on these and wider CSA issues. Whilst it is anticipated that the current media attention around CSE could result in a significant increase in referrals to children’s social care, the service is well placed to respond, with additional support identified should it be required. Work is also ongoing with partners to improve the quality of referrals so that children and
young people receive the best response. The Safeguarding Board is overseeing work around CSE, and Eoin Rush reassured Board members that there is no complacency in York. A county-wide strategic action plan is in place and this is regularly reviewed. It was agreed that child sexual exploitation should be a future agenda item.

Simon Westwood arrived at 9.50am.

2. **Trust Update**

Judy Kent highlighted the following from the Trust Update:

- The “No Wrong Door” conference at York Racecourse has been moved from 14 October to 4 November 2014. Partners were asked to support and publicise the event.
- The YorOK Board membership and terms of reference will be reviewed at the end of the year.
- Following the resignation of Garry Jones, York CVS, Rosy Tebbutt, Head of Operations, will attend YorOK Board meetings.
- Partners were asked to forward any comments to Judy Kent regarding the priorities identified in York’s refreshed Equality Scheme. It was agreed that the YorOK Board should look at the Equality Scheme from a child’s point of view, and it was agreed that this should be a future agenda item.

Tricia Head arrived at 9.55am.

3. **YorOK Performance Monitoring**

Jon Stonehouse reported the following key performance headlines:

**Priority 2.1: Enjoy Family Life**

- The number of children subject to a child protection plan has steadily and safely reduced.
- The number of Looked After Children is slightly higher than the target at 220.
- Projected increases in York’s population may impact on the number of Looked After Children in the city.
- The national focus on child sexual exploitation may impact on services.
- The Council’s Child In Need Service is currently being reviewed and details will be sent to Board members for comment.
- The Troubled Families programme is doing well, with 75% of the 315 families targeted in phase 1 having “turned around”. Phase 2 sees the criteria broadened so as to engage 1000 families. The broader criteria will include not only the existing criteria but a focus on health, in particular mental health, and inter-familial abuse. This widening of the criteria will enable colleagues to work with a wider range of families, including those with younger children. The enhanced challenges liked to data, performance and outcomes were noted in this context.

**Priority 2.2: Extra Help**

- The number of CAFs/Family Early Help Assessments remains relatively static but low, and increasing the number is a priority for the coming year. There will be a focus on CAF assessments at the forthcoming “No Wrong Door” conference.
- The recent Peer Challenge of referral and assessment arrangements described early help approaches as “emerging”, however early help is well-established in the city. It was agreed that work is needed to define early help and establish how all partners contribute to it.
- The Ofsted thematic review of early help in January 2014 highlighted the need for more, consistently high quality, early help assessments.
Nationally, there has been a dip in KS4 results, but York has done well, being joint top in the region. However, “narrowing the gap” remains an issue at both KS2 and KS4, but the York 300 Pilot will provide additional focus to KS2 pupils during the 2014/15 academic year.

Some time-limited work in some wards has been undertaken around obesity, and the Healthy Weight Active Lives Steering Group is working towards reversing the trend of increasing BMI in children and young people.

Priority 2.3: Good Mental Health

The CAMHS Strategy action plan has been completed.

Despite good resources for social and emotional health, this remains an area of concern. A recent Public Health England mental health profile showed an increase in self-harm amongst younger people, with data showing that the largest increase by age was in the 15-17 bracket for females. The CAMHS Executive is producing a plan to tackle this.

The “Stand Up for Us” survey for Years 4, 5, 6 and 8 pupils has highlighted some progress in terms of the number of pupils reporting that they have been bullied but also some issues. It is imperative that we continue to listen to what children and young people are telling us.

Priority 2.4: Strong Economy

Local data as at the end of March 2014 indicated that 4.8% of Years 12-14 young people were NEET (aged 16-18). The local NEET figure improved throughout the year and York is ranked joint second best for NEET rates in the region.

The impact of the transformation programme in the youth service will need to be monitored to identify the impact on the NEET figures.

The positive NEET figures for 16-18 year olds mask the poor NEET rate for those young people 18+, for whom there is no provision.

Job Centre Plus has analysed the features of 18+ unemployment, and emotional health and wellbeing has been highlighted as an issue. Many of the unemployed young people in this age range have a criminal record, and there is a need to support them earlier.

Simon Westwood queried the timeline for ensuring more health assessments for looked after children are completed. It was noted that completion of health assessments is being prioritised by school nurses, who are aiming to have them completed by September 2014. The strategic partnership for looked after children is monitoring progress.

4. Safeguarding Update

Simon Westwood noted the following:

The Annual Report had been completed, and both the summary and longer version are available.

The “Domestic Abuse Themed Governance Summit to Inform Future Commissioning for Children, Families and Adults at risk” was held on 21 July and there will be a day for practitioners on 24 November. Feedback about the events should be forwarded to Simon Westwood.

The Joint Protocol has been finalised and signed off, and will provide a clear framework for accountabilities between the Safeguarding Board, Health and Wellbeing Board and the Children’s Trust.

There has been good linking with another local authority around notification of a serious case with former links to York. York will contribute to the learning lessons review and learning will be shared in the region.
Areas for Development

- The Clinical Commissioning Group Assurance Report has been withdrawn but will be available for the October Safeguarding Board meeting.
- The joint protocol on missing children needs to be refreshed.
- A compact to clarify the role of CVS with the Safeguarding Board is required.

Next Steps

- The Annual Report is currently being printed and will be available next week.
- Learning from the Peer Challenge of referral and assessment arrangements needs to be followed up.
- The Safeguarding Board development day for Board members and the Annual Meeting will take place on 22 October.
- No agreement has yet been reached with partners in order to resolve the budget issues within the Board.
- A Communication Strategy was agreed at the last Board meeting. Following visits to frontline staff, Simon Westwood has identified the need to ensure staff are aware of, and understand, the work of the Board.

Cllr Looker noted the Board’s excellent conference on neglect and suggested that a task group, chaired by Jon Stonehouse, was needed to ensure key issues are progressed. There is a need to commission a strategic analysis of the level of neglect in the city, and staff and members of the public also need reminding of the signs of neglect, so that they can identify risks.

Jon Stonehouse welcomed the Board’s five priorities: Early Help, Neglect, Child Sexual Abuse, Domestic Abuse and Children Who Go Missing, and noted the need for clear definitions, protocols and procedures.

Simon Westwood added that the Rotherham report would be an agenda item at the next Safeguarding Board meeting so that key messages could be understood. He will also be looking back to check whether there are any historical issues in York that we do not know about and whether lessons have been learnt from historical Serious Learning Reviews. It is important that the Safeguarding Board challenges and asks for evidence rather than just accepts reassurances. He noted that the prognosis for children who experience child sexual abuse is bleak and that even with the best support, their prognosis is very poor. It is far better to prevent CSE and whilst there are no major issues of CSE in York, everyone needs to be doubly conscientious. Cllr Looker asked that CSE be a future agenda item.

5. Health & Wellbeing Strategy Refresh

The York Health and Wellbeing Strategy 2013 – 2016 is being reviewed to update the operating context and the actions for the next two years. Board members were asked to consider whether the vision is still relevant and whether there should be any new priorities or whether any existing priorities required a greater emphasis.

Board members identified the following priorities at the meeting:
- a whole family approach to assessing need
- addressing the needs of adult parents in order to improve outcomes for children
- alcohol abuse
- domestic abuse
- obesity
- CSE
- health needs of LAC/CIN (health assessments)
- Troubled Families
• NEET
• better join up around mental health services
• better integrated commissioning and planning arrangements, including for health visiting and how this will link to school nursing
• being happy

It was suggested that the strategy should also include positive aspects, state that York is a good place for children and young people to grow up and present performance data positively, for example, “no child leaves with nothing”. Board members were asked to submit any further priorities to Judy Kent, who will then forward them to Helena Nowell prior to the Health and Wellbeing Board meeting on 22 October.

Jon Stonehouse noted that Leeds was a child friendly city and that York was proposing a Festival of Fun for children in 2015. Nik Streatfield suggested Board members look at the Action For Happiness website: http://www.actionforhappiness.org/, and Peter Quinn noted that the city’s universities had resources that were often overlooked but which could be accessed by all partners.

Paul Edmondson-Jones left the meeting at 10.35am.

6. Health and Wellbeing Profile – 14-25 Age Group

Judy Kent circulated confidential case studies produced by Graeme Murdoch for information.

University of York

Peter Quinn, University of York, reported that whilst students can manage at school with little intervention, once they reach university, mental health issues can surface. However, if their first experience earlier in life in accessing help was poor, they are often reluctant to seek help at university. In the 2014/15 cohort, 49 students notified the university GP that they had a mental health issue and 546 that they had depression. There has been a doubling in the number of students with depression over a three year period.

The university has an “open door team”, a multi-professional team, which is part of Student Support Services. It is available to any registered student experiencing psychological or mental health difficulties. In 2013/14, 1900 students referred themselves to the service, this being 12% of the student population. The top ten problems experienced by students are: anxiety, depression, academic difficulties, family problems, relationship issues, stress, bereavement, low motivation, eating disorder and perfectionism.

Approximately 1298 students (8 – 10% of the student population) disclosed their disability and accessed disability services. Many students do not disclose their disability and this often results in the university having to resolve crises. When the university does offer support, this usually results in the young person completing their studies.

The priorities for the university are: autism services for adults, services for young adults with depression, asthma and diabetes. If any of these student support services were cut, students would have no option but to go to A&E. It was noted that university students do not have a “health, education and care plan” and their DSE is about to be reduced.
York St. John

Nic Streatfield, York St. John, gave a presentation on the students attending York St. John University. In the last year, data from the University health centre has recorded the following numbers of student health matters: Diabetes 13, Asthma 150 (prevalence - 4.3%), Epilepsy 7, Thyroid 9, Cancer 2, Glandular fever 15, Mumps 3, Chicken pox 3, STI 17, Depression 136 (prevalence – 3.9%), Severe mental illness 9, Personality disorder 14, Low mood 189 (prevalence – 5.4%), Eating disorders 12 and Overdose 5.

In 2013/14 460 students accessed the university’s mental health services, which is an increase of 25% on the previous year. This equates to 7% of the student body this year seeking help with a problem relating to their mental health. The presenting issues have been: anxiety 27%, depression 23%, relationships 10%, loss and bereavement 8%, academic issues 6%, transition 5% and abuse 4%.

95% of students scored above the CORE clinical cut off. 77% of students seen are in the moderate to severe range and 44% of students seen rate themselves above the CORE risk cut off, ie at risk of self harm, suicide and a potential risk to others.

Main Issues:
1. Limited Eating Disorder Service – there is only one ED nurse. The need for a service is measured on BMI, so some students have to get worse before they can be treated. A student will be asked the same questions by the Wellbeing Team at the University, the GP and the CMHT in order for an assessment to be carried out.
2. Two students who were sectioned were taken out of the area because of the lack of available beds in York. When students are released from inpatient care the hospital will send a discharge letter to the GP, which often takes a week to arrive. This results in a vulnerable student being released back into halls without anyone from the University being told. If the Wellbeing Team was informed of the discharge date, support for the student could be put in place.

Other issues:
- Supporting students in crisis
- Lack of specialist services
- The lack of autism awareness training for staff
- The diabetic nurse charges to run a clinic at the university
- Clarification is needed around how a mass meningitis vaccination programme would be funded if needed
- Entry to secondary care needs to be easier
- Preventative health promotions need to improve around diabetes, meningitis, alcohol and river safety

Priorities are:
- Accessible services for depression in young people
- Autism spectrum services
- Improving eating disorder services
- Easier access to secondary care
- Health promotion to be more prevalent and joined up around diabetes, meningitis, alcohol and river safety.
- Awareness raising of emotional resilience taught in schools
- Engage in more joined up working

Board members noted that the York College Counselling waiting list has been closed several times

The university is producing a film about transition into and through university, and this is to be forwarded to Board members when available.

JK
Jon Stonehouse thanked Peter Quinn and Nic Streatfield for their presentations and suggested that pathways in particular could be considered by the CAMHS Executive. He suggested that they, or their representatives, should sit on the CAMHS Executive to ensure a focus on young adults, and university students in particular.

Andy Weir agreed to meet outside the meeting to look at issues raised, and to ensure university support staff do not have to spend time completing multiple forms. Jayne Hill agreed to look into whether the university GP can be put on system 1 and she noted that commissioning autism services for adults is a key procurement issue for the Clinical Commissioning Group.

Alison Patey and Julie Hotchkiss agreed to look into who would fund a mass meningitis vaccination programme at the university, should this be needed.

Cllr Looker thanked Peter Quinn and Nic Streatfield for their presentations and for providing data for the JSNA. The November YorOK Board meeting will include an update on mental health issues and Cllr Looker suggested that the Higher York Student Community Partnership should also consider the issues.

7. **Forward Plan and Dates for Future Meetings**

Simon Westwood requested an agenda item on low level depression and what the voluntary sector is able to provide, and also an item on domestic abuse, as whilst there is lots of activity taking place, there is no clarity around governance and leadership arrangements.

Cllr Looker asked that Jess Haslam be invited to the November Board meeting for the thematic discussion on mental health.

Board members were invited to visit both the University of York and York St. John to discuss how the universities and the YorOK Board can work together more closely.

**Future Meeting Dates:**

- Monday 10 November 2014
- Monday 12 January 2015
- Monday 2 March 2015
- Monday 11 May 2015
- Monday 6 July 2015
- Monday 14 September 2015
- Monday 9 November 2015

There being no other business, the meeting finished at 12.05pm.
Children and Young People’s Emotional and Mental Health in the City

1. Introduction

This Story Board describes our vision for the emotional and mental wellbeing of all children and young people in our City. It presents the priorities, strategies and initiatives, developed over the last three years, to ensure best practice and deliver the best outcomes.

Definition of mental disorder is based on the ICD-10 Classification of Mental and Behavioural Disorders with strict impairment criteria – the disorder causing distress to the child or having a considerable impact on the child’s day to day life.

2. Local Picture of Need

Nationally the prevalence of mental disorder varies by age and sex. Boys are more likely (11.4%) to have experienced or be experiencing a mental health problem than girls (7.8%). Children aged 11 to 16 years olds are also more likely (11.5%) than 5 to 10 year olds (7.7%) to experience mental health problems. Using these rates, the estimated prevalence of mental health disorder by age group and sex in York is 1360 for boys aged 5-16, and for girls aged 5-16 it is 895. (Source: Office for National Statistics mid-year population estimates for 2012. Green, H. et al (2004).)

There will be a greater number of children and young people who experience distress and poor emotional health and wellbeing who by definition are not mentally disordered but are clearly in need of an appropriate form of help or intervention.

Our community of school leaders identify emotional and mental health issues as a significant barrier to learning. This group also highlight transition points and exam years as periods of heightened risk for their children and young people’s emotional and mental wellbeing.

