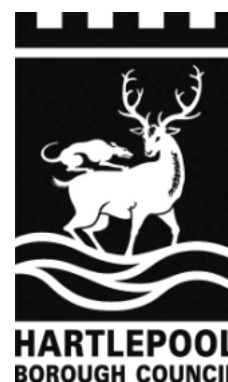


CHILDREN'S STRATEGIC PARTNERSHIP AGENDA



31 July 2013

at 4.15 pm

in the Council Chamber, Civic Centre, Hartlepool

MEMBERS: CHILDREN'S STRATEGIC PARTNERSHIP:

Councillor Chris Simmons, Chair of Children's Services Committee and Lead Member for Children's Services;
Councillor Kevin Cranney, Chair of South Neighbourhood Forum;
Councillor Sylvia Tempest, Chair of North Neighbourhood Forum;
Director of Child and Adult Services, Hartlepool Borough Council;
Sally Robinson, Assistant Director, Children's Services Hartlepool Borough Council;
Dean Jackson, Assistant Director, Education, Hartlepool Borough Council;
Louise Wallace, Director of Public Health, Hartlepool Borough Council;
Damien Wilson, Assistant Director, Regeneration, Hartlepool Borough Council;
Lynn Beeston, Chief Inspector, Cleveland Police;
Lucia Saiger-Burns, Director of Offender Services, Durham Tees Valley Probation Trust;
Ali Wilson, Chief Officer, NHS Hartlepool & Stockton-on-Tees Clinical Commissioning Group;
Dr Paul Pagni, NHS Hartlepool & Stockton-on-Tees Clinical Commissioning Group;
Linda Watson, Director of Clinical Community Services, Hartlepool & North Tees NHS Foundation Trust;
Chris Davis, Head of Service, CAMHS, Tees, Esk and Wear Valleys NHS Trust;
Ian Merritt, Strategic Commissioner – Children's Services, Hartlepool Borough Council;
Danielle Swainston, Head of Access and Strategic Planning, Hartlepool Borough Council;
Helen White, Participation Manager, Hartlepool Borough Council;
Dave Wise, West View Project, Voluntary and Community Sector;
Andy Powell, Housing Hartlepool;
John Hardy, Head Teacher St John Vianney Primary School, Hartlepool Primary Schools;
Colin Reid, Head Teacher, St Hild's Secondary School, Hartlepool Secondary Schools;
Karl Telfer, Head Teacher, Springwell Special School, Hartlepool Special Schools;
Michael Bretherick, Principal Hartlepool College of Further Education, Hartlepool Post 16 Colleges;
Anne Smith, Partnership Manager, Job Centre Plus;
Karen Gibson, Hartlepool Carers, HealthWatch Children and Young People's Representative Representatives, Children and Young People;
Parent Representatives.



1. APOLOGIES FOR ABSENCE

2. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS

3. MINUTES

3.1 Minutes of the meeting held on 19 June 2013.

4. REPORTS FOR CONSIDERATION

4.1 Health Reform – *Director of Public Health*

4.2 Bring a Gift Scheme – *Assistant Director, Children's Services*

4.3 Early Intervention Strategy Year One Evaluation – *Assistant Director, Children's Services*

4.4 Child Poverty Strategy and Action Plan – *Assistant Director, Children's Services*

ITEMS FOR INFORMATION

Date of next meeting – 11 September 2013 at 4.15pm in the Council Chamber, Civic Centre, Hartlepool



CHILDREN'S STRATEGIC PARTNERSHIP DECISION RECORD

19 June 2013

The meeting commenced at 4.00 pm in the Civic Centre, Hartlepool

Present:

Councillor: Chris Simmons (In the Chair)

Sally Robinson, Assistant Director, Children's Services
Dean Jackson, Assistant Director, Education
Louise Wallace, Director of Public Health
Lucia Saiger-Burns, Durham Tees Valley Probation Trust
Linda Watson, Hartlepool and North Tees NHS Foundation Trust
Ian Merritt, Strategic Commissioner
Danielle Swainston, Head of Access and Strategic Planning
Helen White, Participation Manager
Dave Wise, West View Project

In accordance with Council Procedure Rule 5.2 (ii), Brian Cranna, CAMHS was in attendance as substitute for Chris Davis, CAMHS.

