



Buckinghamshire County Council
Select Committee
Children's Social Care and Learning

Date: Tuesday 5 July 2016

Time: 10.30 am

Venue: Mezzanine Room 2, County Hall, Aylesbury

AGENDA

9.30 am Pre-meeting Discussion

This session is for members of the Committee only. It is to allow the members time to discuss lines of questioning, areas for discussion and what needs to be achieved during the meeting.

10.30 am Formal Meeting Begins

Agenda Item	Time	Page No
1 ELECTION OF CHAIRMAN	10:30	
2 APPOINTMENT OF VICE-CHAIRMAN		
3 APOLOGIES FOR ABSENCE/CHANGES IN MEMBERSHIP		
4 DECLARATIONS OF INTEREST To declare any Personal or Dislosable Pecuniary Interests.	10:35	
5 MINUTES Minutes of the meeting held on 24 th May 2016		7 - 14
6 PUBLIC QUESTIONS	10:40	15 - 16



Public Questions is an opportunity for people who live, work or study in the county to put a question to a Scrutiny Committee about any issue that has an impact on their local community or the county as a whole.

Members of the public, who have given prior notice, will be invited to put their question in person.

The Cabinet Member and responsible officers will then be invited to respond.

Further information and details on how to register can be found through the following link and by then clicking on 'Public Questions'.

<http://democracy.buckscc.gov.uk/mgCommitteeDetails.aspx?ID=788>

There has been one public question from Mr D Berry. The Cabinet Member for Education and Skills will be invited to respond in the meeting.

- | | | | |
|---|---|--------------|-----------------|
| 7 | CHAIRMAN'S REPORT
For the chairman of the Committee to provide an update to the Committee on recent scrutiny related activity. | 10:50 | |
| 8 | COMMITTEE MEMBER UPDATES
For members of the Committee to update the Committee on any issue they are investigating on behalf of the Committee. | 10:55 | |
| 9 | CABINET MEMBER UPDATES
i) Cabinet Member for Children's Services

ii) Cabinet Member for Education and Skills | 11:05 | |
| 10 | THE BUCKINGHAMSHIRE YOUTH OFFENDING SERVICE
To provide Members with the opportunity to explore the work of the Youth Offending Service in Buckinghamshire including reviewing the new Strategic Plan for 2016/17. | 11:20 | 17 - 44 |
| <u>Contributors</u> | | | |
| Ms P Camilleri – Head of Youth Offending Service
Lin Hazell – Cabinet Member for Children's Services | | | |
| 11 | FAMILIES FIRST PROGRAMME
To provide a review of outcomes from phase 1 of the Families First Programme and to look at the changes in phase 2. | 11:35 | 45 - 140 |

Contributors

Mrs J Shakespeare - Head of Early Help
Lin Hazell - Cabinet Member for Children's Services

- 12 **THE BUCKINGHAMSHIRE MULTI AGENCY SAFEGUARDING HUB (MASH)** 11:55 141 - 146
- Information about the operation of the Buckinghamshire Multi Agency Safeguarding Hub (MASH) set up in September 2014 including an opportunity to review current performance.

Contributors

Mrs A O'Borne - Head of First Response.
Lin Hazell - Cabinet Member for Children's Services

- 13 **CHILDREN WITH SPECIAL EDUCATIONAL NEEDS AND/OR DISABILITIES - LOCAL AREA INSPECTIONS** 12:20 147 - 156
- Information about the new joint local area inspections being carried out by Ofsted and CQC. These inspections will focus on local areas to see how effectively they fulfil their responsibilities for children and young people with special educational needs and/or disabilities. This is an opportunity for Members to gain an understanding of the inspections and discuss their own contribution into the process.

Contributors

Mr N Wilson - Service Director Education
Mr Z Mohammed - Cabinet Member for Education and Skills

- 14 **INQUIRY OUTLINE - CHILDREN AND YOUNG PEOPLE'S VOICE** 12:35 **To Follow**
- This item provides an inquiry outline in order to discuss further the scoping of an inquiry into:- The Voice Of The Child And Young Person And The Extent To Which It Influences The Way Services Are Planned, Commissioned And Delivered.

- 15 **COMMITTEE WORK PROGRAMME** 157 - 160
- To discuss and note the Committee work programme

- 16 **DATE OF NEXT MEETING** 12:40
- To note the next meeting of the Children's Social Care and Learning Select Committee on 20th September 2016 10.30am Mezzanine Room 2, County Hall, Aylesbury.

Purpose of the committee

The role of the Children's Social Care and Learning Select Committee is to hold decision-makers to account for improving outcomes and services for Buckinghamshire.

The Children's Social Care and Learning Select Committee shall have the power to scrutinise all issues in relation to the remit of the Children's Social Care and Learning Business Unit. This will include, but not exclusively, responsibility for scrutinising issues in relation to:

- Nurseries and early years education
- Schools and further education
- The Bucks Learning Trust
- Quality standards and performance in education
- Special Educational Needs (SEN)
- Learning and skills
- Adult learning
- Children and family services
- Early intervention
- Child protection, safeguarding and prevention
- Children in care (looked after children)
- Children's psychology
- Children's partnerships
- Youth provision
- The Youth Offending Service

** In accordance with the BCC Constitution, this Committee shall act as the designated Committee responsible for the scrutiny of Education matters.*

Webcasting notice

Please note: this meeting may be filmed for subsequent broadcast via the Council's internet site - at the start of the meeting the Chairman will confirm if all or part of the meeting is being filmed.

You should be aware that the Council is a Data Controller under the Data Protection Act. Data collected during this webcast will be retained in accordance with the Council's published policy.

Therefore by entering the meeting room, you are consenting to being filmed and to the possible use of those images and sound recordings for webcasting and/or training purposes. If members of the public do not wish to have their image captured they should sit within the marked area and highlight this to an Officer.

If you have any queries regarding this, please contact Member Services on 01296 382876.

If you would like to attend a meeting, but need extra help to do so, for example because of a disability, please contact us as early as possible, so that we can try to put the right support in place.

For further information please contact: Kevin Wright on 01296 387832, email: kwright@buckscc.gov.uk

Members

Mrs M Aston	Mrs V Letheren
Mrs P Birchley	Mrs W Mallen
Ms J Blake	Mr R Stuchbury
Mr D Dhillon	Vacancy
Mr P Gomm	Ms K Wood
Mr P Irwin	

Co-opted Members

Mr D Babb, Church of England Representative
Mr M Moore, Roman Catholic Church
Ms M Nowers, Primary School Sector





Buckinghamshire County Council
Select Committee
Children's Social Care and Learning

Minutes

CHILDREN'S SOCIAL CARE AND LEARNING SELECT COMMITTEE

Minutes from the meeting held on Tuesday 24 May 2016, in Mezzanine Room 2, County Hall, Aylesbury, commencing at 10.33 am and concluding at 12.44 pm.

This meeting was webcast. To review the detailed discussions that took place, please see the webcast which can be found at <http://www.buckscc.public-i.tv/>
The webcasts are retained on this website for 6 months. Recordings of any previous meetings beyond this can be requested (contact: democracy@buckscc.gov.uk)

MEMBERS PRESENT

Mr D Dhillon (Vice-Chairman), Mr P Gomm, Mr P Irwin, Mrs V Letheren (Chairman), Mrs W Mallen and Mr R Stuchbury

CO-OPTED MEMBERS PRESENT

Mr D Babb and Mr M Moore

GUESTS PRESENT

Mr C Adams, Ms L Eaves, Lin Hazell and Mr Z Mohammed

OFFICERS PRESENT

Ms A Clemmett, Mrs P Cue, Mr D Johnston, Ms C McCarthy, Ms A Sayani and Ms S Sewell

1 DECLARATIONS OF INTEREST

The following declarations of interest were noted:

- Mr D Dhillon - member of the Farnham Common Children's Centre advisory board.
- Mr P Irwin - member of a Children's Centre advisory board.



2 APOLOGIES FOR ABSENCE

Apologies were received from Mrs M Aston, Mrs P Birchley, Mrs J Blake, Ms K Wood and Mr D Watson.

3 MINUTES

Mr Z Mohammed requested a change to the wording in the draft minutes of the meeting held on 12th April 2016 as follows:

- Item 10 – first bullet point to be changed from “The fairer funding consultation” to “The National Funding Formula consultation”

The minutes of the last meeting held on 12th April 2016 were agreed as a correct record pending the change identified above.

4 PUBLIC QUESTIONS

A written public question was put to the Cabinet Member for Education and Skills from Mr J Hoggett as follows:

“Although grammar schools are great schools, the other secondary schools aren't receiving enough support. How does the council intend to deal with the deepening and inexcusable inequalities between secondary schools and grammar schools?

A review of the current system would benefit the community as it would possibly reform the way we do education in bucks and bring us into line with the rest of the country”

The Cabinet Member responded in writing as follows:

“We are really pleased with our grammar and non-selective schools that produce results at KS4 that are consistently more than 10% above the national average. This does not happen by accident but through a policy objective and excellent work by school leaders, Council, Governors with support from the Buckinghamshire Learning Trust (BLT). I would not want to bring Buckinghamshire in line with the rest of the Country that results in a reduction in overall standards by 10 %, and instead to continue working to improve Buckinghamshire results across all our schools.

Our grammars are amongst the lowest funded schools in the Country. The non-selective schools receive considerably more support from increased funding e.g. per pupil Free School meals, Prior Attainment, English as an additional language and Pupil Premium etc and this can be quite significantly more than grammars. On top of that, Buckinghamshire County Council and BLT provide school improvement support to non-selective schools through various projects in e.g. High Wycombe and Aylesbury, and the Standards report shows improvement in results as a consequence.”

5 CHAIRMAN'S REPORT

The Chairman informed Members that all but one of the Committee's recommendations in the Children's Workforce Inquiry Report had been agreed at Cabinet on 25th April 2016.

The Chairman also updated Members on her attendance at a recent Child Protection Conference. The Chairman confirmed that some issues affecting Buckinghamshire, such as social care workforce issues, were also impacting nationally.

Members received an update from the Chairman on her experience of shadowing a front line social worker. The Chairman expressed her appreciation of the work social workers do in difficult circumstances.

The Chairman confirmed the potential items for the Committee's work programme, which would be finalised and included in the published Select Committee Work Programme.

ACTION: Committee Adviser to update the work programme for the next Committee meeting

6 COMMITTEE MEMBER UPDATES

Mr R Stuchbury acknowledged the good work of staff at The Buckingham School in improving its Ofsted rating to good.

Mr P Irwin informed the Committee of increasing difficulties of parking around schools which could get worse as schools increased capacity to take account of population growth.

Members noted that school place provision would need to take account of forecasted population growth and that this would require partnership working with District Council colleagues.

7 CABINET MEMBER UPDATES

Lin Hazell, Cabinet Member for Children's Services updated the Committee on:

- The improvement work being done in the Fostering Service including
 - Continuing programme of recruiting foster carers into the service.
 - The introduction of the Foster to Adopt scheme.
 - Allowing young people to stay with their foster carers beyond the age of 18.
- The increase in the number of children being adopted in Buckinghamshire
- The need to balance the length of time taken to place children for adoption with the need for good quality placements.
- The service's commitment to placing children and young people at the centre of decision making when new strategies and policies were being put in place.

Mr Z Mohammed, Cabinet Member for Education and Skills.

The Cabinet Member confirmed that discussions were always ongoing with District Councils and others in respect of local area plans linked to school place planning. In respect of schools being built or extended, developers were responsible for correcting any snagging issues.

Mr Z Mohammed also updated the Committee on:

- His attendance at the Wycombe Local Area Plan meeting.
- The new Special Educational Needs and Disabilities Local Area Joint Inspections by Ofsted and the Care Quality Commission (CQC).
- A County wide promotion of adult learning courses taking place between 13th and 17th June.

8 CHILDREN'S CENTRES & EARLY HELP

The Chairman welcomed

- Mr D Johnston, Managing Director, Children's Social Care and Learning Business Unit
- Miss C McCarthy, Interim Head of Children's Commissioning
- Mrs M Clemmett, Early Help Commissioning Manager

The following points were made during the discussion:

- Twenty Five Children's Centres were re-tendered last year and contracts awarded from September 2015.
- Contracts were currently with Action for Children (25 centres), Spurgeons (3 centres), 6 schools (running 7 individual centres).
- A review was going to be undertaken to ensure a focus on specific, targeted need and understand any disparity across Children's Centre provision.
- There was a need to meet both demand and savings targets whilst still focussing on early intervention to improve outcomes.
- Children's Centres were being closed nationally but Buckinghamshire were not planning on closing any centres at the moment but looking to remodel, although this could change in future.
- Consultation would be undertaken with users and providers and a wide range of feedback sought.
- The review had only just started and would be taking place over the summer. Findings would be reported during the autumn. There would be opportunities for Members to input to the review.
- Children's Centres were a separate workstream within a wider consideration and review of early help across Buckinghamshire.
- It was slightly too early to be able to judge the performance of the new contracts in place since September, although early indications showed that centres were reaching more vulnerable families.

- Providers were contract managed by Commissioners through quarterly performance monitoring meetings and other engagement.
- There were concerns from some Members about the Children's Centres Advisory Boards and the accountability of providers since re-commissioning.

ACTION: The Interim Head of Children's Commissioning to address Members concerns with providers

- Financial pressures were only part of the consideration of the review. There were other considerations including the growth in demand on social care services, the complexity of cases and the desire for Children's Centres to be able to respond to need and focus on early help with families before problems escalated.
- Assessments of need were made using established assessment tools and this and wider referrals would be closely monitored.
- In response to a question on projected population growth, The Managing Director of Children's Social Care and Learning Business Unit agreed that there was a need to focus understanding on where growth was likely to happen, the nature of the growth and the needs of new communities. The business unit were working closely with health colleagues on this.
- Select Committee Members would visit Children's Centres during June to ask questions and gather opinion to support the review. They would attend a workshop during July with the review team to feedback what they had found.

ACTION: Committee Adviser to liaise with Commissioners to arrange visits and workshop

SEE PAPERS AND WEBCAST FOR FULL CONTENT

9 EDUCATION STANDARDS

The Chairman welcomed

- Mrs A Sayani, Education Champion
- Ms P Cue, Consultant
- Miss S Sewell, Senior Information Officer

The Chairman thanked officers for a well written and informative report.

The Cabinet Member for Education and Skills gave a verbal summary of the report focusing on schools' Ofsted ratings, pupil attainment at Early Years, Key Stages 1, 2 and 4 and post 16 year old.

The following points were made during the discussion:

- The Chairman noted that there were some good attainment results overall, although some weren't as good, for example outcomes for disadvantaged children and black and minority ethnic (BME) groups.
- The Council worked collaboratively with the Regional Schools Commissioner's Officer and the Department for Education and had open and positive communications with leaders of all schools. This had allowed the Council and Buckinghamshire Learning Trust (BLT) to help improve under performing schools, even those not under local authority control.
- The Non-selective Secondary School Improvement Plan commissioned from BLT was aimed at improving the performance of schools that required further improvements.
- Recruitment and retention of teachers was a problem in Buckinghamshire and a strategy was being drafted to enable the sharing of good practice.
- All of the recommendations in the Select Committee's earlier Closing the Gap Inquiry report were being used in the BLT's improvement work.
- It was acknowledged that there was still work to do on improving attainment for disadvantaged pupils and therefore disadvantaged pupils were a key priority for BLT in the coming year at every key stage.
- The use of the Pupil Premium for disadvantaged pupils was audited and BLT were sharing good practice on the use of the premium.
- A question was raised about the availability of information giving a breakdown of grammar school results just for those pupils who were resident in Buckinghamshire.

ACTION: Education Champion to look into whether this information was available.

Post meeting note.

Following the meeting, the Education Champion confirmed that this information was not available as data was not collated by Buckinghamshire County Council.

- The BLT worked with all families and children where there was an identified need to improve attainment. No particular groups were singled out.
- Financial support from government to local authorities would reduce in future and so there would be a need to work differently by keeping the schools community together within a Buckinghamshire identity.

SEE PAPERS AND WEBCAST FOR FULL CONTENT

10 CHILDREN'S SOCIAL CARE AND LEARNING FINANCE AND PERFORMANCE REPORT Q4 AND END OF YEAR 2015/16

The following points were made during the discussion:

Education and Skills Portfolio.

- The Cabinet Member for Education and Skills thanked officers for bringing the budget for his portfolio in on target.

Children's Service Portfolio.

- The Cabinet Member for Children's Services acknowledged the overspend in her portfolio which was due to agency staffing costs and increasing demand.
- Looking ahead, the senior management team was looking at the budget and managing it into a 5 year plan.
- Placement costs were an issue and key to reducing this would be to increase in-house foster care provision as well as looking at reducing residential placement costs.
- Historic work practices were impacting on the percentage of repeat referrals not being on target. This in turn was impacting on being able to meet the target for reducing the numbers of children on a repeat child protection plan.
- The percentage of contacts dealt with within 24 hours was below target due to some complex cases which had to be dealt with appropriately.
- There were officers within the Business Unit that worked with and supported parents, as well as those that worked with children themselves.

SEE PAPERS AND WEBCAST FOR FULL CONTENT

11 DATE OF NEXT MEETING

Tuesday 5th July 2016 10.30am in Mezzanine Room 2, County Hall, Aylesbury

12 EXCLUSION OF THE PRESS AND PUBLIC

RESOLVED

That the press and public be excluded for the following item which is exempt by virtue of Paragraph 3 of Part 1 of Schedule 12a of the Local Government Act 1972 because it contains information relating to the financial or business affairs of any particular person (including the authority holding that information)

13 CONFIDENTIAL MINUTES

The confidential minutes of the meeting held on 12th April 2016 were agreed as a correct record.

CHAIRMAN

I would like to submit a public question to the July 5th meeting of the Children's Social Care and Learning Select Committee.

My Question is to request clarification on the Bucks Upper School results which were not given during the 24th May meeting of this committee.

Specifically I would like to have detailed results which were not included in the education standards report at the 24th May meeting:

Key Stage 4 Gap results.

Why are the attainment gap results failing to improve in Bucks Upper Secondary schools?

Ofsted ratings for Bucks Secondary Upper Schools.

Why do Bucks have over 50% of the secondary Upper Schools with low Ofsted ratings?

What is being done to address the problem?

Overall GCSE results.

What are the overall GCSE results with the out-of-county pupils numbers removed?

Middle and low attainer performance.

What action is being taken to improve the Bucks Upper School middle and low attainer KS4 results ?

Regards, Derek Berry



Report to the Children's Social Care and Learning Select Committee

Title:	The Youth Offending Service
Committee date:	Tuesday 5 July 2016
Author:	Pauline Camilleri
Contact officer:	Pauline Camilleri
Cabinet Member sign-off:	Lin Hazell

Purpose of Agenda Item - Update from Youth Offending Service

Background

Buckinghamshire Youth Offending Service (YOS) is a multi-agency partnership and is directly accountable to a Management Board represented by the key partners, and ultimately to the Youth Justice Board. Currently the Board is chaired by Olly Wright, Local Police Area Commander for Aylesbury on behalf of the Chief Executive. The funding for this service also comes from the key partners, the Police and Crime Commissioner and the Youth Justice Board.

The main aim of the Service is to prevent offending and reoffending by children and young people and the YOS is responsible for co-ordinating all youth justice services in Buckinghamshire.

The YOS provides a range of services required by legislation to deal speedily and effectively with young people aged 10-18 who get in trouble. This includes working with young people who are 'at risk' of offending, have received a pre-court disposal from the Police or with those who have been to court for an offence and the court has ordered them to work with the YOS.

In addition, the YOS also provides services to parents to help them to respond to any difficulties their children may have. Work is also carried out with victims of youth crime, our main aim is to ensure that their views and feelings are heard and responded to. We find out how they been affected by the offence and what can be done to make things better for them to move forward.



The Youth Justice Board has set three National Indicators for all YOT's

- **To reduce the number of first time entrants into the Youth Justice System**

The number of First Time Entrants into the Youth Justice System is calculated as a rate per 100,000 of the 10-17 year old population in Buckinghamshire. This figure is currently 255, based on the January to December 2015 period. This reflects significantly stronger performance than seen nationally (369) and in the South East (312).

- **To reduce the number of Young people offending**

The percentage of young people in Buckinghamshire going on to reoffend in a 12 month period is currently 36%, based on the July 2013 to June 2014 cohort. This reflects stronger performance than seen nationally (37.7%) and in the South East (36.3%).

- **To reduce the numbers of young people going into custody**

The rate at which young people receive custodial sentences in Buckinghamshire is calculated as a rate per 1000 of the 10-17 year old population. This figure is currently 0.10 for the April 2015 to March 2016 period, representing 5 custodial sentences. Unfortunately national and regional comparative data is not available for this period.

The YOS has been successful in reducing the First time entrants year on year and therefore the numbers of young people given a pre court or court disposal has reduced, however the complexity of those cases that the YOS works with have increased and risk and vulnerability levels are high.

In the 2015-16 period, there were 195 YOS interventions started. This relates to 161 young people, some with multiple interventions.

Over the past 12 months, the average monthly caseload for the YOS has been 110 young people.

For more details please see attached the Youth Justice Strategic Plan for 2016/17.

Positive Outcomes

Between March 2015 and February 2016, 45 young people responded to a questionnaire send out by Her Majesties Inspector of Probation (HMIP) evaluating the YOS. 100% of these reported that they had been provided a service that was very good / good most of the time and 82% stated that since starting work with the YOS they were a lot less likely to offend.

During 2015, 100% of victims who responded to the YOS feedback questionnaire were either satisfied or very satisfied with the service they received from the YOS. This represents 78 people. In the same period, 16 victims provided feedback on their experience of a face to face restorative meeting. The following are a sample of the comments made:



- “The meeting was well organised and sorted giving us time to get our points across and I found it refreshing that (the young person) admitted blame and didn’t try to hide behind others”.
- “I believe that it was a positive meeting with a positive outcome, which allows (the young person) and I to progress. It also puts the whole situation at ease and glad that it happened”.

Please see attached two case studies outlining some positive outcomes for young people.

Key Development in 2016

The YOS has recently rolled out a new national assessment and intervention planning framework called AssetPlus. This is a new approach to reducing and improving outcomes designed to provide a much stronger focus on positive outcomes than previous national tools and ensures a more comprehensive response to the complexity of individual young people. AssetPlus has brought both practice and cultural changes for the YOS and has therefore required a robust six month change management and training programme.

Next steps

There are a number of Government reviews which will affect the Youth Offending Service and the wider Children’s Services Business unit.

Lord Laming review - **In Care, Out of Trouble** - How the life chances of children in care can be transformed by protecting them from unnecessary involvement in the criminal justice system

This review was established to examine the reasons for, and how best to tackle, the over representation of children in care, or with experience of care, in the criminal justice system in England and Wales.

The Home Office have also commissioned a major review of Youth Justice Services which is being undertaken by Charlie Taylor, this review is the most far reaching review of the sector in many years and is due to be published in the summer

Youth Justice Strategic Plan 2016-17



Contents

1. Foreword	P3
2. Buckinghamshire YOS 2016-17 Priorities	P4
3. Evidence of Partnership Effectiveness	P5
4. Resourcing, Value for Money and Risks	P7
5. Structures and Governance	P8
6. Partnership Arrangements	P9
7. Performance Management	P10
8. Outcomes against the 3 National Indicators:	
i. Reducing First Time Entrants	P11
ii. Reducing Reoffending	P12
iii. Reducing the Use of Custody	P13
9. Outcomes against 4 Local Priority Areas:	
I. Assessment, Planning Interventions & Supervision	P14
II. Effective Safeguarding	P15
III. Managing Risk of Serious Harm to Others	P16
IV. Use of Restorative Justice	P17
10. Thematic Inspections	P18
11. Feedback from Service Users	P19
12. Management Board Signatures	P20
Appendix A – Buckinghamshire YOS Budget Plan	P21
Appendix B – Buckinghamshire YOS Staffing	P22

Foreword

Welcome to the 2016-17 Buckinghamshire YOS Youth Justice Strategic Plan. The Plan gives an overview of the work of the Youth Offending Service in Buckinghamshire and also sets out details of performance over the past year and our priorities for the coming year.

In Buckinghamshire we continue to work together in partnership to make our communities, families, children and young people safe; the Youth Offending Service has a key role to play by:

- Helping prevent offending and reoffending
- Reducing the use of custody
- Contributing to multi-agency public protection and safeguarding

The YOS does this by working together with its key partners – the Police, Children’s Services, Health Services, Probation, Community Safety and both voluntary and private sector providers - to deliver high quality and effective services to young people, their families and the victims of offending.

The overall effectiveness of the YOS continues to be monitored by the Government against three key national indicators which are linked directly to the Service’s core aims. 2015-16 has seen the continuation of the impressive performance results the YOS has achieved in recent years:

- Between October 2014 and September 2015 Buckinghamshire maintained a very low level of first time entrants coming into the youth justice system, having seen these drop significantly over the previous five years. The authority is within the top ten percent performing YOTs nationally and local rates are well below the Thames Valley, south east and national averages.
- Buckinghamshire also maintained an exceptionally low rate of custodial sentences in 2015, which continues to be at its lowest since this was first measured nationally 6 years ago. The YOT is within the top ten percent performing nationally on this measure.
- Latest government figures for 2013-14 show that Buckinghamshire has a lower number of young people reoffending than at any time since this was first measured 7 years ago. Only 82 young people were convicted of a further offence in a 12 month follow up period in 2013-14 continuing a dramatic long term reduction compared to the 276 young people who reoffended in 2008-09.

The YOS budget continues to be under pressure and suffered a £48,544 in year cut from the Youth Justice Board. Whilst partnership contributions will largely remain the same in 2016-17, further government budgetary reductions are anticipated. As in previous years the YOS Management Board and Team will attempt to minimise the impact to frontline services. It is a credit to the staff that the quality of practice continues to be high and the YOS’ impressive performance has been maintained over the last 6 years when there has been a 27% overall budget reduction.

In 2016-17 the main YOS priorities will include:

- Continue to implement the improvement plan arising from the 2015 SQS Inspection
- Develop the use of the live tracker reoffending toolkit and audit process based on the learning from 2015-16
- Respond to findings from the government review of the youth justice system when it is published in the summer of 2016
- Undertake a Management Board approved local review of the Youth Offending Service
- Undertake a transformation exercise to identify how we might deliver services differently to manage the ongoing reductions in the YOT budget



As always, the Management Board is extremely grateful for the skill and dedication of our Manager and our employees in supporting young people who are offending and at risk of offending in Buckinghamshire.

On behalf of the Management Board I am pleased to present the Youth Justice Strategic Plan for 2016-17.

Supt Olly Wright, LPA Commander for Aylesbury Vale and Chair of the YOS Management Board

The following priorities have been identified by the YOS Partnership for the next 12 months:

1. Continue to ensure that a focus on reducing reoffending underpins all of the operational and strategic work of the YOS, including specific areas of practice such as family engagement and early intervention, to support this agenda.
2. Further develop our multi-agency working to be as effective as possible in understanding the complex needs of the young people with whom the partnership are working, to effect positive outcomes for service users. To include a specific focus on all areas of exploitation e.g. child sexual exploitation, radicalisation and gang related behaviour that crosses geographical areas.
3. Ensure Restorative Justice approaches are used proactively in all appropriate YOS interventions, actively promoting the use of RJ to prevent unnecessary criminalisation of Children Looked After. Ensure that victims of youth crime feel valued, are empowered by the services provided and that fear of crime is reduced within the local community.
4. Embed the national AssetPlus framework, ensuring cultural, technical and practice changes support a more comprehensive response to the complexity of individual young people.
5. Review and explore models of service delivery in the context of the Youth Justice Review and reducing budgets, whilst maintaining an effective and efficient response to offending by young people and delivering value for money.

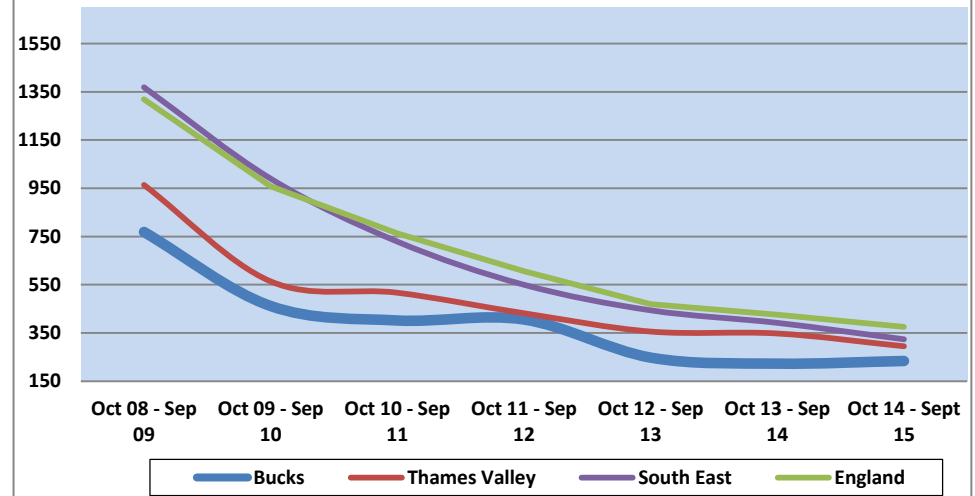
Evidence of YOS Partnership Effectiveness

FIRST TIME ENTRANTS:

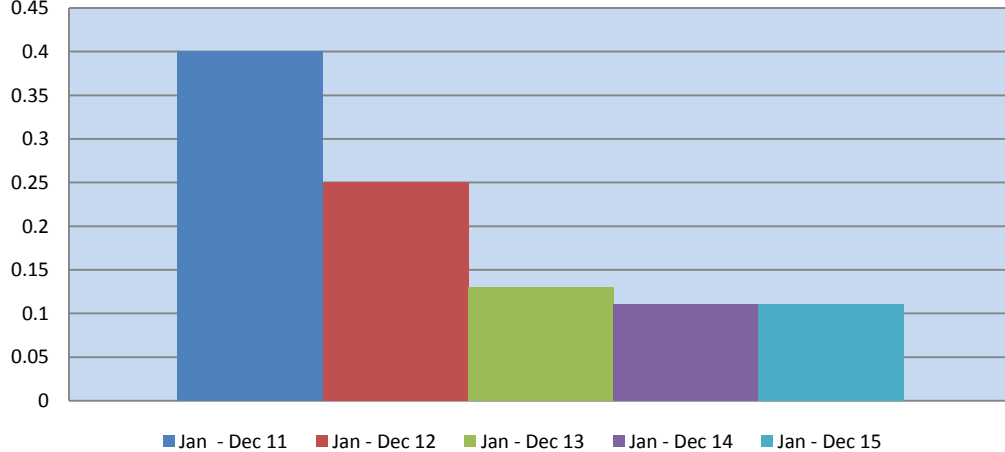
The number of young people entering the youth justice system for the first time in Buckinghamshire has seen a very small increase in the last twelve months after decreasing for the previous 5 years. The most recent national data shows that at 234 per 100,000 ten to seventeen year olds, Buckinghamshire continues to have a considerably lower number of First Time Entrants than nationally (376), across the South East (324) or within Thames Valley (295). The current rate represents 122 young people entering the youth justice system for the first time between October 2014 and September 2015, an increase of 6 young people compared to the same period in 2013-14. Buckinghamshire is within the top ten percent performing YOTs nationally in relation to having the lowest rate of First Time Entrants.