We know that the health and well-being of children in York is generally better than the England average. In 2012/13, children were admitted for mental health conditions at a similar rate to that in England as a whole. However, the rate of inpatient admissions during the same period because of self-harm was higher than the England average.\(^2\)

---


\(^2\) Child Health Profile - March 2014 [Public Health England]
In York, our looked after population, young carers, children and young people subject to protection plans, care leavers, children and young people with complex needs, children and young people involved with our Youth Offending Service and those from BME backgrounds are all identified as priority groups in planning services to support the emotional and mental health outcomes for children and young people in the City.³

A review of those children who have received a Tier 3 local authority intervention has highlighted four key areas requiring specialist input. These are:

1. Responding to emotional/behavioural regulation issues
2. Dealing with the impact of domestic abuse
3. Addressing parental unmet needs
4. Responding to attachment issues

3. **York’s Strategy**

Our strategy in York is underpinned by the following principles:

• early identification and support will secure for many children and young people the best future outcomes and reduce the likelihood of future emotional and mental health issues
• where possible support for young people will be provided by known and trusted adults
• health and social care pathways for children and young people are integrated and take account of each ‘child’s journey’ through services
• a committed and knowledgeable childrens workforce ensures that only those children who are in need of Tier 3 CAMHS progress to the specialist providers
• our specialist providers will work to support the whole childrens workforce to equip them with the necessary advice and information to help them support children at Tiers 1 and 2
• Joint planning and commissioning underpinned by a vigorous need assessment ensures the outcomes for children and young peoples’ emotional wellbeing and mental health are improved across the City.

4. **Strategy Bookcase:**⁴

Childrens and Young Peoples Mental Health

- Improving Health and Well-being in York 2013 -2016
- Childrens and Young People’s Plan 2013 - 2016
- Children and Young People’s Mental Health Strategy 2011 – 2014
- Children and Young People’s Mental Health Strategy - Part 2 [Action Plan 2013 - 2016]

³ Priority groups for by the Local Authority and the Clinical Commissioning Group
⁴ A summary of key national strategies and guidance is available at appendix 1
Related Local Strategy and Planning Documents

- Joint Strategic Needs Assessment
- Looked After Childrens Strategy 2012-2015
- Vision for York Children’s Social Care 2013 - 2016
- Poverty Strategy 2011-2020
- Narrowing the Gap: Breaking down Barriers

5. **The Vision:**

We will secure good mental and emotional well-being for all children and young people in the city of York to ensure to ensure they achieve their optimal potential.

To achieve this Vision

We Will:

1. Ensure that strategic planning and commissioning bodies work together (in *partnership with families*) to effectively support/promote good child and adolescent emotional and mental health and well-being.

2. Develop a supported, qualified, *experienced and confident workforce* that work across agency boundaries.

3. Ensure that children, young people and their families are treated with *respect and dignity* and that services reflect the choices and preferences of children and YP and are provided in a way to minimise any perceived stigma.

4. Ensure *service provision is well-coordinated* and joined-up across professional/organisational boundaries.

5. Encourage schools and the universal services to adopt a ‘*nurture to learn*’ culture to

6. Promote good emotional and mental health of children and young people in their settings.

7. Promote and facilitate *early identification and intervention* to support the emotional health and wellbeing of children and young people across all settings.

8. Ensure high quality *specialist and targeted services are available in a timely* way to those children and young people most in need or at most risk.

6. **The Stakeholders**

The YorOK Community of Childrens Service Providers
Children, Young People and their Families
7. **User Voice tells us**

- We must tackle the issue of stigma that can be a barrier to accessing services
- Children and Young people want to receive support from known and trusted adults in their lives (including: school based staff)
- We should create a nurture to learn culture across our school community
- Frontline children services professionals should be confident and competent in identifying and responding appropriately to the emotional and mental health needs of children and young people in the City.
- Any CAMHS strategy should maximise the importance of peer support for children and young people.
- Specialist CAMHS services should be delivered whenever appropriate in non-clinical settings.
- Specialist CAMHS services should always work in partnership with other professionals in a child / young person’s life.
- Early identification of emotional and mental health issues is welcomed and effective
- Monitor and tackle the issue of bullying

8. **Delivering the Strategy:**

```
    Health and Wellbeing Board
    |       |
    |   YorOK Childrens Trust Board   |
    |       |
    |  CAMHS Executive Group          |
    |       |
    | Social and Emotional Wellbeing Group |
```

---

5 Captured through children and young people’s voice at Childrens Mental Health Matters Conference / feedback from York Youth Council / Young People’s involvement in Learning and Culture Overview and Scrutiny Review
9. **The CAMHS Executive Group:**

This Executive group and the agencies, organisations and constituencies that are represented within the Executive, have as their shared aim the implementation of the CAMHS Strategy.\(^6\)

10. **Key Developments and Work Streams:**

Initiatives that have Improved Outcomes for Children and Young People in York:

- F.I.R.S.T. Initiative – Support children and young people with complex needs in York
- Annual Anti-Bullying Survey and Action Plan
- Training and deployment of Emotional Literacy Support Assistants across York Schools
- Implementation of SEAL
- York’s Autism Strategy
- CAMHS Looked After Childrens Service
- Mental Health Tool Kit for Year 10 students
- Accredited Attachment Training for Foster Carers
- Forensic Panel for Childrens who Sexually Harm
- Healthy Schools Programme
- Healthy Settings Programme
- Healthy Minds Programme
- Healthy Child Programme

11. **The Outcomes we are Achieving:**\(^7\)

The City’s ELSA programme has contributed to a reduction in the number of children and young people who are referred to a Tier 3 service.

FIRST initiative achieving a significant reduction in the number of young people with complex needs requiring specialist out of City provision.

Forensic Panel received national recognition for its work to triage and signposting young people who pose a risk to others to specialist assessment.

CBT project in schools delivering non stigmatising low cost solution for children and young people in schools who may have anxiety issues and/ or disorders.

---

\(^6\) Terms of reference included at Appendix 1 - *Children and Young People’s Mental Health Strategy 2011 – 2014*

\(^7\) It is not possible here to set out a full account of the impact of those services developed through the CAMHS partnership. Each of those services named has been separately evaluated and the findings available.
York’s autism strategy delivering clear assessment and support pathways across agencies for children and young people.

Attachment Training for Foster carers providing accredited training for carers to develop more resilient stable placements for Looked After Children

Nurture Groups – providing early support and integration for vulnerable children in primary settings and preventing future learning and transition difficulties.

12. **The Next 12 Months – Priority Actions Overview:**

i. Harness the commitment from the whole school community\(^8\) to further invest in and develop ‘in school’ arrangements to support the emotional and mental health needs of children and young people.

**This process will:**

- Achieve an extension of the ELSA Programme to every school in the City
- Promote the participation of every school in the Youth Council’s Charter Mark for emotionally healthy schools
- Review the Primary Mental Health Worker role to better support front line staff who are working with children with emotional and mental health issues.
- Support the ambition to become a SEAL City

ii. Through the Tier 3 re-tendering\(^9\) process work with the CCG, Providers and the Local Authority to negotiate better integrated pathways for children and young people. As part of this process we will review the use of the local authority’s commissioning budget\(^10\) to strengthen the early help offer to children and young people with emerging emotional and mental health issues.

**This process will:**

- Maximise the appropriate use of shared resources across the LA / CAMHS provider to deliver services to children and young people in the context of the ‘Child’s Journey’.
- Skill up the wider children’s workforce to better respond to and support children and young people’s emotional and mental health needs closer to the front line.
- Ensure timely access to specialist services for those children and young people who cannot be supported at Tiers 1 & 2.
- Help to inform a clearer shared understanding of need and threshold across the whole childrens workforce.

---

\(^8\) A key undertaking from the head teacher community of York given at the March 2014 Annual Conference

\(^9\) See appendix 1

\(^10\) This will include a review of the shared social work role currently located in Limetrees
iii. Review the contribution of the CAMHS LAC service in conjunction with the LA’s New Deal for Foster Carers initiative.

This process will:

- Help to strengthen and build the capacity and resilience of the local fostering offer to improve the placement stability and overall outcomes of the City’s looked after children.
- Re-focus the resource to strengthen our response to children and young people on the ‘edge of care’.
- Clarify the contribution of this resource / service to the refreshed ‘responding to children who harm’ work.
- Clarify the CAMHS offer to children who are temporarily placed out of the City

iv. Review the emotional and mental health support arrangements for children and young people who may offend.

This process will:

- Clarify, in the context of the YOS plan, the health offer to children and young people and in the context of the preventative and Restorative Justice aspirations of the services.

v. Explore the opportunity for greater collaborative working across York and North Yorkshire including:

- Shared commissioning
- Children and Young People who sexually harm
- Children on the edge of care

This process will:

- Bring greater capacity for the local delivery of high cost low demand specialist services
- Create opportunities for shared learning
- Build resilience across some key service areas

vi. Investigate the issue of children who harm as part of a Health and Well-being Board ‘deep dive’ exercise to understand York’s position in relation to the national picture.

This process will:

- inform the strategy to reduce the incidence of self harm in children and young people
13. **The Gaps, Barriers and Risks:**

- transition to adult services
- non attendance at drop-ins and clinics
- alignment with the CCG commissioning priorities
- services for those who are bereaved
- parental MH and the impact on their children
- resources for evidence based practice i.e., the Solihull Approach for Health Visitors
- teenage parents MH

14. **How will we know if we are succeeding?**

1. An emotional health survey of children in the City will demonstrate that childrens and young people’s view of their overall emotional and mental health is good or improving.\(^{11}\)

2. There will be a reduction in the number of children and young people who are referred to specialist CAMHS.

3. The outcomes measures from specialist CAMHS, for example, the childrens health of the nation outcomes scores will be used as a quality measure.

4. Timely pathways for those children who do require a Tier 3 service.

5. Contract meetings with Providers’ of services (i.e., SHN) will highlight the number of referrals to specialist CAMHS services, but also the number of children and young people they are seeing with emotional health problems.

6. Our Local and National annual child health profile will demonstrate a reduction in the number of children who are referred for concerns of self harming behaviour.

7. The stability of the number of children who have SME as their primary need on EHC Plans (currently about 12-13% of CYPs have ‘BESD’ as their primary area of need)

8. You’re Welcome Quality mark – will assess the quality of services from a young person’s perspective

---

\(^{11}\) To confirm with PK
National:
Department of Education (2014) Children and Families Act
Department of Health (2009) Healthy Child Programme x3
Department of Health (2010) Getting it right for children and young people: Overcoming cultural barriers in the NHS so as to meet their needs
Department of Health (2010) Achieving equity and excellence for children: How liberating the NHS will help us to meet the needs of children and young people
Department of Health (2011) Healthy Lives, Healthy People
Department of Health (2012) No Health without Mental Health Mental Health
Department of Health (2010) Getting it right for children and young people
Department of Health (2011) Healthy Lives, Healthy People
Department of Health (2012) No Health without Mental Health Mental Health
Department of Health (2010) Getting it right for children and young people
Department of Health (2014) Making mental health services more effective and accessible
Department of Health (2014) Public Health Outcomes Frameworks
HM (2012) Health and Social Care Act
HM (2013) Giving all children a healthy start to life
HM (2013) Working Together to Safeguard Children
NICE (2009) Promoting young people’s social and emotional wellbeing in secondary education


DfE Children and Families Bill: SEN Code of Practice 2014
NICE Social and Emotional Wellbeing of Children and Young People October 2013
Report Of The Children And Young People’s Health Outcomes Forum – Mental Health 2012
HMGov No Health Without Mental Health 2012
Children’s Society report on the Good Childhood Index 2011
DCSF Promoting Emotional Health and Wellbeing in Children and Young People 2010

page 17
This report provides a brief overview of the implementation and progress made to date in Phase 1 of the programme, lessons learned and an overview of the newly announced Phase 2 of the programme.

Phase 1

The Government target for York was to identify, work with and turn around 315 families over 3 years using the following identification headlines;

- are involved in youth crime or anti-social behaviour
- have children who are regularly truanting or not in school
- have an adult on out of work benefits

To be eligible to enter Phase 1 of the programme, families had to meet two or three of the criteria, filtered for involvement in the programme using local discretion filters.

A maximum payment of up to £4,000 is possible for each family ‘turned around’ by the programme through upfront payments for families attaching to the programme and ‘payment by results’ (PbR) payments only made for 5/6ths of the cohort on reaching the required success criteria.

To reduce the stigma of the Troubled Families programme it is known locally as the Family Focus Programme.

The national model advocates these families benefit from:

- a whole family approach, in a way which recognises that individuals interact and influence each other rather than viewing them as individuals with problems in isolation
- a dedicated worker is working with each family
- building a persistent, yet trusting relationship with the family in order to be able to challenge them to make the changes needed.
- the identification of the underlying problems through an effective whole family assessment process
- a whole family plan, developed in partnership with the family and other agencies, drawing in necessary services in a co-ordinated way and regularly reviewed in partnership with the family and Team Around the Family.
- a tailored package of support to underpin the agreed family plan
- a robust exit plan providing an on going support package.

Family Monitoring Data for 10% of the families is ongoing to provide information about their profile and their problems on entry to the programme, at the point of a payment by results claim and on exiting the programme. This involves gathering a significant amount of information in relation to each family.
Local Implementation:

April 2012 - Phase 1 commenced with Linda Murphy nominated by the DCS as TF Coordinator and a Troubled Families Partnership Board was convened. A pilot team began work in the west of the city, staffed by Catalyst (FIP) Keyworkers and Parent Support Advisors.

January 2013 - 3 locality teams had been formed, known as the Integrated Family Service (IFS), through the amalgamation of the Catalyst (FIP), Parent Support Advisors and Family Support Workers. The work of the teams included whole family direct work with families at early intervention and statutory threshold levels of need in addition to the co-ordination and direct work with families identified for inclusion in the Troubled Families Programme.

November 2013 - a review, to ensure the right help was being given to the right child at the right time, identified that CSC required further dedicated capacity to meet the needs of families meeting statutory thresholds and that the LA required a clear focus on the Troubled Families programme. IFS was struggling to meet needs across their very broad remit. This led to interim arrangements to the IFS being put in place.

January 2014 the interim arrangements went live;

- 3 locality teams became a ‘Child in Need’ Service, targeting those families who meet statutory thresholds and whom without additional help and support are children at risk of becoming looked after or are in need of safeguarding. This service is currently managed by Mark Mirfin and has moved from Prevention and Early Intervention to CSC within Prevention and Early Intervention in Children’s Specialist Services under Dot Evans.

- Troubled Families arrangements were strengthened by the introduction of a small stand alone Family Focus Service to ensure we maximise the impact and income generation of our troubled families initiative in York. This has ensured better identification, support and tracking of outcomes for those children, young people and families who fit the nationally specified profile and increased income from the payment by results scheme. The team also undertakes direct work with families at level 2 of need who have multiple and complex needs, but who do not require a statutory intervention and indirect work supports any practitioners working with families who are part of the programme. This forms a strong response to support the city’s Early Help Strategy. This service is currently managed by Linda Murphy within Prevention and Early Intervention in Children’s Specialist Services under Judy Kent.