Officers: Richard Starrs, Strategy and Performance Officer
Angela Armstrong, Principal Democratic Services Officer

1. Introductions

As this was the first meeting of the Children's Strategic Partnership in the municipal year, the Chair welcomed everyone to the meeting and a round of introductions was undertaken.

2. Apologies for Absence

Apologies for absence were received from Anne Smith (Job Centre Plus), Chris Davies (CAHMS), Steve Jermy (Cleveland Police), Colin Reid (St Hild's Secondary School and Karl Telfer (Springwell Special School).

3. Declarations of Interest

None.

4. Minutes of the meeting held on 1 October 2012

Confirmed.

5. Matters arising from the minutes

The Assistant Director, Children's Services provided the Partnership with an update on the progress of the Children and Young People's Plan. A summary of the key areas contained within the Plan had been produced in a colourful one page document which was attached to the agenda documentation and provided a visual representation of the various strategies in place for children and young people. The Plan would be considered by the Children's Services Committee on 2 July 2013 for approval and subsequent submission to Council for final agreement.

The Chair commented that the Children and Young People's Plan was an excellent document and congratulated everyone that had been involved in its development.

The Director of Public Health confirmed that following the consultation exercise undertaken in October 2012, the Health and Wellbeing Strategy had been approved by Council in April 2013.

6. New Constitutional and Structural Arrangements

(Assistant Director, Children's Services)

Purpose of report

To inform members of the Children's Strategic Partnership of the changes to the Partnership, arising from the implementation of amendments to Hartlepool Borough Council's Constitution and; the establishment of the statutory Health and Wellbeing Board from 1 April 2013.

Partnership members were requested to consider and agree the governance arrangements for the Children's Strategic Partnership including the Terms of Reference, membership and to establish a work programme.

Issue(s) for consideration

The Assistant Director, Children's Services confirmed that the Health and Wellbeing Board were due to meet on 24 June 2013 and approve the new structure and governance arrangements for the Children's Strategic Partnership. The Chair indicated that the Partnership would have special responsibility to examine the Child Poverty Strategy and Early Intervention Strategy and it was expected that work would be commissioned to the Partnership from the Health and Wellbeing Board and Children's Services

Committee to drive forward the children's agenda.

Decision

The governance arrangements and the establishment of a Work Programme for the Children's Strategic Partnership were agreed.

7. Terms of Reference - Children's Strategic Partnership *(Assistant Director, Children's Services)*

Purpose of report

To provide members of the Children's Strategic Partnership with a draft Terms of Reference for consideration.

Issue(s) for consideration

The Chair presented the draft Terms of Reference to the Children's Strategic Partnership and sought any views or comments.

The Director of Public Health commented that the Partnership was critical to the children's section within the Joint Strategic Needs Assessment (JSNA) which was a continual collective assessment of need. It was noted that sharing experience, knowledge and skills would ensure effective partnership arrangements were in place. The Participation Manager suggested that the Partnership may wish to undertake a review of the annual action plan from the Participation Strategy.

It was highlighted that the Chairs of the Neighbourhood Forums would be invited to participate in the Partnership along with a representative from the housing sector as it was considered they would be best placed to highlight any local issues affecting the health and wellbeing of the children in the community.

It was suggested that parent representatives should be invited to participate in the meetings as they would provide an important viewpoint. The Assistant Director, Children's Services reiterated this view and it was suggested that parents who utilise the Council's services through Children's Centres may be best placed to fulfil this role.

At the previous meeting of the Partnership, it was noted that John Hardy, St John Vianney Primary School was elected as Vice Chair and it was confirmed that this would continue.