In 2015 the YOS undertook an evaluation of its early intervention services which confirmed their impact in terms of low reoffending levels and preventing a significant number of young people from more entrenched offending. Priorities for 2016-17 include further integration with Troubled Families services, ongoing work with young people who receive Youth Restorative Disposals and a pilot to extend YOS support to those receiving Anti Social Behaviour Contracts.

Trends in First Time Entrants per 100,000 10 to 17 Year Population October 2008 to September 2015



Custodial Rate per 1,000 10 to 17 Year Old Population, Jan 2011 to Dec 2015



RATES OF CUSTODY:

In 2015 Buckinghamshire has maintained the exceptionally low rate of custodial sentences per 1,000 ten to seventeen year olds achieved in 2014. In line with national trends the custodial rate has fallen considerably over the last 5 years. The current rate represents 6 sentencing episodes resulting in young people being sent to custody in 2015. Buckinghamshire is within the top ten percent performing YOTs nationally in relation to having the lowest rate of custodial sentences.

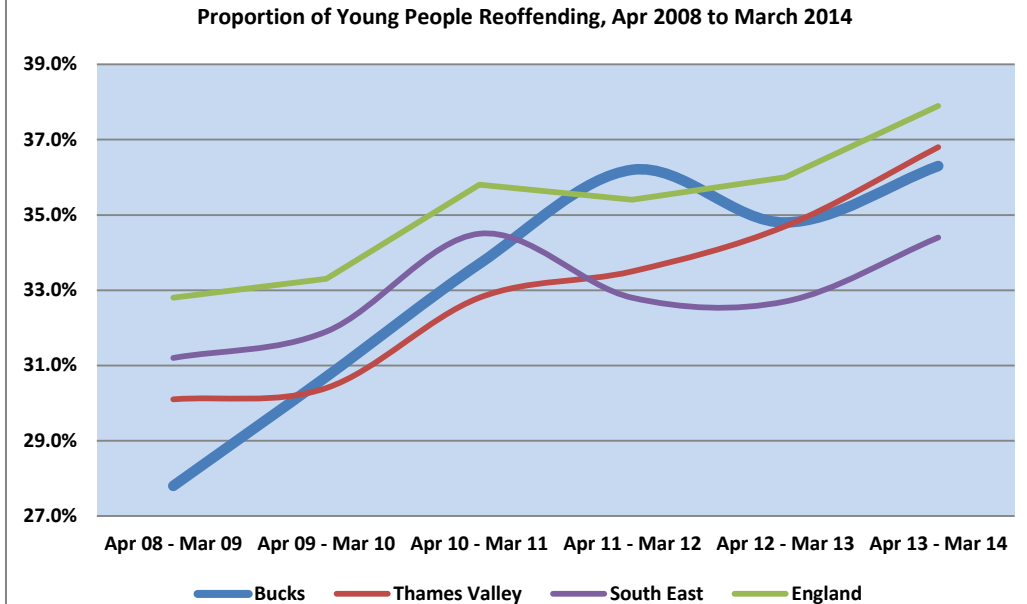
The YOS continues to take steps to reduce the need for custodial sentences including rigorous monitoring of young people at risk and the maintenance of proactive, positive relationships with the Court and associated professionals. In 2016-17 the YOS will continue to develop staff court skills and will also ensure young people with SEN receive appropriate support in the community and in custody.

Evidence of YOS Partnership Effectiveness

REOFFENDING RATES:

The percentage of young people reoffending in Buckinghamshire within a 12 month follow up period has increased from 34.8% between April 2012 and March 2013 to 36.3% for the same period in 2013-14. This increase is in line with trends across Thames Valley, the South East and England. However, the headline rate hides a much more positive long term trend which has seen the actual number of young people reoffending fall from 276 young people in 2008-09 to 82 young people in 2013-14.

The YOS is committed to ensuring the overall numbers of young people reoffending continues to fall and a robust Reducing Reoffending action plan was developed for the Management Board at the start of the year, identifying the various project work taking place and the anticipated outcomes. Central to this has been the implementation of the Youth Justice Board live tracker reoffending tool which has allowed “real-time” identification of those young people reoffending from current caseloads. A comprehensive audit process has been developed to sit alongside this and to support the YOS in identifying improvements that could be made both to individual interventions and to wider service delivery.



Future Risks to Delivery

First Time Entrants

- The significant reductions in First Time Entrants over the last five years have now reduced to a point where small fluctuations in the numbers are inevitable. This is a “levelling out” that has been predicted for some time.
- Capacity to intervene with those at risk of becoming First Time Entrants has reduced as the complexity of statutory cases increases. See FTE section for more detail.

Rates of Custody

- The number of young people receiving custodial sentences remains low, however it is impossible to project the nature of serious offending in the forthcoming year.
- It is the YOS view that there will always be a small number of young people who commit very serious offences where custody is the only option in order to protect the public. See Reducing Use of Custody section for more detail.

Reoffending Rates

- If cohorts continue to reduce, reoffending rates will continue to appear inflated when the actual numbers of young people may be falling.
- With the increasing complexity of individual cases and potential decrease in management resources due to budget reductions, there is a risk to both the level of management oversight and support that can be provided. See Reoffending Section for more detail.

Resourcing, Value for Money and Risks

YOS Partnership contributions are essential to the effective running of the multi-agency Youth Offending Service.

Partner Contributions 2016-17	Staffing Costs (£)	Payments in Kind (£)	Other Delegated Funds (£)	Total (£)
Buckinghamshire County Council	499,341	37,349	221,926	758,616
Thames Valley Police	90,172			90,172
Clinical Commissioning Group		76,285		76,285
National Probation Service	26,914			26,914
Police Crime Commissioner	86,141		121,466	207,607
YJB Youth Justice Grant	321,061		50,726	371,787
TOTAL	1,023,629	113,634	394,118	1,531,381

Budgetary Summary for 2016-17

The YOS Partnership will fund the budget for 2016-17 as detailed above, with the changes summarised as follows:

- Funding from Probation has changed in line with national agreements. The YOS will receive half of the amount of last year's funding to cover 6 months as shown above. The National Probation Service will second a Probation Officer to the YOS during 2016/17.
- Funding from Health has remained the same.
- The contribution from Buckinghamshire County Council has remained the same.
- The contribution from the Youth Justice Board has reduced by 12%.
- Funding for Early Intervention work and the Police contribution to the partnership now comes via the Police Crime Commissioner. The YOS contribution is included in the Buckinghamshire Community Safety Partnership's grant. The contribution in 2016/17 will remain the same.

See Appendix A for details of the expenditure against the YJB grant.

See Appendix B for details of staffing within the YOS.

The YOS Demonstrating Value for Money

The reductions for this year amount to £48,307. In addition the YOS has had to make savings of £48,544 which came as in year cuts in 2015/16.

Risks

- Non-staffing costs may fluctuate and exceed the allocated amount for each area.
- A forecast for the annual pay award for employees on Buckinghamshire County Council's Contribution Based Pay is included in staffing costs. Actual pay awards could be different from this forecast.
- The implementation of Buckinghamshire County Council's Future Shape project may lead to higher charges for services such as ICT, Human Resources, Finance and Legal Services.
- There is limited scope to respond to any unexpected financial demands.
- There may be one-off costs associated with the restructuring of the YOS and the relocation of Wycombe staff to the Aylesbury base.

Structures and Governance

The Management Board is the strategic partnership body within Buckinghamshire that oversees the local delivery of responsibilities under the Crime and Disorder Act 1998 for youth justice services and the Youth Offending Service. Chaired by Ollie Wright, Local Area Police Commander for Aylesbury, the Board is responsible for the governance of the Service and monitors and challenges the functions and performance of the YOS.

What the Board does to ensure effective governance:

- Oversees the effective delivery of youth justice services by monitoring the implementation of the annual Youth Justice Strategic Plan, supporting the YOS in reducing offending.
- Monitors YOS performance against both National and Local Indicators by scrutinising comprehensive quarterly performance reports and agreeing actions for improvement where needed.
- Implements its own annual Management Board work programme which defines the priority areas for scrutiny, including reviewing Community Safeguarding and Public Protection Incidents and National Standards Audits.
- Scrutinises the YOS annual spending to ensure that all core YOS services are delivered within the allocated budget and that the Youth Justice Board grant conditions are fully complied with.
- Ensures that the YOS is fully integrated into and able to influence strategic developments with which partners are engaged.

All key partners are represented on the Management Board and where appropriate the Board will extend its membership to other partners to ensure the progression of a specific development issue. This ensures the Board is best placed to address any barriers to effective multi-agency working and can therefore make an effective contribution to delivering outcomes.

The annually reviewed 'Management Board Terms of Reference' ensures the Board operates within clearly defined guidance and an annual planning event allows the Board to consider the current priorities for the Youth Offending Service.

Following a restructure of the Children's Social Care and Learning Business Unit, the YOS has recently moved back into the Children's Social Care division. The Head of Service is line managed by the Service Director of Children's Social Care and sits within the senior management team.

Key priorities for 2016-17:

- Ensure the YOS fully implements the 2016-17 Youth Justice Strategic Plan.
- Ensure key agencies are represented at an appropriate level on the Management Board.
- Ensure the YOS maintains a high level of performance against the three National Indicators and any Local Indicators.
- Critically investigate areas where performance is poor to ensure that this analysis informs partnership developments.
- Commission a review to explore models of service delivery and make decisions around the future direction of the service.
- Champion the provision of effective services for young people at risk of offending or reoffending within their own partner agencies and those agencies they work with.

Partnership Arrangements

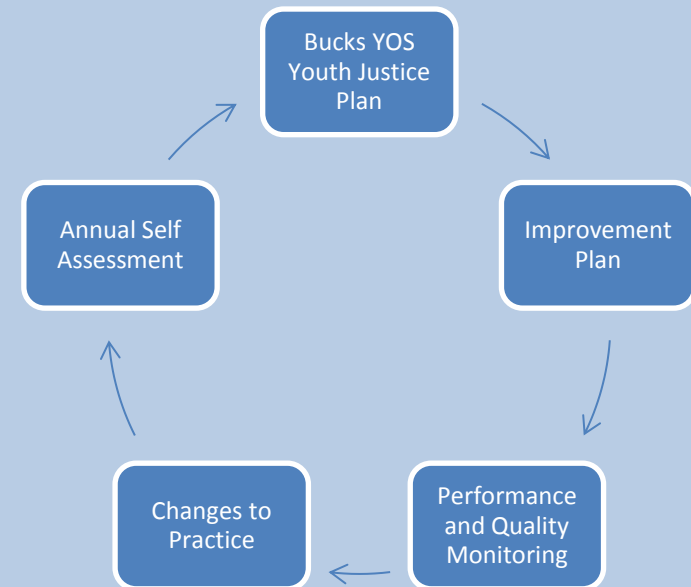
Effective and integrated partnership arrangements sit at the heart of Buckinghamshire YOS Effectiveness

- Partnership working is underpinned by a written agreement which defines the arrangements between the agencies that have statutory responsibility for supporting the work of the YOS. This is reviewed annually. The minimum staffing requirements set out in the Crime and Disorder Act 1998 will be met this year once the National Probation Service seconds a Probation Officer to the YOS in accordance with the recent national agreement. Recruitment is currently underway.
- The YOS is represented by the Head of Service on a wide range of partnership boards and contributes to their action plans and strategic direction. These include the Buckinghamshire Safeguarding Children Board, the Child Sexual Exploitation sub-group, the Safer and Stronger Buckinghamshire Co-ordinating Group, the District Community Safety Partnerships, the MsUnderstood Project Steering Group and the Prevent Board. The Head of Service also attends the following on behalf of all YOTs in Thames Valley: the Thames Valley Senior Management Board for MAPPA and the Thames Valley Restorative Justice Group.
- The Channel Panel also has representation from the YOS, with information being shared and potential referrals to the panel identified by the Service. The YOS has links with the Prevent officers working with identified cases.
- The Service Director for Children’s Social Care sits on the Safer and Stronger Buckinghamshire Partnership Board, providing representation for the YOS.
- Services delivered by Buckinghamshire YOS contribute directly to the delivery of other corporate strategies. The Buckinghamshire Children and Young People’s Plan 2014 – 18 provides shared priorities which the YOS contributes towards. These include:
 - Keep children and young people safe and in their families wherever possible
 - Enable and support children, young people, parents and carers to overcome the challenges they may face
 - Improve children and young people’s health and well-being
 - Provide opportunities for children and young people to realise their full potential
- The YOS has also contributed to the Safer Bucks Plan 2016-17 through the Buckinghamshire Joint Partnership Strategic Assessment. This Plan outlines a number of county-wide community safety priorities that the YOS contribute directly towards. The key objectives for the YOS include:
 - Tackling the exploitation and victimisation of vulnerable people, including radicalisation
 - Tackling Violence with Injury and Domestic Abuse
 - Tackling victimisation of people through the internet / social media
 - Tackling substance misuse
- G4S continue to be commissioned by the YOS to deliver community reparation and unpaid work, promoting engagement of young people to increase the effectiveness of these activities and directly supporting the national indicator to reduce reoffending. An 18 month extension to the contract has been agreed.

Performance Management

What are we doing well in Buckinghamshire?

- The YOS was subject to a successful Short Quality Screening Inspection by Her Majesty's Inspectorate of Probation (HMIP) in June 2015. This assessed the Service as "delivering excellent work to reduce reoffending, protect children and young people and (to) ensure that sentences are served. Work to protect the public was mostly good". The report also recognised that the Service had maintained or improved upon all areas of work since the last Inspection in 2011.
- Introduction of the Youth Justice Board live tracker reoffending tool has allowed "real-time" identification of those young people reoffending from current caseloads. A robust audit process has been developed to sit alongside this and to support the YOS in identifying improvements that could be made both to individual interventions and to wider service delivery.
- A comprehensive review of quality assurance processes has been carried out, identifying both strengths and areas for improvement within the existing framework. Changes have been made accordingly. This will be further reviewed as part of the AssetPlus roll out, to ensure that these processes continue to drive the quality of practice.
- The case audit process introduced by Children and Families has been explored and reviewed to establish how this could work in practice for the YOS. As a result, Survey Monkey will be considered as a way to collate data from audit activity such as the live tracker reoffending tool.
- A robust Reducing Reoffending action plan was developed for the Management Board at the start of the year, identifying the various project work taking place and the anticipated outcomes. This has been monitored at both operational and strategic level and has included an audit of Children Looked After Placed Out of Area and actions responding to the Short Quality Screening Inspection.



What are our key areas for improvement in 2016-17?

- Design and implement quality assurance processes for AssetPlus, ensuring practitioners are fully supported in developing their assessment skills.
- Utilise the Peer Audit forum to support the development of effective assessment practice in light of the national changes.

Outcomes Against the 3 National Indicators: – 1. Reducing First Time Entrants

What are we doing well in Buckinghamshire?

- The number of First Time Entrants to the youth justice system in Buckinghamshire remains low. Data taken from the Police National Computer for the October 2014 – September 2015 period shows that there were 234 First Time Entrants per 100,000 of the 10-17 year old population in comparison with 376 nationally and 324 in the south east. Information continues to be analysed on a quarterly basis at an operational and strategic level to identify any areas of practice or partnership development.
- Following the integration of Early Intervention delivery into wider YOS work, an evaluation has been carried out to assess the impact this has had. This shows that the numbers of young people reoffending within the pre-court cohort remains low. Moving forward, the YOS will consider other indicators to measure the effectiveness of this area of work, including engagement levels and successful completion of interventions.
- The recommendations of the Troubled Families Inspection have been reviewed with partners to identify areas of improvement in joint working. This has included discussion around information sharing where clients may be known to both the YOS and Families First. The exploration of a secondee based within the YOS has been placed on hold until budgets for 2016-17 have been confirmed.
- Significant work has taken place to explore ways in which the YOS can increase their capacity to work with those at risk of entering the criminal justice system. All young people receiving Youth Restorative Disposals are now being screened to identify those at risk of further offending and a trial is taking place to offer support to those receiving Anti-Social Behaviour Contracts.
- A series of parenting support coffee mornings have been run in partnership with guest speakers from other agencies, with invites sent to all parents and carers of current YOS cases. Input on topics ranged from substance misuse to mental health issues.



What are our key areas for improvement in 2016-17?

- Develop a robust process for gathering anti-social behaviour information on all young people known to the YOS, improving the understanding and assessment of problematic behaviours.
- Increase opportunities for family engagement across all YOS interventions, developing this as a key factor for desistance from offending where appropriate.
- Continue to support the local authority Early Help process by screening panel referrals and providing information and support where appropriate.

Outcomes Against the 3 National Indicators: – 2. Reducing Reoffending

What are we doing well in Buckinghamshire?

- The reoffending data for the 2013-14 cohort shows that Buckinghamshire has a 36.3% reoffending rate, lower than the rate of 37.9% seen nationally and the 36.8% in the south east. This is an increase against the 2012-13 cohort, where 34.8% of young people reoffended. However, the actual numbers of reoffenders has reduced between these two periods, from 97 in 2012-13 to 82 in 2013-14.
- Different methods have been explored for evaluating the quality of intervention delivery. Whilst financial constraints have meant that an external consultant could not be employed for audit purposes, the existing quality assurance framework has been utilised to monitor delivery, including observation of practice and dip sampling of contact recording on the YOS database.
- The Case Formulation forum has been implemented to support a multi-agency approach to managing complex cases. By involving the relevant professionals in identifying the core belief formulation for each young person, robust interventions are then developed to meet the individual needs of the case.
- All open cases are reviewed each month to establish which are “complex”. If a young person meets this criteria, a range of support is available for managing this, including the Case Formulation forum and reflective supervision. This provides a consistent way to identify gaps in resources and potential service improvements.
- The YOS has developed a robust audit process to support the use of the Youth Justice Board’s live tracker reoffending toolkit. This promotes analysis of the interventions being delivered currently in a proactive way rather than previous retrospective audits based on older data. Learning from this has been utilised on a case by case basis and will be collated to provide information on any trends or themes developing within the reoffending cohort.



What are our key areas for improvement in 2016-17?

- Evaluate the effectiveness of the Case Formulation process to establish whether the key objectives of this forum are being met.
- Develop the use of the live tracker reoffending toolkit and audit process, based on the learning from 2015-16, to enhance understanding of the factors leading to reoffending and to ensure this is effective in developing interventions that reduce this risk.
- Review the way the YOS engages young people to identify and embed best practice across the Service.

Outcomes Against the 3 National Indicators: – 3. Reducing the Use of Custody

What are we doing well in Buckinghamshire?

- The use of custody rate per 1000 ten to seventeen year olds in Buckinghamshire between January and December 2015 was 0.11, the same figure achieved for January to December 2014. Due to problems with Youth Offending Teams returning information from their case management systems to the Youth Justice Board, comparative data is not available. Data continues to be analysed on a quarterly basis at an operational and strategic level to identify areas of development.
- The YOS continues to attend appropriate forums to maintain positive relationships with the Court. This includes the Youth Court Panel meeting, where training has been delivered to Magistrates, and strategic representation on the Local Criminal Justice Group.
- A central recording system for all report feedback has been devised and is regularly reviewed to ensure that learning is captured and shared across the Service for practice development purposes.
- Performance Management Meetings have been utilised to explore the wider contextual data of those young people receiving custodial outcomes, providing an opportunity to identify the disproportionate representation of certain groups of young people within this cohort.
- Resettlement Guidance has been developed for YOS Officers outlining the expectations when working with young people returning to the community from custody. This includes the use of release on temporary licence to aid education and accommodation placements on release and family engagement through review meetings.



What are our key areas for improvement in 2016-17?

- Work with the Special Educational Needs service to ensure that young people who have identified educational needs receive appropriate provision within both community and custodial settings, in line with new SEND legislation.
- Explore ways to develop the skills of YOS Officers working within the Court setting.
- Review national research around the ethnic disproportionality of those receiving custodial outcomes to identify best practice in working with these young people.

What are we doing well in Buckinghamshire?

- Following extensive training and preparation, the new national AssetPlus assessment framework has been successfully rolled out in Buckinghamshire. Significant time and resources have been dedicated to ensuring staff have the necessary skills and knowledge for this to be effectively embedded within practice. The framework will develop the quality of assessments and directly supports the achievement of more effective outcomes for young people.
- As part of the preparation for AssetPlus, specialist input has been delivered on a range of topics for practitioners and managers, including training on desistance and a workshop around risk. This has directly supported the shift in assessment culture and ensured changes have become embedded gradually over the last 12 months.
- Quality assurance continues to underpin everything the YOS does, with a process now in place to collate feedback centrally. This allows themes to be identified for wider service development purposes. In support of this, guidance for those responsible for management oversight has been introduced, encouraging greater consistency in quality assurance.
- Staff induction and training programmes have been developed to ensure that every member of the team is supported in developing the knowledge and skills that underpin effective practice. Changes have included an update to the internally devised Induction Toolkit, the creation of agency worker induction guidance and the design of a central training record.



What are our key areas for improvement in 2016-17?

- Identify ways to support both practitioners and managers in embedding AssetPlus, ensuring the framework is best utilised to achieve the most effective outcomes for young people.
- Review current demands on staff time to ensure effective allocation of workload and management of time.
- Develop and implement an assessment tool for working with Early Intervention cases where AssetPlus is not considered appropriate.
- Embed changes to practice in light of the new SEND reforms for young people with Special Educational Needs

Outcomes Against 4 Local Priority Areas: – 2. Effective Safeguarding

What are we doing well in Buckinghamshire?

- A number of opportunities have been explored with Social Care to embed the roll out of the Children's Services Protocol. This has included regular attendance at the County Manager's Meeting, where YOS managers have presented on various aspects of joint working. In response to questions raised within that forum, an article was prepared by the YOS Head of Service for the Getting to Good newsletter, circulated to the whole of Children's Services.
- An internal monitoring process for all referrals to Social Care has been introduced, ensuring there is robust and consistent management oversight of these by the YOS management team.
- The Reducing Reoffending Focus Group has carried out research into a cohort of Out of Area Children Looked After, in partnership with Health and Education representatives who attended the group. This has provided valuable insight into the challenges and barriers faced when engaging these young people in meaningful work to reduce reoffending. The findings will be actively used to improve services in 2016/17.
- Following significant work to develop the Children Looked After spreadsheet, regular reporting is now completed on this cohort of young people, allowing greater management oversight of this caseload.
- The YOS has continued to be a part of the MsUnderstood Project Steering Group, implementing the delivery plan. This has included a detailed review of selected cases which will provide case studies for multi-agency training.
- A service level agreement has been introduced between the YOS, the Police, Adult Services and the Emergency Duty Team to improve the effectiveness of the provision of Appropriate Adults.



What are our key areas for improvement in 2016-17?

- Develop good practice guidance for YOS Officers working with Out of Area Children Looked After, based on the findings from the Reducing Reoffending Focus Group project.
- Work with the Police and local accommodation providers in order to support the decriminalisation of Children Looked After in residential care, diverting vulnerable young people from the criminal justice system where appropriate.
- Explore the most effective ways of sharing information in relation to Children Looked After with key partners such as Social Care, Education and Health.

Outcomes Against 4 Local Priority Areas: – 3. Risk of Serious Harm

What are we doing well in Buckinghamshire?

- The Youth to Adult (Y2A) information sharing portal has now been rolled out, enabling information to be shared with other criminal justice agencies in an effective and secure way.
- Significant work has taken place to promote the consistency of Risk of Serious Harm assessments and Risk Management Plans in terms of both practice and management oversight. In addition to the creation of guidance to promote consistency in quality assurance, risk levels are monitored at monthly management meetings to ensure ongoing oversight.
- In the light of emerging evidence of adolescent to parent abuse in Buckinghamshire, the YOS has contributed to a scoping exercise with Respect to help them understand the extent of the issues locally. The tracking information provided may help secure a much needed resource for young people in the area.
- The YOS has been involved in a Home Office Peer Review into Ending Gang and Youth Violence, working closely with the Police who initiated this. The objective of the review is to identify promising practice and support local areas to develop strong, sustainable programmes to address gang and youth violence.
- All practitioners continue to be supported by the Child and Adolescent Harmful Behaviour Service through regular supervision and training forums.



What are our key areas for improvement in 2016-17?

- Support the implementation of any recommendations from the Home Office Peer Review into Ending Gang and Youth Violence.
- Implement actions and learning from a Serious Case Review that the YOS has recently been involved in.
- Review the assessment tools and resources in place for working with those displaying sexual harmful behaviour alongside the Child and Adolescent Harmful Behaviour Service.

Outcomes Against 4 Local Priority Areas: – 4. Use of Restorative Justice

What are we doing well in Buckinghamshire?

- A process is now in place for gathering feedback from young people involved in direct restorative processes. The information gathered will feed into the Restorative Justice Effectiveness Framework report, collated on a regular basis to identify potential service developments.
- YOS policies continue to be reviewed in line with the Restorative Justice Council's best practice guidance, as part of working to achieve the RJ Quality Mark. The next step for 2016-17 involves seeking practitioner accreditation for the Restorative Justice Support Workers.
- Ongoing recruitment of volunteers has focused on increasing the capacity for mentoring and appropriate adult support. Applications have been sought from all parts of the community and robust ongoing training is provided to support the individuals in these roles.
- A Restorative Justice training plan is in place with the training provider for RJ in schools, which has led to an audit of staff and pupil's views at the Chiltern Federation. The YOS RJ Co-ordinator is also working closely with the Police and local children's homes to develop restorative practice in this setting.
- G4S has continued to provide community reparation from Youth Conditional Cautions through to court sentences. This contract has now been extended to include the delivery of Unpaid Work. Young people complete an evaluation at the end of their placement and learning is collated.
- Two projects have been implemented in collaboration with the Courts. The first has introduced restorative questioning to encourage the young person to consider the impact of their behaviour after they have been sentenced. This has now been rolled out across all courts in Thames Valley. The second project has introduced pre-sentence restorative justice so that the outcome of this can be taken into account by the magistrates passing sentence.



What are our key areas for improvement in 2016-17?

- Explore the Restorative Justice Council accreditation of RJ practitioners, supporting them to achieve this qualification.
- Embed restorative justice principles throughout all Early Intervention services, increasing the effectiveness of these programmes for both victims and offenders.
- Evaluate the effectiveness of restorative justice interventions for both victims and young people, identifying potential developments to improve services.

What are we doing well in Buckinghamshire?

- A range of ways to build on operational and strategic relationships with Social Care have been explored, ensuring a shared understanding of each service's roles and responsibilities. This has included the formal launch of the Children's Services Protocol at the County Manager's Meeting and representation at Senior Management Team meetings by the Head of Service.
- A leaflet has been developed to provide best practice guidance for family engagement when working with Children Looked After, in collaboration with the appropriate lead managers for these areas of work.
- Analysis of data relating to girls known to the youth justice system in Buckinghamshire has been completed and will be used to develop best practice guidance for working with these young people moving forward.
- The recommendations from the Thematic Inspection on Community Safeguarding and Public Protection (CSPP) Incidents have been reviewed and embedded as appropriate. This includes ensuring that all Serious Incidents are referred to the Management Board and Local Safeguarding Board and that Critical Learning Reviews are thoroughly quality assured by a senior manager.



What are our key areas for improvement in 2016-17?

- Develop best practice guidance for working with girls in the criminal justice system, to ensure the needs of this cohort are being met appropriately.
- Review the recommendations from the Thematic Inspection on Transition Arrangements and ensure findings are included within the local protocol between the YOS, National Probation Service and the Community Rehabilitation Company.
- Respond to the recommendations of any further Thematic Inspections published by Her Majesty's Inspectorate of Probation, reviewing local practice to ensure this meets the standards outlined.

Feedback and Participation of Service Users

What are we doing well in Buckinghamshire?


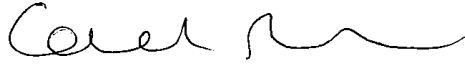

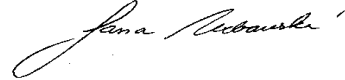


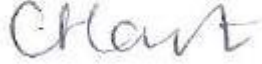
- A review of the findings from the HMIP Viewpoint questionnaire report for last year showed that the majority of young people felt very positively about the Service. Of the 21 individuals who completed this, 95% stated that their work with the YOS made them less likely to offend and all stated that the service they received was either very good or good most of the time. All of the comments have been reviewed to identify where service developments could be made and shared with all practitioners.
- Following a review of the way other YOTs gather the Viewpoint questionnaire feedback, the local process for this has been amended to maximise engagement levels from appropriate young people.
- Additional evaluation tools for gathering feedback on the work completed with young people have been explored. This has included a process for seeking feedback regarding the experience of resettlement to gain greater insight into the complexities and individual needs of these clients.
- Victim feedback collated between January and September 2015 shows that 100% felt supported by the YOS RJ team and 100% were either satisfied or very satisfied with the service they received.
- Parenting feedback is sought on a case by case basis. Comments have included that the support provided has been “invaluable” and “a lifeline”.
- Young people continue to be engaged at the heart of YOS recruitment processes, designing their own questions, interviewing candidates and feeding back their views to the recruiting panel.



What are our key areas for improvement in 2016-17?

- Review the findings from the 2015-16 HMIP Viewpoint questionnaire report to identify service developments.
- Consider ways to increase the participation of young people, parents/carer and victims in service development.