The Family Focus Team (interim staffing arrangements):

- 1 FTE Service Manager/Troubled Families Co-ordinator
- 1 FTE Senior Practitioner
- 4 FTE Practitioners
- 0.8 FTE Senior Analyst
- 0.5 FTE Health Professional
- 0.5 FTE Administrator
Progress To Date;

- 100% of the families have been identified (315)
- 89% of the families have achieved PbR success (October 2014)

(Please see Annexe A for full progress information).

Data input, from multiple agencies, is pivotal to the identification of families meeting the criteria, monitoring the programme’s work and evidencing a change and payment by results (PBR); evidence must be robust to pass regular internal and external audits and avoid fraudulent activity. The recent appointment of a Senior Analyst within the new Business Intelligence Hub, ensures core data is more accurate, the processes are clear and the financial claims are robust. The programme can now build on this foundation to monitor and report on families, providing the evidence for powerful cost benefit analysis.

National and local evaluation is a requirement and has involved:

- National Family Monitoring Data being collected and submitted for 10% of the cohort at start of intervention, at PbR and end of family intervention.
- Local evaluation by York University to gain the perspective of families involved in the programme in York. This will be available late autumn.

Excellent partnership working has been developed across a range of agencies;

- Data sharing for the purpose of the identification and tracking of Phase 1 Troubled Families in York has been agreed, meets requirements and is now managed by the Senior Analyst.
- Job Centre Plus, Danesgate and some schools now have an identified Single Point of Contact for the Family Focus Programme, which allows for discussion relating to the progress of specific families.
- Professionals working in Danesgate, Pastoral Teams in Schools, Ethnic Minority Service, Children’s Centres and Youth Offending Team are using or are beginning to adopt a whole family approach, which allows for the family strengths and needs of all individuals in a family to be identified clearly and a whole family plan to be agreed, with timely input from partners, working alongside a family.
- The Parent Mentoring Co-ordinator has supported mentors who have supported a few identified families and will align well in Phase 2.

The Family Focus Wheel is a new family friendly assessment & review tool, developed by the FF Team. The tool helps identify family strengths and issues that the family need support with. The wheel is used promote discussion with family members about all areas of their life, provides useful prompts for practitioners and visually highlights areas for change and where progress is being made.
Important lessons learned and what has worked well in Phase 1:

1. Data Support needs sufficient capacity to resource with the right level of skills:  
The complexity of joining multiple datasets from numerous agencies in various formats necessitates professional and highly skilled data analysis; the skills required stretch from detailed technical database and data manipulation expertise to brokering strong data partnerships. In Phase 1, data support was under-resourced which threatened successful PBR claims, led to inefficiency, created the potential for unintentional fraud and degraded the quality of the programme’s data to the point that reporting was inaccurate and misleading.

2. Family Monitoring Data (see Annex B) requires improved processes, systems and capacity to manage this as it grows:  
To date this has had to be a manual collection process by the Family Focus Team to provide information on 48 outcome measures for a minimum of 10% of the cohort i.e. 32 families the evaluation submission. This was time consuming and not achievable by this method in Phase 2, when this may increase to 100% of families in 2015/16.

3. Cost Benefit Analysis (CBA) is powerful and requires skilled technical resources and information collection to complete efficiently:  
National research estimates the programme achieves average cost savings of £75k per family. Locally, CBA of a small random sample of 7 families, who were worked with holistically, highlighted between £3k and £424k net cost savings per family.

4. Audits are robust, requiring clear evidence of why families were identified, who worked with a family and why PbR was claimed:  
Internal audits, prior to each PbR submission, have been completed by Veritau. This highlighted that the early manual process for smaller numbers was not sustainable as the cohort became larger. Acting on the advice given and with the support and skills of the new Senior Analyst the process has been amended and approved with Veritau, our internal auditors prior to the last PbR claim.

National Spotchecks are undertaken on a random sample of families claimed for, requiring evidence re identification and success measures against each family member.

5. Relationship building is key to engagement and success, but approaches to achieve this are not always a fundamental element of intervention:  
Time and skills to build trusting relationships with families is key, not only engagement and retention, but to the identification of all issues for the family and often the undisclosed or unaddressed root cause(s) of these. Families who are seen as ‘hard to engage’ engage well with the non-statutory whole family model.
6. The Workforce often lacks confidence in undertaking a lead practitioner role for families identified as meeting the TF criteria. Mentoring and support from the Family Focus Team has increased confidence and skills. Some services do not feel Troubled Families is their business and there is an expectation that all families meeting the criteria need to be case held and directly worked with by the FF team and closed to their services. This is not possible and has caused tensions and anxieties at times, with many lead practitioners feeling they are being asked to do more for less, with less resource and an inability to see themselves as the ‘conductors of a bigger orchestra’ and feeling they are expected to have skills to work with all the presenting issues and be a ‘Jack of all Trades’. Family Focus has been able to offer mentoring through an indirect model of working to support lead practitioners on a practical level, giving them confidence in leading Troubled Families cases. Some are now using the new Family Focus Wheel to support assessments & reviews.

7. Having a ‘Health Professional’ located within the team
This has allowed for the development and improvement of pathways to health, swift assessments of health needs for a whole family, whole family health plans, case advice re health and has ensured every Troubled Family is registered with and attends appointments with a GP and Dentist.

8. Access to a small ‘Families Budget’
Provides essential resources to support a family getting ‘off the ground’ – mobile phone credit making them contactable, bus ticket to attend initial key appointments, electricity key top up.

9. Working effectively with the Community & Voluntary Sector
i.e. Foodbanks (food parcels), CAB (debt advice), Besom (painting, decorating, furnishings), Community Warehouse (affordable furniture & white goods), Kyra (women’s counselling, stress management, confidence building)

10. The use of rewards and sanctions is powerful
A suite of sanctions which can be used with families who are the most reluctant to engage and change coupled with small family rewards when families make good progress – some offered for free by partners i.e. Leisure Centres, Cinemas.

11. Robust exit planning supports the sustainability of progress made by a family
Families need ‘a safety net’, which may be the ongoing support from one or two universal agencies, a volunteer mentor/buddy, newly formed circle of interdependence in their community or may simply require information available about who they should contact if issues arise, whether these are old or new issues.

12. Families with multiple & complex needs, who are referred to parenting group work programmes are unable to put the theory learned into practice.
Many of the parents worked with by the Family Focus Team had previously attended one or more parenting programme, yet they had been unable to put the strategies learned into practice in the home. One to one support in the home to develop routines, set boundaries suited to ages and stages of development and manage children’s behaviours appropriately has seen parents become more confident, in control of their lives and able to keep their children safe and state family life is happier.

13. A high percentage of Troubled Families not registered with a GP and/or Dentist. High levels of family members had unmet health needs and dental caries. A holistic family assessment coupled with advice and support from the Health Professional has resulted in every family being registered with a doctor and dentist and attending appointments. This has contributed to 81.2% of children in York attending the dentist in the last 2 years compared to 69.2% nationally and an increase in the number of adults also.

14. With a dedicated worker, one family plan and frequent support many families are able to make good progress and make changes –

Comments from Children & Young People

“Since we have worked with Family Focus we are not arguing as much at home and I am back at school.”

“We have more good times than bad now, so that’s a good thing”

“I’m getting to do stuff with my family, like swimming and going places on the bus.”

“Our Family Focus worker was more understanding. If it wasn’t for her I wouldn’t be here now.....I’d probably be in jail or something.”

(May 2014) (September 2014)
Phase 2: Extension of the National Programme

Government are expanding the Troubled Families Programme for a further five years from 2015/16 to reach an additional 400,000 families across England. This takes the work to a significantly greater scale, aiming to transform local public services and reduce costs for the long-term.

The highest performing LAs (those that have ‘turned around’ the lives of the most families in phase 1 of the Programme) will start delivery of the expanded Troubled Families Programme early – during 2014/15. Fifty-one areas will be part of the first wave of ‘early starter’ areas, starting immediately. York qualifies and is potentially an early starter in the second wave to commence in January 2015.

An Interim Financial Framework outlines the expanded programme for early start areas, who will work with DCLG’s Troubled Families Team on the detail over the coming months to refine and improve the guidance and support for the programme going forwards.

An overview of the differences between Phases 1 and 2 are illustrated on the following two pages.
Overview of differences Phase 1 and 2 (highlighted in bold)

<table>
<thead>
<tr>
<th>PHASE 1</th>
<th>PHASE 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>National Requirements</strong></td>
<td><strong>5 year expansion</strong></td>
</tr>
<tr>
<td>3year programme</td>
<td>Early Starter LAs – In Phase 1 those with more than 65%+ turned July 2014 or over 75% Oct 14.</td>
</tr>
<tr>
<td>Identified TF Co-ordinator</td>
<td>Identified TF Co-ordinator</td>
</tr>
<tr>
<td>Governance arrangements</td>
<td>Governance arrangements</td>
</tr>
<tr>
<td>Number of families = 315</td>
<td><strong>Number of families = 945 to 1,260</strong></td>
</tr>
<tr>
<td>Evaluation – national and local</td>
<td>Evaluation – national and local</td>
</tr>
<tr>
<td>Quarterly progress reporting &amp; prediction</td>
<td>Quarterly progress reporting &amp; prediction</td>
</tr>
<tr>
<td>10% Family Monitoring Data</td>
<td>New Family Progress Data System – expectation to increase up to 100%</td>
</tr>
<tr>
<td>National spotchecks</td>
<td>National spotchecks</td>
</tr>
<tr>
<td></td>
<td>Use of TF Cost Savings Calculator</td>
</tr>
<tr>
<td><strong>Financial</strong></td>
<td><strong>Financial</strong></td>
</tr>
<tr>
<td>£75k TF Co-ordination Grant</td>
<td>£150k TF Co-ordination Grant</td>
</tr>
<tr>
<td>£4,000 max per family in upfront payments + PbR</td>
<td>£1,800 max per family in upfront payments + PbR (£1k upfront + £800 PbR)</td>
</tr>
<tr>
<td>Pre claim internal audits</td>
<td><strong>New online TF Cost Savings Calculator (mandatory) to be completed in the first instance for;</strong></td>
</tr>
<tr>
<td>Quarterly PbR claims via Logasnet</td>
<td>1) Random sample of Phase 1 families (2014/15)</td>
</tr>
<tr>
<td>Cost Benefit Analysis (optional)</td>
<td>2) A further random sample of 25% of Phase 2 families (2014/15)</td>
</tr>
<tr>
<td>No funds have been withheld or clawed back</td>
<td><strong>Headlines for the Identification of families</strong></td>
</tr>
<tr>
<td></td>
<td>1) <strong>Parents</strong> and children involved in crime or anti-social behaviour.</td>
</tr>
<tr>
<td></td>
<td>2) Children who have not been attending school regularly.</td>
</tr>
<tr>
<td></td>
<td>3) <strong>Children who need help.</strong></td>
</tr>
<tr>
<td></td>
<td>4) Adults out of work or **at risk of financial exclusion and young people at risk of worklessness.</td>
</tr>
<tr>
<td></td>
<td>5) Families affected by domestic</td>
</tr>
</tbody>
</table>
violence and abuse.
6) Parents and children with a range of health problems.
+ higher level of local discretion

Basket of Indicators
Families required to meet a minimum of 2 of the criteria. These were provided nationally and are also included in Phase 2

Families will be required to meet at least 2 of the new criteria (see Annex C) and not be families that are likely to achieve significant and sustained progress without the need for targeted intervention from a service. (N.B. - Whilst headline problems are unlikely to change, the indicators are designed to be flexible and may be updated over the course of the Programme’s five year life)

PbR Success
£700 for each family where:
- Each child has had fewer than 3 fixed exclusions + less than 15% of unauthorised absences in the last 3 school terms; and
- A 60% reduction in anti-social behaviour across the family in the last 6 months; and
- Offending rate by all minors in the family reduced by at least a 33% in the last 6 months.
An additional £100
- If they do not enter work, but achieve the ‘progress to work’ (one adult in the family has either volunteered for the Work Programme or attached to the ESF provision in the last 6 months).

OR
A full £800 if at least one adult in the family has moved off out-of-work benefits into continuous employment in the last 6 months, regardless of crime /education outcomes (and is not on the ESF Provision or Work Programme to avoid double-payment).

No prescribed measures, but a Local Outcomes Plan agreed by partners should set out the following:

1. what a significantly improved outcome is for all of six headline family problems covered by the programme,
2. what will be measured to establish that this outcome has been achieved, and
3. the timeframes against which the sustainability of these outcomes will be measured.

PbR can only be claimed when a family has:

1. Achieved sustained and significant progress, compared with all the family’s problems at the start of the intervention.

OR
2. An adult in the family has moved off benefits and into continuous employment.
What would support the successful implementation of Phase 2?

Strategic Level:
- **Make it Everybody’s Business** – strategic approach for all agencies and council departments in identify how they can contribute or work differently to support Troubled Families, everybody has a role to play.
- **Whole system approach** – having a system or systems which allow for a whole family unit/household view, ideally a live view would facilitate families being tracked for PbR and other outcomes/reporting purposes.
- **Dissemination of ‘what has worked’ with Troubled Families in Phase 1** – act on the learning and highlight good practice.
- **Spread the word about Phase 2** – publicise the Family Focus programme and adopted model to all partners through early briefings, meetings, events and inclusion in appropriate publications.
- **Outcomes Plan Measures** – agree the measures for significant and sustained progress with relevant partners across the city.
- **Process for the prioritisation of families for the programme** – which families will be prioritised for the programme to ensure the required range of families are involved and we meet local need.
- **Information Sharing Agreements** – to support the effective and safe use of data
- **Family Monitoring Data and Cost Benefit Analysis** – support from partners to achieve the completion of these required tasks.
- **A Suite of Sanctions** – used in an agreed and timely manner to support engagement.
- **Case studies** – completed by lead practitioners illustrating their work with families on the programme and used to highlight further good practice in developing the approach to whole family working and working together.

Operational Level:
- **Data conduit** – effective communication between Family Focus Programme and the lead practitioners re families identified for the programme.
- **Identify a Single Point of Contact** in all relevant agencies to allow for discussion re identified families and to disseminate new information to. (see Annex D)
- **Varied expertise to meet families needs** – co-ordinated and delivered in a timely manner.
- **Training** – to support improved integrated whole family approach, quality of holistic whole family assessments, SMART whole family action plans incorporating targets relevant to TF outcomes.
- **Supervision for those working with families** – to support standards, practise & quality of direct/indirect case work and partnership working.
- **Peer supervision models** – to support workers when they feel a TF is ‘stuck’ and alternative approaches or other services need considering.
- **Increase confidence in the workforce** - through practical ‘hands on’ mentoring around assessment, planning, reviewing, exit strategies, case studies etc. Building confidence and willingness to become the skilled *the conductor of the orchestra* for a family.
- **Intensive direct case work**
  - Ensure capacity for intensive family work at top of level 2/Early Help with families identified with multiple and more complex needs, not meeting statutory thresholds and where no other service is involved or a service is unable to undertake intensity of work required.
  - Review how families with a Social Worker on a child protection plan access intensive support, is this solely through time limited intervention from Child in Need Teams
- **Brokering** – of whole family lead practitioners in conjunction with The Children’s Advice Team, developing across Adult Services.