In relation to the operation of the Children's Strategic Partnership, it was noted that as the Partnership was now a sub-group within a Committee system, where if members were unable to attend a meeting of the Partnership, they should contact Democratic Services to submit their

apologies for absence and, where possible, inform them of the appointment of a substitute member to attend that specific meeting. It was suggested that a schedule of meetings including the lead in times for submitting reports to the Partnership be circulated to all members for their information.

The Director of Public Health suggested that any sub-groups already established by the Partnership should be re-visited to ensure they were still required, were operating effectively or should be merged with other sub-groups.

In relation to engaging with other bodies, it was suggested that representatives who participate in the Partnership should be focussed on the health and wellbeing of children. It was proposed that a representative from the Youth Offending Service Board should also be invited to participate in the Partnership.

Decision

- (i) That the Terms of Reference, including updated membership be approved subject to the comments noted above.
- (ii) That a list of meeting dates and lead in times for the submission of reports to the Partnership be provided for all members.

8. Priorities and Work Programme (*Assistant Director, Children's Services*)

Purpose of report

This was a discussion topic with the aim of stimulating discussion around the potential priorities and content of the Work Programme for the Partnership.

Issue(s) for consideration

The Chair indicated that it was important for partners to identify any key areas of work they wish the Partnership to consider. The representative from the Durham Tees Valley Probation Trust noted that a number of priorities in relation to the children's agenda were included within the Troubled Families programme. It was suggested that one of the priorities of the Partnership should be to consider how to alleviate issues that contribute to children becoming tomorrow's offenders. The Assistant Director, Children's Services indicated that this was an important issue that should be considered in a timely manner due to the timescale of funding this initiative.

The Director of Public Health suggested that the Partnership may wish to examine the issue of childhood obesity. There was currently work being

undertaken in partnership with the British Heart Foundation and it would be beneficial to build on this and look at the wider environment and intervention strategies within schools.

The representative from CAMHS informed the Partnership that there were currently changes being undertaken in partnership with the Clinical Commissioning Group (CCG) to the CAMHS service to improve on what was already available to ensure that good services were being delivered in relation to the emotional and wellbeing of children and young people.

The representative from West View Project highlighted that the Partnership should be concerned with the wellbeing of all children in Hartlepool. It was noted by the representative from Durham Tees Valley Probation Trust that rewarding good children and not those who did not behave in a good way was a good incentive for good behaviour within children and young people. The Participation Manager added that awareness raising of the issues affecting children and young people, through the participation of young people on the Partnership and themed groups was a good way forward.

The Chair commented that the issue of child poverty would be at the heart of all issues examined by the Partnership as a focus to improve the outcomes of children with the key issue being early intervention.

The Assistant Director, Children's Services commented that this Partnership was critical to promoting outcomes for Looked After Children and this Partnership would play an effective role in the success of this.

Whilst the Chair recognised that a health debate had been undertaken across a wide range of suggested topics, should anyone have any further ideas, they would be more than welcomed. As such, it was noted that a proposed list of topics would be collated and submitted to the next meeting of the Partnership for consideration.

Decision

- (i) That a draft Work Programme for the Children's Strategic Partnership be submitted to the next meeting including the following issues:
 - Troubled Families Programme
 - Childhood Obesity
 - CAMHS
 - Rewarding Young People
- (ii) That any further ideas for inclusion within the Work Programme be forwarded to Democratic Services for inclusion on the agenda for the next meeting.

9. Any Other Items which the Chairman Considers are Urgent

None.

The meeting concluded at 5.11 pm

CHAIR

CHILDREN'S STRATEGIC PARTNERSHIP

31st July 2013



Report of: Director of Public Health

Subject: HEALTH REFORM

1. PURPOSE OF REPORT

- 1.1 The purpose of this paper is to introduce a presentation, regarding the configuration of health organizations since 1st April 2013.