Management Board Signatures

NAME AND ROLE	SIGNATURE
Superintendent Olly Wright, Local Area Commander for Aylesbury, Thames Valley Police	
Carol Douch, Service Director Children and Family Service, Bucks County Council	
Chief Inspector James Hahn, Head of IOM and Youth Justice, Thames Valley Police	
Jana Urbanska, Acting Senior Probation Officer, National Probation Service	
Vivian Trundell, Exclusions and Re-Integration Manager, Bucks County Council	
Donna Clarke, Head of Service Children and Families Division, Oxford Health and NHS Foundation Trust	
Caroline Hart, Joint Commissioner Children Young People's Joint Commissioning Team, Bucks County Council/ Chiltern and Aylesbury Vale CCGs	

40

Appendix A – Buckinghamshire YOS Budget Plan

Total grant to be used exclusively for the delivery of youth justice services and for the purposes of the following outcomes:

- Reduction in youth reoffending
- Reduction in the numbers of first time entrants to the youth justice system
 - Reduction in the use of youth custody
 - Effective public protection
 - Effective safeguarding

Expenditure Category	Description	£
Staffing	<ul style="list-style-type: none"> • Delivery of effective assessment, intervention planning and supervision for young people at risk of offending or reoffending in Buckinghamshire. • Delivery of services to the victims of youth offending. • Development of key areas of practice such as speech and language and restorative justice. • Analysis of performance information to inform practice development across all areas. 	321,061
Overheads	<ul style="list-style-type: none"> • Expenses incurred by staff in carrying out core duties • Development and training of staff in effective practice. 	14,626
Equipment	<ul style="list-style-type: none"> • Provision of Childview Youth Justice to support effective case management, timely submission of statutory data and the use of connectivity to ensure mandatory documentation is shared securely with the YJB Placement’s Team 	9,600
Activity costs	<ul style="list-style-type: none"> • Delivery and development of Community Reparation and Unpaid Work by G4S. 	26,500
Total		371,787

Appendix B – Buckinghamshire YOS Staffing

TYPE OF ROLE	NO. OF STAFF	GENDER	ETHNICITY	RJ TRAINING
Strategic Manager	1	Female - 1	White – 1	RJ Training - 1
Operational Manager	2	Female – 1 Male – 1	White – 2	Management and Conversations – 1 RJ Training - 1
Assistant Team Manager	2	Female – 1 Male – 1	White – 2	Management and Conversations - 2
Performance and Information	2	Female – 2	White – 2	None - 2
Early Intervention and Prevention and RJ (Co-ordinators)	2	Female – 2	White – 2	Facilitator Training - 2
YOS Officer	12 (1 vacant)	Female – 9 Male - 2	White – 7 Asian / Asian British – 2 Black – 1 Mixed - 1	Facilitator Training – 5 Induction training - 3 RJ Conversations – 1 RJ Leaders – 1 Restorative Solutions - 1
RJ Support Worker*	2	Female – 2	White – 2	Facilitator Training – 2
Police Officer (seconded)	2	Male – 2	Asian / Asian British – 1 White – 1	Facilitator Training (Police) - 2
Linked Specialists: Addaction Workers x2* Connexions Workers x2* Clinical Psychologist* Nurse*	6	Female - 5 Male - 1	White – 4 Asian - 2	No – 6
Business Support (5) Finance* (1)	6	Female – 6	Asian / Asian British – 1 White - 5	None - 6
Support Workers	2	Female – 1 Male – 1	White – 1 Black / Black British - 1	RJ Facilitation – 1 None - 1
Volunteers	19	Female – 11 Male - 8	White – 14 Black / Black British – 4 Mixed – 1	RJ Conversations – 17 None - 2

*Part time roles

Case study 1

Young Person: 17yr old Male

Current offences: Sexual activity with a child x2

Significant list of various previous offences many against the care home

Court Order: Detention and training Order, sentence appealed - 12 month Youth Rehabilitation Order

Characteristics:

- Dysfunctional family, Father in prison
- On Education and Health care plan
- Displaying Sexually harmful behaviour
- No attachment with family or anyone, loner, no friends
- Missed significant amount of school, 2 permanent exclusions
- Child Looked After – multiple placements

Intervention Plan:

- Specialist placement to include G-map intervention – funded by BCC
- Specialist Education placement – funded by BCC
- YOS co-ordinates whole programme including, YP, family and professionals.

Outcomes:

- In placement for 6 months , no new offences
- YP engaging in intervention for first time
- Started to form attachments to Mother
- Fully engaged in Education – looking towards employment
- Engaging with G-map intervention

Case study 2

Young Person: 17yr old male. Child looked after from an outside area residing in Bucks

Current offences: Fraud, burglary, theft from motor vehicle x 2, Possession of cannabis

Court Order: Referral Order

Characteristics:

- In care for 1.5 years as family could not cope with behaviour. This included harm to animals, reports of sexual assault, smoking cannabis, and non-engagement.
- Multiple placements in care, concerns re absconding from care and associating with negative peer groups, fears of being exploited by older male, selling drugs, no education, training or employment , girlfriend pregnant.

Intervention Plan:

- Community reparation and victim awareness work
- Referral to Addaction re substance misuse
- Offending behaviour work: Impact of impulsive behaviour and consequential thinking, awareness of peer pressure and joint enterprise, reducing vulnerabilities and intimidation.

Outcomes:

- Care placement is stable
- Effective multi agency work between social worker, care home and YOS which has reduced both risk and vulnerability
- Traineeship with dynamic training
- Reduction in cannabis use
- Sessions re sexual health with nurse
- Engaging with all professionals



Buckinghamshire County Council Select Committee

Children's Social Care and Learning Select Committee

Report to the Children's Social Care and Learning Select Committee

Title: Families First Programme
Committee date: Tuesday 5 July 2016
Author: Joy Shakespeare
Contact officer: Joy Shakespeare
eshakespeare@buckscc.gov.uk

Cabinet Member sign-off: Lin Hazell

Purpose of Agenda Item **Information**

To update members on the progress of Families First (national Troubled Families programme)

Background

The Families First Programme is Buckinghamshire's response to the national Troubled Families Agenda, which seeks to "turn around" the lives of families facing multiple problems. The aim is to improve the outcomes for children and families and to reduce the burden on public sector resources.

The programme is funded by the Troubled Families unit within Department of Communities and Local Government (DCLG) through a combination of grants (some ring fenced) and payment by results.

The programme was developed in partnership with families, all statutory agencies and the voluntary and community.

Families First was discussed at the Select Committee in March 2014.



Summary

Phase 1 (2012-2015) successfully “turned around” 545 families, attracting £612,900 payment by results funding. The full report for Phase 1 is attached.

Phase 2 (2015-20) widened the scope of the programme and significantly increased the reach, with a target of an additional 1,860 families.

The government’s intention is that by 2020 the approach and lessons learned from the programme will lead to significant changes in how all agencies work together to improve outcomes for children and their families and reduce the burden on the public purse.

Key issues

1. Strategy and approach

Buckinghamshire took the view from the start that the Families First Approach would not involve the employment of new front line teams. Instead, all agencies committed to working in a new way, moving outside their existing remits to provide lead family workers.

Each identified family has a single assessment (the Family Outcomes Star), a single plan, and a lead worker to coordinate all the work with the family, across all of the problems they face. The approach to families is persistent, assertive and challenging as well as supportive. All work is undertaken with the family’s consent, working with them rather than doing to them. This approach has been nationally evaluated and shown to work well.

2. Outcomes and impact

Families are increasingly identified through referral to the Early Help Panels (introduced in June 2015), with data search used as an additional identification tool.

The purpose of the Early Help Panels is primarily to coordinate a response to a referral to ensure that a family gets the right support from the right agency at the right time to prevent escalation to statutory services. This multi-agency panel focuses on securing the best possible and appropriate service for a family with multiple problems in Buckinghamshire.

The Early Help Panels have four main functions:

- To identify key issues for the family
- To identify which agencies are already involved
- To assign the Lead Family Agency (LFA) who will assign the Lead Family worker
- Agree the key outcomes



An evaluation of the panel was carried out at three and six months (the latter is attached), and a full annual report will be produced in autumn 2016, which will include evidence of outcomes.

Strict entry and success criteria for Families First are identified in the Outcomes Plan, agreed across all partner agencies (see attached).

Successful outcomes need to be sustainable across a significant time scale and are rigorously audited internally and by central government.

Evaluations of the programme are carried out annually (see attached for the most recent report).

3. Governance

Partner engagement and support has been significant throughout the life of the project and has been a major factor in its success.

The original Families First Executive Steering Group has taken on a wider remit and is now the Early Help Executive.

4. Budget

The budget is made up of three distinct elements:

- Management grant. This supports a small team of (4.5 staff) who lead the multi-agency partnership and manage the significant evaluation and data collection required.
- A Service Transformation grant to ensure change in how services are delivered. So far, this has been used to provide tools and training for front line staff across all agencies and more recently, to develop a system of secondments to encourage and promote the approach.
- Payment by results per family, once significant and sustained progress has been achieved and audited. This has been used to support a range of partner projects as detailed below.

Partner projects funding

This new way of working has called for partners and colleagues within the Local Authority to work outside their normal remit in order to bring about the outcomes specified by central government. From the start this has been achieved with no additional funding provided to external partners. The Payment by Results income generated throughout has been due to the overall commitment of partners to this agreed way of working.



With the support of Chris Williams during his tenure as the Chief Executive of Buckinghamshire County Council, and the multi-agency Families First Executive Steering group, we committed to making the Payment by Results income available to internal and external partners who would deliver projects and work that directly impacted on the specified outcomes. This has generated good will among our partners, and stimulated a number of creative, impactful projects that continue to contribute to the attainment of the ever increasing stretch targets.

5. Whole system change

While the expanded Trouble Families Programme continues to operate a payment by results funding model, this is far from a purely financially transactional relationship. On the contrary, this programme is based on a common interest and ambition to transform the lives of this country's troubled families, to improve the services that work with them and to ensure more efficient and effective use of public money in the long-term.

On this basis, as part of the sign up process for the new Troubled Families Programme, all upper-tier local authority Chief Executives were asked to sign up to a number of key commitments. These included the following:

- To achieve significant and sustained progress with an agreed total number of families over the 5 year period from 2015/16.
- To integrate and transform local public service

Progress to date includes:

- The Early Help Strategy based on the Families First Approach
- An agreed multi-agency single assessment tool
- A programme of multi-agency training
- The successful establishment of the Early Help Panels

The Families First programme is ambitious to lead and support further change going forward.

Resource implications

The Families First Programme is entirely funded by central government and there are no resource implications for the Council.

Next steps

Summer 2016:



- Expansion of secondments
- Full evaluation of Early Help Panels
- Approval of new partner projects

Autumn 2016

- Publication of Best Practice Guidance for all agencies
- Multi agency Early Help 5 year plan
- Payment by results claim

Spring 2017

- Early Help Conference

Autumn 2017

- Publication of Oxford University 3 year longitudinal study



Annual Report 2015

Buckinghamshire County Council



Families First – Annual Report 2015

Foreword - *Lin Hazell, Cabinet Member, Children's Services*

Welcome to the Buckinghamshire Families First Annual Report 2015

As Chair of the Buckinghamshire Families First Executive Steering Group, I am delighted to welcome the 2015 annual report of the Families First Partnership.

The Families First approach has been successful in terms of targets met, income achieved and innovative projects supported – but most of all in terms of the life changing outcomes for children and families across Buckinghamshire.

This has been achieved through the hard work of the Families First team and also through the significant contribution of time, resources and willingness to think and act differently that our partnership has shown.

I want to thank each and every one of you for this commitment, particularly at a time of financial constraint. As we move forward into Phase Two, the challenges will no doubt increase, but we have a sound foundation on which to build. I look forward to our future success.

Acknowledgements – *Joy Shakespeare, Families First Programme Lead*

This report was produced by the Families First Team, who have steered us through to Phase One success. Thank you all:

Tracey Lawrence – Families First Project Manager

Jan McGregor – Families First Consultant

Harriet Ellis – Families First Employment Adviser, DWP secondee

Steven Clarke – Information and Business Support Officer

Andrew Graham – Graduate Project Officer

November 2015

Introduction and Overview

This report assesses the continued progress of the Families First programme in Buckinghamshire, and provides a closer analysis of the outcomes. It seeks to enquire into and expand on the development of the work that has been taking place within the Families First Partnership, and assess its readiness for the expanded programme that is scheduled to run from 2015 - 2020.

This report has been prepared in collaboration with findings from external consultants and using primary data collated during the course of Phase One of the programme. Crowe Associates completed a number of consultations with partner agencies on their understanding of Families First and their ability to deliver within the parameters of the approach.

One of the stipulations of Phase Two of the programme is that outcomes are determined in conjunction with partners, following the guidelines set out by the Troubled Families Unit (TFU) of the Department of Communities and Local Government (DCLG). These outcomes will not only serve as the barometer of success for families, but will also determine the efficacy of the Payment by Results mechanism. As expected, this was not an opportunity to go for the quick wins, but to begin the conversations around service transformation, with a focus on local priorities, based not only on cost of intervention, but longer-term impact of interventions. More specifically, this aims to significantly reduce the number of families consistently accessing high-cost reactive services during times of crisis, through having an awareness of the signs and symptoms of imminent distress, and dealing with these at an earlier stage.

Feedback from families and the value that they place on the interventions is important, and may be the most important gauge of the impact of the work undertaken. This is actively encouraged, as we are keen to shape services so that they work best for those who require them. These case studies in particular will focus on the services accessed and the outcomes derived from the targeted input.

FAMILIES

What does a typical Troubled Family look like?

The National Picture

Each local authority in the programme was asked to randomly select at least ten per cent of the families they are working with and provide information about their profile and their problems on entry to the programme.

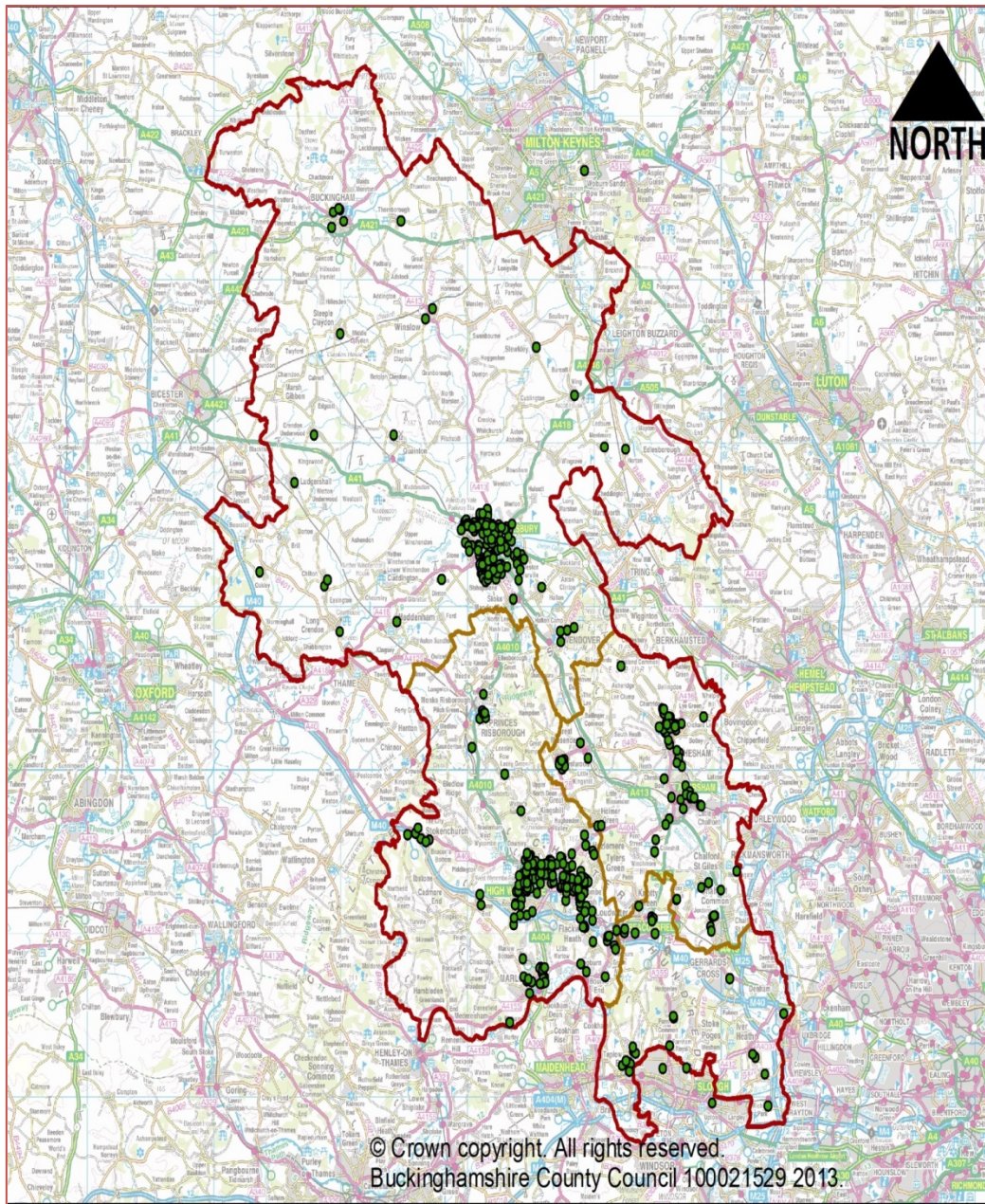
Ecorys, an independent evaluation partner, collected, cleaned and analysed the data. The findings are based on the first batch of data submitted by local authorities.

The findings show that on entry to the programme, that the sample of families had the following characteristics:

- 40% had 3 or more children, compared to 16% nationally.
- 49% were lone parent households, compared to 16% nationally.
- 82% of families had a problem related to education such as persistent unauthorised absence, exclusion from school or being out of mainstream education.
- 71% of families had a health problem.
- 54% of families were involved in crime or anti - social behaviour.
- 42% of families had had police called out to their address in the previous six months.
- 29% of troubled families were experiencing domestic violence or abuse on entry to the programme. National estimates put the level of domestic violence among individuals at around 7% in a year.
- Over a third of families (35%) had a child who was either a Child in Need, subject to child protection arrangements or where a child had been taken into care.
- One in five (21%) had been at risk of eviction in the previous six months.
- In nearly three quarters of families (74%) there was no one in work, compared to 17% of households nationally.
- In 83% of families, an adult was receiving an out of work benefit compared to around 11% of the population nationally.
- 70% were living in social housing compared to 18% of the population nationally.

The Local Picture

Where do our 'Troubled Families' live?



Of the 545 households engaged as part of Phase One, 185 families were located in High Wycombe, and 178 in Aylesbury. This is a significant proportion of the families. In fact, 93.19% of all the households identified in the Aylesbury Vale district area were within Aylesbury itself. This trend is comparable in the Wycombe district council area with 81.86% originating in High Wycombe.

28 families were engaged by the Families First approach despite living outside Buckinghamshire Council boundaries. 18 of these 28 households were located in Slough. This accounts for 64.29% of all the out of area households. It was essential that these families were highlighted, as they did not, and would not have appeared on Slough's list of

qualifying families, as they were accessing Buckinghamshire services, whilst living just outside our geographical boundaries.

What issues do they face?

The three initial indicators from Phase One were unemployment, crime and anti-social behaviour, and poor school attendance. However, families have typically faced a much more complex set of problems, as the national data above has indicated.

Case Study

Shaheen and Omar live together with their four children aged 12, 7 and twins aged 4. Omar works very long hours and Mum is struggling to cope with caring for the children by herself. The family's two youngest children were attending the local Children's Centre, who were concerned at the behaviours exhibited. The family were identified for support using the Families First approach due to the following issues:

- Aggressive behaviour of the twins
- Inappropriate parental supervision of the children, when travelling by car
- The eldest child acting as a carer
- Concerns around Mum's depression
- Inconsistent attendance at school, and persistent late arrival
- Children not attending health appointments

Dedicated workers, dedicated to families

As they had the best relationship with the family, the Children's Centre allocated a worker. This was Noreen who maintained responsibility for managing the intervention and co-ordinating the support that was identified on completion of the Family Outcome Star. She was fortunate to be able to speak the first language of the household, and understand the cultural nuances that presented as potential barriers to engagement for the family.

Practical hands on support

- For two weeks fairly early on in the intervention the worker visited the home early in the morning, to observe the morning routine.
- Clear explanations and discussions took place with the parents to inform them how positive engagement could lead to more positive outcomes. They were happy that Noreen would be the main person who would manage the other agencies for the family, and explain the processes involved.

A persistent, assertive and challenging approach

Omar had previously refused to engage with services, and had a poor relationship with services as he expressed he had been angry when his children were placed on a Child In Need plan, due to neglect. When it was explained how concerned professionals were about the children, and the inappropriate care provided by the eldest child, he agreed to take some responsibility for the household and support his wife by being more present.

Shaheen acknowledged that she was not coping well, and needed help. She had grown comfortable with Noreen, and was happy to accept assistance.

Considering the family as a whole – gathering the intelligence

The Family Outcome Star was completed with Shaheen. An additional appointment was made when Omar was available to ensure that his point of view was captured, and also to enlist his commitment to the process. An action plan was developed, identifying specific targets and demonstrating exactly what the family needed to accomplish to get there.

Common purpose and agreed action

Having spent time with the family piecing together the issues and their symptoms, Noreen called together the professionals who had been providing support. There was agreement to assist Mum with attending medical appointments with the children. She was embarrassed at not being able to understand what they were asking, due to the language barrier.

The children's education was being affected as they were either not attending school, or arriving very late. All four children had been allocated places at different schools, and Mum was struggling to get them all there as she did not drive. The remoteness of the geographical area meant that public transport, though not impossible to navigate, was extremely awkward.

Results

- Shaheen enrolled in ESOL classes to help her become more confident in attending her appointments and joined a number of other groups for Asian women within her community. This has positively affected the low mood she was experiencing.
- Omar adjusted his hours to assist with taking the older two children to school in the morning, allowing Shaheen to focus on getting the youngest two children ready to arrive at their schools on time.
- Discussion around car safety. Shaheen and her husband now understand the safety and legal implications around seatbelts in cars.
- New school placement allocated to enable the twins to attend the same school. Following a medical appointment, a diagnosis was made. The youngest child's behaviour was due to her frustration at not being able to hear. She has been fitted with hearing aids and her behaviour is no longer problematic.

Case Study

Carla and her three children, aged 13, 10 and 6 months lived together in temporary accommodation, and had been given notice that they needed to move out. They had been involved with Social Care for a number of years; however, the parent felt that underlying issues were never addressed to her satisfaction. The family were identified for support using the Families First approach due to the following issues:

- Mum was not accessing help to deal with her depression and low mood
- The older two children were displaying disruptive behaviour in school and were at risk of permanent exclusion
- They were to become imminently homeless and were not entitled to social housing
- Debts were escalating
- Mum had recently ended a violent relationship

Dedicated workers, dedicated to families

The Family Resilience Service (FRS) took on the management of this case. They linked in with the family to build trust through a joint meeting with the school, who were very concerned about the behaviour displayed by both children. Recognising that they were deeply unhappy about their current accommodation, the FRS worker attended appointments with Carla. Through this, she found that although Carla had been signposted to available support by a number of agencies, she had not felt confident to follow through with this.

Practical hands on support

Carla's FRS worker sat with her and completed the Family Outcome Star, providing Carla with a visual representation of where she was doing well, and areas where she required support. They built a plan and worked on a number of priority areas.

A professionals meeting took place to assess what each agency would be able to provide to help the family. Mum had not explained to school that there was an issue with accommodation. As a result, they increased their pastoral support for the children.

A persistent, assertive and challenging approach

Carla had an ambivalent attitude towards some agencies, stating that they weren't very helpful. Having had feedback from some of the work that had taken place, her FRS worker encouraged her to explore previous interventions, reviewing those that had worked well, and others that were not so successful.

Considering the family as a whole – gathering the intelligence

After completing the Family Outcome Star and agreeing the action plan, Carla was surprised to realise that previous agencies had repeatedly been attempting to assist her with the same issues. She admitted that her focus on keeping the domestic violence in her relationship hidden often meant that she had avoided workers, and did not complete tasks. This had impacted greatly on gaining positive outcomes for her and her family.

Common purpose and agreed action

Having a named worker that she could contact, who took care of co-ordinating her appointments helped Carla to feel more in control, while the pressing issue of her accommodation was being organised. Her worker sat down and helped her make lists of all the tasks she needed to complete. This was something totally new for her, as her partner had taken care of everything before.

Carla expressed that it was exciting but that it also made her nervous to be responsible for taking care of her family alone. Her worker ensured that she was linked into and engaging with a number of supportive universal agencies, as part of the exit strategy.

Results

- Carla started attending her local Children's Centre. This provided her with an opportunity to meet other parents and speak to professionals, if she needed to. This helped as she had felt very isolated since moving to a new area to escape domestic violence.
- Carla was supported to meet with the mental health team to receive support with her depression.
- Support was given to assist Carla with finding new accommodation for her family, and raise a deposit of £100. Bucks Floating Support was instrumental in helping her with this, and directing her to debt management.
- Both children were receiving additional support within school, with work completed around emotional literacy, and protective behaviours. The use of reward charts stimulated their return to positive behaviour. The eldest boy has made excellent progress and now attends one to one sessions with a mentor.
- Towards the very end of the intervention, Carla was also attending the Freedom Programme.

Case Study

Kelly lives with her three children, aged 15, 17 and 19. The children's father passed away ten years ago. School referred the family due to the daughter's low school attendance. Mum reported concerns around the eldest daughter's relationship with the rest of the family. The family were identified for support using the Families First approach due to the following issues:

- Mum's mental health
- Low school attendance
- Financial worries
- 17 year old was NEET

Dedicated workers, dedicated to families

Initially there was no one that was linked in with the family on a regular basis, with the exception of the school. A professionals meeting took place and the school agreed to manage the case until a full picture of what was taking place could be gathered.

Practical hands on support

- The employment advisor with the Families First team attended one of the school meetings, and offered to meet with Mum to look at a possible transition into work. She was open to attending training courses, and had completed some in the past, though had not managed to convert the training into employment.

A persistent, assertive and challenging approach

Mum's engagement was sporadic due to her mental health. There were times when she felt so depressed that she was unable to get out of bed. When this was probed, it was discovered that she was not taking her medication properly, stopping whenever she felt well. This resulted in her starting to spiral into depression again. She was supported to attend her appointments, and regular checks were completed to ensure she took her medication.

Considering the family as a whole – gathering the intelligence

The school attendance of the youngest two siblings had been greatly impacted by Mum's health, as they felt that it was their responsibility to stay at home and look after her. The 17 year old had the potential to do very well in his exams, but had not attended school consistently and failed to sit most of them.

The eldest child was attending college and was very unhappy with the situation at home. She had spent a large amount of her childhood with relatives while her Father was sick, and had developed resilience to cope with her Mother's mental health. She planned to go to university and not return.

Common purpose and agreed action

The Family Outcome Star gave a very clear steer on the areas that required the greatest effort in turning around the present situation.

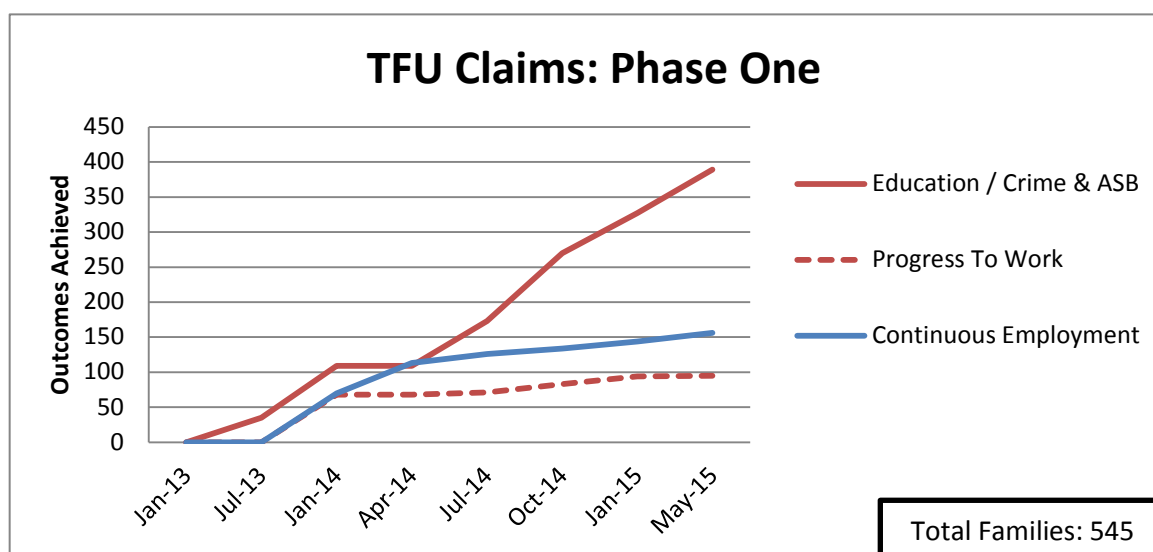
All the family members were given an opportunity to state how they would know when things had changed, and joined in the process of working out the steps that they would take to get there.

Results

- Connexions and the Youth Service provided support to the youngest child offering them an opportunity to talk about their concerns and also to look at alternative education routes to enable him to gain some qualifications. He is now enrolled at and attending the local college, studying for GCSE's.
- Kelly is attending her mental health appointments and taking her medication.
- Kelly has completed a course with the job centre and was successful in her application for a catering job in a local factory. This was her first job in twenty years.
- The eldest daughter is applying for university places near home.

As you can see from the case studies, our families' experienced disparate issues and these had very different impacts on their lives. Therefore, it is very difficult to identify what a troubled family looks like in Buckinghamshire. Situations are dependent on a number of variables, and their ability to cope at that specific time.

So how did we perform against our targets?



In total, there were 545 families turned around during Phase One of the Families First programme in Buckinghamshire. 389 (71.38% of total) of these achieved all relevant measures based on the Education / Crime & ASB parameters, highlighted in our outcomes plane later in the report. Of these 389 families, 95 also achieved 'progress to work' and this explains why the graph represents both these criteria in red. Meanwhile, 156 (28.62% of total) households had at least one adult move from out-of-work benefits into continuous employment. It is a particularly positive result to see that the figure for continuous employment surpasses that of the 'progress to work,' and we hope to carry this momentum forward into Phase Two of the programme.

There have been observations of increasing numbers of families experiencing financial hardship. The stereotype of families who subsist on government handouts is not the norm. Most are hardworking – and the current financial climate has brought additional complications to the fore, for example the number of families who are working, living without luxuries, but still struggling to make ends meet.

There have been ongoing discussions within Buckinghamshire for some time, which have been stimulated by the welfare reforms, and the need to plan for the inevitable changes that will be experienced by residents. The impact of changes alongside the expectation that services are required to 'do more with less' puts pressure on delivery, and difficult decisions are being made regarding priorities. Do we have realistic expectations of people who reside in Buckinghamshire?

It is deemed to be a realistic expectation that those who can work, should work. This is one of the main elements embedded in the design of the Troubled Families programme, both in Phase One, and remains in Phase Two.

The total allocation of 600 Troubled Families Employment Advisors to assist in direct work with families who are engaging is a commitment from the Department of Work and Pensions that aspires to demonstrate that while they are making difficult choices that may affect the

income that families have become accustomed to receiving, wherever possible, they will also provide support to those who have been identified as requiring assistance to access training and job opportunities. Once employment was attained, the value placed on work, and the self-esteem built was a frequent experiential outcome in many of the families worked with.

One of the clear outcomes that was demonstrated when those out of work were supported in their journey towards employment was increased confidence on acquiring and mastering new skills. Conversely, there were also concerns expressed by the employment advisors, and confirmed by a project facilitated by the Chesham Wellbeing Project of unrealistic expectations relating to the work that they might be qualified to undertake.

One of the primary difficulties when approaching a limited number of families was that it was unlikely that they would generate the levels of income in employment that they received in benefits. To reiterate, this was the case with a very limited number of households, but at the extreme end, the family income would have needed to be at least £60,000, and did not take into account payment received covering accommodation and council tax charges.

The cycle of 'worklessness' that many of the households had become used to, appeared symptomatic of their apparent helplessness and feelings of inability to control what was happening in their lives. Feedback from the employment advisors was very clear. For a significant number of adults that accepted their help, work for the individuals in the households was the last thing on their minds, when their accommodation was at risk.

The risk of homelessness is just one of the examples of the chaos endured by some of the families who engaged with the programme. The positive element of having a lead family worker who was co-ordinating the intervention, was that the professionals utilised a common sense approach, and agreed the order in which parts of the intervention were to be accomplished to ensure that families did not lose heart, and disengage altogether. Often, that meant tackling some of the things that felt small to an outsider, but that had a big impact to the family. These included tasks like supporting them to attend health appointments, or having the conversation about rent arrears, and possibly negotiating a payment plan, right through to establishing routines and ensuring that clothes and lunches were prepared in advance.