**Linda Murphy, Family Focus Manager**

**November 2014**

Contact details: Family Focus Team, Children’s Trust Unit, Family Focus Office, c/o The Avenues, Sixth Avenue, York, YO31 0UT. t: 01904 555900; e: linda.murphy@york.gov.uk

**Annex A – Phase 1 Progress**

**Annex B – Family Monitoring Data**

**Annex C – Phase 2 Indicators**

**Annex D – Single Points of Contact in other teams/agencies**
1.1 Claims made for each Payment by Results criteria

<table>
<thead>
<tr>
<th>Claim date</th>
<th>Education and Crime/ASB</th>
<th>Progress to work (Unknown)</th>
<th>Progress to work (ESF)</th>
<th>Progress to work (WP)</th>
<th>Employment</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 2013</td>
<td>18</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>October 2013</td>
<td>32</td>
<td>7</td>
<td>0</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>January 2014</td>
<td>63</td>
<td>0</td>
<td>4</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>April 2014</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>August 2014</td>
<td>83</td>
<td>0</td>
<td>4</td>
<td>4</td>
<td>21</td>
</tr>
<tr>
<td>October 2014</td>
<td>43</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>243</td>
<td>8</td>
<td>9</td>
<td>23</td>
<td>39</td>
</tr>
</tbody>
</table>

1.2 Families turned around*

* a family is considered "turned around" if they have met the PBR criteria of Education and Crime/ASB or Employment.

<table>
<thead>
<tr>
<th>Claim date</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 2013</td>
<td>19</td>
<td>6.0%</td>
</tr>
<tr>
<td>October 2013</td>
<td>35</td>
<td>11.1%</td>
</tr>
<tr>
<td>January 2014</td>
<td>73</td>
<td>23.2%</td>
</tr>
<tr>
<td>April 2014</td>
<td>4</td>
<td>1.3%</td>
</tr>
<tr>
<td>August 2014</td>
<td>104</td>
<td>33.0%</td>
</tr>
<tr>
<td>October 2014</td>
<td>47</td>
<td>14.9%</td>
</tr>
<tr>
<td></td>
<td>282</td>
<td>89.5%</td>
</tr>
</tbody>
</table>

1.3 Families turned combined with cumulative success
## FAMILY MONITORING DATA – Start of Family Intervention/PbR/End of Family Intervention

<table>
<thead>
<tr>
<th>DOMAIN</th>
<th>ISSUE</th>
<th>MEASUREMENTS</th>
<th>Further Detail to record if available for each + Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAMILY CHARACTERISTICS</td>
<td>Family make-up</td>
<td>No of adults</td>
<td>For each person record age, gender, ethnicity, whether living in household</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No of children</td>
<td>For each person record age, gender, ethnicity, whether living in household</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lone-parent household</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unique Family No.</td>
<td>Postcode</td>
<td>Set by Local Authority</td>
</tr>
<tr>
<td></td>
<td>Housing Status</td>
<td>Postcode</td>
<td>Whether social rent, private rent, owner occupied, other</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Housing Status</td>
<td></td>
</tr>
<tr>
<td>EDUCATION</td>
<td>School Exclusions</td>
<td>Number of children excluded from school</td>
<td>Temporary/permanent - Last 6 months</td>
</tr>
<tr>
<td></td>
<td>School Absence</td>
<td>Number of children with less than 85% attendance</td>
<td>Last 6 months</td>
</tr>
<tr>
<td></td>
<td>Special Educational Needs</td>
<td>Number of children with SEN</td>
<td>SEN statement Y/N</td>
</tr>
<tr>
<td></td>
<td>Pupil Referral Unit</td>
<td>Number of children attending PRU</td>
<td></td>
</tr>
<tr>
<td>EMPLOYMENT &amp; FINANCIAL</td>
<td>Employment</td>
<td>Number of adults in employment</td>
<td>Full-time/Part-time - Last 6 months</td>
</tr>
<tr>
<td></td>
<td>Benefits</td>
<td>Number of adults receiving work-related benefits</td>
<td>Last 6 months</td>
</tr>
<tr>
<td>NEETS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CRIME &amp; ASB</td>
<td>Criminal Convictions</td>
<td>Number of adults convicted of crim offence in last 12</td>
<td>Crime type &amp; Sanction type &amp; no. of offences Last 12 months</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Number of yp (10-17) convicted of crim offence in last 12</td>
<td>Crime type &amp; Sanction type &amp; no. of offences Last 12 months</td>
</tr>
<tr>
<td></td>
<td>Police callouts</td>
<td>Number of police callouts to household</td>
<td>Last 6 months</td>
</tr>
<tr>
<td></td>
<td>Proflic Offenders (PPO)</td>
<td>Number of family member identified as PPO</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ASB</td>
<td>Number of adults subject to ASB sanction</td>
<td>Sanction type - Last 6 months</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Number of yp (10-17) subject to ASB sanction</td>
<td>Sanction type - Last 6 months</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Household subject to housing ASB sanction</td>
<td>Sanction type - Last 6 months</td>
</tr>
<tr>
<td></td>
<td>Domestic Abuse</td>
<td>Member of household known to MARAC as DV victim</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Member of household identified as suffering Domestic Abuse</td>
<td>self-reported/worker-assessment/known to agencies - Last 6 months</td>
</tr>
<tr>
<td>NOT YORK</td>
<td>Gangs (IF EGYV area)</td>
<td>Household identified as known gang nominal (EGYV areas only)</td>
<td></td>
</tr>
<tr>
<td>HEALTH</td>
<td>GP/Dentist registration</td>
<td>Family Registered with GP</td>
<td>In Local area</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Family Registered with Dentist</td>
<td></td>
</tr>
<tr>
<td>Learning difficulties</td>
<td>Number of adults with learning difficulties</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------------</td>
<td>---------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td>Number of adults suffering mental health</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>diagnosed/self-reported/worker assessment &amp; type &amp; whether receiving meds</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of children suffering mental health</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>diagnosed/self-reported/worker assessment &amp; type &amp; whether receiving meds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADHD</td>
<td>Number of children diagnosed with ADHD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
<td>Number of adults dependent on alcohol</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>self-reported/worker assessment/'diagnosed' &amp; whether receiving treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drugs</td>
<td>Number of adults dependent on drugs</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>self-reported/worker assessment/'diagnosed' &amp; whether receiving treatment &amp; type</td>
<td></td>
<td></td>
</tr>
<tr>
<td>YP Substance Misuse</td>
<td>Number of young people having substance misuse issues that reach the threshold for structured treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>self-reported/worker assessment/'diagnosed' &amp; whether receiving treatment &amp; type</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical health</td>
<td>Number of adults with long-standing illness/disability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital admissions</td>
<td>Family number of hospital attendances for violence</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Last 6 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Family number of hospital attendances for drugs/alcohol</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Last 6 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Family number of hospital attendances for self harm</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Family number of hospital attendances for unintentional and deliberate injuries in under 18s</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 18 conceptions</td>
<td>Number of under 18 conceptions (15-17s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HOUSING</td>
<td>Eviction</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Family at risk of eviction</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Warning letters for breach of tenancy - Last 6 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NOSP</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Eviction Order</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homelessness</td>
<td>Family at risk of homelessness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rent arrears</td>
<td>Is family in rent arrears</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHILD PROTECTION</td>
<td>No of children living in Care/Looked After Children</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No in residential care/foster home/other</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No of children on Child Protection Plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No of children identified as Child In Need</td>
<td></td>
<td></td>
</tr>
<tr>
<td>INTERVENTION</td>
<td>Agency contact</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of agencies in contact with</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Level of intervention</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Start date of intervention</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>End date of intervention</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Stage monitoring completed/updated</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Indentification, intervention, End of intervention, 6 month follow up, 12 month follow up</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### PHASE 2 Basket of Indicators

#### 1. Parents and children involved in crime or antisocial behaviour

<table>
<thead>
<tr>
<th>Area</th>
<th>Council Plan synergies</th>
<th>Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Parents and children involved in crime or antisocial behaviour.</td>
<td>Build strong Communities: Making everyone feel and be safer</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Protect vulnerable people: Supporting families who may be struggling</td>
<td>A child(^3) who has committed a proven offence(^4) in the previous 12 months.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>An adult or child who has received an anti-social behaviour intervention (or equivalent local measure) in the last 12 months.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>An adult prisoner who is less than 12 months from his/her release date and will have parenting responsibilities on release.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>An adult who is currently subject to licence or supervision in the community, following release from prison, and has parenting responsibilities.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Adults or children referred by professionals because their potential crime problem or offending behaviour is of equivalent concern to the indicators above.</td>
</tr>
</tbody>
</table>

\(^3\) under 18 year olds  
\(^4\) Including out of court disposals  
\(^5\) National Probation Service and Community Rehabilitation Companies  
\(^6\) As above (refers to footnote 5)  
\(^7\) As above (refers to footnote 5)  

#### 2. Children who have not been attending school regularly

<table>
<thead>
<tr>
<th>Area</th>
<th>Council Plan synergies</th>
<th>Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Children who have not been attending school regularly.</td>
<td>Build strong Communities: Talking with and listening to people – including the city’s younger residents</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Protect vulnerable people: Supporting families who may be struggling</td>
<td>A child who is persistently absent(^9) from school for an average across the last 3 consecutive terms.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A child who has received at least 3 fixed term exclusions in the last 3 consecutive school terms.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A child who has been permanently excluded from school in the last 3 consecutive school terms.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A child who is in alternative provision for behavioural problems.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A child who is neither registered with a school, nor being educated otherwise.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A child referred by education professionals as having school attendance problems of equivalent concern to the indicators above because he/she is not receiving a suitable full time education.</td>
</tr>
</tbody>
</table>

\(^9\) Currently measured as missing 15% of sessions. Threshold will reflect Department for Education metric.
3. Children who need help.

<table>
<thead>
<tr>
<th>Area</th>
<th>Council Plan synergies</th>
<th>Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Build strong Communities:</strong> Talking with and listening to people – including the city’s younger residents</td>
<td>A child who has been identified as needing early help.</td>
</tr>
<tr>
<td></td>
<td><strong>Protect vulnerable people:</strong> Supporting families who may be struggling</td>
<td>A child who has been assessed as needing early help.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A child ‘in need’ under Section 17, Children Act 1989.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A child who has been subject to an enquiry under Section 47, Children Act 1989.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A child subject to a Child Protection Plan.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A child referred by professionals as having problems of equivalent concern to the indicators above.</td>
</tr>
</tbody>
</table>

10 This may include children below the threshold for services under Section 17, Children Act 1989 and those experiencing or at risk of poor parenting, with developmental delay, at risk of exploitation, with challenging behaviours and those previously accommodated and returning home from care.

11 All three and four year olds are entitled to free 15 hours of Early Years Entitlement per week; All two-year-olds who live in households which meet the eligibility criteria for free school meals are entitled to a free early education place, along with children who are looked after by the state; and From September 2014, the two-year-old entitlement will be extended to 40% of the least advantaged two-year-olds (meaning up to 260,000 children could benefit from the two year offer offer).

12 From September 2014, the school census code for social, emotional and mental health problems will use the following code - SEMH.

13 For example, this may include local information following ‘safe and well’ checks carried out by the Police or Independent Return Interviews.

14 As per footnote 10.

15 For example, Team around the Child, a Team Around the Family or a Team Around the School.

16 Where there are concerns about children at risk of abuse or neglect, the existing referral route to local child protection teams should be followed in accordance with the statutory guidance - *Working together to Safeguard Children* [https://www.gov.uk/government/publications/working-together-to-safeguard-children](https://www.gov.uk/government/publications/working-together-to-safeguard-children)
### Council Plan synergies

<table>
<thead>
<tr>
<th>Area</th>
<th>Council Plan synergies</th>
<th>Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4. Adults out of work or at risk of financial exclusion or young people at risk of worklessness.</strong></td>
<td>Create jobs and grow the economy: Helping residents into training and employment. Protect vulnerable people: Supporting families who may be struggling</td>
<td>An adult in receipt of out of work benefits(^{17}). Or An adult who is claiming Universal Credit and subject to work related conditions(^{18}). A child who is about to leave school, has no/ few qualifications and no planned education, training or employment. A child(^{22}) or young person(^{23}) who is not in education, training or employment. Parents and families referred by professionals as being at significant risk of financial exclusion(^{25}).</td>
</tr>
</tbody>
</table>

\(^{17}\) As per the current programme, this includes adults in receipt of Employment and Support Allowance, Incapacity Benefit, Carer’s Allowance, Income Support, Job Seekers Allowance and Severe Disablement Allowance.  
\(^{18}\) To be consistent with the Department for Work & Pension’s approach, this includes adults required (i) to attend ‘work focused interviews’; (ii) to meet ‘work preparation requirements’ (e.g. those with limited capability for work currently, but could make reasonable steps to prepare for work); and (iii) to proactively look for work (e.g. those expected to look and be available for work). This excludes those with no work related requirements (e.g. a person with a disability which prevents them from working or preparing for work, carers, or a lone parent with a child under 1 year old.)  
\(^{19}\) All 16-19 year olds should have a Personal Learner Record (PLR) and most local authorities already have access to this information as registered providers of education and training.  
\(^{20}\) Local authorities are required to encourage young people to participate in education and training and identify those who are not engaged. For most areas, a key part of this is collecting good information about young people with few/ no qualifications and many record these details on a Client Caseload Information System (or equivalent) and others have arrangements in place to gather attainment data from providers.  
\(^{22}\) Under the age of 16  
\(^{23}\) 16 or 17 years old  
\(^{24}\) See above comment (refers to footnote 20)  
\(^{25}\) For example, this may include those with problematic/ unmanageable levels and forms of debt and those with significant rent arrears.
## 5. Families affected by domestic violence and abuse.

<table>
<thead>
<tr>
<th>Area</th>
<th>Council Plan synergies</th>
<th>Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Protect vulnerable people:</strong> Supporting families who may be struggling</td>
<td>A young person or adult known to local services has having experienced, currently experiencing or at risk of experiencing domestic violence or abuse.</td>
</tr>
<tr>
<td></td>
<td><strong>Protect vulnerable people:</strong> Ensuring vulnerable adults are safe while promoting their independence</td>
<td>A young person or adult who is known to local services as having perpetrated an incident of domestic violence or abuse in the last 12 months.</td>
</tr>
<tr>
<td></td>
<td><strong>Build strong Communities:</strong> Making everyone feel and be safer</td>
<td>Been subject to a Police call out for at least one domestic incident in the last 12 months.</td>
</tr>
</tbody>
</table>

27 The time limitation is to ensure the data share is proportionate and in line with the requirements of the Data Protection Act. However, if local authorities and their partners (particularly the Police can agree alternative local arrangements whereby information covering a longer period of time is shared where relevant) this is entirely permissible and in line with the programme’s broader policy objectives.

28 As above (refers to footnote 27)
### 6. Parents and children with a range of health problems.

<table>
<thead>
<tr>
<th>Area</th>
<th>Council Plan synergies</th>
<th>Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Build strong Communities:</strong> Making everyone feel and be safer</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Protect vulnerable people:</strong> Supporting families who may be struggling</td>
<td></td>
</tr>
</tbody>
</table>

- An adult with parenting responsibilities or a child\(^{29}\) with mental health problems\(^{30}\).
- An adult with parenting responsibilities or a child with a drug or alcohol problem.
- A new mother who has a mental health or substance misuse problem and other health factors associated with poor parenting. This could include mothers who are receiving a Universal Partnership Plus service\(^{31}\).
- Adults with parenting responsibilities or children who are referred by health professionals as having any mental and physical health problems of equivalent concern to the indicators above. This may include unhealthy behaviours, resulting in problems like obesity, malnutrition or diabetes.

---

\(^{29}\) This includes children with conduct disorders.

\(^{30}\) The adult or child does not need to be in receiving specialist treatment.

\(^{31}\) Universal Partnership Plus is a service offered by a health visiting team and local services to support families with children under 5 years old who have complex issues that require more intensive support.
 Annex D

Essential Single Points of Contact/Secondees

Areas to cover:

1. Parents and children involved in crime or anti-social behaviour.
   a. ASB Hub
   b. Safer Neighbourhood Teams
   c. Probation
   d. YOT/YPS
   e. Housing – CYC + RSLs

2. Children who have not been attending school regularly.
   a. Schools
   b. Danesgate
   c. Behaviour & Attendance Partnership
   d. Mark Smith

3. Children who need help.
   a. Children’s Advice Team
   b. CSC
   c. CiN Service

4. Adults out of work or at risk of financial exclusion and young people at risk of worklessness.
   a. **Job Centre** (Secondee from April 2015)
   b. York Learning
   c. Work Programme Providers
   d. Connexions
   e. Citizens Advice Bureaux

5. Families affected by domestic violence and abuse.

6. IDAS
   MIND
   TOGETHER for MENTAL WELL-BEING

6. Parents and children with a range of health problems.

SPOC or secondee covering the following areas:
Community/Adult Mental Health
CAMHS
Lifeline
Heath Visiting
School Nursing
SEN Services
CCs/Early Years Settings
TITLE: Trust Update

This item relates to all CYPP priorities and outcomes.

1. Purpose of the Report
This is a standard item on the agenda of the YorOK Board that summarises actions and issues arising since the last Board meeting. It is provided for Board members’ information to ensure that all parties are fully aware of the progress in implementing our children’s trust arrangements and priorities. It may be supplemented on the day by a verbal update.

2. Early Help Outcomes Report
A first draft of this report has been circulated separately to Board members for information and comment, with feedback to Judy Kent requested by 21 November.

The YorOK Early Help Strategy sets out our vision and aspirations for the provision of effective early help in the City. Delivery of the strategy is supported by the Early Help Action Plan which is monitored through the YorOK Integrated Working Implementation group (IWIG). The purpose of the Early Help Outcomes report is to show how Early Help arrangements and provision are making a difference to outcomes for children, young people and families in the city.

Board members are invited to comment on this draft version, and comments are sought particularly in relation to:
- Structure and content;
- Any gaps, and to provide the requisite text;
- If / how impact and effectiveness are conveyed;
- Future shared priorities.

The final version of the Early Help Outcomes report will be tabled at the January meetings of the YorOK Board and Children’s Safeguarding Board.

3. YorOK Board Annual Report
Along with other subgroups of the Health and Wellbeing Board, the YorOK Board is required to produce an annual report. Attached at Annex A is a first draft of the first YorOK Annual Report. Whilst emphasising that this report is in draft format, and still ‘work in progress’, it is attached at this stage for information and initial feedback.

It is intended that the Annual Report will be tabled at the Health and Wellbeing Board on 3 December, which plans to have a child focussed agenda. Key messages will be
presented using a PowerPoint presentation, supplementing the full report.

The report provides information about the YorOK Board and how it works, progress against key YorOK / CYPP priorities and objectives, impact and outcomes and future challenges. The report also provides a key opportunity to highlight potential cross cutting areas that may benefit from the strategic leadership of the H&W Board and a wider collaborative approach.

Board members are asked to:

a) give feedback on the structure and content of the report;
b) consider work strands that may benefit from the strategic leadership of the H&W Board;
c) establish / confirm key messages to be conveyed to the H&W Board.

Headline verbal feedback will be taken at the YorOK Board meeting, and Judy Kent would welcome any further detailed feedback by 18 November.

4. No Wrong Door Conference 2014

The 2014 YorOK No Wrong Door conference is scheduled on the 4th November 2014 from 9am to 4pm at York Racecourse. This years No Wrong Door will replicate the successful elements from previous events and will bring a sharper focus to key themes. Bookings have now closed with all 250 places taken.

Themes for this years event include:

- Sexual exploitation (input from Nazir Afzal OBE, Chief Crown Prosecutor, CPS North West);
- Early help (input from Donna Molloy, Head of Implementation, Early Intervention Foundation);
- Neglect (input from Emma Smale, Head of Policy and Research, Action for Children);
- Local perspective on key priorities from Julia Mulligan, North Yorkshire and York Police and Crime Commissioner.
- Voice of the child;
- Emotional well-being.

Local perspectives and implications of all the above will be highlighted through formal inputs and / or workshops.

This year, conference planning has included extending the reach of the conference both in terms of engaging those unable to make the event and also ensuring a legacy of impact beyond the day itself, including:

- Newsletters focussed on the themes of the conference have been widely distributed across the YorOK workforce;
• Videos of the conference will be publicised and available through the YorOK website;

• Greater use of social media will enable messages from the day to be shared widely and provide a platform for future partnership working. A group for the conference has been created on the Linkedin social network and the hashtag of #nowrongdoor will be used.

5. From the Health & Wellbeing Board 22 October 2014

The agenda and papers from the October meeting of the Health and Wellbeing Board can be accessed at http://democracy.york.gov.uk

The following items from the meeting are highlighted for Board members:

Together York, a report of Tim Madgwick, Deputy Chief Constable, North Yorkshire Police, outlined proposals for the local delivery of the national mental health intervention scheme “Together: for Mental Wellbeing”. Whilst the proposals relate to adults, the scheme may be of benefit to local families, and dialogue is underway between the scheme and the Family Focus, Troubled Families Team, in recognition of the opportunities for joint working.

Many individuals experiencing mental distress do not meet service thresholds for ongoing support and intervention, resulting in repeat presentations to emergency services, increased costs, and worsening distress.

Together: for Mental Wellbeing has developed a model of intervention called the Pathways Approach with the aim to provide early, targeted assessment and intervention for those experiencing mental distress and complex needs, Working in partnership with emergency services, and with key voluntary and statutory agencies in York, the approach seeks to achieve key objectives of the Crisis Care Concordat, delivering:

• Psychologically informed practical support around individuals’ key concerns, using a therapeutic intervention tool.
• Better use of mental health services, both acute and emergency, through reducing inappropriate and costly demand on services
• Prevention of crises through timely identification, pathway facilitation and support
• Facilitation of increased interagency liaison, collaboration, planning and delivery to improve wellbeing, prevent crises, and manage and learn from crises together.

A supplementary presentation, including proposed funding for this scheme is available via the link above.

Health and Wellbeing Strategy Revision: The York Health and Wellbeing Strategy 2013-16, launched in April 2013, has now been in operation for 18 months, and has been
updated and amended to reflect the current position and emerging issues. Feedback form the YorOK Board has informed the refreshed strategy, which was approved by the Health and Wellbeing Board.

JSNA Update & Deep Dives: A proposed 18 month plan has been identified in relation to quarterly deep dive topics for the period of October 2014 through to June 2016. In relation to the interests and priorities of the YorOK Board, the following topics are highlighted:

- Alcohol - Alcohol needs assessment required to inform the development of a City wide Alcohol Strategy due for publication July 2015.
- Early Years - There is currently a review of urgent care for the Under 5s due to the high number of attendances and admissions at the Emergency Dept - leading to a zero length of stay. Publication March 2015.
- Self Harm - Identified we need to increase knowledge about Self Harm and how this impacts on members of our population. Publication September 2015.
- Student health - Identified the student population is approximately 10% of our population and our knowledge and understanding about the health and wellbeing of our students could be improved. Publication June 2016.


City of York contributed to this consultation, the results of which are now published at https://www.gov.uk/government/consultations/setting-the-2020-persistent-child-poverty-target.

To note in the response:
‘The Government has carefully considered the representations made during the consultation. It was the view of the majority of respondents that the persistent child poverty target should be set at a lower level than that proposed in the consultation. However, the Government is ultimately not persuaded by the arguments put forward to justify a target lower than less than 7 per cent. When the existing Act targets were set to end child poverty by 2020, they represented a high degree of ambition. The Government remains convinced that a persistent child poverty target of less than 7 per cent is consistent with this high level of ambition and with meeting the other three targets set out in the Act.

The Government has listened to the range of views set out by the respondents to the consultation. The Government recognises that persistent poverty can be particularly damaging to children’s life chances and it will continue to focus action on breaking the cycle of persistent poverty, exploring what further steps can be taken to reduce it as far and as fast as possible. The Government’s view remains that a target of less than 7 per cent is most consistent with the relative poverty target, giving the most coherent overall package of targets, and driving continued efforts to address persistent child poverty. The Government will therefore now lay affirmative regulations in Parliament for debate and approval by both Houses on this basis. The
Government will keep the degree of ambition of the target itself under close review.’

7. Publications – for information


The report covers many aspects of health and wellbeing and includes emerging issues that include domestic abuse, alcohol, the York 300 project, mental health and poverty, and is available at:


NHS Five Year Forward View
The ‘Forward View’, written by The NHS Chief Executive, Simon Stevens, was published in October 2014 and represents the view of the NHS national leadership, highlighting their view of why change is needed and what that change would look like. It notes that some of what is needed can be brought about by the NHS itself, other actions require new partnerships with local communities, local authorities and employers. Some critical decisions – for example on investment, on various public health measures, and on local service changes – will need explicit support from the next government.

In addition, it sets out how the health service needs to change, arguing for a more engaged relationship with patients, carers and citizens to promote wellbeing and prevent ill-health.

The Executive Summary states that “the first argument we make in this Forward View is that the future health of millions of children, the sustainability of the NHS, and the economic prosperity of Britain all now depend on a radical upgrade in prevention and public health. Twelve years ago Derek Wanless’ health review warned that unless the country took prevention seriously we would be faced with a sharply rising burden of avoidable illness. That warning has not been heeded – and the NHS is on the hook for the consequences...The NHS will therefore now back hard-hitting national action on obesity, smoking, alcohol and other major health risks.”

The Executive summary and full report can be found at:
http://www.england.nhs.uk/ourwork/futurenhs/5yfv-exec-sum/

http://www.england.nhs.uk/2014/08/15/5yfv/

Warm Well Families
Warm Well Families is a research project conducted by the Centre for Health and Social Care Research at Sheffield Hallam University. The research was conducted in
Rotherham and Doncaster in partnership with the Local Authorities and the NHS. The Warm Well Families project aimed to explore factors influencing the abilities of households with children with asthma to keep warm at home in winter and access help.

Living in a cold home harms the health of babies, children and teenagers. Growing up in a cold home can impact on weight gain, development and emotional wellbeing. Living in fuel poverty directly affects people’s ability to afford decent food. The likelihood of suffering from respiratory illnesses such as asthma is more than doubled for children living in a cold home. Teenagers are more likely to participate in risk taking behaviours outside the home and their risk of developing multiple mental health problems is increased by cold homes. Educational achievement can be negatively affected as living in overcrowded or damp housing means children are more likely to miss school. Cold homes are also known to impact on resilience and emotional well-being which will ultimately worsen life chances. Ultimately growing up in cold damp homes will have a real effect on a child’s health, learning and enjoyment of life.

Reports are available from Sheffield Hallam University Research Archive (SHURA):

- For the Rotherham Final Report go to http://shura.shu.ac.uk/7906
- For the Doncaster Final Report go to http://shura.shu.ac.uk/7905/

Marmot Indicators 2014: A Preliminary Summary with Graphs

Fair Society, Healthy Lives, the Marmot Review was published in 2010. The review set out the key areas that needed to be improved to make a significant impact in reducing health inequalities. The report found that the social conditions in which we are born, live, work and age determine variations in health and life expectancy. The summary provides an update on progress to reduce inequalities in health, and against the Institute of Health Equity’s 6 key policy recommendations.

A Summary is available at www.instituteofhealthinequality.org/projects/marmot-indicators-2014

Statistics on Smoking, England 2014

This statistical report presents a range of information on smoking which is drawn together from a variety of sources. The report aims to present a broad picture of health issues relating to smoking in England and covers topics such as smoking prevalence, habits, behaviours and attitudes among adults and school children, smoking-related ill health and mortality and smoking-related costs.

The report highlights several key facts including the following:

- Amongst 11 to 15 year olds in 2013, less than a quarter of pupils reported that they had tried smoking at least once. At 22 per cent, this is the lowest level recorded since the data were first collected in 1982, and continues the decline
since 2003, when 42 per cent of pupils had tried smoking. (The main source of data for smoking prevalence among children is the Smoking, Drinking and Drug Use among Young People Survey 2012.)

The Report and Data can be found at www.hscic.gov.uk

Author: Judy Kent, Head of Children’s Trust Unit
judy.kent@york.gov.uk  01904 554039;  Date: 31 October  2014
Health and Wellbeing Board

3 December 2014

Report of the Cabinet Member for Education, Children and Young People and the Director of Children’s Services, Education and Skills.

YorOK Children’s Trust Board: Report to the Health & Wellbeing Board, 3 December 2014

Summary

This report provides a high level overview of the arrangements, progress and impact of the collaborative work of the YorOK Board, and notes priorities for the year ahead.

More specifically, the Health and Wellbeing Board is asked to note the following key achievements and challenges, and to take a lead on / commission specific and cross cutting work strands.

Key achievements and challenges to note are:

1. A reduction in the number of Looked After Children, the number stabilising as at the end of June 2014 at 222;
2. The steadily and safely reduction of children subject to a child protection plan to 116 over the past three years;
3. 75% of 315 identified Troubled Families have officially ‘turned around’;
4. Increased profile and influence of the ‘voice and influence’ agenda, including in the area of child safeguarding;
5. Will maintain focus on further narrowing the attainment gap for pupils in receipt of free school meals and for Key Stage 2 and Key Stage 4 pupil premium groups;
6. Respond to an increase in self harm amongst younger people;
7. Continue to improve NEET rates for vulnerable groups (young offenders, LAC, teenage parents & LLDD);
The Health & Wellbeing Board is asked to consider taking a lead / commissioning the following cross cutting work strands in the context of identified priorities for the refreshed Health and Wellbeing Strategy:

1. Developing a shared focus on and response to the needs of adult parents and how these impact on children, e.g. the high prevalence of domestic abuse within child protection;
2. Improving our strategic planning and commissioning to enhance provision and outcomes in areas that span children’s and adults services, for example responding to domestic abuse, substance misuse and low level parental mental health.