Experiencing the success of these smaller tasks enabled some of the families to build confidence and move on to the 'harder to tackle' parts of their plans, areas that were not simply a task to be completed, but that required ongoing dedication and commitment, such as maintaining a routine to get the children to school, or completing a training course to assist with accessing employment.

THE SHAPE OF THINGS TO COME

Building on success and lessons learned

The original iteration of the Troubled Families Programme closed at the end of March 2015, with the final claim period closing at the end of May 2015. Buckinghamshire met the centrally allocated target of assisting 545 households in successful interventions that met the performance criteria set out in the financial framework.

We have learned through Phase One that the use of an Agile approach was successful when applied not just to the project management of the programme, but also to the roll out of the model.

The chosen method of prototyping utilised the Agile delivery method allowing more rapid feedback and enabling the service to be responsive at an earlier stage where changes were required in business processes. This incremental approach ensured that where there were lessons to be learned, these were identified at the earliest opportunity, and adjustments to processes and delivery were made.

Phase Two – The Expanded Programme

At the Spending Review in 2014, it was announced that the Troubled Families programme would be expanded to work with 400,000 more families from 2015 to 2020, with £200 million funding for 2015 to 2016.

To further cement the commitment to the next even more ambitious phase of this programme, a document detailing the 'Shared Commitments' was devised, and areas were required to sign up to these elements, prior to embarking on the expanded programme.

(Please see Appendix A for details)

As referenced, rather than the stringent outcomes stipulated in the Phase One framework, partners have been encouraged to develop and design their own results frameworks. These have been subject to constructive support and challenge from the central team, and are in no way fixed. It very much remains a live agile document.

Family Problem

Strategic Goal for Buckinghamshire

Outcome Measures

1. Parents and young people involved in crime or anti-social behaviour

1. Reduce the impact of ASB and target interventions on those most vulnerable victims and those least able to cope with ASB

1. 60% reduction in incidents and 33% reduction in proven offences

2. Children who have not been attending school regularly

2. Children and young people to reach their potential in education and in other aspects of their lives

2. Attendance is 90% or above

3. Children who need help – identified as CIN or CP

3. Keep children and young people safe and in their families, wherever possible

3. Children are stepped down from a Child Protection/Child in Need Plan or do not become Looked After

4. Adults out of work or at risk of financial exclusion, and young people at risk of worklessness

4. Raising of the Participation Age and those not in education, employment and training (NEET)

4. Adults moved off benefits into continuous employment, Young Person or Adult on ESA engaged in work, training or work-related activities

5. Families affected by domestic violence and abuse

5. Support the ongoing management of high risk victims through IDVA/MARAC and improve responses to repeat medium / standard risk victims of domestic violence

5. No further reports of Domestic Abuse

6. Parents and children with a range of health problems

6. Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm and improve children and young people's health and well-being

6. Successful completion of an Alcohol or Drug Treatment Programme, and de-escalation from Universal Partnership Plus

The sustainability of the Families First model depends on continued and expanded partner engagement with the established model of working. Membership of the Executive Steering group has been expanded to reflect these additional priorities, and the success of the second phase of the project will rely heavily on the engagement and inclusion of partners.

This new way of working has called for partners and colleagues within the Local Authority to work outside their normal remit in order to bring about the outcomes specified by central government. This was being achieved with no additional funding provided to external partners. The Payment by Results income generated was due to the overall commitment of partners to this agreed way of working.

With the support of Chris Williams, Chief Executive of Buckinghamshire County Council, and the multi-agency Families First Executive Steering group, we committed to making the Payment by Results income available to partners who would deliver projects and to work that directly impacted on the specified outcomes. This has generated good will among our partners, and stimulated a number of creative, impactful projects that continue to contribute to the attainment of the ever increasing stretch targets. For details of projects that have received contributory funding, please see **Appendix B**.

The approach taken by Families First now underpins the Early Help strategy across the Buckinghamshire Partnership and it is hoped that this will yield additional benefits in terms of outcomes for children and families, as well as improvements in the cost effectiveness of services.

Champions for change

For Phase Two we are expanding the reach of partnership working by the introduction of Families First Champions through a structured programme of funded secondments.

For 2015-16 these secondments have included:

- Two DWP Employment advisers
- A health visitor
- A Connexions Personal Adviser
- An Education lead for families where there is a child with severe behavioural difficulties

We plan to expand this in 2016-17 to include:

- A Substance misuse specialist
- A housing officer
- An Educational Psychologist
- A Mental Health worker

Work force development

While it is certainly a commendable aspiration to seek to embed the ethos of the approach one person at a time, it became evident fairly early on that it would be necessary to make a commitment to the workforce across the partnership. Reflecting on feedback from those who had undertaken responsibilities during our Chesham Prototype back in January 2013, they were very clear that the role of Lead Family Worker took them out of their comfort zone. We

knew that building confidence and upskilling where needed would be an essential requirement, if we were to deliver the successful outcomes of the project. This was absolutely not about asking people to do things entirely differently, but rather increasing their understanding of the approach, its benefits and the efficiencies of working in this way, as well as providing Practice Standards (see **Appendix C**) and training in the agreed Early Help assessment tool.

Building the confidence of the workforce

As part of the development function of the Families First approach the team is constantly seeking to improve training procedures that will enhance service delivery on the frontline and beyond. Working with managers with a training remit from across the partnership, we used a rapid and cost-effective appraisal of partnership working based on 5 separate criteria in order to identify good practice and problem areas within the approach. This exercise confirmed our analysis that we needed to concentrate on the following areas:

- The role of the lead professional / lead family worker
- Embedding the Outcomes Star
- Identifying and quantifying neglect
- Working with suicide and loss

Details of this training can be found at **Appendix D**.

Next Steps

We are pleased to announce that as of April 2016 the Buckinghamshire Safeguarding Children Board (BSCB) will be taking over the responsibility for the ongoing delivery of these key elements of workforce development, as part of their overall remit. This will provide the necessary multi agency central co-ordination and is an excellent example of the way in which Families First is contributing to system change across the partnership.

PERFORMANCE

Measuring Outcomes

As already mentioned, unlike the previous interim report, while there are numerous detailed case studies and analysed feedback from families who have experienced changes to their lives due to the interventions and combined efforts of partners, this report and its analysis does not focus in any great detail on the experiential element of the intervention. This is not a permanent omission. We are dedicated to collating feedback from families, and reviewing the difference that they feel professional interventions have made to their lives. A number of elements of performance management have been added to the national programme that will enable some of this input to be examined in detail, the basics of which are outlined below.

National Impact Study

This quantitative assessment of the impact of the programme matches data about the individuals within the households to provide an estimate of the added value of the programme. It does this by comparing those families who received an intervention, with individuals in families prior to intervention. The aim of this study is to collate evidence that will support a national cost benefit analysis of the expanded programme.

It will:

- Provide local findings to show the impact of delivery
- Provide this information across a greater number of outcomes
- Provide the information to local areas regularly throughout the life of the programme
- Use the information submitted to pre-populate the other calculators requesting data to facilitate greater comparability of savings.

Participation in the National Impact Study was a requirement of signing up to Phase Two of the programme. If areas declined to fulfil this commitment, then future Service Transformation Grant funding would likely be withheld.

Family Progress Data

There are a number of family problems that are not held in any national administrative datasets, but are still important indicators of family progress. This includes areas which feature heavily for Phase Two, such as domestic violence and issues around housing and financial difficulties, that impact on everyday life.

Without this information, the picture of the households would be incomplete, so this progress data is requested twice annually. The emphasis is on the change that is achieved by individuals within the household. As alluded to earlier, the measures have been aligned with the unit costs in the Cost Savings Calculator, and this will be pre-populated by information submitted during the completion of the Family Progress Data.

This information must be submitted for every family supported by the programme, the intention being that the Service Transformation Grant will support the local collection and submission of this data. Extensive guidance for sharing and collating this data has been produced, based on legislative principles. See **Appendix E**.

Cost Savings Calculator

This element of the programme has been a long time coming, and in the context of reduction in public spending, it is vital that we clearly understand the longer-term benefits of local delivery of interventions. The assumption is that this will go on to inform local strategic priorities, investment decisions and operational developments.

Longitudinal Study

It is important that we understand what makes the programme effective, and where we might use this information to make the approach more efficient. We are working in partnership with Oxford University to gain a greater understanding of what makes successful interventions work and under what circumstances. To do this we are focussing on the use of a qualitative evaluation process to analyse the outcomes achieved, and support the national quantitative data collection.

It will work alongside a cohort of families over a three year period, and additionally work to identify any outcomes of interest that are not captured by original indicators, and actively gain clarity in real detail about the interventions to ensure that success might be replicable to all those who need to use it.

In order to gather a full picture of the elements of the intervention that made the difference, the interviews will also include feedback from the lead family worker's.

It will work on the premise identified by DCLG of the five key family intervention factors:

1. A dedicated worker, dedicated to a family
2. Practical 'hands on' support
3. A persistent, assertive and challenging approach
4. Considering the family as a whole - gathering the intelligence
5. Common purpose and agreed action

Sustainable success

Locally, we have adopted an ambitious whole system approach to supporting both families in crisis, and those at risk of tipping into dependency on public services. Our current approach seeks to develop, implement and maintain a sustainable approach to working with families experiencing multiple challenges at a high cost to public services. This is to be achieved by a streamlined assessment and intervention using multi-agency delivery.

The link to Community Budgets is the inclusion of tracking the cost of intervention against the outcomes achieved, and also looking at the social value of the changes that families sustain. A key element of the business case for Families First is using a consistent FROI methodology (as part of a wider SROI approach) to ensure that there is a clear understanding of where public funding should be invested for what return, and where across the system future cost avoidance will feature. This work then enables further discussions about the shaping of public services on a place basis, rather than on an organisational one. This focus is in keeping with the national Community Budget work.

Key challenges for Families First resonate with the wider Community Budget work. These include information sharing; ensuring join up with other programmes; development of a sophisticated insight function; effective evaluation; sustainability and how to shift the focus to a strengths-based, rather than a deficit model.

Conclusion

Nationally the Troubled Families Programme is deemed to be successful as a catalyst for much needed system change and for making the business case for joined-up action to reduce public expenditure. There is, as yet, limited evidence that this approach does result in cost savings.

In Buckinghamshire the Families First programme Phase One has achieved:

- 100% of target families turned around
- The Families First approach adopted as the Early Help Strategy
- Training delivered to 528 people
- The Outcomes star adopted as the EH assessment tool of choice
- £300,000 invested in innovative partnership projects
- Secondments for Families First champions
- Commissioning of the longitudinal study
- Early starter status for Phase Two of the programme

Challenges for the future

- Financial constraints across the partnership leading to disinvestment in the programme
- Proving financial as well as family outcomes benefits
- Phase Two scaling up – a big increase in the project
- Taking system change to the next level
- Meeting local and national government demands for information
- Development of champions approach

APPENDIX A

Shared Commitments

Building on the relationships formed with local areas through the first Troubled Families Programme and with 'early starter' areas for the new programme, the Troubled Families Team will continue to work collaboratively with upper-tier local authorities and their partner agencies. This relationship between central and local government is critical to the programme's success and is based on a series of commitments made and fulfilled by both parties.

Importantly, while the expanded Trouble Families Programme will continue to operate a payment by results funding model, this is far from a purely financially transactional relationship. On the contrary, this programme is based on a common interest and ambition to transform the lives of this country's troubled families, to improve the services that work with them and to ensure more efficient and effective use of public money in the long-term.

On this basis, as part of the sign up process for the new Troubled Families Programme, all upper-tier local authority Chief Executives will be asked to sign up to a number of key commitments. These include the following:

- To achieve significant and sustained progress with an agreed total number of families over the 5 year period from 2015/16.
- To engage with an agreed number of families in the first year of the programme (2015/16). The local authority will receive upfront attachment fee in 2015/16 for this number of families.
- To integrate and transform local public service, evidenced through participation in the programme's National Impact Study, the submission of Family Progress Data and completion of the programme's Cost Savings Calculator. The local authority will receive a Service Transformation Grant, weighted towards their total number of families, to support this work.

Further detail relating to all these commitments is provided in the Financial Framework.

Adherence to the above commitments for the new programme may be taken into consideration when decisions are taken about funding beyond 2015 / 16; payments may be reviewed and reduced or withheld if commitments are not fulfilled.

In return, the DCLG Troubled Families Team commits to offer local authorities the following:

- The freedom and flexibility to prioritise the families of greatest concern to them and their partners locally, on the basis of cost and the potential benefits of an integrated whole family approach.
- The freedom and flexibility to design their own framework (a Troubled Families Outcomes Plan), reflecting their local service transformation priorities and based on the principles laid out in this Financial Framework.
- Upfront attachment fees for an agreed number of families in 2015/16 and a results payment for all families with whom they wither achieve significant and sustained progress or move into continuous employment.

- Increased provision of local analysis and evidence back to local authorities from the national evaluation, offered earlier in the programme and more frequently. This evidence will give local authorities improved information about the problems families face on entry to the programme, the impact of their local delivery on families and the fiscal benefits being achieved. The data and analysis will inform ongoing service transformation, investment decisions and workforce development.
- A streamlined system for the collection and submission of information for the evaluation and for making results claims.
- Constructive support and challenge from the central team, based on shared learning and experiences across local authorities and their partners.
- Ongoing work across government and with key delivery partners (e.g. the police, NHS England and Public Health England) to promote more effective information sharing and service integration.

*extracted from: DCLG (March 2015) Financial Framework for the Expanded Troubled Families Programme

APPENDIX B

Approved Contributory Project Funding

Domestic Abuse Engagement Worker

Contribution to extend the employment of an individual Domestic Abuse Engagement Worker (DAEW) with counselling skills and experience, who contacts victims/survivors of domestic violence following attendance by police officers. The prompt and effective engagement, referral and signposting of domestic violence victims and their families will lead to a break in the pattern of abuse and violence. The post holder has key responsibilities to engage with partner agencies, including the Women's Aid, SMART, mental health teams, the Freedom Programme, Families First / Family Resilience teams; in order to support them in moving out of the cycle of abuse. It can be evidenced that the majority of the most persistent domestic violence cases involve substance misuse and mental health issues. This affects children and other family members of abusive households.

Family Resilience – Direct Work

Direct work with families carried out by Family Resilience front line workers based in community settings across the whole of Buckinghamshire.
Funding will include a dedicated Education Welfare Officer, who supports the achievement of the school attendance priority.
The work is carried out in partnership with a wide range of agencies, using a team around the family approach and dealing with all of the issues affecting the family. Outcomes are measured against Families First objectives to ensure that payment by results are maximised, and are monitored through the commissioning framework.
The single assessment and distance travelled measurement tool (the Family Outcome Star) is used consistently with all families. Case studies are provided regularly to demonstrate success and are used for training and communication purposes.

Young Carers Family Support Project

Families that are supported by the FSP usually include a family member who is experiencing mental health and/or substance misuse issues. Part of the approach currently adopted and that would be further extended with this funding would be the building of a positive relationship with the 'cared for' person in order to develop trust and support them in the removal of any barriers that might prevent them from accessing treatment. We are aware that the result of this is a reduction in the responsibilities placed on any young carers within the family and minimisation of the negative impact of this role.
A variety of inter-agency liaison would be undertaken in response to assessed need i.e. we work closely with schools, social care etc.

Skint!

Young People need to develop the appropriate skills for everyday living, particularly with the transformation from leaving home / care. It is important that young people are supported and are able to fulfil their potential and make the transition to independence and adult life.

'Skint!' links with a programme of projects and initiatives which are delivered through the Local Children and Young People's Partnership Boards and the Citizen Advice Bureau (CAB) county wide delivery programme to develop financial capability. We may be able to use the same cohort and signpost them to other projects, such as the Family Budgeting information event or the sessions being planned to assist with moving NEET young people into employment, as finances have been identified as a barrier that often prevents them from taking this step. Young people completing the seven week course will receive an AQA in 'Life Skills: Introduction to Household Budgeting'.

SAFE! Support for Young People Affected by Crime

SAFE! Support for Young People Affected by Crime helps young people aged 8-25 who have been harmed by crime or bullying and are finding it difficult to recover. SAFE! works to help these young people regain their confidence and sense of safety through one-to-one sessions focusing on protective behaviours. Our small team of professional project workers with backgrounds in social work, counselling, probation or education, encourage young people to develop strategies to build their self-esteem and to keep themselves safe. We offer up to 6 sessions or up to 12 in cases of sexual violence.

Research shows that without timely support, an experience of victimisation can lead to further problems including absence from school, low mood and can lead on to offending behaviour in the future. SAFE! works to break this cycle by promoting long term resilience and coping skills. This diminishes their risk of social exclusion, helps to repair lives and builds their potential.

Chess Medical Centre Multi Agency Support

This project provides a coordination service to bring together a 'virtual team' of professionals from across welfare, health, mental health and social care with the DWP at the heart of the team, with the aim of supporting Lone Parents (and their children) in receipt of benefits to prevent people moving into crisis across the different outcome areas.

Improving Health and Wellbeing in Families

The aim of the project is to improve the wellbeing of families through increasing their understanding of food and nutrition and the importance of physical exercise.

Through looking at these important issues, that are outlined as a priority agenda in this area we will also work with the families around the area of regular school attendance and how important regular school attendance is to the educational development, esteem and wellbeing of the child.

Initial assessments will be carried out with the families at the start of the pilot with reference to their child's attendance at school, health information from referrals and the family and tutors initial assessment of their starting point around physical wellbeing and nutrition.

Regular updates of school attendance and monitoring of progress will be collected in the form of a learner record.

At the end of the courses information about school attendance, uptake of physical exercise and current diet will be used as evidence.

Independent Domestic Violence Adviser

IDVAs continue to be a primary and essential support to the MARAC's which take place in both the North and South of the County and provide a pro-active service to victims of DVA by reducing the risk posed to them, their children and increasing their safety. The IDVA service is available to all sectors of the community aged over 16 (those under 16 should be referred directly to Social Care) that are experiencing DVA, including those from minority ethnic groups, forced marriage, honour-based violence, those involved in sex work, same-sex relationships and male victims. Priority for the service will be for those who are assessed by workers using the DASH Risk Assessment as high / medium risk of DVA.

Domestic Abuse & Substance Misuse Co-Location Funding

Request for financial support to extend substance misuse and domestic abuse co-location aiming to provide: A multi-agency co-ordinated approach by closer working with support from agencies to address substance misuse and domestic abuse, to provide early intervention for those with either substance misuse or domestic abuse issues identified either by Women's Aid or STARS and to prioritise supporting vulnerable people.

To refer substance misuse clients who are victims of domestic abuse to Women's Aid Services who can liaise with the client at the Oasis-Stars Building. Measured by numbers of clients being referred to partner agencies and organisations.

For domestic abuse victims to feel empowered and discuss their experiences at the weekly Freedom Programme hosted at Oasis-Stars building. Measured by numbers attending the weekly sessions.

An improvement in risk management and safety for co-location clients – Measured by completing a DASH risk assessment and family star at the start of engagement and again at completion of the intervention.

Identification and reporting of children at risk of harm and engagement with appropriate safeguarding services—Measured by numbers of clients being referred to partner agencies and organisations. Extension of this project will result in improved joint-working, strengthened knowledge outside of agency specialisms and firm up joint-working protocols to resolve issues.

Chelsea's Choice

Sexual exploitation is closely related to school attendance since many of the victims go missing for periods of time and so miss schooling and education. There are now researched links to gangs including organised crime groups and quite often the 'exchange' which needs to take place for exploitation to be committed is often related not only to 'love' but to alcohol and drugs, getting its young victims hooked on the these and so they then become reliant on their 'abuser' and so then become compliant.

This crime can also lead to its vulnerable victims' mental health issues, and drug and alcohol dependence.

During the 2013/14 academic year Chelsea's Choice, a theatre in education production, was performed in secondary schools across Buckinghamshire to raise awareness of child sexual exploitation and highlight the dangers associated with grooming and being safe amongst secondary school children. It was targeted at all secondary schools, mainly years 8 and 9.

During that time the theatre production was delivered to 32 schools and had approximately 7354 pupil's benefit from the presentation.

As a result of the production our evaluation showed that over 98% of all young people surveyed agreed they have a better understanding of what child sexual exploitation is, where and how to report it and a better understanding of online safety and terms such as grooming.

Family Matters

The Family Matters project provides support to the children and families of offenders. This element of the programme will focus on supporting and having an active presence amongst practitioners and families in Buckinghamshire. With our expertise and experience in this field we will bring together a support package that will aid resettlement and break the intergenerational cycles, present in some offender families.

This model aims to provide support at various stages in order to achieve whole system change. We hope our work over the 12 months of this project will raise awareness of the needs of families affected by imprisonment and our work will support the achievement of an integrated support model for these vulnerable families in Buckinghamshire.

Outcomes already demonstrated include:

- For children – improved emotional health, improved school attendance and achievement, improved take up of support services, improved safeguarding;
- For families – improved parenting, improved take up of support services, improved mental health;
- For practitioners – improved skills and resources, more effective signposting and referral pathways, more effective collaborative working, greater confidence in dealing with and reaching these families.

Wellbeing Project – Connexions support

To provide a dedicated, professional project worker to offer a bespoke supportive service to young adults claiming JSA at High Wycombe Job centre. To enable them to move into work and by doing so improve their quality of life.

Request to extend a very successful pilot project within Chesham to High Wycombe. The Chesham project has moved 66% of participants into education, employment and training. It is a collaborative approach between Connexions, JCP and Bucks CC with all parties needed to ensure the ongoing success of the project. The key to success of the project is the relationship between the project worker and client and having a small amount of money available to pay for specialist provisions, such as training courses. The project worker acts as a mentor / adviser / advocate and general support to enable clients to overcome barriers. Although initial meetings with clients are often held within job centre premises, future meetings are within local cafes, libraries and community settings, clients are responding very well to a non-job centre location.

Back to School Health Checks

To work in partnership with: child / young person, parents/carers, schools and attendance improvement officers' (where appropriate) in order to sustain school attendance by addressing residual or repeated physical or mental health concerns identified by the child/young person, family and / or school.

Vulnerable children and those with unmet health needs frequently miss school and can be absent on a regular basis with a seemingly acceptable reason for not attending – asthma attack, tummy upset, earache, coughs and colds.

Childhood illness affects all families and necessitates absence temporarily from school but for some it is repetitive and significant.

This project aims to offer regular opportunities for those identified by school as falling into this category an opportunity for a health check and support where needed in maintaining health and therefore attendance at school.

Health checks are aimed at those children and young people who frequently miss school because of a high level of reported short term illness episodes or the ongoing effects of a long term condition.

APPENDIX C

Buckinghamshire Early Help Practice Standards

This document seeks to bring together a set of Practice Standards which are applicable across all agencies providing Early Help to children, young people and their families across Buckinghamshire.

Working Together 2015 states that:

1. Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years.
2. Effective early help relies upon local agencies working together to:
 - Identify children and families who would benefit from early help;
 - Undertake an assessment of the need for early help; and
 - Provide targeted early help services to address the assessed needs of a child and their family, which focuses on activity to significantly improve the outcomes for the child.

The Ofsted Improvement Plan 2014 for Buckinghamshire requires "that the local authority and partners coordinate and target early help effectively, so that families receive support when their need is first identified"

This document should be read in conjunction with the following Buckinghamshire Safeguarding Children's Board documents:

- [Accessing Services for Children in Buckinghamshire – Thresholds Document – Sept 2014](#)
- [Thresholds Guidance Sept 2014](#)
- [Buckinghamshire Multi-Agency Early Help Strategy Sept 2014](#)
- [Buckinghamshire Multi-Agency Early Help Offer](#)

Overarching Practice Standards

- The voice of the child is listened to, recorded and impacts on decisions
- The safeguarding and welfare of the child is the focus for all that we do
- The families we work with are treated with respect and honesty and kept informed throughout any intervention

- The strengths of the families as well as concerns will be assessed and used to safeguard any child
- The work with children and their families will be based on the achievement of identified improved outcomes that are measurable
- At all times due regard is taken of the race, ethnicity, gender, disability, religion and communication needs of the child and their family.

My responsibilities as a front line worker with children and families are as follows:

Referral and Assessment

- I will arrange, wherever possible, to visit the family with the referring agency to discuss the reason for the referral
- I will ensure that I have received consent from the family to sharing information with other agencies in order to support them
- I will inform the child and their family that I am the named worker for them and I have given them details of how to contact me including when I am not at work
- I will clearly explain to the child and their family about my role, the purpose of my involvement and what support and intervention I and my agency can offer.
- I will record the reason for undertaking the assessment of the child and family on the case note database system for my agency, including an overview of the protective factors, risks, issues and concerns evident for the children in the family.
- I will contact relevant agencies involved with the child and family and obtain their views to inform the assessment process.
- I will use appropriate tools including genograms to identify trends, patterns and the family history to understand how this may have impacted upon the life of the child and their family

Planning

- I will develop an intervention action plan with the child and their family.
- The plan will focus on the strengths in the family as well as addressing any concerns.
- The plan will include clear outcome measures to show progress.

Intervention

- I will work closely with the child and their family to ensure that their plan is achieved
- I will see the family regularly in line with the requirements of my agency
- I will review the family progress regularly with them

- I will continue to discuss the child and their family with other relevant agencies through regular reviews
- I will ensure communication with internal colleagues and external agencies is clear, comprehensive, effective and evidenced
- I will refer to statutory agencies in cases where a child may be at risk of significant harm.
- I will work to provide good quality support to families, linking them into other universal or specialist services when appropriate
- I will focus on the family's functioning, their resilience and will build on their own capabilities to solve problems.
- I will use supervision and team meetings as appropriate to reflect on my feelings about the child's circumstances, to review the plan and to ensure that I am putting the child first in my considerations
- I will ensure my work is targeted and timely in order to avoid delay and drift.

Recording

- I will ensure that the journey of the child is clear in the record
- I will ensure that all records are respectful of the child and their family
- I will be careful in my recording to distinguish between fact and opinion
- I will ensure that I follow the quality standards of my agency in all recording

APPENDIX D

Training Report

As part of the development function of the Families First Approach the team is constantly seeking to improve training procedures that will enhance service delivery on the frontline and beyond. In order to help achieve this, on the 26th June 2014 and 5th February 2015 Bucks County Council (FF team) organised Partnership Briefing with Senior Management, who are responsible for training within their specific agencies (with another one scheduled for the 1st December 2015) These sessions were facilitated by David Crowe, a professional consultant who specialises in coaching training and has 25 years' experience of Operational and Human Resources Management. The events had a dual purpose to improve partnership awareness, whilst simultaneously addressing where the Families First partnership approach can be developed.

On the 26th June 2014 the workshop was attended by around 20 partners representing agencies like: Police, Health, Adult and Children's Social Care and Probation. During the briefing attendees were asked to complete a Partnership Assessment Tool to provide a rapid and cost-effective appraisal of Partnership working based on five separate criteria. This would then identify good practice and problem areas within the approach. As a result, the % of people operating as Lead Professionals was deemed as the criteria that required most improvement.

On the 5th February 2015 the workshop saw an increase in popularity after a positive response and consequentially around 24 partners attended. Here, the participants engaged in group work to respond to three key questions posed by the Families First Team.

1. Is the Lead Family Worker Role working effectively in your organisation?
2. Agencies are in agreement that a single overarching family assessment and plan (Family Outcome Star) is the way forward- how is this working in practice?
3. Based on the Early Help Coordination proposal what additional protocols/policies do you need to support these changing requirements?

The responses to the first question outlined that some agencies were still not clear on the Lead Family Worker (LFW) role and there was a need for further clarity. For example, some partners stated that they were unsure what the role actually entailed and that it was still considered very much a work in progress, whilst others noted that practitioners were often fulfilling the role but were unaware of this. Therefore, the partners agreed that LFW training needs to continue to be available and that there should be more awareness-raising around the position and the training offered.

In relation to the second question, it emerged that in practice there was still a range of assessment tools being used across partners, for the families. Some organisations were still not using the Family Outcome Star (FOS) model and instead were using less structured alternatives. The FOS model was often "seen but not used" amongst partners as some agencies mentioned it was difficult to determine whether it was an engagement or assessment tool. However, the partners present again agreed upon the importance of a single overarching family assessment tool and it should be noted here that the Common Assessment Framework (CAF) had limited success across Buckinghamshire in initial

prototyping. Therefore, the FOS model is the favoured approach and it is agreed there needs to be a greater commitment to the use of the tool across the board.

With regard to the Early Help Panel coordination proposal, data sharing was highlighted as a typical issue for partnership working. The participants raised consent and confidentiality concerns and highlighted that this could hinder effective communication strategies across the individual agencies.

Lead Family Worker Training

The Lead Family Worker (LFW) role is essential for successful multi-agency coordination within the Families First approach and therefore it is imperative that the role is understood and effective. As of 5th February 2015, it was apparent that there remained some confusion around the role for a proportion of Senior Management, which could be reducing the % of people operating as Lead Professionals.

Naturally, it is a priority of the Families First team to amend this situation and there is a need to continue pushing forward with the LFW training. Since April 2014, there have been four LFW training events, with two cancellations on the 14th July 2014 and the 24th March 2015, due to a lack of participants. These sessions were facilitated by David Crowe and a member of the Families First team, with each session having a similar structure. Approximately 12 - 14 individuals attended an in-depth and intensive one day course to support and refresh the participants to give them confidence and to help them acknowledge their existing skills to fulfil their role as the LFW.

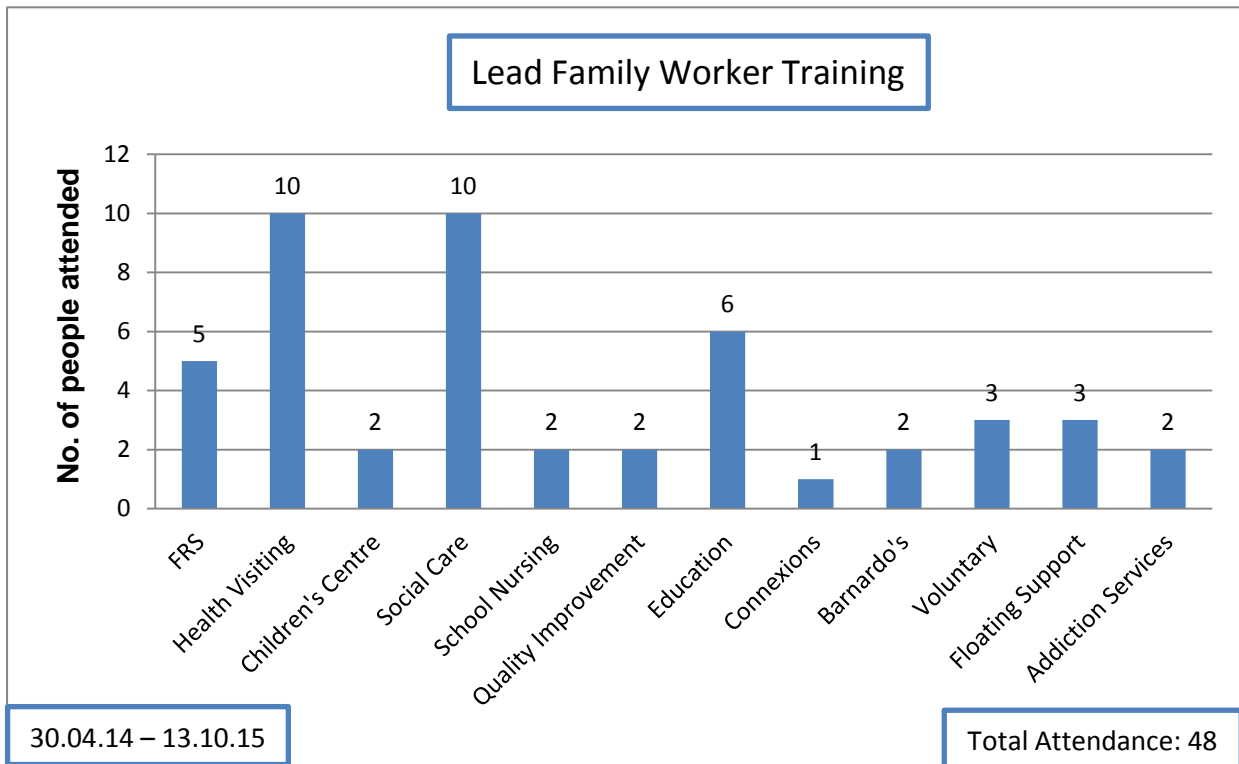
Prior to attending each training event, the participants were required to complete a three - pronged preparation form. This involved background reading on the principles of coaching and motivational interviewing, their previous experience of coaching (both formal and informal) as well as their learning objectives for the session. This would then be applied to the training itself. The introduction enabled the participants to share their priorities for the day and included a welcoming introduction and background to the LFW role from the Families First team member.

Once this was completed, the training re-affirmed the role of the LFW and provided further clarification to dispel any confusion. The participants then completed a self-assessment of their compatibility with the role based on the eight primary qualities that a LFW should possess, such as empathy, humility, integrity and trust. This helped to set the scene for those attending.

The next section of the training focused on the more specific skills required to be a successful LFW, such as coaching theory, effective communication approaches as well as the ability to be assertive and challenging. As part of this process, David asked participants to engage in an exercise with a partner, questioning them on a challenging work / personal situation using the GROW and Whitmore coaching models, that he introduced. The participants used three case studies to practice the role and develop their skills in exploring, facilitating; documenting challenging scenarios that they may encounter as a LFW and how these could be / were resolved.

The final and most important aspect of the training involved identifying how all these skills could be applied in the workplace and what challenges may arise as a result of this. Each

participant was also encouraged to create an action plan for ongoing development, using the support and ideas provided by the trainer’s expertise.



Feedback

The most recent feedback from those who attended the LFW sessions has been very positive and further training has been encouraged across the board. The feedback was particularly praiseworthy of the content and the trainers, stating that the event was a great opportunity to “network” and to “revisit strategies of conflict management.” The participants also raised the possibility of considering whether the LFW training should be voluntary or compulsory.

Family Outcome Star

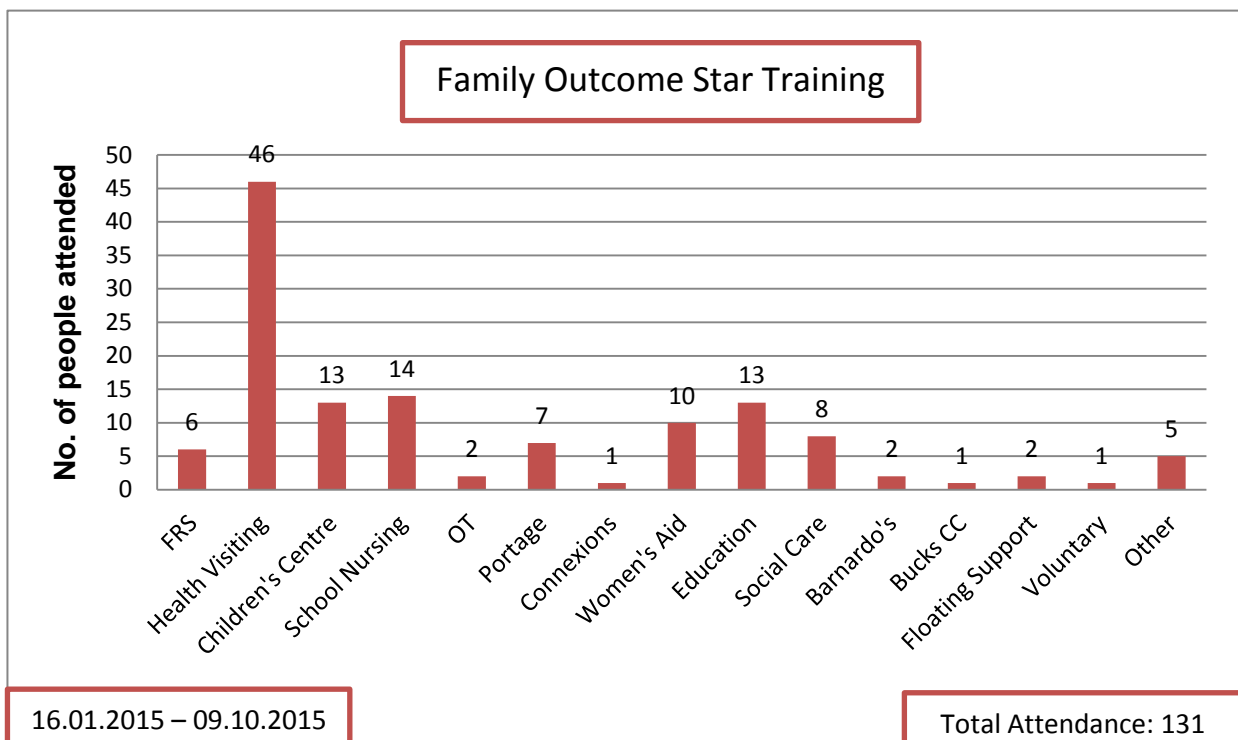
The Family Outcome Star (FOS) training will usually be delivered to Lead Family Workers (LFW) who will have direct contact with families.

The training programme for FOS is currently split into three slightly different models:

1. Family Outcome Star Training (Full day)
2. Outcome Star Consolidation Training (Half day)
3. Families First and Outcome Star Awareness (Half day)

Each of these training models will be provided a minimum of four times a year.

The FOS training was initially provided by the Triangle Consulting Social Enterprise (Triangle.) Following a pre-determined period, the FOS programme then had a year to embed without any additional training, to determine whether the system would be a success, in practice. The FOS experienced a positive response from a range of families and practitioners. At the same time, it became apparent that there was a need to have a single overarching assessment tool, to ensure consistency and shared priorities within the multi-agency approach. As a result, in November 2014 Triangle and the Families First Team decided to prepare a cohort, who could then go on to independently provide FOS training for those who needed it in the future, within their own agencies.



Suicide Prevention Training

It was agreed that Suicide Prevention Training would be beneficial to help frontline staff identify those who may be at risk of suicide or self-harm in the families that they work with. The initial ethnographic study and evaluation of the Chesham Prototype identified that significant loss or bereavement is one of the most prevalent causes of “troubled families” and this has strong connections with suicide. In particular, following the Buckinghamshire Children’s Safeguarding Board’s (BSCB) Serious Case Review (SCR) of Young Person G, it was necessary for Bucks County Council (BCC) to take the appropriate steps to help prevent a similar occurrence in the future.

Currently, the Suicide Prevention Training is scheduled to be a bi-annual event and was recently delivered on 17th October 2014 and 14th January 2015. The training was provided by the Oxford Health Suicide Prevention Lead as well as practitioners from Child and Adolescent Mental Health Services (CAMHS) and Bereavement Trust. The sessions were an opportunity for approximately 12-18 frontline staff to explore the prevalence and key risk factors associated with suicide.

At the start of the training, the participants were introduced to the interpersonal theory of suicide and self-harm, which is visually presented in the diagram below:



Once the attendees were familiar with the theory, there was the opportunity to discuss the subject matter in groups and ask salient questions. Following on from this, there was guidance on referral pathways and information on the support services in place. This included how to identify and when to seek advice from specialist services.



Feedback

The training has been very popular and highly evaluated, so much so that there was a waiting list for practitioners who wanted to attend the course. As a result, the Families First team arranged for two further sessions on the 5th November 2015 with another session planned for the 6th January 2016. These were facilitated by the Suicide Prevention Lead from Oxford Health. The Families First team are hoping to expand the programme through sharing responsibility between BCC and Public Health.

Resilience Training

Developing family resilience is a key aspect of the Families First approach and is vital to providing a long-term solution to the cycle of disadvantage experienced by many “troubled families.” The Resilience Training programme was initially split into two separate sections, Understanding Resilience and Developing Resilience.

The aim of the Understanding Resilience workshop was that by the end of the programme the participants would have a thorough understanding of what is meant by resilience and how it is important for the wider success of the Families First approach. On the other hand, the Developing Resilience training had the ultimate goal to allow frontline workers, who attend, to enable their families to achieve and sustain resilience through a solution-focused approach.

Both these sessions were provided by Colin Pollard, who is a freelance consultant, trainer and life coach with over 25 years’ experience of working with individuals in a diverse range of settings including education, youth work, substance misuse and safeguarding. Although, the training contained different content it adopted a similar structure, combining a mixture of theoretical input from Colin, experiential exercises, pair work as well as group exercises. Between November 2013 and March 2014, the sessions ran on a relatively frequent basis with eight separate workshops during this period. Out of the 115 participants who attended only one said that they would not recommend the training to a colleague. Therefore, the sessions were well received with “positive strategies to use and deliver in practice, at home and work.” Despite this, upon the completion of the last workshop Colin believed the provision of the Resilience training had probably ran its course. As a result, from early 2015 the Resilience training will no longer be provided.

Graded Care Profile

The Graded Care Profile is a practical tool used for assessing Child Neglect. It is a qualitative system that focuses on whether the carer is successfully providing for the child’s needs in areas such as Physical, Safety, Love/Belongingness and Esteem. Each of these criteria will then be evaluated by the practitioner using a grading system, ranging from one to five. This is detailed in the table below:

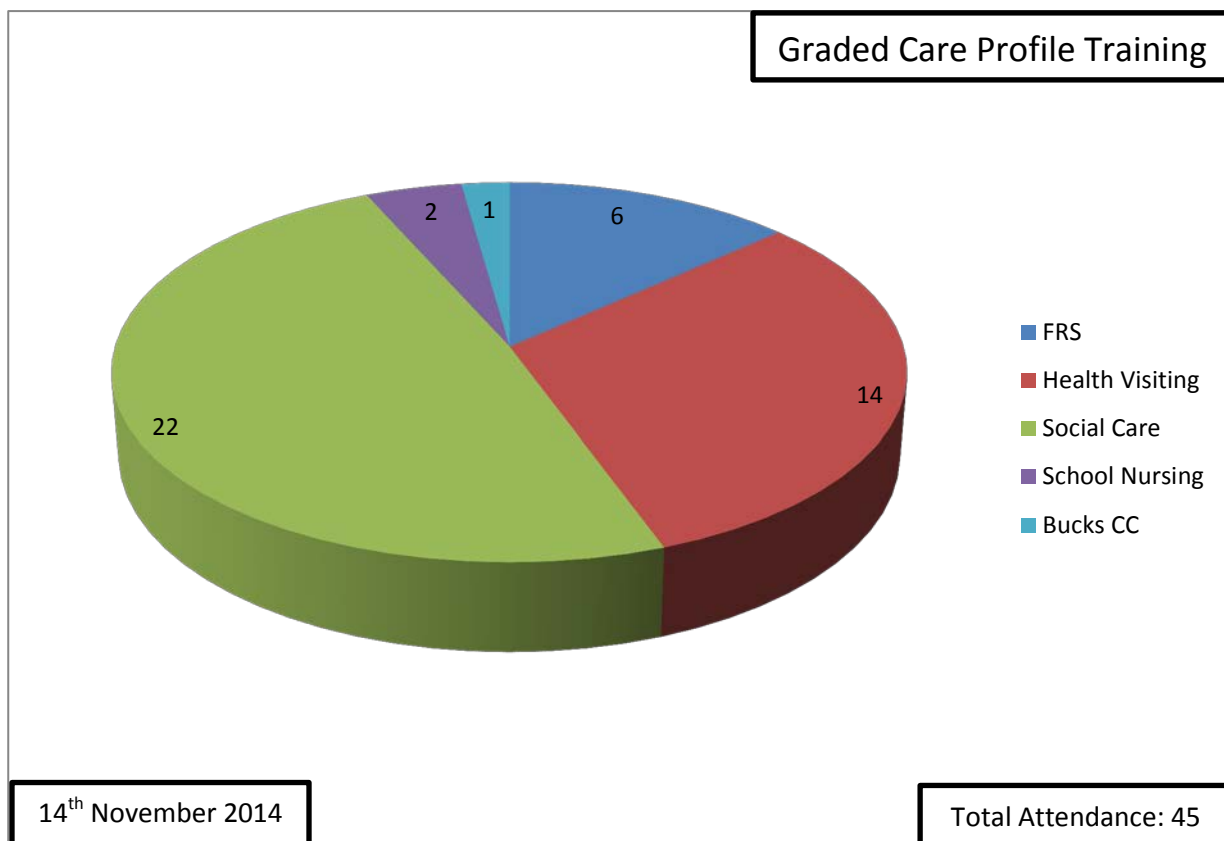
	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5
1	All child’s needs met	Essential needs fully met	Some essential needs unmet	Most essential needs unmet	Essential needs entirely unmet/hostile
2	Child First	Child Priority	Child/Carer par	Child Second	Child not considered
3	Best	Adequate	Equivocal	Poor	Worst

1: Level of Care 2: Commitment to care 3: Quality of care

The training was initially commissioned by Health, specifically the Named Nurse for Child Protection to support Health Visitors and School Nurses in effectively assessing neglect. The Families First team negotiated to offer places to colleagues in Childrens Services, with the

agreement to fund a further two sessions on the 14th November 2014. The Families First team are planning to deliver some further sessions in the New Year, with the view to expanding the programme.

The training for this tool will be a half-day multi-agency event scheduled to take place four times per annum. The sessions will essentially teach the attendees to use the tool effectively and cascade the training to colleagues to promote consistency and impartiality across the board when assessing neglect.



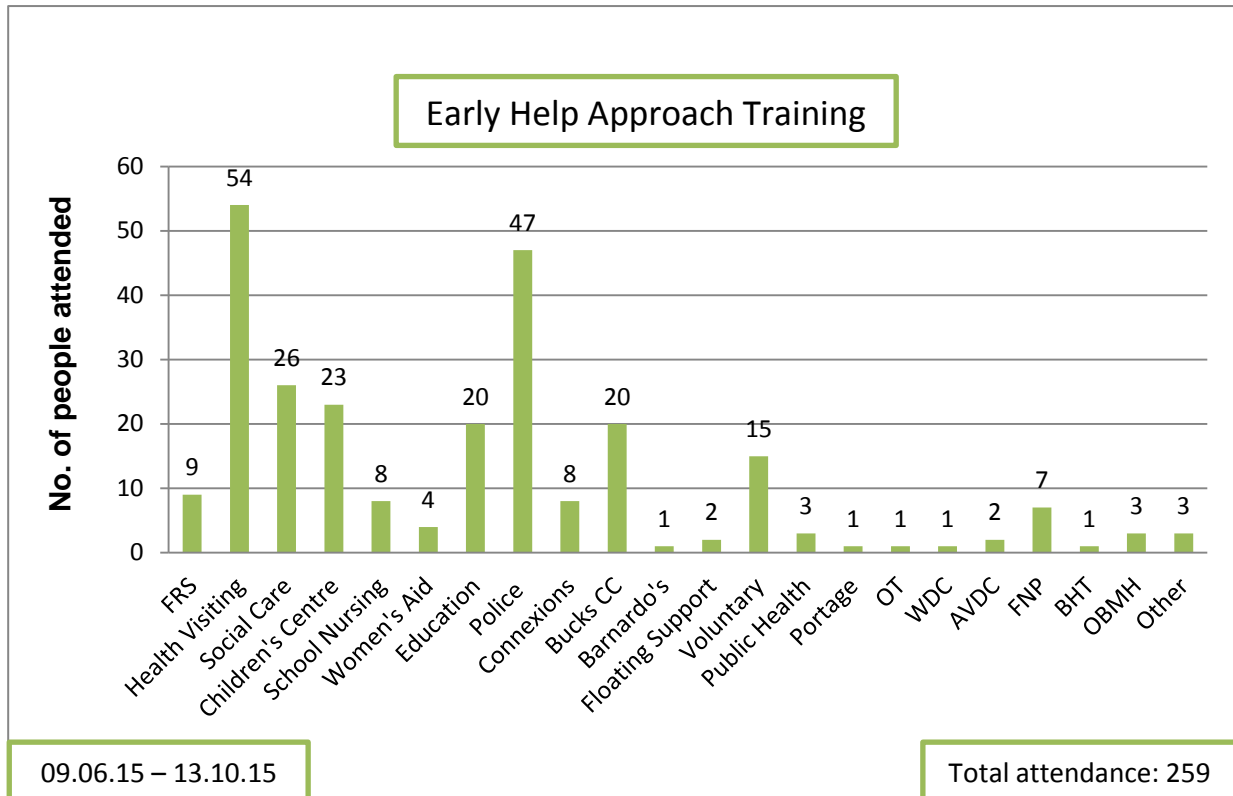
Where do we go from here?

In order to provide best service to the families we work with, it is important to continually develop the workforce allowing them to achieve their full potential, without hindrance. On the 5th February 2015 at the Partnership Workshop, Senior Management raised data sharing concerns with regard to the Early Help Panel proposal. It seems that consent and confidentiality issues are inhibiting effective coordination amongst partners, which is so crucial to the Families First approach. Therefore, it could be worth considering commissioning a training programme on information sharing procedures.

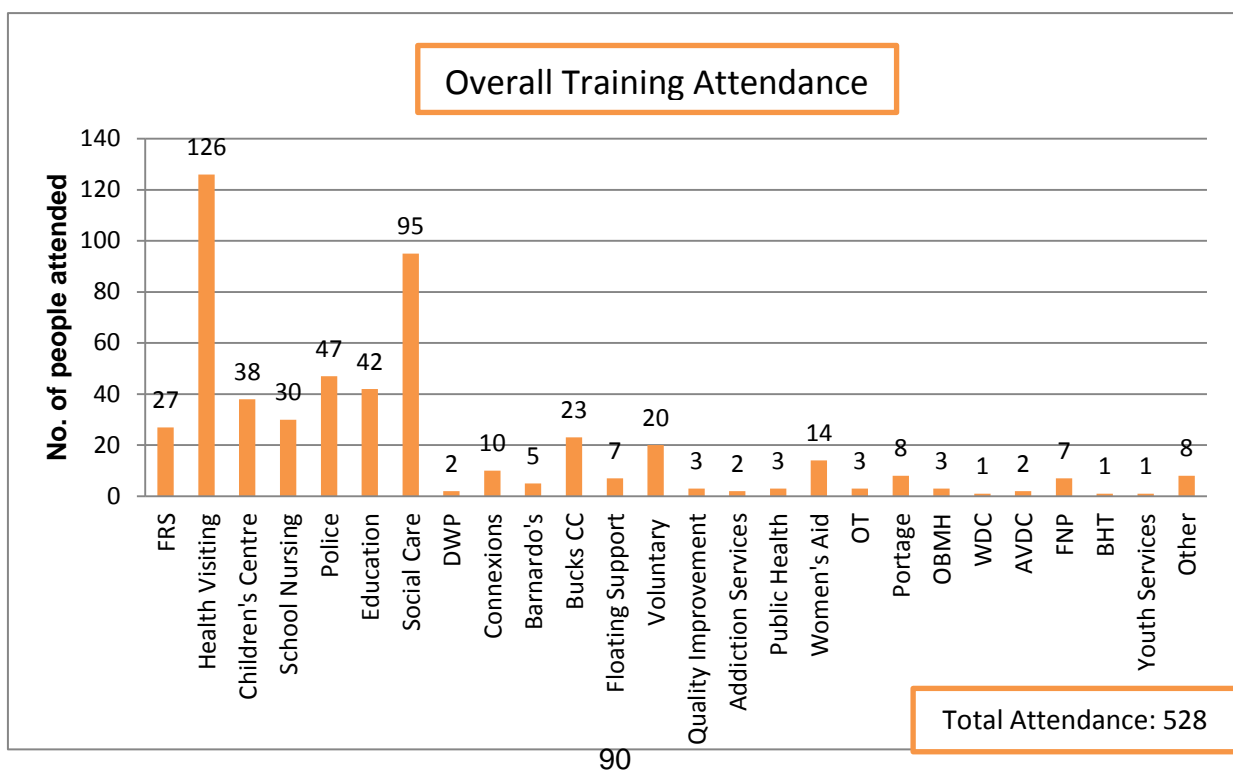
In addition, it is essential that the training we do offer is sustainable. As a result, training should continue to be filtered through to external bodies (as has been done with the FOS training.) As it is not viable for the Families First team to continue to deliver and implement the training as a time limited project, which could cease to exist from 2020 onwards. Furthermore, training may need to be expanded to reach more practitioners.

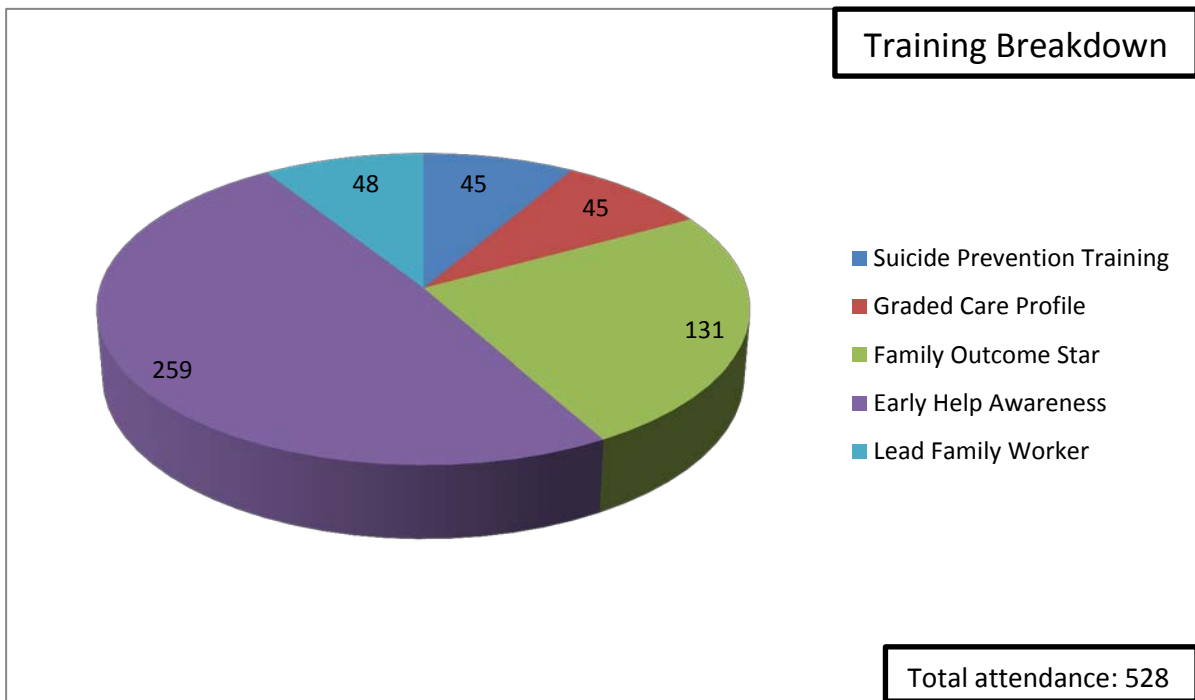
Consequentially, it might be shrewd to enquire whether a permanent and larger corporate body would consider intermittently adopting training procedures over the next five years. This could be the BSCB, or alternatively independent training bodies could be established. It has now been confirmed that the Families First team will be handing over training responsibilities to the BSCB, as of April 2016.

Early Help Approach



Overall





Glossary of Terms

AVDC: Aylesbury Vale District Council

BHT: Buckinghamshire Health Trust

DWP: Department for Work & Pensions

FNP: Family Nurse Partnership

FRS: Family Resilience Service

OBMH: Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust

OT: Occupational Therapy

WDC: Wycombe District Council

APPENDIX E

Data Sharing Guidance and Principles

The first Troubled Families Programme has driven significant changes in the ways that local authorities, government departments and local partner agencies systematically share information to identify and work with troubled families. The new programme offers an opportunity to build upon and extend upon this area of important public service transformation.

This annex highlights the different sources of information that are available to local authorities to help identify families who are eligible for support under the expanded Troubled Families Programme. It also includes potential gateways, including statutory and common law powers, for sharing information.

The information provided represents work in progress. Together with the 'early starter' local authorities the Troubled Families Team will seek to understand further, the specific barriers that might hinder data sharing under the expanded Troubled Families Programme and identify opportunities to address them.

As with the first programme, families will be identified on a 'household' basis. For these purposes, the definition used by the Census 2011 may be useful – i.e. 'a group of people who either share living accommodation, or share one meal a day and who have the address as their only or main residence'. For the purposes of the programme, families must contain dependent children¹.

In some areas, population churn and engagement across local authority boundaries may present issues. For example, some children may live in one local authority, but attend school in another; and some families may move between local authorities mid-intervention. The Troubled Families Team will not prescribe how local authorities should manage these issues, but encourage collaboration to agree pragmatic and legally compliant local data sharing solutions between local authorities.

Parents and children involved in crime or antisocial behaviour

In most cases, the main sources of information on parents or children involved in crime or anti-social behaviour are likely to be the police, anti-social behaviour teams, youth offending teams, housing providers, prisons and providers of probation services².

A significant proportion of crime and anti-social behaviour data is likely to be drawn from the local police, using the Police National Computer and local youth offending teams. The police have a general common law power to share information to prevent, detect, and reduce crime.

¹ A dependent child is a person aged 0-15 in a household or aged 16-18 in full-time education and living in a family with his or her parent(s). Non-dependent children in families are those living with their parent(s), and either (a) aged 19 or over or (b), aged 16 to 18 who are not in full-time education or who have a spouse, partner or child living in the household. Such children are often young adults, but may be older.

² National Probation Service, Community Rehabilitation Companies and other providers of probation services.

There are also legal gateways that support data sharing in prescribed circumstances such as section 115 of the Crime and Disorder Act 1998, which allows the police, local authorities, health authorities, providers of probation services and other relevant agencies to share information about any person for a purpose linked to any provision under the Crime and Disorder Act, including where it is necessary for crime reduction. Section 115 of the Crime and Disorder Act was relied upon under the previous programme and is still applicable.

In addition, section 17 of the Crime and Disorder Act 1998 recognises that local authorities have responsibility for the provision of a wide and varied range of services to and within the community. In carrying out these functions, section 17 places a duty on them to do all they can to reasonably prevent crime and disorder in their area.

As part of the new programme, local authorities may also need to obtain data in relation to prisoners and adult offenders with parenting responsibilities, for which the main sources be the National Probation Service, Community Rehabilitation Companies and prisons. This information can, in some circumstances, be shared under section 14 of the Offender Management Act, which permits the sharing of data that would assist with the supervision or rehabilitation of offenders.

Given that the National Probation Service and Community Rehabilitation Companies are new organisations, the Troubled Families Team will work at a national level with the Ministry of Justice to promote the importance of sharing data with these bodies. However, local authorities should also seek to build relationships with local providers and encourage them to collect and share the data that will help them identify troubled families in a legally compliant manner.

Many local authorities have highlighted the need to strengthen data sharing arrangements between the Troubled Families Programme and local prisons. The importance of this for prisoners nearing release who are not in custody locally has been a particular issue. Linked to wider discussions about data sharing with the National Probation Service and new Community Rehabilitation Companies, the Troubled Families Team will work with the Ministry of Justice and HM Prison Service to progress these issues during the roll out of the new programme.

Children who have not been attending school regularly

Most of the relevant education data is already collected by local authorities on a termly basis using Unique Pupil Numbers, as part of standard data collection requirements for the Department for Education as part of the returns to the 'School and Alternative Provision Census'. The Troubled Families Team recommends the use of this locally collected data to ensure the information is as current as possible.

There are a number of limited exceptions, where the information collected locally for the School Census may need to be supplemented by other sources:

- Academies: Academies collect this data through compatible systems and are legally able to share this with local authorities using Part 4 section 23 of the School Discipline (Pupil Exclusions and Reviews) (England) Regulations 2012. Around half of academies already share their data with local authorities.

- Fixed exclusions: This data is not always collected for children in alternative provision, independent schools or non-registered alternative provision providers. As such, local authorities should identify these children within their own local systems and through discussions with such schools. We expect these to be relatively small numbers. Some supplementary information may be needed from Education Welfare Officers (or equivalent) to produce a complete picture of each child's circumstances. For example, this may relate to children who are in reception year classes and sixth form.

There are a small number of children who are considered 'missing' because they are not on the school roll. These children are likely to be among the most vulnerable category of children and therefore, it is important that the Troubled Families Programme identifies them as far as possible. However, it is not our intention to target children who are being appropriately home schooled, as these children will be receiving an education from their parents.

Local authorities may collect and share attendance under the school census regulations – Education (Information about Individual Pupils) (England) Regulation 2013, S.I. 2013/94 - which require maintained schools and pupil referral units to share information about pupil attendance.

Children who need help

Most of the information needed to apply the suggested indicators under this headline problem is already collected within local authorities, as part of their Children Services arrangements (or equivalent). However, it will typically require local authorities to combine information from across a range of sources.

For example, to identify children who have not taken up the early education entitlement, this may include cross-referencing information relating to two year old children who are eligible for the early education entitlement with information about those who are actually attending an early year setting. Under section 99 of the Children's Act 2006, local authorities obtain information about individual children who are receiving early years provision; and under s13A of Childcare Act 2006 Her Majesty's Revenue and Customs shares tax benefit credit and benefit information with local authorities for the purpose of determining whether or not a particular family may have a child who is eligible for funded early education.

Local authorities are also likely to draw a significant amount of the data relating to children who need help from their own local authority Children Services. Some of this information is already shared within the first programme and the relevant gateway is the implied powers to share information under section 17 of the Children Act 1989 in order to enable assessments to be undertaken as to whether services may be required by a child in need. More generally, implied data sharing powers under section 10 of the Children Act 2004 may also provide a means of obtaining information in order to safeguard and promote the wellbeing of children.

Adults out of work or at risk of financial exclusion or young people at risk of worklessness

For the first programme, the Department for Work and Pensions created a new legal gateway under the regulations of the Welfare Reform Act 2012. This allowed the Department

for Work and Pensions to share data with local authorities – without informed consent – for the sole purpose of identifying troubled families.

The new regulations came into effect in May 2012 and they will continue to provide the gateway for identifying young people and adults in receipt of out of work benefits under the expanded programme. They will also provide the gateway for the sharing of this data once Universal Credit comes into effect, providing a gateway for adults claiming Universal Credit and subject to work related conditions.