1. The YorOK Board

YorOK is the branding for our local York Children’s Trust partnership. The YorOK Board was established in 2003 and was constituted as subgroup of the Health and Wellbeing Board in 2013. There remains a statutory duty to have a Children’s Trust Board under the Children Act 2004. The YorOK Board meets on a two-monthly basis, is chaired by Councillor Janet Looker, Cabinet Member for Education, Children and Young People, and has a membership of eighteen representatives from thirteen bodies, organisations and agencies which is periodically reviewed. The YorOK Board is a public meeting and agendas and papers are posted on the YorOK Website.

1.1 Purpose of the YorOK Board

The Board is accountable to the Health & Wellbeing Board for delivering certain strategic health and wellbeing priorities and objectives relating to children, young people and families. More specifically, the Board:

- Oversees the development of York’s Children’s Trust arrangements;
- Is responsible for overseeing the production, publication, delivery and review of the Children and Young People’s Plan (CYPP) and monitoring its implementation;
- Promotes cooperation to improve children’s well-being, coordinating planning and commissioning activity, identifying priorities and clarifying accountability;
DRAFT

- Ensures that arrangements are in place to enable the delivery, monitoring and evaluation of identified services for children and young people in the City of York;
- Produces an annual report for the Health and Wellbeing Board, reporting on the progress of the CYPP in the context of health and wellbeing priorities and to highlight children’s and young people’s issues.

1.2 Planning Bookcase and partnership working
The YorOK Board works within the city’s broader strategic partnership arrangements, is accountable to the Health and Wellbeing Board and has a close formal working relationship with the Children’s Safeguarding Board. An area for further development is closer alignment with the Health and Wellbeing Board, York Education Partnership, the Adults Safeguarding Board and the other sub groups of the Health and Wellbeing Board and strengthening accountability between these Boards

1.3 YorOK Sub Groups
The YorOK Board establishes subgroups and “task and finish” groups as appropriate to deliver its agenda and priorities. These subgroups are accountable to the Board and report at least annually. Below are examples of the work and impact of YorOK Sub Groups:

- The YOT Management Board is a statutory partnership focussing on young people aged 10-17 years who offend or are at risk of offending. This Board has overseen a significant reduction in number of first time entrants to the criminal justice system over the last three years, with the numbers now beginning to level. Looking ahead, whilst numbers within the youth justice system may be reducing, the young people remaining have needs of the highest complexity, highest risk and will therefore require increased levels of resource and intervention across all partners;
- The YorOK Voice and Involvement Group works also to the Children’s Safeguarding Board. This forum aims to ensure that children and young people have a voice and are involved in decision making, planning, commissioning, design and delivery of services. Where involvement work is routinely embedded, change and improvement can be seen and evidenced more readily, for example reductions in the prevalence of bullying in primary and secondary schools as a result of action taken following the surveying of children
and young people. The key challenge for this group continues to be the embedding of systematic and robust voice and influence methods across the YorOK partnership.

- The Troubled Families Programme Board oversees the implementation of York’s Troubled Families Programme, focusing on families where children are not in school, adults are on out of work benefits and where there is youth crime and/or anti-social behaviour. To date, 75% of the 315 families (target set by identified by government) have met the national criteria to be classed as ‘turned around’, i.e. where significant improvement has been made. This Board will oversee the roll-out of phase two of the programme, aligning as far as possible expanded national criteria and local priorities and building on the partnership approach to delivery.

- The 14–19 Curriculum Implementation Group focuses on residents aged 14-19 and others attending York based education and training institutions, seeking to secure sufficient and appropriate education and training provision for all young people of this age. Participation of 16-17 year olds has increased, meeting the Raising of the Participation Age duty, alongside a decrease in the proportion of 16-19 yr olds who are NEET. Challenges faced by this forum include increasing fragmentation and competition within a system which promotes institutional autonomy, the impact of significant cuts to funding rates, and the scale of curriculum and qualification reforms to be implemented 2014 – 2018.

- The Risk and Resilience Strategic Group focuses on young people from early adolescence through to young adulthood (10-24 years). This group has led on the delivery of the teenage pregnancy strategy resulting in the lowest teenage pregnancy rates since 1998 and has also seen a reduction in the rate of young people under 18 admitted to hospital with alcohol specific conditions. Priorities for the year ahead include mapping provision and gaps, improving commissioning and developing workforce skills to improve the identification of vulnerabilities, and signposting / referring on as early as possible;

- The Youth Homeless Strategic Group focuses primarily on 16 and 17 year olds, but takes into account the needs of those up to 25, when they are vulnerable. It aims to contribute to the prevention of youth homelessness in York by addressing homelessness and homelessness related issues on a sector wide basis. A reduction has been seen in the level of overall debt, alongside an increase in the numbers in paid work and improvements in the management of
mental health and substance misuse. Ongoing challenges include obtaining more paid work, and supporting employability and routes into education, employment and training.

Other YorOK Subgroups are as follows: Integrated Working Implementation Group (IWIG); Child & Adolescent Mental Health Services Executive; Multi Agency Partnership for Looked after Children; Strategic Partnership for Integrating Services for Disabled children, and a new Integrated Commissioning Group.

1.4 Joint working between Boards

The Health and Wellbeing Board recently approved a proposal to establish a joint protocol between the Health and Wellbeing Board, YorOK Board and City of York Safeguarding Children Board (CYSCB) to promote and strengthen joint working across these key strategic partnership forums.

Examples of current joint working between the YorOK and other Boards include:

- joint support to develop and implement the CYSCB Learning & Improvement Framework, ensuring alignment with YorOK performance and outcomes monitoring;
- embedding a new Safeguarding Children Involvement Group within the well established YorOK Involvement Group to provide focus and a wider reach;
- the creation of a new CYSCB Neglect Sub Group, incorporating a focus on ‘early neglect’, with representation from both Boards;

The Risk and Resilience, and Child Sexual Abuse & Exploitation groups formally link in with both boards and the YOT Management Board.

Future priorities in this area include placing a sharper focus on vulnerable groups and profiles of need – this being a shared agenda with the H&W Strategy and the Joint Strategic Needs Assessment and developing a shared focus on the needs of adult parents and how these impact on children, e.g. the high prevalence of domestic abuse within child protection.

1.5 Voice and Influence of the child
DRAFT

The YorOK Board expects that the views and involvement of users of children, young people and families will influence the work of the Board and its sub groups at all stages. It will ensure that the views of children and young people inform planning, commissioning, design and delivery of service provision.

1.6 YorOK Board work plan & agendas

The work plan and agendas for Board meeting are planned in advance, and comprise:

- The Trust Update – bite-size items for information, latest research, updates, organisational change etc;
- Regular / standard business items, for example performance monitoring, safeguarding, voice and involvement of the child;
- Thematic debates – a more detailed review of a particular topic, involving inputs from different perspectives, and allowing time for discussion. Recent topics include strategic integrated commissioning, early help and updates from key strategic partnership groups in respect of vulnerable groups of children (e.g. children missing from education; domestic abuse; child sexual exploitation; take up of free school meals).

Board priorities will be to maintain a relentless focus on outcomes, continued development and delivery of the early help infrastructure and improving our strategic planning and commissioning.

1.7 Children and Young People’s Plan (CYPP)

Our fourth CYPP, ‘Dream Again, York’s Strategic Plan for Children’, Young People and their Families 2013 – 2016’, sets out the long term vision for children, young people and their families and is shared by all who work within the remit of our YorOK Children’s Trust Partnership. This vision has been approved by the YorOK Board and its sub groups and extends through the cultures of all partner agencies represented on the Board.

There are five specific priorities, based on evidence about where extra help is needed:

- Helping all York children enjoy a happy family life;
- Supporting those who need extra help at the earliest opportunity;
DRAFT

- Promoting good mental health;
- Reaching further: links to a strong economy;
- Planning well in a changing world.

Performance and progress are regularly monitored at the YorOK Board through quarterly monitoring of the Board’s performance scorecard, full periodic reviews of progress against the CYPP Action Plan and the tabling of more specific items at Board meetings. A review of the CYPP action plan is planned for the end of the year and planning for the production of the next CYPP will begin early in 2015.
2. Impact and outcomes: progress against key YorOK / CYPP priorities and objectives

A copy of the full YorOK Performance scorecard is attached to this report at Annex 1.

2.1 Helping all York children enjoy a happy family life

The Council’s Keeping Families Together initiative continues to deliver an overall reduction in the number of children in public care and to safely support more children at home in the care of their parents or extended family members. The number of Looked After Children remained static at the end of June 2014 at 222, slightly higher than planned (220). To support these arrangements, the Council has developed a ‘new deal’ for local foster carers to ensure that there is a sufficient supply of high quality local placements available for those children who do need to become looked after. An issue still exists around the health needs assessments of LAC and discussions between social care and Health partners are ongoing with a view to resolving.

The number of children subject to a child protection plan has steadily and safely reduced over the past three years to 116, this considered to be an appropriate level given the profile of our city.

The council’s Integrated Family Service was realigned to sharpen focus on two key priority areas of work. The newly configured 'Child in Need' service targets those families where, without additional help and support, children are at risk of becoming looked after or in need of statutory protection. A small stand alone Family Focus Service leads on the delivery and coordination of our Troubled Families programme. At the end of July 2014 all 315 families had been identified and 75% have been ‘turned around’. Many troubled families have long-standing and complex needs and circumstance Families are being worked with by a wide range of agencies including Family Focus, YOT, Education, Pupil Referral Unit, Catalyst, Housing, Children’s Centres and Social Care. York is participating in the national evaluation of the Troubled Families programme and local evaluation of a more qualitative nature is well underway in conjunction with the York University Department of Social Policy & Social Work. The Parenting Support Team continues to provide a high number of Parenting Programmes with 435 families engaged during 2013/14, above the target of 360. Programmes are designed to help parents acquire skills and confidence in effective parenting, and many programmes are targeted towards meeting specific needs, for
example parents of teenagers and who have substance misuse problems.

2.2 Early Help: Supporting those who need extra help at the earliest opportunity

As part of the new joint working protocol, the YorOK Board is producing a more detailed analysis of the impact and outcomes of our local Early Help strategy and objectives on behalf of YorOK and the Children’s Safeguarding Board. This information will be available in September 2014.

A refocused Early Help Strategy 2014-16, action plan and performance scorecard have been produced by the YorOK Board in conjunction with the Children’s Safeguarding Board. The strategy outlines our ambition for early help services for children and families, and our guiding principles, setting out the strategic framework within which the services have been designed, and how we organise them. It describes the delivery of those services and the priorities for developing them further. The Early Help Action Plan sets out how the strategy will be delivered and our arrangements for monitoring impact and effectiveness. The impact and outcomes of our Early Help strategy are monitored through a YorOK Sub Group, the refreshed and refocused Integrated Working Implementation Group (IWIG), in a range of other relevant forums and through service plan monitoring.

The number of CAFs (Common Assessments) initiated has been maintained through a period of significant organisational change and steps are being taken to establish a more accurate picture of the range of early help assessments undertaken across the multi agency partnership – the number of logged early help assessments is therefore expected to increase significantly. However within the wider context of identified need, this number remains low and a priority for the year/s ahead. The Children’s Advice team is leading on specific developments aimed at improving our collective ability to identify vulnerable children and the quality of assessment practice, quality assurance and information sharing. A further priority is improving our ability to understand areas of met / unmet need and using this information to inform commissioning.

Integrating Services for Disabled Children ‘parent mentoring’ arrangements continue to grow with more than 10 parents now supported by this scheme and a planned increase in the number of
young disabled people with personalised packages for learning, volunteering & employment is on track. The ‘local offer’ for disabled children has been widely promoted and a pilot project to support an increase in the number of children & young people with autism attending mainstream schools is progressing with specialist roles established in pilot schools and an early evaluation is underway.

Key Stage 2 results for York Primary schools were for the most part in line with or above national figures. The Key Stage 2 and Key Stage 4 pupil premium groups remain a priority, particularly in relation to ‘narrowing the gap’ between vulnerable children and their peers. The York 300 Pilot will provide additional focus to the Key Stage 2 pupils during the academic year 2014/15.

Provisional results for Key Stage 4 (GCSE and equivalent) indicate that York will remain above national average for ‘% of pupils achieving 5+ A*-C including English and Mathematics’. Early indications also show York will place highly when compared to regional Local Authorities.

Regarding child obesity, the 2012/13 statistics from the National Child Measurement Programme (NCMP) showed that in York while there was a fall in the rate of reception age children who were overweight and obese (combined) from 22 per cent to 21.2 per cent, the rates in Year Six have risen from 29.2 per cent in 2011/12 to 30.5 per cent in 2012/13. A more detailed analysis at a ward level illustrates some marked differences according to localities: in the Guildhall Ward, 22.6% of children in year 6 are obese and in the Westfield Ward, 9.8% of children in reception are obese (not including overweight). Both these statistics are above the national figures. In response to this, the Public Health service launched a Children and Young People’s Weight Management Pilot Programme pilot programme in May 2014, and re-established the multi-agency Healthy Weight Active Lives Steering Group to work towards the wider aim of reversing the trend of increasing BMI in children and young people.

2.3 Promoting good mental health
A final CAMHS Strategy Action Plan has been completed, aiming to strengthen the collaborative working between all children’s providers across the City in relation to the emotional wellbeing and mental health of children in York. Mental Health Day was well attended by primary and secondary colleagues, with schools reporting they had an opportunity to network and meet colleagues from CAMHS and a toolkit has now been
issued to schools. A key priority is the establishment of refreshed and more robust CAMHS executive arrangements that will provide biennial updates to the YorOK Board.

A recent Public Health England mental health profile showed an increase in self harm amongst younger people, with data subsequently showing that the largest increase by age was in the 15-17 bracket for females (almost doubled from the previous year). This will be a priority in the year ahead.

The ‘Stand Up for Us’ survey was completed for a fourth year running involving over 3000 year 4, 5, 6 and 8 pupils. The secondary school report shows a very slight increase in pupils feeling safe in school and a reduction from last year in the percentage of respondents who reported being bullied in the past month. The primary school report shows a slight decrease in pupils feeling safe at school, and a continued reduction in the percentage of pupils who reported being bullied.

The ELSA (Emotional Literacy Support Assistants) Project addresses children’s emerging mental health issues in school at an early stage to prevent future social, emotional and behavioral issues. The scheme is delivered by Educational Psychologists with support from council colleagues in the School Improvement Service and Specialist Teaching Team, and is now successfully operating in 55 schools across the city with 170 ELSAs in place. The results of the project have shown significant improvements in children and young people’s emotional wellbeing and have been highlighted as an example of good practice by Ofsted.