Under the first programme, most local authorities have accessed this information via a manual data sharing arrangement with the Department for Work and Pensions. However, as part of a phased roll out, most local authorities are now moving onto a more flexible, frequent, accurate and cost effective automated system – known as the Automated Data Matching Solution (ADMS) for the Troubled Families Programme. Guidance will be available on the ‘Supporting families’ Knowledge Hub.

Where family members are in receipt of Universal Credit (UC) Troubled Families Employment Advisors and Jobcentre Plus Single Points of Contact will help local authorities with any queries and provide information they need. This will include information about earnings threshold.

DWP are currently assessing how data sharing processes, for example the Labour Market System marker management information reports and ADMS, will work for families on Universal Credit.

To identify young people who are at risk of or are already not in education, training or employment, local authorities may draw on information held in their Client Caseload Information Systems (or equivalent). Local Authorities have a statutory duty to encourage and assist young people to participate in education or training. This stems from sections 68 and 70 of the Education and Skills Act 2008. As part of this duty local authorities collect information on 16 to 19 year olds and will be aware of those who are not in any form of education, employment or training, including those who are not able to work because of illness or other reasons such as caring for dependant or family members. Local Authorities may choose to share this information internally further to their general power of competence under section 1 of the Localism Act 2011. This information could be defined as individual pupil information under section 537A(9) of the Education Act 1996 so could also be shared by local authorities using section 537A(6) of that Act.

Families affected by domestic violence and abuse

In most cases, the main sources of information on families affected by domestic violence and abuse are likely to be the police or local domestic violence support services.

Like crime and anti-social behaviour, data obtained from the police can be shared using section 115 of the Crime and Disorder Act 1998.

Under section 54 of the Domestic Violence, Crime and Victims Act 2004 information can be disclosed by police to victim support groups (with consent). The data can also be shared between agencies via Information Sharing Agreements (ISAs). It is advised that ISAs

between local services and local authorities should conform to IDVA Protocol, MARAC Protocol, MARAC/MAPP Protocol and SDAC Procedures.

Given the sensitive circumstances and nature of these cases, it is most likely that agencies will refer cases to a local authority on an individual basis (see referral section below).

Parents and children with a range of health problems

The sharing of health data for the identification of troubled families has been one of the biggest challenges of the first Troubled Families Programme. The new Troubled Families Programme aims to prioritise efforts to overcome these issues and ensure greater collaboration between local troubled families teams and health bodies. Given the particular sensitivities around the sharing of personal health data, the Troubled Families Team has been working with Public Health England, Department of Health and NHS England to agree an approach that allows families to be identified for support under the expanded programme on the basis of their health needs.

We have agreed a recommended minimum approach that local authorities and health partners may use to identify families on the basis of their health needs. The approach was published in November in draft data sharing guidance with advice from the health data sharing governance body (Information Governance Alliance) and national health agencies.

The approach recommends that a list of families that have already been identified as meeting one of the programme's indicators is shared with relevant health partners so that they can use this to flag whether any of the suggested health indicators are met. You will then need to talk to your relevant health partners and / or governing bodies to work out the best ways of gathering and sharing this data.

While we recognise this is unlikely to unlock all the data you need to work with families, it will start the process of identifying the families in the health system that may be eligible for support. Some local authorities may already be receiving health data or have negotiated alternative data sharing arrangements with local health partners. The new data sharing guidance will not override this and should be used to help reinforce the health system's support of the Troubled Families Programme.

Further information on the interim health data sharing protocol for the Troubled Families Programme is available here:

<https://www.gov.uk/government/publications/troubled-families-supporting-health-needs>.

Data Protection Act 1998

As most of the data to be processed for the purpose of identifying families will be “personal data”³ within the definition of the Data Protection Act, and in many cases this data may be considered “sensitive personal data”⁴ within the definition of the Data Protection Act it will be important for local authorities to ensure that the processing of personal data is carried out in accordance with the data protection principles set out in Schedule 1 to that Act.

The first of these principles requires that personal data must be processed fairly and lawfully and, in particular, that a condition of Schedule 2 is met. Where the data to be processed is sensitive personal data, a condition of Schedule 3 must also be met. One of the conditions an authority may rely on to process personal data under these Schedules is the individual’s consent (or in the case of sensitive personal data, explicit consent) to that processing. However, where it is not possible for an authority to seek consent in advance of processing personal data there are other conditions for processing which an authority may seek to rely on. For instance, when seeking to satisfy a Schedule 2 condition, authorities may look to paragraph 5(d) of the Schedule which allows for processing where it is necessary for the exercise of a function of a public nature exercised in the public interest by any person.

The conditions to allow for the processing of sensitive personal data under Schedule 3 are more limited and careful consideration will need to be given to the applicability of any particular condition. For instance, where it is not possible to seek explicit consent to processing, it may be possible for authorities to rely upon the condition set out in para 7(1)(b) of Schedule 3. This allows for processing where it is necessary for the exercise of any functions conferred on any person by or under an enactment and you will need to consider whether the information is needed in order that you can carry out a function which you have a duty or power to carry out under legislation.

It may also be possible for you to rely on Article 4 of the Data Protection (Processing of Sensitive Personal Data) Order 2000, which provides for processing which (a) is in the substantial public interest; (b) is necessary for the discharge of any function which is designed for the provision of confidential counselling, advice, support or any other service; and (c) is carried out without the explicit consent of the data subject because the processing is necessary in a case where consent cannot be given by the data subject; the data controller cannot reasonably be expected to obtain the explicit consent of the data subject; or it must be carried out without the explicit consent so as not to prejudice the provision of that counselling, advice, support or other service.

³ means data which relate to a living individual who can be identified – (a) from those data, or (b) from those data and other information which is in the possession of, or is likely to come into the possession of, the data controller, and includes any expression of opinion about the individual and any indication of the intentions of the data controller or any other person in respect of the individual.

⁴ personal data consisting of information as to - (a) the racial or ethnic origin of the data subject, (b) his political opinions, (c) his religious beliefs or other beliefs of a similar nature, (d) whether he is a member of a trade union (within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992), (e) his physical or mental health or condition, (f) his sexual life, (g) the commission or alleged commission by him of any offence, or (h) any proceedings for any offence committed or alleged to have been committed by him, the disposal of such proceedings or the sentence of any court in such proceedings.

Referrals

The Financial Framework suggests a range of indicators that can be used to identify families under the six headline problems. However, within this Financial Framework, we recognise that referrals will be one important way through which local authorities can identify the families with the breadth of problems that the expanded programme is targeting. This is why there are suggested indicators under each of the headline problems referring to 'problems of equivalent concern'.

These indicators enable referrals from professionals locally and, depending on the nature of the risk and seriousness of the circumstances may be undertaken with or without the individual's consent. In some cases, consent must be obtained by law before a referral is made. However, in cases where consent is not prescribed by law, individuals should be made aware that their data is being shared and their consent should be sought wherever possible. However, this will be a matter for local assessment and professional judgment in the circumstances of each case.

Given the scale of the programme, referral arrangements are unlikely to be sufficient to identify the required volumes of families in each local authority. However, the expanded programme provides the flexibility to identify families through these means, where appropriate and as a supplement to other sources of identification.

Early Help Panel Evaluation Report (Six Month Review)

24th June 2015 – 23rd December 2015

Contents

Executive Summary	3
Background Information	4
Demographics.....	4
Panel Efficiency	5
Panel Meetings.....	7
Referral Agencies.....	7
Panel Decisions.....	11
The Quality of Referrals	14
Lead Agencies	15
Thematic Review	18
Primary Reason for Referral.....	18
Threshold Document Analysis	21
Threshold Document	24
Recommendations	27
Identified Risks	28
Appendix A – Reviews.....	29
Appendix B – Self – Referrals	30
Appendix C – Multiple Referrals	31
Appendix D – Threshold Document Analysis (District Breakdown)	32

Glossary of terms

BSCB: Buckinghamshire Safeguarding Children Board

SEN: Special Educational Needs

CAMHS: Child and Adolescent Mental Health Service

TVP: Thames Valley Police

CIN: Child in Need

YOS: Youth Offending Service

CP Plans: Child Protection Plans

EHP: Early Help Panel

FRS: Family Resilience Service

MARF: Multi-Agency Referral Form

NSPCC: National Society for the Prevention of Cruelty to Children

Executive Summary

There are some useful conclusions that can be drawn from the in-depth research and analysis that has been completed for this report. These outcomes can be used as a basis for the development of new strategies and to inform future executive decisions. The aim of this section therefore is to summarise the main learning points:

- 203 families have been through the EHP process between 24th June and 23rd December 2015.
- 111 families were classified as having multiple and complex needs (meeting Level 3 on the BSCB threshold document.)
- In December 2015, 32 of the 41 families discussed had multiple and complex needs (78.05 %.) This demonstrates a significant improvement in the quality of referrals, when compared to figures from the initial months.
- The main referrer to the EHP was education, with a total of 74 referrals from 58 different schools.
- A lead agency was allocated to 111 families from 14 different agencies.
- The primary / main reason for referral was significant behavioural problems, which accounted for 62 out of 210 referrals.
- 47 of these 62 referrals were made for the behaviour of a male child (75.80%) and 18 of these fell within the age bracket of 11 to 13 years.
- Domestic violence and poor attachments were identified as the two issues most likely to have an impact on a child displaying signs of emotional and behavioural disorder.
- Within the 111 families who were classified as Level 3 complex needs, there were 564 problems identified, in relation to the BSCB threshold document. This is an average of **5.08 problems per family**.
- Of the three areas outlined on the BSCB threshold document (child development needs, parenting capacity and family/environment) parenting capacity was the area of greatest concern.

Background Information

The aim of the Early Help Panel (EHP) is to improve positive outcomes for families with complex issues, who require a co-ordinated multi-agency response. This is achieved by creating tailored plans that strengthen protective factors in the family and mitigate against risk factors. The panel aims to offer help and support to a family to prevent the need for statutory intervention, relating to safeguarding.

Since the three month review, there have been some notable changes to the panel. From 30th September 2015 the panels were extended to include Chiltern and South Bucks districts and from 11th November 2015 this was furthered to Wycombe. Following this progression, it was agreed that there would be a single combined 'Super Panel' once a fortnight, covering all four of these district council areas. This outcome was reached to effectively manage the time of professionals and therefore maximise efficiency. As a result, in 2015 there were 12 panel dates covering a total of 23 panel papers. There were 12 panels for Aylesbury, seven for Chiltern / South Bucks and four for Wycombe.

The previous evaluation report confirmed that the EHP was working well but at the same time allowed us to identify areas for improvement. In particular, the quality of referrals was prioritised; with less than half of the total cases meeting the appropriate Level 3 threshold from the first six Aylesbury panels. This statistic is in relation to the Buckinghamshire Safeguarding Children Board (BSCB) threshold document, which is included on page 22 of this report.

To improve the quality of referrals we introduced an Early Help Panel Decision Maker on a five month secondment from November 2015. This will be formally reviewed in March 2016. Early indications are that this role has had some limited success but that its function and remit need to be more closely defined, if it were to be a permanent post.

Our action in developing and funding this post demonstrates the fluidity that is, and will, continue to be fundamental to our agile project management; in order to achieve the best outcomes for children and their families. This evaluation report will therefore assess the impact made from these changes.

Demographics

This section will highlight the reach of the panel and the positive potential it has had in such a small space of time. In order to understand this analysis, it is important to mention that for dependants we will focus on the primary household. This includes all individuals aged 18 and under, as well as those with a learning or physical disability up to the age of 25, as they may require additional parental support.

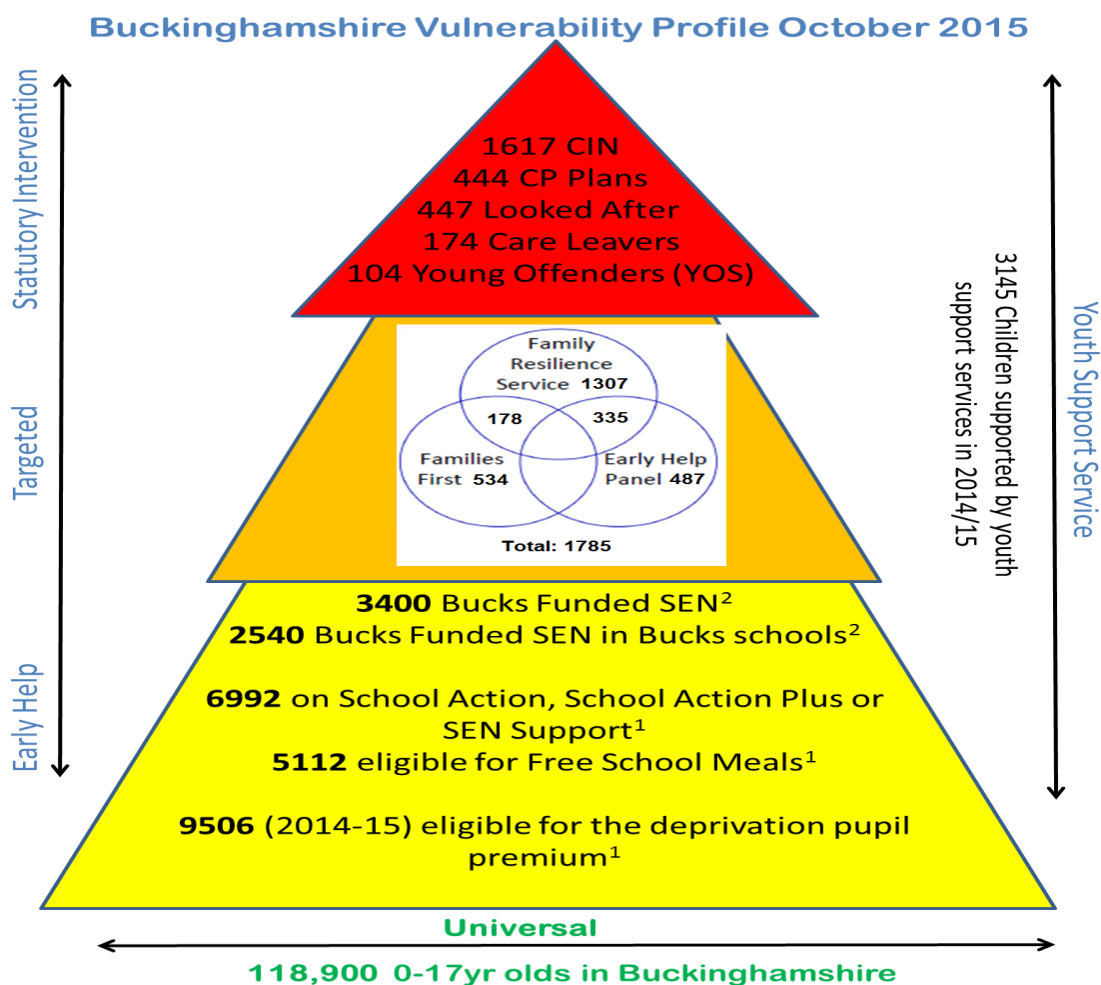
Based upon this between 24th June 2015 and 23rd December 2015, the EHP has had a significant impact in Buckinghamshire:

- 203 families have had their needs discussed at the EHP
- This included 487 dependants with an average age of ten
- 441 of these were children under the age of 16

Once we include extended family members, who were relevant to the case:

- There were 1,125 people who had been through the EHP process
- Within this number, there were 761 individuals from the Aylesbury Vale District, 233 from Chiltern / South Bucks and 131 from Wycombe.
- 576 of these were male and 545 were female (4 were unrecorded)

The diagram below further represents how the EHP combines with other services across Buckinghamshire to address the needs of the most vulnerable in society.



¹Pupils attending Buckinghamshire maintained Schools only, including those residing outside of Buckinghamshire

² The numbers have been rounded to the nearest 10

Funded SEN numbers refer to children with current statements of SEN or Education, Health and Care Plans that are the financial responsibility of BCC and includes those where there may not be any additional funding. The 2540 is a count of children recorded in BCC maintained schools, PRU's and academies and does not include placements in other settings within BCC for example pre-schools, independent/non-maintained schools, colleges or free schools.

Panel Efficiency

Before moving onto more complex analysis, this element of the report will focus upon panel efficiency. At the moment, the EHP has agreed to run to similar timescales as Child in Need (CIN) cases; 45 working days from referral to assessment. Therefore, this section will determine whether or not the process is currently operating within these defined parameters.

Month	Average duration from referral to EHP (working days)
June	16
July	15
August	23
September	20
October	19
November	18
December	21
Overall Average	19

From this table, it can be concluded that once a family has been referred it will take an average of 19 working days for the case to be heard at panel and for a lead agency to be allocated, where appropriate. This is exactly the same outcome as the previous evaluation report and therefore the current timescale seems to be consistent. It should be reiterated here that two EHP's were cancelled on the 22nd August 2015 and 16th September 2015 and this explains the increase in duration around these periods. This is in line with our initial projections and recognises the fact that Early Help is neither a rapid response, nor an emergency service.

However, there is always room for improvement and as we can see in recent months the average duration from referral to EHP has risen slightly. This may be because as the EHP has become more embedded in the county, the volume of referrals has increased. This is a trend that is expected to continue and a greater demand means a greater average duration from referral to EHP. Therefore, in order to further reduce this figure, in the future the EHP could consider having a weekly 'Super Panel.' This would need careful consideration, in order to balance the need for a swifter response with the considerable additional demand on agencies. Partners were consulted on this and agreed that unless demand exceeded 45 families per panel it would not be cost effective to move to a weekly panel.

In addition, the Early Help Decision Maker has not managed to reduce this duration and there has been some initial analysis of the reasons for this, bearing in mind that the role is due to be reviewed formally in March 2016. It is already apparent that the Early Help Decision Maker has spent a considerable proportion of time gathering additional information not provided by referrers prior to panel, and also in gaining

informed consent from families. This has tended to delay the bringing of families to panel. It has also been noticeable that the administrative burden on the panel coordinators has not been reduced by the introduction of this post.

Panel Meetings

There has been a very high level of representation at panels with the majority of agencies providing a regular attendee, and, where necessary, a deputy at manager level. This has been of great value and has led to increased interagency cooperative working.

Furthermore, we acknowledge the considerable additional work contributed by members and other staff in their organisations in checking records, providing information and preparing for panel.

Nevertheless, we have noted some gaps in the provision of information or panel attendance and are already taking steps to address some of these early in 2016. This includes Educational Psychology and Adult Mental Health Services. It also remains difficult to engage other agencies, such as Secondary Schools and Adult Social Care.

Observers have been able to attend all panels, with prior notice and clear expectations of their role, and we remain grateful to both Clinical Commissioning Groups for the use of their high quality facilities.

All panels in 2015 have been chaired by the Head of Early Help, Buckinghamshire County Council, except one which was chaired by the Service Manager for CAMHS. From January 2016, the EHP's will be chaired in turn by a senior officer from Thames Valley Police, the Service Manager from CAMHS and the Head of Early Help, Buckinghamshire County Council.

Referral Agencies

In this part of the report, we will conduct comparative analysis between the referral agencies up until the three month review on 30th September 2015, with all subsequent cases. This will enable us to determine whether there has been an increase in the spread and amount of agencies referring to the EHP's, as well as where there may need to be further awareness-raising.

It is important to mention here, that since the three month review there has been a change in the method of recording referrals, with the aim of improving consistency. From now on, all original referrers will be recorded as opposed to First Response. This is because in practice all referrals will come through First Response and therefore

should not be recorded as such. As a result, these figures have been slightly adapted from those in the first evaluation report.

Three Month Review

This table covers the first six panels in Aylesbury from 24th June 2015 to 30th September 2015.

Referral Agency	No. of referrals	Proportion
Education: 5+	18	25.35%
Social Care	18	25.35%
CAMHS	8	11.27%
GP Surgery / Hospital	5	7.04%
Other	5	7.04%
Adult Mental Health Services	4	5.63%
Thames Valley Police	4	5.63%
Education: Under 5	3	4.23%
Paediatrics	2	2.82%
Health Visiting	2	2.82%
Addiction Services	1	1.41%
Connexions	1	1.41%
TOTAL:	71	

Following Three Month Review

This table covers EHP's for all four district council areas from 14th October 2015 to 23rd December 2015, including the panel for Chiltern & South Bucks held on 30th September 2015.

Referral Agency	No. of referrals	Proportion
Education: 5+	56	40.29%
Social Care	26	18.71%
Other	10	7.19%
CAMHS	10	7.19%
Self - Referral	9	6.47%
GP Surgery / Hospital	8	5.76%
Thames Valley Police	6	4.32%
Adult Mental Health Services	4	2.88%
Paediatrics	3	2.16%
Connexions	2	1.44%
Health Visiting	2	1.44%
Education: Under 5	1	0.72%
Housing	1	0.72%
Youth Offending Service	1	0.72%
TOTAL:	139	

When comparing these two datasets, there are some apparent differences. The most obvious of these is the significant surge in referrals from those classified as **Education 5+** following the end of September, with a 14.94% increase in proportion. This statistic is unsurprising given the fact that the school summer holidays were from 21st July 2015 to 5th September 2015.

In addition, there was a substantial increase in the amount of self-referrals following the three-month review. As a result, we will discuss these cases in more detail at a later point in the evaluation report, to determine how they could be managed more effectively in the future. This information will be included in **Appendix B**.

The final trend observed in these combined datasets is the low number of referrals from Connexions, Health Visiting, Housing, Addiction and Youth Services. Therefore, it could be worth prioritising these agencies for further Early Help Approach Awareness training in the future.

Overall Data

The graph below represents the total number of referrals made to the EHP in 2015. It is important to mention here that despite there being only 203 families who have been through the EHP, there were 210 separate referrals recorded in the data. This is because some families were referred to the EHP by more than one agency. These specific families will be analysed further in **Appendix C** of the report.

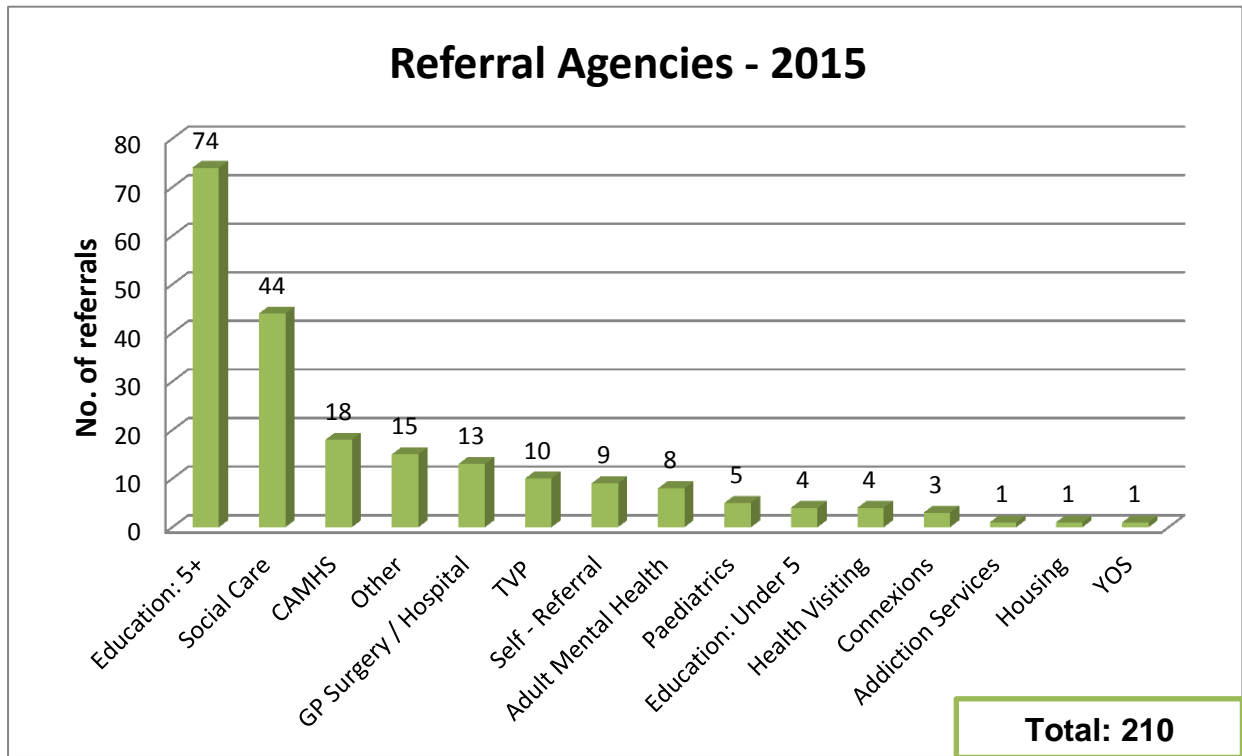
For the purposes of this graph, the following agencies have been categorised as Other:

Three Month Review

- Anonymous
- Aylesbury Women's Aid (x 2)
- CAF Suffolk Safeguarding Board
- Carers Bucks

Following Three Month Review

- Brighton and Hove Children Services
- Bucks Floating Support
- NSPCC (x 3)
- Safeguarding Adults Board
- Time to Talk Bucks (x 2)
- Young Carers (x 2)



From this graph, it is clear that a large proportion of referrals to the EHP originate from Schools (35.24 %) or Social Care (21.15%), which together account for 56.39% of all referrals. Within these 74 referrals from Education: 5+, there were **58 separate schools**. Amongst these organisations, Oak Green School had the greatest amount of referrals with five individual cases.

At the same time, from looking at the overall data, it is clear that there is a good spread throughout the referral agencies. This information therefore emphasises how well ingrained the EHP has become in Buckinghamshire within its six month period and how agencies continue to engage for the benefit of families.

Panel Decisions

As mentioned earlier in this document, the main cause for concern from the previous evaluation report was the significant proportion of cases that were not meeting the appropriate Level 3 threshold, based upon the BSCB document. This is a requirement for the case to be discussed at panel and subsequently allocated to a lead agency. Consequentially, the aim of this section is to determine whether the changes made since the three month review have seen the desired improvement. This will be achieved by comparing data from the district areas as well as analysing the percentage of appropriate referrals on a monthly basis from June 2015 to December 2015.

Aylesbury - Panel start date 24th June 2015

Decision	No. of families	Proportion
Level 2	32	23.70%
Level 3	66	48.89%
Escalated to Level 4	16	11.85%
Not enough information	19	14.07%
No decision required	2	1.48%
TOTAL	135	

Chiltern & South Bucks – Panel start date 30th September 2015

Decision	No. of families	Proportion
Level 2	8	17.39%
Level 3	28	60.87%
Escalated to Level 4	7	15.22%
Not enough information	2	4.35%
No decision required	1	2.17%
TOTAL	46	

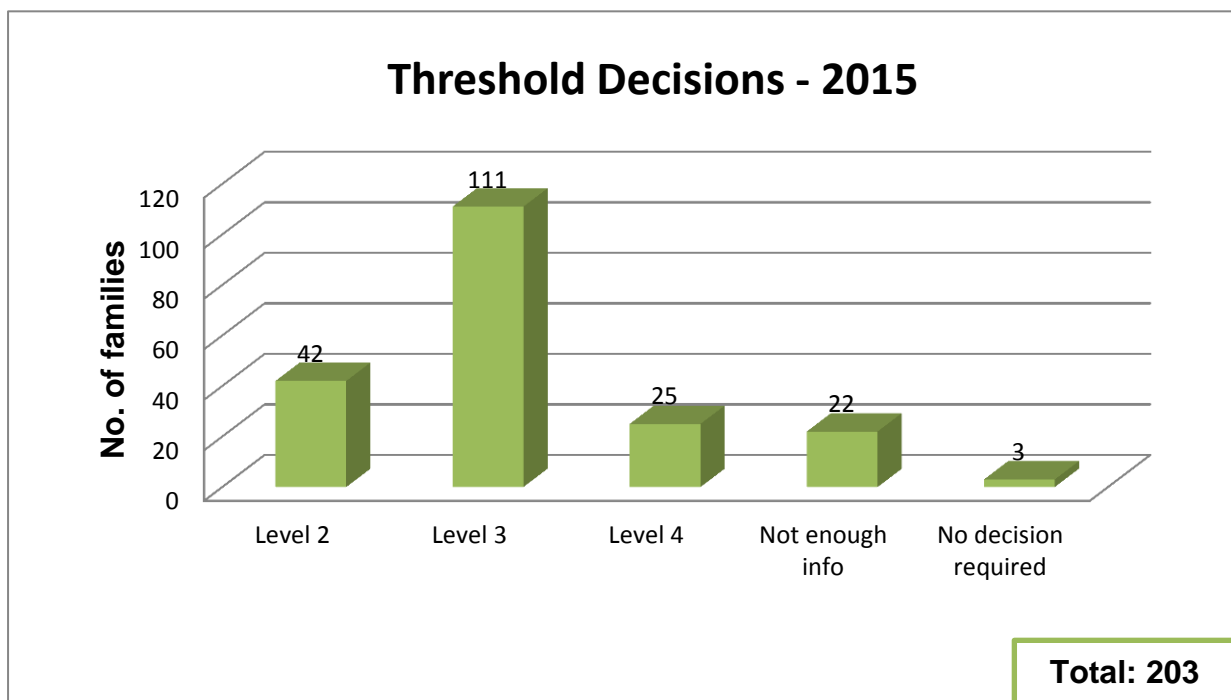
Wycombe – Panel start date 11th November 2015

Decision	No. of families	Proportion
Level 2	2	9.09%
Level 3	17	77.27%
Escalated to Level 4	2	9.09%
Not enough information	1	4.55%
No decision required	0	0.00%
TOTAL	22	

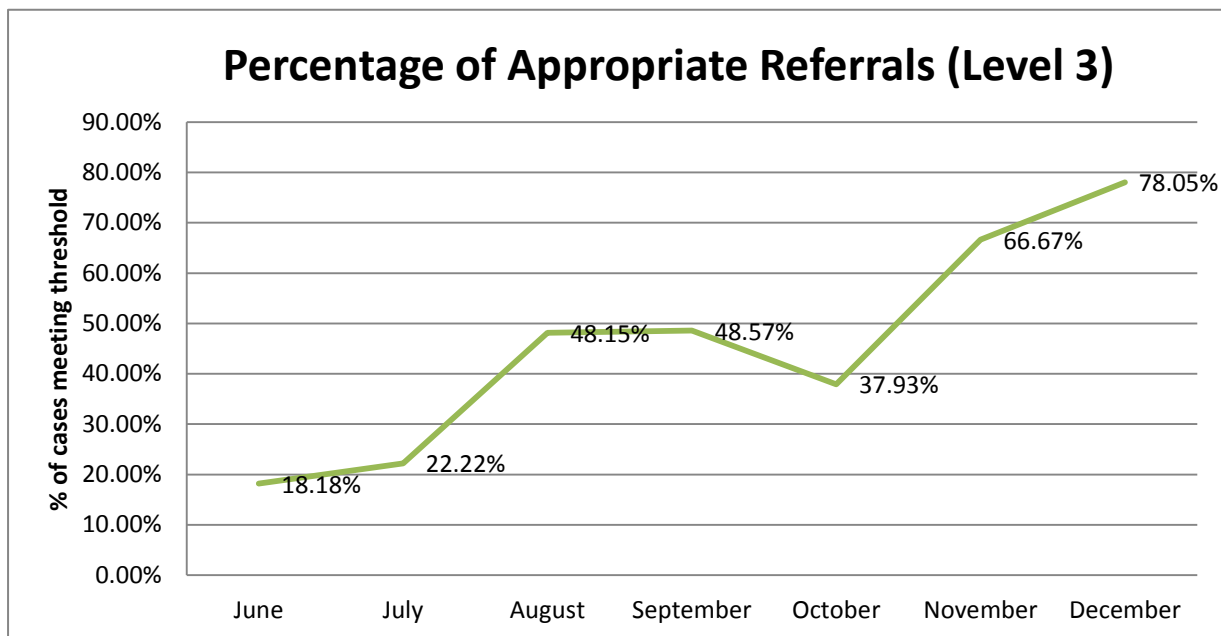
From comparing these datasets, it is clear that there is a difference in the quality of referral based upon district area. The Aylesbury Vale District has a visibly lower proportion of cases meeting the required Level 3 threshold. However, there is a straightforward explanation for this statistic. Aylesbury was the pilot area for the EHP and therefore was very much a learning curve. The process was regularly adapted and amended in its initial phase, until the best outcomes were achieved. As a result, the early EHP's had a considerably lower percentage of appropriate referrals. For example, in June and July only 18.18% and 22.22% of referrals were appropriate, compared to 63.64% in December.