2.4 Reaching further: links to a strong economy

Local data as at the end of March 2014 indicated that 4.8% of Year 12-14 young people (ages 16-18) were NEET. From the 1st April 2013, the counting rules for this indicator changed and consequently there is no comparable trend data available. That said, the local NEET figure improved throughout the year and York is ranked joint second best for NEET rates in the region. Arrangements to improve NEET rates for vulnerable groups (young offenders, LAC, teenage parents & LLDD) are ongoing, with positive feedback from the Ofsted Thematic Inspection in December 2013.

The latest 2011 data indicates that there are 4,490 children in poverty in York (all dependent children under 20) including 3,995 under 16s. The
Child Poverty Strategy has converged with the City Poverty Strategy, keeping the strong links with the children’s YorOK partnership but promoting greater links to the Health and Wellbeing Board and the annual needs assessment is combining with the City poverty scorecard. A York response was submitted to the recent Government consultation on the Child Poverty strategy recommending more ambitious national targets in tackling Child Poverty. In terms of tackling child poverty, a recent YorOK update noted progress being made in the following relevant areas: the “York 300” research proposal, Living Wage, childcare sufficiency assessment, two year old early education programme, intervention through children’s centres, family intervention programmes, fuel poverty, York’s financial assistance scheme and increasing the take-up of free school meals.

York has seen a decrease in Youth Unemployment with numbers falling by 300 between June 2013 and June 2014 (from 575 to 275). The Learning City ‘Connecting People to Jobs and Opportunities’ network continues to bring key agencies and providers together to review skills needs of those on JSA and better plan government funded provision to support residents back into work. Learning City has secured funding from Leeds City Region to extend the Head Start programme to support 18–24 year olds back into work across York, Selby, Harrogate & Craven. This will deliver programmes to 121 longer-term unemployed young people securing a minimum of 49 jobs by Dec 2015.

The ‘tablet project’ has started at Burton Green to support accelerating the learning of the most disadvantaged primary pupils and their parents (through Family Learning). ‘Support for You’ programme, delivered by York Learning via ESF funding, continues to support the most vulnerable families and individuals on a journey into work. Participation in basic literacy and numeracy has increased in the last 3 years, helping to overcome some of the basic skills barriers to employment. In addition, a number of new programmes are being funded to support the homeless and adults with learning difficulties and disabilities.

In November 2012 national data was released indicating that approximately 400 pupils in York whose parents were in receipt of benefits which would enable their children to have access to a free school meal had not applied. Since then work has been done to reduce this number resulting in the identification of families who would qualify for free school meals, making contact with the families to encourage them to apply for free school meals; introducing an on-line application
DRAFT

process and changes to the IT benefits system to inform parents/carers immediately of their eligibility for free school meals. A York Youth Council report in 2012 indicated that many pupils in secondary schools who were entitled to free school meals were not taking up that offer because of a lack of choice, preference to eat outside of school and the stigma attached to being on free school meals. Several schools made changes as a result of this research and the Local Authority in response, and as part of its poverty agenda, made a financial contribution to support the purchase of cashless school meals systems at three secondary schools.

In terms of attainment in 2013, data shows that 72% of pupils not in receipt of free school meals attained 5 plus A*-C GCSEs, compared with 43% pupils who were in receipt of free school meals. Narrowing this gap remains a priority.

Consultation

1. This report of for information only.

Options

2. There are no options for the Health and Wellbeing Board to consider; this report is for information only.

Analysis

3. This report is for information, and therefore analysis of options is not applicable

Strategic/Operational Plans

4. This report relates to the delivery of the Health and Wellbeing Strategy and the Children and Young People’s Plan.

Implications

5. There are no known risks arising from the recommendations below in the following areas:
   - Financial
   - Human Resources (HR)
• Equalities
• Legal
• Crime and Disorder
• Information Technology (IT)
• Property
• Other

Risk Management

6. There are no known risks arising from the recommendations below.

Recommendations

7. The Health and Wellbeing Board are asked to:
   i. Note the attached report;
   ii. Consider the issues for the coming year;
   iii. Discuss any other support, development or information that will help the Health and Wellbeing and YorOK Boards fulfil their shared objectives.

8. Reason: To keep the Board appraised of progress to date.

Contact Details

Author: Chief Officer Responsible for the report:
For further information please contact the author of the report

Annexes:
Annex 1: YorOK Performance scorecard

Background Papers:

Health & Wellbeing Strategy
Children & Young People’s Plan
This scorecard shows known performance as at 30th September 2014 (Qrt 2 2014/15), with supporting commentary. Comparison against our latest available statistical Neighbour’s (SN) average is shown for benchmark purposes. Performance indicators (PIs) highlighted in yellow indicate where we are currently performing below that SN average and as such may require further investigation as to how to improve. This scorecard is routinely monitored by the YorOK Children’s Trust Board.

<table>
<thead>
<tr>
<th>Priority Code</th>
<th>Description of PI</th>
<th>Lead service area/ partnership</th>
<th>Named Lead</th>
<th>Historical results 11/12</th>
<th>Reporting Interval</th>
<th>Latest 14/15 Result</th>
<th>SN Average</th>
<th>Commentary relating to recent performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>CYP10.1</td>
<td>Number of families attending targeted Parenting Programmes</td>
<td>Whole Family &amp; Parenting Strategy Group Judy Kent</td>
<td>479 485 435</td>
<td>Quarterly</td>
<td>116</td>
<td>360</td>
<td>-</td>
<td>Need to expand team of facilitators, so that we can run more programmes. Also need to improve recruitment and referral systems, so that we can recruit and retain more parents.</td>
</tr>
<tr>
<td>CYP10.4</td>
<td>Number of families identified who meet the criteria for the Troubled Families Programme</td>
<td>Whole Family &amp; Parenting Strategy Group Judy Kent</td>
<td>New for 2014/15</td>
<td>Quarterly</td>
<td>315</td>
<td>-</td>
<td>-</td>
<td>The target number of families to identify set by government has now been met. Six families left York to live elsewhere and have been removed and transferred to other LAs where possible. We will continue to identify and ensure appropriate intervention.</td>
</tr>
<tr>
<td>CYP10.5</td>
<td>Number of identified families that are being/have been worked with</td>
<td>Whole Family &amp; Parenting Strategy Group Judy Kent</td>
<td>New for 2014/15</td>
<td>Quarterly</td>
<td>200</td>
<td>315</td>
<td>-</td>
<td>Family Focus Team are tracking and monitoring all 315 identified Troubled Families to ensure appropriate intervention is in place to achieve good outcomes and maximise on payment by results income.</td>
</tr>
<tr>
<td>CYP10.6</td>
<td>Number of families “turned around” for Education and Crime/ASB issues</td>
<td>Whole Family &amp; Parenting Strategy Group Judy Kent</td>
<td>New for 2014/15</td>
<td>Quarterly</td>
<td>35</td>
<td>-</td>
<td>-</td>
<td>Family Focus Team have made financial claims for 200 families under the Education and Crime/ASB criteria of the Troubled Families Programme.</td>
</tr>
<tr>
<td>CYPL2b</td>
<td>Number of contacts to the Front Door Service</td>
<td>Strategic Partnership for Looked After Children Eoin Rush</td>
<td>4657 4200 n/a</td>
<td>Quarterly</td>
<td>-</td>
<td>4500</td>
<td>-</td>
<td>Dual recording practices (RAISE and E-Trak) means this indicator will be reviewed by CSES DMT Autumn 2014.</td>
</tr>
<tr>
<td>CSS1</td>
<td>% of contacts to the Front Door service which result in a Tier 2 intervention. (Recording the number of events closed by the end of the period)</td>
<td>Strategic Partnership for Looked After Children Eoin Rush</td>
<td>29.7% 22% n/a</td>
<td>Quarterly</td>
<td>-</td>
<td>40%</td>
<td>-</td>
<td>Dual recording practices (RAISE and E-Trak) means this indicator will be reviewed by CSES DMT Autumn 2014.</td>
</tr>
<tr>
<td>CSS2</td>
<td>% of contacts to AA&amp;EI service which result in a Tier 3 intervention. (Recording the number of events closed by the end of the period)</td>
<td>Strategic Partnership for Looked After Children Eoin Rush</td>
<td>- - -</td>
<td>Quarterly</td>
<td>-</td>
<td>30%</td>
<td>-</td>
<td>Dual recording practices (RAISE and E-Trak) means this indicator will be reviewed by CSES DMT Autumn 2014.</td>
</tr>
<tr>
<td>CYPL2c</td>
<td>Number of Early Help Assessments initiated during the quarter</td>
<td>Strategic Partnership for Looked After Children Eoin Rush</td>
<td>255 201 228</td>
<td>Quarterly</td>
<td>33</td>
<td>300</td>
<td>-</td>
<td>Significantly lower than Q1 but this is traditionally a quieter quarter as the schools are effectively off line for 6-7 weeks. However, we are currently undertaking a data cleansing exercise to ascertain if we have an issue with under recording.</td>
</tr>
<tr>
<td>EFL1</td>
<td>Numbers of Looked After Children, this figure excludes short term breaks (per 10k shown in brackets)</td>
<td>Strategic Partnership for Looked After Children Eoin Rush</td>
<td>256 (73) 243 (67) 222 (62)</td>
<td>Quarterly</td>
<td>217 (60)</td>
<td>200 (55) 57.8 (12/13)</td>
<td>There is a gradual but sustained reduction toward our target figure.</td>
<td></td>
</tr>
<tr>
<td>EFL2</td>
<td>Numbers of Children with a Child Protection Plan (per 10k shown in brackets)</td>
<td>City of York Safeguarding Children Board Simon Westwood</td>
<td>162 (47) 137 (38) 131 (36)</td>
<td>Quarterly</td>
<td>120 (33) 125 (35) 38.3 (12/13)</td>
<td>57.8 (12/13)</td>
<td>There is a gradual but sustained reduction toward our target figure.</td>
<td></td>
</tr>
<tr>
<td>Priority</td>
<td>Code</td>
<td>Description of PI</td>
<td>Lead service area/ partnership</td>
<td>Named Lead</td>
<td>Historical results</td>
<td>Reporting Interval</td>
<td>Latest 14/15 Result</td>
<td>14/15 SN Target</td>
</tr>
<tr>
<td>----------</td>
<td>------</td>
<td>--------------------</td>
<td>---------------------------------</td>
<td>------------</td>
<td>--------------------</td>
<td>---------------------</td>
<td>---------------------</td>
<td>------------------</td>
</tr>
</tbody>
</table>
| 56       | EH1  | % of children in Year 6 recorded as being obese (as measured by Health Services) | Public Health | Lesley White | 14.7% (10/11 ac yr) | 16.1% (11/12 ac yr) | 16.3% (12/13 ac yr) | Annual | Available Q4 | 15.1% | 18.9% (England 12/13)  
| 112      | EH1  | Under 18 conception rate per 1,000 shown as a 3 year average in each year. (The data is shown under the year of its publication, which is always 12-18 months after the actual period to which it relates) | Public Health | Amanda Gaines | 30.2 (relates to 2008/10) | 26.6 (relates to 2009/11) | 25.1 (relates to 2010/12) | Annual | 19.1 (Q1 2013) | 23.8 (2011/13) | 30.9 (England 10/12)  
| 112      | EH3  | Hospital admissions due to substance misuse (rate per 100,000 population aged 15-24 years) | Public Health | Amanda Gaines | 53.1 (2006-11) | 61 (2008-12) | 62.9 (2010-13) | Annual | Available Q4 | - | 75.2 (England 10/13)  
| CF4      | EH1  | Rates of positive Chlamydia tests reported per 100,000 population aged 15-24 years (Reported with a 1 year delay) | Public Health | Philippa Press | - | - | 1,059 (2012) | Annual | June | 1,702 (2013) | 2,300 | 2,016 (England 2013)  
| CF4      | EH2  | Young people aged under 18 admitted to hospital with alcohol specific conditions (rate per 100,000 population aged 0-17 years) | Public Health | Amanda Gaines | 65.1 (2007-10) | 52.6 (2008-11) | 28.9 (2010-13) | Annual (covers 3 yrs) | Available Q4 | - | 42.7 (England 10/13)  
| CF4      | EH3  | Hospital admissions due to substance misuse (rate per 100,000 population aged 15-24 years) | Public Health | Amanda Gaines | 53.1 (2006-11) | 61 (2008-12) | 62.9 (2010-13) | Annual (covers 3 yrs) | Available Q4 | - | 75.2 (England 10/13)  
| CF4      | EH4  | % of children who have achieved a Good Level of Development (GLD) in Early Years | York Education Partnership - School Steering Improvement Group | Maxine Squire | - | - | 56.0% | Annual | 65% | - | 53.3% (12/13 ac yr)  
| CF4      | EH7  | % of pupils achieving Level 4 or above in Reading, Writing & Maths at KS2 | York Education Partnership - School Steering Improvement Group | Maxine Squire | - | - | 77% (12/13 ac yr) | Annual | 79% | - | 77.5% (12/13 ac yr)  
| CF4      | EH4  | % of pupils achieving 5+ A*-C at GCSE (or equivalent) incl English & Maths | York Education Partnership - School Steering Improvement Group | Maxine Squire | 62.1% (10/11 ac yr) | 63% (11/12 ac yr) | 67% (12/13 ac yr) | Annual | 65% | 70% (12/14 ac yr) | 63.4% (12/13 ac yr)  
| CF4      | EH4  | % of PEP completed | York Education Partnership - School Steering Improvement Group | Maxine Squire | 84% | 61.9% Prov | 86.0% | Quarterly | 80.3% | 80% | -  
| 99       | EH4  | % of Looked After Children achieving Level 4+ in Reading, Writing and Maths at Key Stage 2 | York Education Partnership - School Steering Improvement Group | Maxine Squire | - | - | 40% (12/13 ac yr) | Annual Prov Oct | 25% | - | -  

The rate for March 2013 is 19.1 per 1,000 young women aged 15-19. This compares to a rate of 17.6 in March 2012.

75.4% of Children Looked After for 12+ months have an up to date Health Assessment at 30/09/2014. As of 15th October, of all Looked After Children (213) 127 have an up to date health assessment (80%). 43 children have an outstanding health assessment (20%), of these the LAC Nurse has paperwork for 15 children. The remaining children have refused a health assessment.