In addition, the figure that was particularly striking in the Aylesbury area was the number of referrals classified as having not enough information for the panel to reach an informed decision. These cases also occurred very early on in the process with 15 of the 19 recorded arising prior to the three month review, on 30th September 2015. Following the review, we began to filter out single issue referrals leading to a significant improvement in these numbers.

This graph combines the information from the four separate district council areas to represent the overall data for 2015.



From this graph, we can see that from a total of 203 families discussed at the EHP's 111 met Level 3 criteria and qualified for a multi-agency coordinated response. Although this only accounts for 54.68 % of the cases, this figure is expected to rise significantly within the next few months. The reason for this expected increase will become more apparent, upon viewing the following data.



This graph demonstrates the instant and positive impact made by filtering out the single issue cases. Furthermore, the recommendation reached following the three-month evaluation of introducing an EHP Decision Maker came into force from 23rd November 2015. This will have had a further effect on the figures.

Above all, November and December show substantial improvement and this positive trend is expected to continue. This will considerably increase the overall percentage of appropriate referrals in the coming months. To put this into context, 32 of the 41 cases progressed to the EHP in December, were subsequently classified as Level 3.

Despite this, October is somewhat of an anomaly and does not follow the general positive correlation we have seen on a month-to-month basis. However, there are a number of possible reasons for this unexpected outcome. Firstly, the situation will have had an influence. As mentioned when analysing the referral agencies, there was a significant surge in the number of school referrals following September 2015. At the same time, October is the first month after the extended school summer holiday. A combination of these factors will have contributed to the following outcomes. During the summer holidays teachers and pastoral support officers would not have had access to important training on Early Help Awareness, provided by the Families First team. Secondly, each school will have had a number of new and unfamiliar pupils. This could have resulted in a referral being made to the EHP before the individual fully understood the entire picture of the child and their family dynamics. Finally, there were a number of families where schools hoped that the specific situation would resolve itself over the summer. Upon return, the schools concern over a lack of progress resulted in a referral.

The Quality of Referrals

Using a combination of data from the previous two sections of the report, we can conduct further analysis. In order to continue to improve the quality of referrals, it is important to ensure that each individual referral agency has a good understanding of the EHP process. To achieve this, it is necessary to identify where the less appropriate referrals are originating from. This will enable us to target areas that need development and will therefore contribute to practice improvement. As a result, this section of the report will include a comparison between the referral agency and the subsequent panel decision. This will establish whether or not any specific agencies are more prone to referring inappropriately.

For the purposes of this analysis, any agency that has only referred one case to the panel has been excluded from the dataset, as the outcomes would be inconclusive and unrepresentative. Indeed, all agencies that have below ten referrals are probably difficult to analyse. Nevertheless, these cases have been included for interest. In addition, one referral from social care has been excluded from this table, as no decision was required by the panel. This case had been sufficiently allocated before progressing to discussion, at the relevant EHP.

Referral Agency	Level 2	Level 3	Level 4	Not Enough Info	Appropriate
Adult Mental Health	2	3	3	0	37.50%
CAMHS	3	14	1	0	77.78%
Connexions	0	0	0	3	0.00%
Education: 5+	12	46	9	7	62.16%
Education: Under 5	0	4	0	0	100.00%
GP Surgery / Hospital	6	1	2	4	7.69%
Health Visiting	1	2	1	0	50.00%
Paediatrics	2	3	0	0	60.00%
Self – Referral	2	6	0	1	66.67%
Social Care	8	19	11	5	44.19%
TVP	1	9	0	0	90.00%

CAMHS, Education: Under 5 and TVP had the highest proportion of appropriate referrals. Meanwhile, Social Care, Connexions and GP Surgery / Hospital had the lowest proportion. This could well be because the main reason for referral for TVP was domestic violence and referrals from CAMHS often had mental health present. These are two problems that rarely existed in isolation and both tended to contribute to a family having multiple and complex needs. Additionally, the involvement of TVP and CAMHS in the panel in chairing roles from the beginning is likely to have increased their understanding of thresholds; and therefore will have contributed to the quality of referral. At the same time, Education: Under 5 referrals concern

children who will typify those in need of early help intervention; in order to achieve their full potential in the future. Finally, given the large amount of referrals received from Education: 5+ it is encouraging to see that 62.16% of cases were appropriate. More in-depth analysis around these issues will be conducted in the thematic aspect of this evaluation, from page 18 onwards.

However, we note that we are not yet receiving any referrals accompanied by an Outcomes Star. This is the Early Help Assessment adopted by the BSCB in 2015 and would increase the understanding of the family, once they are progressed to the EHP.

Lead Agencies

Before moving onto the thematic aspect of the evaluation report, we will now look at where the panel cases are typically placed once they have been classified for Level 3 multi-agency coordination. In particular, we will focus upon lead agency allocation.

It is important to note in some cases it is necessary to have a co-lead, in which two agencies share the lead role for a single family. Where this has occurred both agencies have been recorded in the dataset. Therefore, despite there being only 66 families who qualified for multi-agency intervention in the Aylesbury Vale District, there were 71 cases where a lead agency was allocated. This method of recording will continue throughout this section.

Aylesbury

Lead Agency	No. allocated	Proportion
Family Resilience Service (FRS)	40	56.34%
CAMHS	7	9.86%
Children's Centre	6	8.45%
Youth Services	5	7.04%
Health Visiting	4	5.63%
ADDaction	2	2.82%
Other	2	2.82%
Connexions	1	1.41%
Youth Offending Service	1	1.41%
Family Group Conference (FGC)	1	1.41%
FRS Parenting	1	1.41%
Educational Psychologist	1	1.41%
TOTAL:	71	

Other:

1. **Early Help Panel Coordinator**
2. **No role for EHP** (This specific case was classified as meeting Level 3 criteria but had already been directed to the appropriate support)

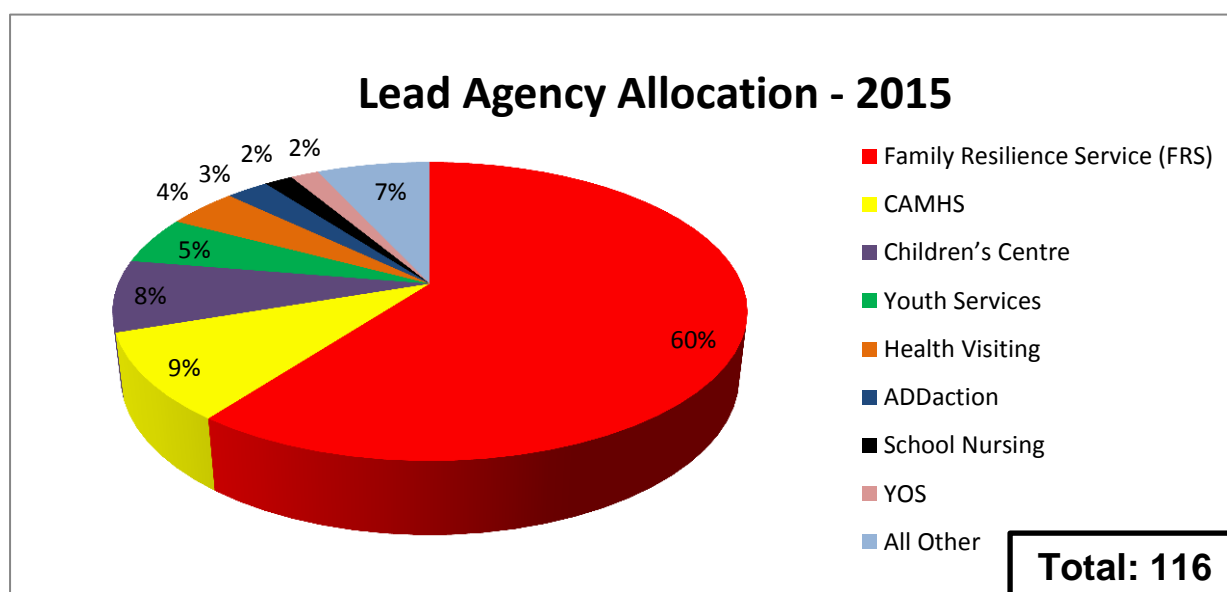
Chiltern & South Bucks

Lead Agency	No. allocated	Proportion
FRS	19	67.86%
Children's Centre	2	7.14%
School Nursing	2	7.14%
ADDaction	1	3.57%
Youth Services	1	3.57%
Health Visiting	1	3.57%
Permanence Team	1	3.57%
CAMHS	1	3.57%
TOTAL:	28	

Wycombe

Lead Agency	No. allocated	Proportion
FRS	11	64.71%
CAMHS	3	17.65%
Children's Centre	1	5.88%
Youth Offending Service	1	5.88%
Young Carers	1	5.88%
TOTAL:	17	

Combined Statistics



All Other:

- Connexions
- Early Help Panel Coordinator
- Educational Psychologist
- Family Group Conference
- FRS - Parenting
- No role for EHP
- Permanence Team
- Young Carers

From this data, it is evident that the trend first identified in the previous evaluation report has continued. As expected, FRS remains the most frequent lead agency, currently accounting for 60.34% of all lead agencies. This means FRS is working with 70 of the 111 families who qualified for a coordinated multi-agency approach. This figure is not surprising as the agency was established to specialise in supporting families who have multiple and complex needs, who will generally fall within the Level 3 threshold.

Despite this, going forward, this pattern of lead agencies needs to be monitored to ensure that one agency does not continue to take the majority of all cases.

With relation to specific district areas, there does not appear to be any significant deviation in the data.

However, since the previous report there has been one noticeable change. Up until 30th September 2015 CAMHS had not been allocated as the lead agency on a single EHP case. Yet, by December, CAMHS had become the second most common lead agency.

Thematic Review

Primary Reason for Referral

In this section of the evaluation report, we will discuss the themes that have become apparent in the first six months of the EHP process. Initially, we will concentrate on the primary reason for referral for all 203 families that have been through the EHP process. This will therefore pinpoint the single main concern of the referral agency in each individual case. This information will then be analysed further to determine whether there are any noticeable trends between the primary cause for referral and the respective referral agency.

This data was difficult to capture as many of these families had multiple and complex needs, which often had an equal impact on their situation. In fact, there were often many underlying issues, which had a direct impact on the principal concern. Nevertheless, the main cause for referral was significant behavioural issues within the family.

As mentioned on page nine of this report, there were 210 referrals in total, despite there being only 203 families. 62 of these 210 referrals (29.52%) were made primarily as a result of unmanageable behaviour. The statistic that is particularly striking, however, is that within these 62 cases, the child displaying signs of emotional and behavioural disorder was male on 47 occasions (75.80 %.) Furthermore, they were typically aged between 11 and 13, with 18 of the children falling within this age bracket. To put this into context, this was only 1 less than the total amount of children below ten, who were displaying similar behavioural issues. More of the main reasons for referral have been included below:

- 31 families were referred for high – level mental health issues and 20 of these were for child mental health
- 20 families were referred for domestic abuse
- 18 families were referred for parenting concerns
- 13 families were referred due to a risk of family relationship breakdown
- 8 families were referred for concerns of child neglect
- 7 families were referred for persistent absence from school
- 7 families were referred for substance misuse

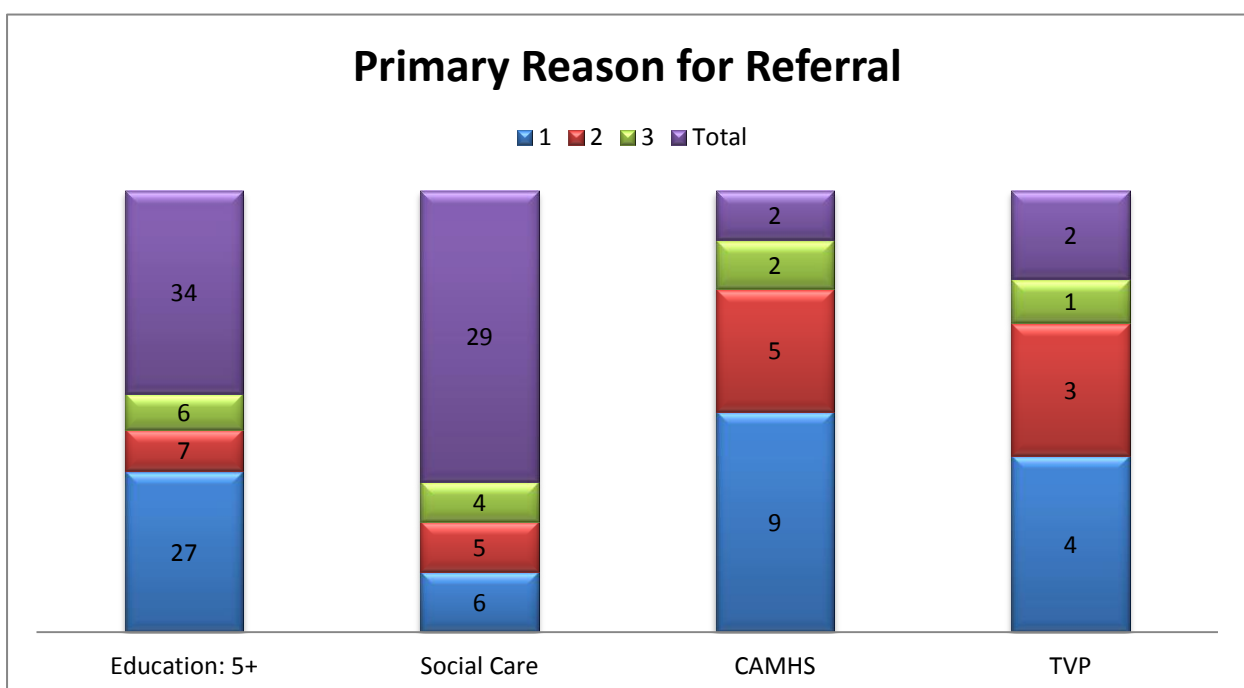
These statistics demonstrate that as expected there is a huge diversity in the primary reason for referral. Even within the 30 families who were referred for mental health there existed a variety of symptoms, ranging from depression and low mood (nine cases) to fabricated illness by proxy (one case.) It is interesting that within the cases that were referred for child mental health, the majority were again male. Boys accounted for 13 of the 20 cases (65.00 %) referred on this basis. Yet, at the same time, all 11 cases of adult mental health were primarily referred for the mother's

symptoms. This is a stark contrast. We will now look at how these outcomes correlate with their respective referral agencies and examine what themes may exist.

In order to develop these themes, the following table will identify the three primary reasons for referral for each of the main agencies. Those that are not included in the table will be discussed within the text, where relevant. For the purposes of this specific dataset, the referral agencies that were classified as other have been excluded. In addition, the cases that were self-referred will be discussed in more depth at a later point in the evaluation report.

Agency	Main Reason	Amount	Proportion
Education: 5 +	1. Behavioural problems	27	36.49%
	2. Parenting	7	9.72%
	3. School Attendance	6	8.33%
Social Care	1. Domestic Abuse	6	13.64%
	2. Behavioural Problems	5	11.36%
	3. Family Relationship Breakdown	4	9.09%
CAMHS	1. Behavioural Problems	9	50.00%
	2. Mental Health	5	27.78%
	3. Family Relationship Breakdown	2	11.11%
TVP	1. Domestic Abuse	4	40.00%
	2. Missing Person Report	3	30.00%
	3. Substance Misuse	1	10.00%

This graph represents the information in the table above. It includes the three primary reasons for referral for each of the four agencies. These are highlighted in the blue, red and green. Meanwhile, the purple outlines the remaining total amount of referrals for each agency that did not fall into any of these categories.



From this data, we can identify that there are observable trends for some agencies where there are not for others. For instance, Education: 5+, CAMHS and TVP all tend to refer a family to the EHP for specific issues, whereas Social Care referrals appear to be more varied and diverse. We can reach this conclusion based upon the graph as Social Care has a much higher proportion of purple than the other three agencies. Despite referring to the EHP on 44 separate occasions, Social Care's primary reason for referral (domestic abuse) only amounted to six cases. Therefore, there was a much larger spread of referrals within this agency.

On the other hand, it is not surprising to see that 70.00% of all TVP referrals were made for domestic abuse and missing person reports, when it is considered that the agency has an obligation to respond to all allegations of this nature. The fact that schools mainly referred for behavioural issues could also have been predicted. It is likely that pupils displaying signs of emotional and behavioural disorder will have a disruptive impact on the learning environment. When this situation becomes uncontrollable schools will often require further support.

What may be considered surprising though is the fact that CAMHS also referred primarily for behavioural problems. One might have expected mental health to be the main reason for the agency to refer to the EHP. However, upon completing further analysis, this outcome becomes clearer. Within these nine behavioural referrals there were some recurring themes. For example, six of the nine cases were referred for children who were presenting aggressive / violent behaviour and these were often linked to a recent diagnosis of ASD or ADHD. Furthermore, we should remember that CAMHS is an agency that specialises in mental health; therefore it would be unusual for them to refer a case to the EHP for this issue alone. CAMHS is more likely to progress a family to the EHP with multiple and complex needs, of which mental health would be just one issue amongst many. This is where behavioural problems could arise as the main concern for the agency and gives further explanation to this statistic.

Now that we have analysed the dataset, it is important to briefly discuss the remaining agencies and their main cause for referral. Unlike CAMHS, Adult Mental Health Services followed the expected pattern of referral, with 50.00% of their cases being primarily as a result of mental health. As mentioned above, all of these four referrals were in relation to the mother. Three were due to low mood and depression, whilst the other was for suicidal ideation. These often had an impact on the care givers ability to parent effectively, and this may explain the need for progression to the EHP.

Meanwhile, Health Visiting referrals were primarily for emerging development needs and poor attachments, resulting in possible neglect and Education: Under 5 were largely families referred for parenting concerns. In particular, these families needed assistance with routines and boundaries for their young children, who were demonstrating aggressive behaviour and in some cases high level mental health

issues. These are both fitting with the expectation for the agency. Finally, Connexions and Paediatrics were more sporadic ranging from family finances and social isolation for Connexions to ASD diagnosis and the risk of family relationship breakdown for Paediatrics.

We have also noted an increasing trend in the referral of families where there is at least one child with a significant, ongoing disability or health need. This includes children with physical and/or mental health needs, as well as severe learning disabilities or difficulties.

Threshold Document Analysis

Having discussed the main reason for referral, the report will now move onto identify the most frequent family problem. As mentioned earlier, the EHP will accept referrals for families, who meet the Level 3 threshold having been identified to have multiple needs based upon the BSCB threshold document. Therefore, in this section we will focus solely upon the 111 families who were classified as Level 3, through the EHP process. This data will record if the family has experienced each specific problem in any capacity and as a result will not necessarily correlate with the singular main reason for referral, analysed above. In order to fully understand the following data, the key features of the BSCB threshold document have been included on the next page. For a more detailed version of the document it is also possible to visit <http://www.bucks-lscb.org.uk/professionals/thresholds-document/>.

Please refer to page 22

<u>Level 2 Threshold</u> <i>In addition to universal services</i>	<u>Level 3 Threshold</u> <i>Despite intervention at 2, evidence of continuing</i>
<p><u>Child Development Needs</u></p> <ol style="list-style-type: none"> 1. Poor attachments 2. Language and communication difficulties 3. Disability or additional special needs 4. Absence/truancy/exclusions 5. Incidence of absence/missing from home 6. Potential for becoming NEET (not in education, employment or training) 7. Delay in meeting developmental milestones 8. Missing health checks/immunisations 9. Minor health problems 10. Early signs of offending/anti-social behaviour 11. Underage sexual activity 12. Early signs of substance misuse 13. Poor self-esteem/mental health issues 14. Teenage Pregnancy 	<p><u>Child Development Needs</u></p> <ol style="list-style-type: none"> 1. Child not meeting some of their developmental milestones 2. Displaying some signs of emotional and behavioural disorder 3. Chronic recurring health problems 4. Missed appointments affecting developmental progress 5. Disabilities affecting access to mainstream services 6. Teenage pregnancy 7. Risky sexual behaviour 8. Risk of entering youth justice system 9. Fixed term/permanent exclusions/no school place 10. Persistent absence from school 11. Missing from school/home regularly 12. Displaying extremist views 13. Continuing substance misuse 14. Very low self-esteem/eating disorders 15. High level mental health issues 16. Poor skills resulting in social exclusion 17. Poor/ ill-fitting clothes
<p><u>Parenting Capacity</u></p> <ol style="list-style-type: none"> 16. Inconsistent care arrangements 17. Poor supervision by parent/carer 18. Inconsistent parenting 19. Poor response to emerging needs 20. Historic context of parents/carers own childhood 	<p><u>Parenting Capacity</u></p> <ol style="list-style-type: none"> 18. Learning or physical disability impacts on parenting 19. Substance misuse 20. Mental health issues 21. Parental non-compliance / cooperation 22. Persistent poor/inconsistent parenting / care arrangements 23. Being prosecuted for offences under the Education Act 24. Historic context of parent /carers own childhood
<p><u>Family and Environment</u></p> <ol style="list-style-type: none"> 21. Young Carers 22. Poor parent/child relationships 23. Children of prisoners/parents with community orders 24. Bullying 25. Poor housing and poor home environment impacting on child's health 26. Community harassment / discrimination 27. Low income affects achievement 28. Poor access to core services 29. Risk of relationship breakdown 30. Concerns about possible domestic abuse 31. Risk of social exclusion 32. Risk of child sexual exploitation (CSE) 	<p><u>Family and Environment</u></p> <ol style="list-style-type: none"> 25. Domestic abuse 26. Overcrowding or temporary housing/hostel 27. Poverty/worklessness 28. Poor attachments 29. Socially excluded family / harassment / discrimination 30. Child being asked to undertake caring role of parent 31. Privately fostered child 32. No recourse to public funds 33. Transient families not accessing services 34. Significant risk of CSE

Now that you have looked at the BSCB threshold document above, this analysis will make direct reference to its contents. Within the 111 Level 3 families that were classified at the EHP, there existed 564 problems. **This is an average of 5.08 problems per family.** 292 of these 564 (51.77%) issues fell under the category of child development needs. However, as mentioned in the previous EHP evaluation report, this is almost certainly due to the fact that this section of the threshold document has the greatest number of criteria for the families to meet. This is a total of 17 out of the 34 criteria outlined (50.00%) and therefore is almost directly proportional to the percentage of problems identified within this area. This statistic means that there was an average of **1.08 development needs per child** within the 111 families. This figure is based upon children who are living in the primary household and does not include extended family members.

Meanwhile, concerns related to family and environment had ten criteria (29.41%) yet only accounted for 109 (19.33%) of the EHP problems. This means that despite only having seven criteria (20.59%) on the threshold document, parenting capacity had 163 issues identified. This amounts to 28.90 % of all problems and therefore proportionally parenting capacity remains the greatest area of concern for the EHP families. The following pages will cover these aspects in more detail.

Threshold Document

In order to better understand the most frequent family problem, it is important to identify the five most common concerns across all three categories in the threshold document. Once this is achieved, we can compare these five issues and see how they might be interconnected. This analysis will be based upon the overall statistics for the 111 families. However, this information will also be broken down further into district council areas in **Appendix D**, for comparison.

Rank	Problem	No of cases	% of Total Families (111)	% of Total Family Problems (564)
1	2: Displaying some signs of emotional and behavioural disorder	87	78.38%	15.43%
2	22: Persistent poor / inconsistent parenting / care arrangements	61	54.46%	10.82%
3	10: Persistent absence from school	46	41.07%	8.16%
4	20: Mental health issues	40	35.71%	7.09%
5	25: Domestic Abuse	30	26.79%	5.32%

The statistics in this table are rather compelling. As we can see from the data, a substantial 87 of the 111 (78.38%) families had children who were displaying some signs of emotional and behavioural disorder. When we analysed this information further, it became apparent that this issue rarely existed in isolation and was often triggered by another situation in the family, such as domestic violence. The extent to which will become clearer in the comparative analysis below.

As in the three-month evaluation report, domestic abuse and mental health continued to be prominent within the EHP families. This is important as these issues are largely under reported and consequently both are likely to have existed in a greater proportion of families, than those which can be recorded. At the same time, **20** (mental health issues) as presented in the table only relates to adult mental health. There were also 19 cases of high-level mental health concerns amongst children within these 111 families.

We will now compare these five most common concerns and the most informative outcomes have been included below:

- 80.56% of families that experienced domestic abuse also had a child who was displaying some signs of emotional and behavioural disorder.
- Yet only 32.95% of families with a child displaying some signs of emotional and behavioural disorder had domestic abuse in the family.

The following two statistics are proportional:

- Children displaying some signs of emotional and behavioural disorder and persistent poor / inconsistent parenting / care arrangements were the two issues most likely to exist together (29.33% of total cases)
- Domestic abuse and persistent absence from school were the least likely to exist together (16.09% of total cases) For example, only 38.89% of families experiencing domestic abuse also had a child with persistent absence from school

From these bullet points, we can conclude that domestic violence has a substantial impact on the behaviour displayed by children within the family. Where there was domestic abuse in the family there was nearly always behavioural concerns, but where there were behavioural concerns there was not usually domestic abuse. Therefore, these issues were not mutually interdependent. In fact, children who were displaying signs of emotional and behavioural disorder and inconsistent parenting were the two problems that were the most likely to exist together. This is because the latter two were interdependent, with each having an impact on the other.

This analysis has helped to give us an understanding of these five most frequent concerns and how they are inherently linked. However, in order to fully understand the complex nature of our most vulnerable families this report will conduct further research. This will involve continuing to compare these five most frequent problems with the following important issues:

- **1** : Child not meeting some of their development needs
- **19**: Substance Misuse
- **13**: Continuing Substance Misuse
- **28**: Poor Attachments
- **34**: Significant risk of CSE (Child Sexual Exploitation)

Although these issues were not identified as the most frequent problems amongst our EHP families, they continue to be areas of significant concern for families in Buckinghamshire and beyond. The outcomes of the further analysis are again detailed below:

- 80 families (72.07%) had experienced three or more of these issues
- Only 7 of the 87 (8.05%) families that had children displaying some signs of emotional and behavioural disorder had this issue in isolation, when cross-matched with these other nine areas.
- **10:** Persistent absence from school was the only area where the average number of girls in the family surpassed boys (1.5 per family to 1.3, respectively)
- In the 24 families where there was a child not meeting some of their developmental milestones, there was an average of 1.71 boys but only 0.96 girls
- 78.95% of the families with poor attachments also had a child displaying some signs of emotional and behavioural disorder

The following statistics are all proportional:

- Within the families who had poor attachments, domestic abuse was the most common
- Within the families who had substance misuse issues, persistent absence from school was the most common. However, this was closely followed by domestic abuse.
- Within the families at significant risk of CSE, children displaying some signs of emotional and behavioural disorder were most common
- Within the families where a child was not meeting some of their development milestones, persistent absence from school was the most common
- Significant risk of CSE and a child not meeting some of their development milestones were the only two issues that did not interlink

From this further analysis, we can begin to comprehend many of the themes that exist in a typical EHP family. In particular, it is evident that domestic abuse and poor attachments have a substantial impact on a child showing some signs of behavioural disorder. Furthermore, from the previous section on the primary reason for referral we were able to identify the typical age range and gender of a child who may present this issue (11 to 13 year old male.) This is important as a combination of this information gives us a much better understanding of the problem that was the primary reason for referral to the EHP. However, through combining the previous two datasets, it can be concluded that on a proportional basis mental health is more likely to be the primary concern of a referrer, given the substantial amount of behavioural difficulties identified in the EHP families.

Recommendations

A formal six month multi agency review of the Early Help Panel took place on the 10th February 2016. Based upon this document, the following recommendations were made by professionals:

Panel process / Functioning

1. It was agreed that the Early Help Panel Decision Maker role is vital. However, following the review, the role must be redefined. This will include the scope of the role, how it will be funded, where the position will sit and the seniority of the employee.
2. An updated MARF has been created with the addition of the Family Outcome Star. From September 2016, the EHP should expect all referrals, where appropriate, to include this assessment tool.

Communication / Training

3. The EHP should support the BSCB Learning and Development subgroup to deliver additional and revised training around the MARF and Threshold Document.
4. The availability of Early Help Awareness training should be advertised further to all partners.
5. Where appropriate, targeted training should be developed for specific groups such as GPs and schools

Membership / Partner engagement

6. Secondary schools will be approached regarding panel membership. BCC school liaison officers should be invited to attend the EHP, as observers.
7. Adult Social Care will be approached regarding panel membership
8. The engagement of Children Centres should be monitored as the method for them to refer in for Level 3 families has recently changed
9. The Families First team are currently in the process of negotiating a secondment from Educational Psychology from September 2016. Their membership at panel should be strongly considered.
10. The potential for the joint membership of CAMHS and Adult Mental Health should be explored further.
11. The YOS Management Board should be approached regarding panel membership and lead agency status.