The remaining children have refused a health assessment.
<table>
<thead>
<tr>
<th>Priority</th>
<th>Code</th>
<th>Description of PI</th>
<th>Lead service area/ partnership</th>
<th>Named Lead</th>
<th>Historical results</th>
<th>Reporting Interval</th>
<th>Latest 14/15 Result</th>
<th>SN Average</th>
<th>Commentary relating to recent performance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>100</td>
<td>% of children in care reaching Level 4 in Maths at KS2</td>
<td>York Education Partnership - School Steering Improvement Group</td>
<td>Maxine Squire</td>
<td>56% (10/11 ac yr)</td>
<td>67% (11/12 ac yr)</td>
<td>40% (12/13 ac yr)</td>
<td>Annual Prov Oct</td>
<td>Available Q3</td>
</tr>
<tr>
<td></td>
<td>101</td>
<td>% of children in care achieving 5 A*-C GCSEs (or equivalent) at KS4 (incl English &amp; Maths)</td>
<td>York Education Partnership - School Steering Improvement Group</td>
<td>Maxine Squire</td>
<td>23.5% (10/11 ac yr)</td>
<td>13% (11/12 ac yr)</td>
<td>21.7% (12/13 ac yr)</td>
<td>Annual Prov Dec</td>
<td>Available Q3</td>
</tr>
<tr>
<td></td>
<td>EH5</td>
<td>Attainment of SEN (non-statemented) pupils at KS2 L4+ for both &amp; M</td>
<td>York Education Partnership - School Steering Improvement Group</td>
<td>Maxine Squire</td>
<td>32% (10/11 ac yr)</td>
<td>32% (11/12 ac yr)</td>
<td>16% (12/13 ac yr)</td>
<td>Annual</td>
<td>29%</td>
</tr>
<tr>
<td></td>
<td>EH6</td>
<td>Attainment of SEN (non-statemented) pupils at KS4, 5+ A*-C inc &amp; M</td>
<td>York Education Partnership - School Steering Improvement Group</td>
<td>Maxine Squire</td>
<td>16.7% (10/11 ac yr)</td>
<td>19.7% (11/12 ac yr)</td>
<td>23% (12/13 ac yr)</td>
<td>Annual</td>
<td>25%</td>
</tr>
<tr>
<td></td>
<td>102a</td>
<td>Difference in % points between pupils eligible for free school meals (FSM) and those who are not, achieving Level 4 in Reading, Writing and Maths at KS2 (relates to prev academic year to financial year shown)</td>
<td>York Education Partnership - School Steering Improvement Group</td>
<td>Maxine Squire</td>
<td>-</td>
<td>-</td>
<td>25% (12/13 ac yr)</td>
<td>Annual</td>
<td>21%</td>
</tr>
<tr>
<td></td>
<td>102b</td>
<td>Difference in % points between pupils eligible for FSM and those who are not, achieving 5+ A*-C (inc &amp; M) at KS4 (relates to prev academic year to financial year shown)</td>
<td>York Education Partnership - School Steering Improvement Group</td>
<td>Maxine Squire</td>
<td>33.5% (10/11 ac yr)</td>
<td>28.9% (11/12 ac yr)</td>
<td>29.4% (12/13 ac yr)</td>
<td>Annual</td>
<td>42%</td>
</tr>
<tr>
<td></td>
<td>CYPLE</td>
<td>% of pupils eligible for FSM achieving 5+ A*-C at GCSE (or equivalent) inc &amp; M at KS4 (relates to prev academic year to financial year shown)</td>
<td>York Education Partnership - School Steering Improvement Group</td>
<td>Maxine Squire</td>
<td>31% (10/11 ac yr)</td>
<td>36.2% (11/12 ac yr)</td>
<td>40.2% (12/13 ac yr)</td>
<td>Annual</td>
<td>27%</td>
</tr>
<tr>
<td></td>
<td>87a</td>
<td>Secondary school persistent absence rate (relates to prev academic year to financial year shown) New definition based upon 38 + sessions missed</td>
<td>York Education Partnership - School Steering Improvement Group</td>
<td>Mark Smith and B&amp;A Consultant</td>
<td>7.8% (10/11 ac yr)</td>
<td>7.1% (11/12 ac yr)</td>
<td>6.3% (12/13 ac yr)</td>
<td>Annual (Dec)</td>
<td>Available Q3</td>
</tr>
<tr>
<td></td>
<td>RM15</td>
<td>Number of fixed term exclusions in the primary sector</td>
<td>Behaviour and Attendance Partnership</td>
<td>Mark Smith and B&amp;A Consultant</td>
<td>89 (11/12 ac yr)</td>
<td>96 (12/13 ac yr)</td>
<td>96 (12/13 ac yr)</td>
<td>Annual</td>
<td>Available Q3</td>
</tr>
<tr>
<td></td>
<td>RM16</td>
<td>Number of fixed term exclusions in the secondary sector</td>
<td>Behaviour and Attendance Partnership</td>
<td>Mark Smith and B&amp;A Consultant</td>
<td>508 (11/12 ac yr)</td>
<td>464 (12/13 ac yr)</td>
<td>554 (12/13 ac yr)</td>
<td>Annual</td>
<td>Available Q3</td>
</tr>
<tr>
<td></td>
<td>19</td>
<td>Rate of proven re-offending by young offenders aged 10 to 17 (New definition from 2013/14 - set 12 month cohort, cumulative)</td>
<td>YOT Management Board</td>
<td>Simon Page</td>
<td>-</td>
<td>-</td>
<td>1.27</td>
<td>Quarterly, Two Qrt delay</td>
<td>Available Q3</td>
</tr>
<tr>
<td></td>
<td>111</td>
<td>First time entrants to the Youth Justice System aged 10-17 (per 100000 10-17 year olds in York) (New definition from 2013/14 setting 12 month cohort)</td>
<td>YOT Management Board</td>
<td>Simon Page</td>
<td>769</td>
<td>385</td>
<td>425 (Mar13-Apr14)</td>
<td>Quarterly</td>
<td>Available Q3</td>
</tr>
<tr>
<td></td>
<td>CYP14</td>
<td>Cultural offer through the Shine Program. Numbers of places</td>
<td>Community, Culture and Public Realm, Play Team</td>
<td>Mary Bailey</td>
<td>53616</td>
<td>50340</td>
<td>46,981</td>
<td>Quarterly</td>
<td>41,424</td>
</tr>
<tr>
<td>Priority</td>
<td>Code</td>
<td>Description of PI</td>
<td>Lead service area/ partnership</td>
<td>Named Lead</td>
<td>Historical results</td>
<td>Reporting interval</td>
<td>Latest 14/15 Result</td>
<td>14/15 Target</td>
<td>SN Average</td>
</tr>
<tr>
<td>----------</td>
<td>-------</td>
<td>-------------------</td>
<td>-------------------------------</td>
<td>----------------</td>
<td>-------------------</td>
<td>-------------------</td>
<td>-------------------</td>
<td>-------------</td>
<td>-----------</td>
</tr>
<tr>
<td>CYLPL14</td>
<td>a</td>
<td>% of pupils who reported frequent verbal bullying incidents in Primary schools (as recorded via the 'Someone to Turn to' pupil survey)</td>
<td>Anti-Bullying Strategy Group</td>
<td>Yvette Bent</td>
<td>8.9% 8.7% 7.97% 7.9%</td>
<td>Annual Q4</td>
<td>8.5% (13/14)</td>
<td>4.2%</td>
<td>-</td>
</tr>
<tr>
<td>CYLPL14</td>
<td>b</td>
<td>% of pupils who reported frequent verbal bullying incidents in Secondary schools Yr 8. (as recorded via the 'Someone to Turn to' pupil survey)</td>
<td>Anti-Bullying Strategy Group</td>
<td>Yvette Bent</td>
<td>- 4.52% - -</td>
<td>Annual Q4</td>
<td>8.5% (13/14)</td>
<td>4.2%</td>
<td>-</td>
</tr>
<tr>
<td>SE1</td>
<td></td>
<td>% of children who are eligible for a free school meal in the primary sector - exc Danesgate (%) of those eligible taking a free meal shown in brackets</td>
<td>York Education Partnership</td>
<td>Jon Stonehouse</td>
<td>11.6% (76.3%) 11.2% (75.4%) 10.3% (76.8%)</td>
<td>Annual Q4</td>
<td>Available Q4</td>
<td>31% (13/14 ac yr)</td>
<td>31.5% (10/11 ac yr)</td>
</tr>
<tr>
<td>SE2</td>
<td></td>
<td>% of children who are eligible for a free school meal in the secondary sector exc Danesgate (%) of those eligible taking a free meal shown in brackets</td>
<td>York Education Partnership</td>
<td>Jon Stonehouse</td>
<td>8.7% (80.4%) 8.75% (78.3%) 8.6% (76.3%)</td>
<td>Annual Q4</td>
<td>Available Q4</td>
<td>Eligibility has no target</td>
<td>-</td>
</tr>
<tr>
<td>RM19a</td>
<td></td>
<td>% of children who take a school meal in all Primary and Special schools in LA-procured School Meals Catering contract (Termly collection/monitor, but reported by financial year)</td>
<td>York Education Partnership</td>
<td>Jon Stonehouse</td>
<td>33.7% 34% 34.0%</td>
<td>Termly</td>
<td>36.7% (Q1)</td>
<td>36%</td>
<td>44.1% (11/12)</td>
</tr>
<tr>
<td>RM19b</td>
<td></td>
<td>% of children who take a school meal in all Secondary schools in LA-procured School Meals Catering contract (Termly collection/monitor, but reported by financial year)</td>
<td>York Education Partnership</td>
<td>Jon Stonehouse</td>
<td>24% 23% 23.0%</td>
<td>Termly</td>
<td>23% (Q1)</td>
<td>26%</td>
<td>42.6% (11/12)</td>
</tr>
<tr>
<td>117</td>
<td></td>
<td>% of Year 12-14 age young people who are not in education, employment or training (NEET) (York residents only from 11/12) Note definition and how this PI is measured is being changed from 13/14, therefore historical comparison is not possible</td>
<td>Participation and Transition Steering Group</td>
<td>John Thompson</td>
<td>5.6% (Different methodology used to future yrs) 5.3% (Different methodology used to future yrs)</td>
<td>Quarterly</td>
<td>4.9%</td>
<td>5.6%</td>
<td>5.1% (2012)</td>
</tr>
<tr>
<td>SE3</td>
<td></td>
<td>% of Year 12-14 age young people who are not in education, employment or training (NEET) who are LDD, school action, school action + or statement</td>
<td>Participation and Transition Steering Group</td>
<td>John Thompson</td>
<td>- - 26.7%</td>
<td>Quarterly</td>
<td>0.276</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>AS12</td>
<td></td>
<td>Numbers of Job Seekers Allowance Claimants, % of Working Age Population of same age group (18-24) shown in brackets</td>
<td>Economic Development</td>
<td>Katie Stewart</td>
<td>906 (3.7%) 745 (2.8%) 445 (1.6%)</td>
<td>Annual @ March 275</td>
<td>(Jun 2014)</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Note: Last updated October 2014
**Standard items on each agenda:** Trust Update, Forward Plan.

Please note: This is a working document and as such is liable to change. Please contact Judy Kent, Head of Children’s Trust Unit if you would like to discuss agenda items.

<table>
<thead>
<tr>
<th>Date of Meeting</th>
<th>Subject</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 2015</td>
<td>Trust Update</td>
<td>Judy Kent</td>
</tr>
<tr>
<td></td>
<td>Parenting Strategy Update</td>
<td>Jane Whiteley</td>
</tr>
<tr>
<td></td>
<td>Healthwatch – messages from children</td>
<td>Sian Balsom</td>
</tr>
<tr>
<td></td>
<td>Child Sexual Abuse &amp; Exploitation</td>
<td>Dot Evans</td>
</tr>
<tr>
<td></td>
<td>Domestic abuse: governance and leadership arrangements.</td>
<td>Jon Stonehouse</td>
</tr>
<tr>
<td></td>
<td>• Local profile</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Risk Factors</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Early Responses</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Flagging / IWIG</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Children’s Services - Transformation Update</td>
<td>Maxine Squire; Paula Richardson; Angela Crossland / Jon Thompson / Mary Bailey</td>
</tr>
<tr>
<td></td>
<td>• School Improvement</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Children’s Centres</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Youth Support Services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Thematic item: Review of CYPP Progress against priorities</td>
<td>Judy Kent</td>
</tr>
<tr>
<td></td>
<td>• Review of priorities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Planning Bookcase</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• YorOK Terms of Reference / membership</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Focus on equalities – child’s perspective</td>
<td></td>
</tr>
<tr>
<td>March 2015</td>
<td>Trust Update</td>
<td>Judy Kent</td>
</tr>
<tr>
<td></td>
<td>Safeguarding Update</td>
<td>Simon Westwood</td>
</tr>
<tr>
<td></td>
<td>YorOK Performance Monitoring: Quarter Three</td>
<td>Partner YorOK Performance leads</td>
</tr>
<tr>
<td></td>
<td>NEET</td>
<td>Griffiths Stuart; JCP district Manager&quot; Jon Thompson Angela Crossland</td>
</tr>
<tr>
<td></td>
<td>• Longitudinal study - analysis of long term unemployed claimants aged 25 + in York</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 18-25s</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• NEET &amp; YOT / LDD</td>
<td></td>
</tr>
<tr>
<td>May 2015</td>
<td>Trust Update</td>
<td>Judy Kent</td>
</tr>
<tr>
<td></td>
<td>YorOK Performance Monitoring: Quarter Four / Year end provisional</td>
<td>Partner YorOK Performance leads</td>
</tr>
<tr>
<td>July 2015</td>
<td>Trust Update</td>
<td>Judy Kent</td>
</tr>
<tr>
<td></td>
<td>Safeguarding Update</td>
<td>Simon Westwood</td>
</tr>
<tr>
<td>September 2015</td>
<td>Trust Update</td>
<td>Judy Kent</td>
</tr>
<tr>
<td></td>
<td>YorOK Performance Monitoring:</td>
<td>Partner YorOK Performance leads</td>
</tr>
<tr>
<td></td>
<td>• Confirmed year end monitoring</td>
<td></td>
</tr>
</tbody>
</table>

Contact: Judy Kent, Children’s Trust Unit Manager, judy.kent@york.gov.uk
### Date of Meeting | Subject | Lead
--- | --- | ---
| **November 2015** | Trust Update | Judy Kent
| | YorOK Performance Monitoring: Quarter Two | Partner YorOK Performance leads
| | Safeguarding Update | Simon Westwood

### Potential areas for thematic debates:

<table>
<thead>
<tr>
<th>Topic</th>
<th>Contributors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health outcomes for Looked After Children</td>
<td>Howard Lovelady</td>
</tr>
<tr>
<td>Integrated services for disabled children</td>
<td>Jess Haslam</td>
</tr>
<tr>
<td>Health and Wellbeing Strategy</td>
<td>Helena Nowell</td>
</tr>
<tr>
<td>NEET: Raising participation age; National Apprenticeships; transition to adulthood</td>
<td>John Thompson / Steve Flatley</td>
</tr>
<tr>
<td>Early intervention arrangements – impact / outcomes</td>
<td>Alan Hodgson</td>
</tr>
<tr>
<td>Support for families: Troubled Families / Catalyst / Family Support</td>
<td>Eoin Rush / Linda Murphy</td>
</tr>
<tr>
<td>Youth Council Projects / Findings</td>
<td></td>
</tr>
<tr>
<td>Child and family poverty</td>
<td>Phil Witcherley</td>
</tr>
</tbody>
</table>