Future research

12. The next evaluation report should include the following research and analysis:

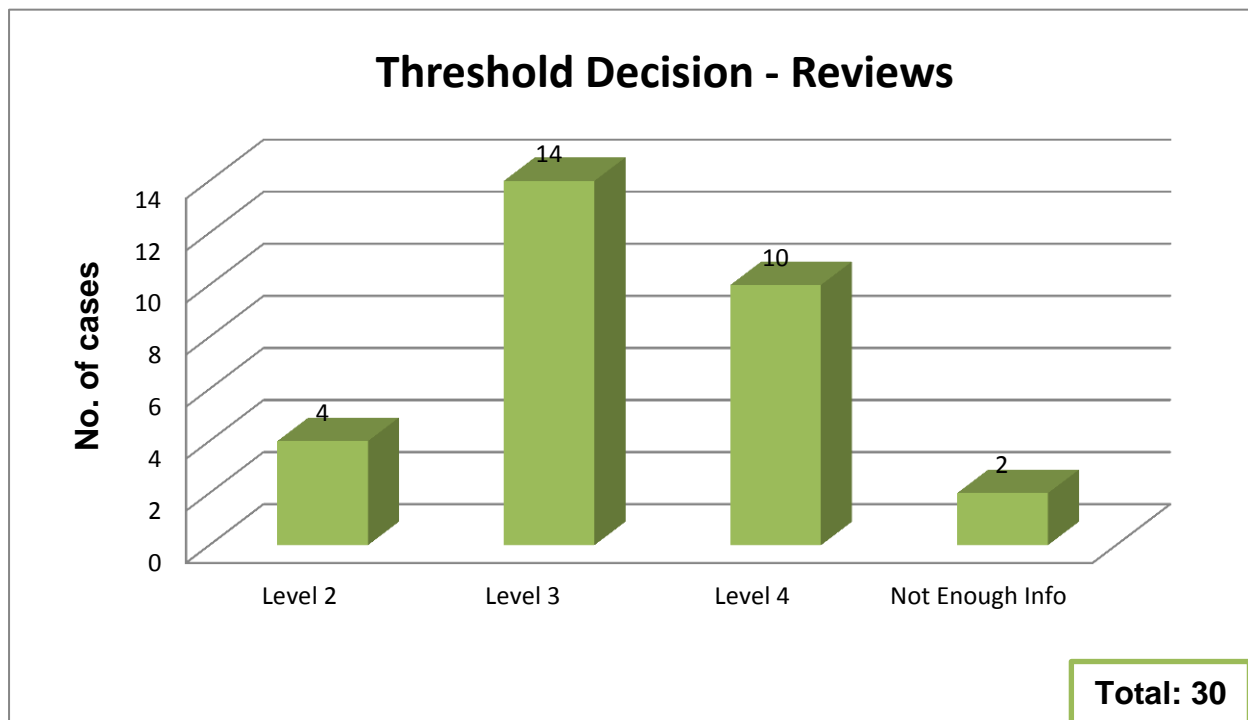
- the outcomes of intervention, as then sufficient time will have passed to monitor this progress. This will determine if the EHP has had a positive impact on the support received by children and families.
- information on those families coming through the EHP with children who have physical and / or mental health needs, as well as severe learning difficulties. In particular, the report should include further analysis on children with a diagnosis of ASD or displaying some signs of ASD.
- a focus on the structure of the family unit, including the impact of children living across two or more households, and the impact of inconsistent parenting as a result of this.
- an analysis of consent issues in the light of the changes to the MARF.
- cases which are at Level 3 but which can be managed outside the EHP process to see if there are themes emerging

Identified Risks

- **Early Help Decision Maker:** There is a risk that should this position cease to exist following the five month secondment that the quality of referrals coming to panel would relapse. Following the adoption of the recommendation made at the three month review, it is clear that there has been a substantial improvement during November and December. This has been due to the successful filtering of inappropriate referrals, and signposting, resulting in a greater proportion of Level 3 cases going to the panel. There is insufficient capacity for the co-ordinators alone to undertake this role. Feedback from partners indicates that panel membership and engagement would suffer if the quality of referrals regressed.
- **Training:** Without refresher / revised training it is predicted that the quality of referrals will remain constant or even regress. This is because there are still issues around a lack of consent and information for some MARFs. Basic questions are not being asked by some practitioners at the referral stage, and this could be amended through training. GP's have been targeted as a key area for development.
- **Membership:** There is the potential risk that the EHP will not become fully embedded within agencies, if the membership is not extended to those specified within the recommendations. This risk of non-engagement is greater in agencies that do not have a panel representative.

Appendix A – Reviews

An important part of the EHP process is the review phase. This section will therefore be dedicated to analysing the relevant cases. There are several possible reasons for a family to be subject to a review at panel. The first scenario is when the panel members are unable to make an informed decision on a case, due to a lack of information. When this happens, the case will be returned to the EHP coordinator for further investigation and should only return once the appropriate additional information is acquired. Another potential reason for a review is a change in family circumstance. This could result in the case needing to be ‘stepped down’ or escalated. Consequentially, this section aims to determine how the review process is working in practice and whether its outcomes are effective. The graph below represents the threshold decisions for each of the cases reviewed at the EHP.



To date, there have been 30 cases reviewed at the EHP, but only 27 families. This is because three of these families were reviewed on two separate occasions. This explains why there were cases that continued to require additional information in this section. The third family that was reviewed twice remained Level 3 on both occasions. As mentioned on page 12 of the report, 22 of the 203 new EHP families were deemed as not having sufficient information for the EHP to reach an objective decision. 12 (54.55%) of these 22 cases have since been reviewed and subsequently directed to the required support. These 12 cases were equally distributed with four cases meeting each of the three threshold levels. Nevertheless, this means that ten families are yet to

have their cases allocated at panel, but are expected to return for review in the immediate future.

The remaining information on the review cases is included below:

13. Five Level 3 cases returned for review and subsequently escalated to Level 4
14. One Level 2 case returned for review and escalated to Level 4
15. Two cases that initially required no decision from the panel were returned for review and later allocated to a lead agency (Level 3)
16. There were only two cases that were reviewed and had no change to their level

From this information, it is clear that the review process is working effectively. It is this aspect that allows the EHP to adapt and reconsider the ever changing needs of the families. Through reviewing these cases, the EHP is able to ensure that families continue to receive the right help at the right time, regardless of their circumstance.

This means that once we include the reviews **124 families** have met the Level 3 threshold since 24th June 2015. It should be noted here that one of the Level 3 cases from the reviews has been excluded from this overall figure, as the same family was allocated twice.

Appendix B – Self – Referrals

The remit of the EHP is not strictly to accept self-referrals and a parent or relative who has a concern about a specific issue or family member is advised first to consult the opinion of an appropriate professional, such as a school teacher or GP. If the professional agrees the case needs to be escalated the professional can then refer on behalf of the individual via First Response. Between September and December 2015, there were nine separate self-referrals to the EHP. In this Appendix, our aim is to examine any themes or trends that may exist between these cases, to see how they could be effectively managed in the future. On page 14, we have already discussed how appropriate these self-referrals have been for the EHP, in relation to the BSCB threshold document. This was relatively high with six of the nine cases (66.67%) meeting the required Level 3 classification. Consequentially, it is not that these cases should not be progressing to panel altogether, but how they should be referred that is in question. It should be noted that these cases create considerably more work for the panel coordinators, who must confirm consent, and the necessary detail that will enable panel to give the case the required consideration. However, as First Response accepts self-referrals, the EHP will continue to receive them

The core analysis in this section will concentrate on the main reason for referral in these cases and lead agency allocation for the Level 3 cases. Seven of these nine self-referrals (77.78%) were primarily referred due to the parent being unable to cope with the behavioural difficulties of their child and subsequently requesting further

support. In four of these seven cases the child had an underlying health condition that was impacting on their behaviour. Two of the children had a diagnosis of ADHD, one had autism and the final child had 22Q syndrome. The two cases that were not referred primarily for behavioural difficulties were both related to a 13 year old male. The first was for substance misuse and the latter for emotional wellbeing. Both had an impact on the individual child's behaviour and the capacity of their carer to parent them effectively.

Meanwhile, with regard to the lead agency, there was no observable pattern. In fact, the lead agencies were very diverse ranging from the permanence team to YOS and school nursing. However, from this analysis it could be concluded that the majority of these families may have benefited from a parenting course, prior to their case progressing to the EHP.

Appendix C – Multiple Referrals

In this Appendix, we will look at the cases in which the family has been referred on more than one occasion from separate agencies. We are doing this to determine whether or not these families are more likely to have multiple and complex needs. Up until 23rd December 2015 there had been five families who were referred to the EHP by more than one agency simultaneously. Within these five families none were subsequently classified as Level 2. This means none of these cases were appropriate for a single agency response compared to 20.69% of the overall 203 families. Three (60.00%) of the five cases met the Level 3 threshold, whilst one case was escalated to Level 4 and therefore qualified for statutory intervention. The remaining case required additional information for an informed panel decision. However, this does not necessarily mean that the case will not have multiple and complex needs, once an outcome is reached. Therefore, this limited data would suggest that these cases are more likely to have high level needs.

Appendix D – Threshold Document Analysis (District Breakdown)

As mentioned on page 24 of the report, in this section the five most frequent problems for the EHP families have been broken down into the relevant district council areas.

Aylesbury – Average number of problems per family: **5.61**

Rank	Problem	No. of cases	% of Total Families (66)	% of Total Family Problems (359)
1	2: Displaying some signs of emotional and behavioural disorder	49	74.24%	13.65%
2	22: Persistent poor / inconsistent parenting / care arrangements	37	56.06%	10.31%
3	10: Persistent absence from school	33	50.00%	9.19%
4	20: Mental health issues	26	39.39%	7.24%
5	25: Domestic Abuse	21	31.82%	5.85%

Chiltern and South Bucks – Average number of problems per family: **4.52**

Rank	Problem	No. of cases	% of Total Families (28)	% of Total Family Problems (122)
1	2: Displaying some signs of emotional and behavioural disorder	24	85.71%	19.67%
2	22: Persistent poor / inconsistent parenting / care arrangements	13	46.43%	10.66%
3	20: Mental health issues, 5: Disabilities affecting access to mainstream services	10	35.71%	8.20%
4	4: Missed appointments affecting developmental progress, 28: Poor Attachments	8	28.57%	6.56%
5	1: Child not meeting some of their development milestones	7	25.00%	5.74%

Wycombe – Average number of problems per family: **4.88**

Rank	Problem	No. of cases	% of Total Families (17)	% of Total Family Problems (83)
1	2: Displaying some signs of emotional and behavioural disorder	14	82.35%	16.87%
2	22: Persistent poor / inconsistent parenting / care arrangements	11	64.71%	13.25%
3	10: Persistent absence from school 5: Disabilities affecting access to mainstream services	7	41.18%	8.43%
4	1: Child not meeting some of their developmental milestones, 9: Fixed term / permanent exclusions / no school place	5	29.41%	6.02%
5	20: Mental health issues, 25: Domestic abuse	4	23.53%	4.82%

Family Problem	1. Parents and Young People involved in Crime and Anti-Social Behaviour			
Strategic Goal for Buckinghamshire	Reduce the impact of ASB and target interventions on the most vulnerable victims and those least able to cope with ASB			
	↑	↑	↑	
	Reduction in Youth Offending	Reduction in Adult Offending	Reduction in Anti-Social Behaviour Offences	
Family Level Outcomes	Baseline Measure	Partnership Agency	Significant Progress	Sustained Progress
Reduction in family involvement in anti-social behaviour	Anti-social behaviour incidents	Thames Valley Police and District Councils ASB monitoring teams	60% (or greater) reduction in incidents	Six Months
Reduction in frequency of offending amongst under 18's in the household	Offences resulting in substantive outcomes	Youth Offending Service	100% reduction in proven offences across the family	Six Months
Reduction in frequency of adult offending in the household	Offences resulting in substantive outcomes	Thames Valley Probation	100% reduction in re-offending	Six Months

133

Family Problem	2. Children who have not been attending school regularly
Strategic Goal for Buckinghamshire	Children and young people to reach their potential in education and in other aspects of their lives

↑
Improved School Attendance

Family Level Outcomes	Baseline Measure	Partnership Agency	Significant Progress	Sustained Progress
All children across Buckinghamshire are engaging in suitable full-time education and attendance levels are consistent with DfE requirements	10% unauthorised absences or more from school across the last 3 consecutive terms	Buckinghamshire County Council Performance Team, Buckinghamshire Schools, Buckinghamshire Academies	Each child in the household has less than 10% unauthorised school absences	Duration of three consecutive terms
	Permanent Exclusion or Three or more Fixed Term Exclusions over three consecutive terms		Fewer than three Fixed Term Exclusions	Duration of three consecutive terms

134

Family Problem	3. Children who need help – identified and CIN or CP			
Strategic Goal for Buckinghamshire	Keep children and young people safe, protected from harm and with their families wherever possible.			
		↑		
		Reduction in Safeguarding Required		
Family Level Outcomes	Baseline Measure	Partnership Agency	Significant Progress	Sustained Progress
Appropriate de-escalation of safeguarding plan	A child subject to a Child in Need (CIN) plan with Neglect as the primary element	Buckinghamshire Children’s Social Care case monitoring	Child is not escalated to a CP Plan. Child is not placed back on a Social Care Plan. Child does not become Looked After.	De-escalation is sustained for a minimum of six months.
	A child subject to a Child Protection (CP) plan with Neglect as the primary element	Buckinghamshire Children’s Social Care case monitoring	Child is stepped down to a CIN Plan. Child does not become Looked After.	De-escalation is sustained for a minimum of six months.

135

Family Problem	4. Adults out of work or at risk of financial exclusion, and young people at risk of worklessness			
Strategic Goal for Buckinghamshire	Ensuring all our young people are prepared for the world of work and adult life by promoting volunteering, work experience and apprenticeships and Buckinghamshire residents are skilled and ready for employment			
		↑		↑
		Reduction in number of NEETS		Reduction in number of adults receiving out of work benefits
Family Level Outcomes	Baseline Measure	Partnership Agency	Significant Progress	Sustained Progress
Adult in the family is in sustained employment	Adults on 'Out of work' benefits	Department of Work & Pensions	Adult moved off benefits and into continuous employment	Job seekers: 26 weeks Others: 13 weeks
	Adults on 'Out of work' benefits – excluding job seekers allowance	Department of Work & Pensions	Adult on 'Out of work' benefits is engaged in work related activity as specified*	Minimum of 13 weeks
Young person in the household is engaged in training	Young people registered as not being in Employment, Education or Training	Buckinghamshire County Council, Connexions Bucks	Young person is engaged in training, work or work-related activity as specified*	Minimum of 13 weeks

- Addition of housing support from mid-2016. Negotiations on-going

Family Problem	5. Families affected by domestic abuse and violence			
Strategic Goal for Buckinghamshire	Support the ongoing management of high risk victims through IDVA/MARAC and improve responses to medium/standard risk victims of domestic violence			
			↑	
		Reduction in Domestic Violence and Abuse		
Family Level Outcomes	Baseline Measure	Partnership Agency	Significant Progress	Sustained Progress
Children are protected from the impact of domestic violence	Domestic violence reports with a child present	Police reports and Multi-Agency Risk Assessment monitoring	No further reports of domestic abuse	For six months

Family Problem	6. Parents and children with a range of health problems			
Strategic Goal for Buckinghamshire	Improve the health and wellbeing of residents and address major health risks.			
	↑		↑	
	Reduced Drug and Alcohol Misuse	Improve Mental Health		
Family Level Outcomes	Baseline Measure	Partnership Agency	Significant Progress	Sustained Progress
Reduction in substance misuse in the household	Adults with Drug or Alcohol problems	Interventions monitored by Buckinghamshire Commissioned Services and Public Health	Successful completion of a treatment programme	For six months
Improved Mental Health in the adults and children in the household	Self-reported improvement in Mental Health using the Outcome Star	Family Outcome Star monitoring	Wellbeing score improves by two points or more	At case closure/step down from intensive intervention
Improved and timely access to services for complex health needs in early childhood	Families receiving support via Partnership Plus, Healthy Child Programme (HCP)	Bucks Healthcare Trust intervention monitoring	Progress on interventions to the point where future support is provided via Universal HCP	At case closure/step down from UPP+ intervention

138

Links to associated Strategic Plans:

Relevant Business Unit Plans 2015-18

- [Communities, Health and Adult Social Care](#)
- [Children's Social Care and Learning](#)
- [Shared Services](#)

Other plans

- [Children and Young People's Plan 2014-18](#)
- [Joint Health and Wellbeing Strategy 2013-16](#)
- [Safer Bucks Plan 2014-15](#)
- [Strategic Economic Plan](#)
- [Youth Justice Plan 2014/15](#)



Buckinghamshire County Council Select Committee

Children's Social Care and Learning Select Committee

Report to the Children's Social Care and Learning Select Committee

Title:	The Buckinghamshire Multi Agency Safeguarding Hub (MASH)
Committee date:	Tuesday 5 July 2016
Author:	Amanda O'Borne Head of Service Contact, MASH, Assessment and EDT
Contact officer:	Amanda O'Borne 01296 382758 – aborne@buckscc.gov.uk
Cabinet Member sign-off:	Cllr. Lin Hazell

Purpose of Agenda Item

- The purpose of this report is to provide a brief overview and to update Select Committee on the developments of work undertaken in Buckinghamshire MASH by Children's Social Care.
- This report is provided for **information** so that members can be appraised of Children's Social Care response to this critical area of work.

Background

Contact and MASH is a single point of contact for all professionals, members of the public and family members who have a concern about a child or where a child and family need the support of coordinated multi agency services. Key partners (Social Care, Education, Thames Valley Police and Health) have been co-located at the Police Station since September 2014. In March 2016 there was a change in the accommodation which has resulted in more partners located together which improves our initial response to safeguarding concerns. The primary objective of the MASH (Multi Agency Safeguarding Hub) is to identify risk through effective information sharing, to enable better informed safeguarding decisions to be made in relation to both adults and children. This change has led to a greater level of collaboration and information sharing taking place.



Summary

Referrals

All referrals in respect of children should be made using the Multi- Agency Referral Form (MARF) which can be found on County Council and Buckinghamshire Safeguarding Children's Board (BSCB) websites. In exceptional circumstances referrals are taken by telephone but should, where possible be confirmed in writing using the MARF. This ensures clarity and adequate detail to give a timely and fully informed response.

Referrals should be made with consent of person(s) holding Parental Responsibility for the referred child/ren unless to do so would compromise the safeguarding of the child/ren. Referrals will be processed only when meeting the criteria for levels 3 and 4 against the threshold criteria (also found on BCC and BSCB websites).

All referrals received by Contact and MASH will be reviewed by a Team Manager who will decide if a referral needs to be progressed to a Children's Social Care Assessment Team for an assessment, or if the referral needs to be passed to the Early Help Panel for consideration of a coordinated Multi Agency approach for support. Decisions on referrals will be made within 24 hours. Sometimes more complex children's circumstances will be considered by the Multi Agency Safeguarding Hub (MASH) where, at the point of the referral, partner agencies will share information on the referred family to help decide which service is appropriate for the family to be offered. Where a child's needs are considered through MASH this may take up to 72 hours for a decision to be made due to the need to gather additional partner agency information. Referrers will be advised in writing of the outcome of the referral within 72 hours of the referral being received.

The sharing of information within the MASH is undertaken within the parameters of the Buckinghamshire MASH Information Sharing Protocol, under existing information sharing agreements. Sound, professional judgement must be underpinned by timely, accurate and comprehensive information available from a wide range of sources.

At the point of the Ofsted inspection in June 2014 the available Children's Social Care staffing resource for processing referrals and completing all resultant assessments was 13 staff. This has now increased to 56 - 19 of this staffing resource are based in Contact and MASH and 37 are based in the Assessment Teams to complete all the safeguarding and child in need assessments resultant from referrals.

Contact and MASH Children Social Care staffing comprises of:

- 1 x Team Manager
- 3 x Assistant Team Managers
- 6 x Social Workers
- 9 x Contact & Referral Officers



A significant improvement has been made in the recruitment to children's social care posts within Contact and MASH, which has led to a greater stability in the workforce. Recent permanent appointments to the Team Manager and 2 of the Assistant Team Manager posts have been made leaving 1 permanent vacancy which is covered by an agency work. All 9 of the Contact and Referral Officer posts have all been permanently recruited to.

This means that the service is now 89% resourced by permanent BCC staff, with the remaining posts being covered by agency staff. Recruitment to these posts is currently being progressed.

Key Partner Agencies currently based in the MASH

- Thames Valley Police
- Buckinghamshire County Council Children's Social Care
- Buckinghamshire County Council Adult Social Care
- Buckinghamshire Healthcare NHS Trust
- Education Safeguarding Services
- Buckinghamshire Family Information Service
- Drug and Alcohol worker – currently recruiting to the post
- CSC - DV specialist workers
- R U Safe (Barnardos) – based in the Swan unit but available for consultation

Virtual Partners

Although these organisations do not currently have staff members physically located within the MASH environment, they can work with the MASH in a systemic way by acting as 'virtual' partners in the MASH process.

The Service Level Agreement details how this virtual partnership works in practice.

- National Probation Service Oxon and Bucks
- Buckinghamshire County Council Youth Offending Service
- Oxford Health NHS Foundation (provision of mental health services to adults and children)
- Women's Aid
- Southern Health NHS Foundation Trust
- Thames Valley Community Rehabilitation Company
- Drugs and Alcohol Action Team
- Thames Valley Police – prevent co-ordinator

Governance of the MASH

The MASH is governed by a multi-agency Operational Delivery Group (ODG) and a Strategic Management Group (SMG). These Groups consist of, respectively, middle and senior ranking representatives from the partner agencies. The ODG is chaired by Carol Douch (Service Director – Children's Social Care). The SMG is chaired by David Johnson, Managing Director of Children's Services



Performance

Since Ofsted's inspection of Buckinghamshire in 2014, a series of internal and external audits have taken place, in general these audits have identified that thresholds for decision making in First Response/ MASH are correct and that services are being offered in line with the agreed BSCB thresholds.

In January 2016, the Department for Education (DfE) commissioned an independent review of some parts of the child's journey - Please see below extract of findings from the Ineson Report for DfE January 2016

We reviewed 40 contacts into the service.

We found that the management decision at the conclusion of the contact for the next step, whether this was for no further action or for an assessment or any other disposal, was generally very sound. We fully agreed with the decision at the conclusion of the contact on 36 matters (or 90% of the sample). We had more some questions with the disposal decisions on the remaining 4 contacts, but these were arguable either way and did not concern the immediate safety of children.

In terms of timeliness, Working Together 2015 allows 24 hours (or one working day) for decision making on contacts. 26 of the sample reviewed (65%) were processed within one day and the remaining 14 (35%) took longer because of activity within the MASH (multi-agency safeguarding hub) process. This process usually comprised database checks and telephone calls to parents and professionals. Sometimes MASH enquiries added little information and often our judgement was that it was clear at the contact stage – before any MASH process – that an assessment would be required in any case. Care therefore will need to be taken to ensure that MASH enquiries are timely and completed within the 24 hours permitted for decision making.

This report reinforced that the level and type of decision making in Contact & MASH on the whole was fit for purpose and also identified some areas for consideration and improvement

Data for the last 6 months

Month	Dec 2015	Jan 2016	Feb 2016	March 2016	April 2016	May 2016
Contacts	1374	1343	1414	1241	1191	1300
Referrals	694	737	688	737	821	796
MASH	172	205	107	72	116	105
Strategy Meetings	N/K	N/K	N/K	50	51	50
Assessments	400	459	459	387	377	372

The above table details level of referral and throughput of referrals in Contact and MASH. It is important to note that from October 2015 the decision to hold multi agency strategy discussions/meetings for children at risk of significant harm has been an addition to the work of MASH and has been found to enhance the decision making for the child.



The Ingson Report states:

1.3.6. Turning to the strategy discussion (or meeting) which should be held at the outset of all CPEs to plan the enquiry, we were in agreement with the threshold for all of these.

To ensure that work is timely and decisions are made within timescales the performance framework has recently been refreshed and this is now being embedded to ensure the work meets the required standards.

Resource Implications

All current work is funded through existing arrangements/budgets.

It will be critical to maintain the current level of resources to ensure that the high volume of work that is being referred continues to meet our statutory requirements and ensures good outcomes for children and families in Buckinghamshire.

Where vacancies exist, these are backfilled by agency staff. Whilst it is acknowledged that this puts pressure on the budget, the alternative of leaving such business critical posts unfilled would mean a deterioration in the service that Contact and MASH currently provides thereby leaving vulnerable children at risk.

Next Steps

Propose that an updated report is submitted to Select Committee in 12 months' time to provide an update on performance.





Buckinghamshire County Council Select Committee

Children's Social Care and Learning Select Committee

Report to the Children's Social Care and Learning Select Committee

Title:	Special Educational Needs and Disability (SEND) Inspection
Committee date:	Tuesday 5 July 2016
Author:	Nick Wilson, Director of Education
Contact officer:	Nick Wilson 01296 387849 – nwilson@buckscc.gov.uk
Cabinet Member sign-off:	Zahir Mohammed

Purpose of Agenda Item

- The purpose of this report is to provide an overview to Select Committee on the SEND Local Area Inspection and to provide the Select Committee with an update on work currently being undertaken in preparation for the local area inspection
- This report is provided for **information** so that members are made aware of the SEND Local area inspection.

Background

The Department for Education asked Ofsted and the Care Quality Commission (CQC) to inspect local areas on their effectiveness in fulfilling their new statutory duties for children & young people with special educational needs and disability. (SEND).

Ofsted and the CQC have published the Framework and Handbook for the inspection process.

The proposed focus of the inspection is to assess:

- How effectively the local area identify children and young people who are disabled and/or have special education needs?



- How effectively the local area meets the needs and improve the outcomes of children and young people who are disabled and/or have special education needs?

These judgements are to be made about the performance of the local area since the implementation of the reforms in September 2014. **It is important to note that this is a local area inspection and not a local authority inspection.**

Proposed Inspection Arrangements

All local areas will be inspected, with an inspection interval of up to five years. Inspection teams will include an Ofsted, a CQC inspector and a local authority inspector. Inspectors will review available national data as part of their preparation including within area inspection outcomes from CQC and Ofsted

It is expected that local areas will know how effective they are and will be able to demonstrate this. The field work is likely to include discussions with elected members, key local area officers from health, education and social care, and meetings with leaders of early year's settings, schools and colleges and specialist services

Visits will be made to a range of providers and services. These visits will not inspect the provision but focus on their understanding and participation in meeting the area's responsibilities. Inspectors will look at children and young people's files to contribute to their evaluations.

Summary

The proposed SEND inspection of the local arrangements will inspect the provision for children and young people (0-25) with special education needs and disabilities. This new national inspection regime commenced in May 2016 to date three local authorities has been inspected.



SEND Inspection

Nick Wilson
Bucks County Council



SEND Inspection

Introduction

- The Department for Education has asked Ofsted and the Care Quality Commission (CQC) to inspect local areas on their effectiveness in fulfilling their new duties.
- Ofsted and the CQC have now published the Framework and Handbook for the inspection process.



SEND Inspection

Proposed focus for inspection

- How affectively does the local area identify children and young people who are disabled and/or have special education needs?
- How effectively does the local area meet the needs and improve the outcomes of children and young people who are disabled and/or have special education needs?

These judgements are to be made about the performance of the local area since the implementation of the reforms in September 2014

It is important to note that this is a local area inspection and not a local authority inspection.



SEND Inspection

Effective identification of need

The evaluation includes children and young people who require SEN support and those who have education, health and care plans.

- Timeliness
- Usefulness (to inform planning/ teaching other provision; and as a baseline to set targets for progress/improvement, and evaluate the effectiveness of support)
- Engagement with children and young people (participation and communication)
- Engagement with parents/carers (participation with others, as appropriate)
- Effectiveness of local area arrangements in providing evidence that needs have been identified.



SEND Inspection

Effectiveness in meeting needs

The evaluation includes children and young people who require SEN support and those who have education, health and care plans.

- Satisfaction by children and young people in the progress they have made
- Satisfaction by parents/carers in the progress made
- Outcomes for children and young people – progress made towards high expectation targets (towards age expectations for skills/knowledge/understanding and preparing for adulthood to include progress to higher education or employment, independent living, participating in society, being as healthy as possible in adult life)
- Effectiveness of local area arrangements in providing evidence that needs have been met (as above).



SEND Inspection

Proposed inspection arrangements

- All local areas will be inspected, with an inspection interval of up to five years
- Inspection teams will include an HMI, a CQC inspector and a local authority inspector
- Inspectors will review available national data as part of their preparation including within area inspection outcomes from CQC and Ofsted
- It is expected that local areas will know how effective they are and will be able to demonstrate this.



SEND Inspection

Proposed inspection arrangements

- The field work is likely to include discussions with elected members, key local area officers from health, education and social care, and meetings with leaders of early years settings, schools and colleges and specialist services
- Visits will be made to a range of providers and services. These visits will not inspect the provision but focus on their understanding and participation in meeting the area's responsibilities
- Inspectors will look at children and young people's files to contribute to their evaluations.



Date	Topic	Description and purpose	Lead Service Officer	Attendees
Children's Social Care & Learning Select Committee				
5 Jul 2016	Families First Programme	An update on the Families First Programme in Buckinghamshire.	Joy Shakespeare, Programme Lead for Families First	
5 Jul 2016	Local Area Special Educational Needs and/or Disabilities (SEND) Inspections by Ofsted and CQC	An overview of how Ofsted and CQC jointly inspect local areas to see how effectively they fulfil their responsibilities for children and young people with special educational needs and/or disabilities	Nicholas Wilson, Director of Education	
5 Jul 2016	The Buckinghamshire Multi Agency Safeguarding Hub (MASH)	An update on the Buckinghamshire Multi Agency Safeguarding Hub (MASH) set up in September 2014.	Amanda O'Borne	
5 Jul 2016	The Youth Offending Service	An update on the Youth Offending Service in Buckinghamshire including the service's Strategic Plan 2016-17	Pauline Camilleri, Youth Offending Service Manager	
20 Sep 2016	Child Sexual Exploitation Service Commissioning	For Members to receive and comment on the latest update regarding commissioning of the CSE service	Kevin Wright, Committee and Governance Adviser	
20 Sep 2016	Looked After Children's Strategy	To review and comment on the new Looked After Children's Strategy	Karen Dolton, Interim Service Director, Children and Families	

Date	Topic	Description and purpose	Lead Service Officer	Attendees
20 Sep 2016	Permanent Exclusions	A report on permanent exclusions. (Focus on primary schools)	Nicholas Wilson, Director of Education	
20 Sep 2016	The SEND Strategy	To review and comment on the Special Educational Needs and Disabilities strategy.	Nicholas Wilson, Director of Education	
20 Sep 2016	Voice of the Child	To consider how well we listening to the voice of the child, including the extent to which it influences the way services are planned, commissioned and delivered.	David Johnston, Strategic Director (Children and Young People)	Contributors: Ms Lin Hazell - Cabinet Member for Children's Services, Mr Z Mohammed - Cabinet Member for Education & Skills and Mr David Johnston - Managing Director Children's Social Care and Learning
8 Nov 2016	Buckinghamshire Youth Services	To receive an update approx.12 months after commissioning of the new Information, Advice & Guidance service.	David Johnston, Strategic Director (Children and Young People)	Contributors: Ms Lin Hazell - Cabinet Member for Children's Services, Mr David Johnston - Managing Director Children's Social Care and Learning and Laura Nankin, Head of Fair Access & Youth Provision.

Date	Topic	Description and purpose	Lead Service Officer	Attendees
8 Nov 2016	Preventing Child Sexual Exploitation Inquiry 12 Month Update	To receive a report on the implementation of the CSE Inquiry agreed recommendations, 12 months on.	David Johnston, Strategic Director (Children and Young People)	Contributors: Ms Lin Hazell - Cabinet Member for Children's Services Mr David Johnston - Managing Director Children's Social Care and Learning, Fran Gosling-Thomas, Chair, Buckinghamshire Safeguarding Children Board
8 Nov 2016	Standards in Education	To assess schools in the wake of the introduction of the new national curriculum and the removal of nationally determined 'Levels' of attainment.	David Johnston, Strategic Director (Children and Young People)	Contributors: Ms Lin Hazell - Cabinet Member for Children's Services, Mr Zahir Mohammed - Cabinet Member for Education & Skills and Mr David Johnston - Managing Director Children's Social Care and Learning