2. BACKGROUND

- 2.1 The Health and Social Care Act 2012 abolished Primary Care Trusts and established new organizations including Clinical Commissioning Groups, NHS England and Public Health England. The reform also placed new duties on the Local Authority to take steps to improve the health of the population and transferred public health to the Local Authority from the NHS.

3. PRESENTATION

- 3.1 The presentation will explain the changes to health organisations and also highlight which organisations have responsibility for commissioning and delivery of children and young people health services.

4. RECOMMENDATIONS

- 4.1 The Children's Partnership notes the content of the presentation.

5. CONTACT OFFICER

- 5.1 Louise Wallace
Director of Public Health
louise.wallace@hartlepool.gov.uk

CHILDREN'S STRATEGIC PARTNERSHIP

31 July 2013



Report of: Assistant Director, Children's Services

Subject: 'BRING A GIFT SCHEME'

1. PURPOSE OF REPORT

- 1.1 This report aims to explore the concept of a 'Bring a Gift' scheme and how members of the Children's Strategic Partnership as 'Corporate Parents' can contribute to improving the life chances of children and young people looked after.

2. BACKGROUND

- 2.1 'Corporate Parenting' is the term used to describe the duties and responsibilities of local authorities and their partner agencies to children and young people looked after and care leavers. The central principle of corporate parenting is that the local authority should seek the same outcomes for children and young people in their care in the same way they would parent their own children.
- 2.2 Children Service Scrutiny Forum undertook an investigation into the services provided to children and young people looked after and care leavers. As part of the investigation evidence was heard from South Tyneside local authority in relation to the services they deliver for their children and young people looked after. South Tyneside described the development of the 'Bring a Gift' scheme this was developed following concerns that in times of austerity it was important to ensure the needs of children and young people looked after continue to be promoted and quality services maintained. The 'Bring a Gift' initiative recognises that there are significant demands on agencies in relation to providing financial support and therefore asks partners what they can donate a gift 'in kind' to looked after children. For example, this could include the provision of accommodation for when looked after children are home from university or free activities provided by the organization providing the gift. .

- 2.3 Children Service Scrutiny investigation recommended 'that the Council develops and implements a scheme similar to the 'bring a gift' initiative, whereby partner organisations are asked to donate a gift in kind for a looked after child or young person'

3. PROPOSALS

- 3.1 That Children's Strategic Partnership as corporate parents support and promote this initiative.

4. RECOMMENDATIONS

- 4.1 The Children's Strategic Partnership are asked to recommend the implementation of the scheme, consider what gifts members of the Partnership can offer and monitor the success of the initiative.

5. CONTACT OFFICER

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Specialist Services
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Jane.young@hartlepool.gov.uk

CHILDREN'S STRATEGIC PARTNERSHIP

31 July 2013



Report of: Assistant Director, Children's Services

Subject: EARLY INTERVENTION STRATEGY YEAR
ONE EVALUATION

1. PURPOSE OF REPORT

- 1.1 To present the Early Intervention Strategy Year One evaluation to members of the Children's Strategic Partnership, which is attached at **Appendix 1**.

2. BACKGROUND

- 2.1 The Early Intervention Strategy was implemented in June 2012 and the strategy consists of:
- Families Information and Support Hub (which has now merged with the duty team to form the First Contact and Support Hub);
 - Early Intervention Family Support locality teams including Children's Centres;
 - One Stop Shop;
 - Commissioned services
 - Parenting service;
 - Activities for children and young people 5-19;
 - Speech and Language;
 - Young Person's substance misuse;
 - Mentoring;
 - Domestic Violence
- 2.2 Graham Allen's Early Intervention Review clearly stated that the impact of early intervention would be seen in 5/10 years. The attached document attempts to evaluate the strategy which has been in place for one year but due to such a short timescale it is impossible to identify any trends based on the implementation of this strategy.
- 2.3 Funding is being significantly reduced from 2014/15 and options appraisals are currently being developed to ensure that the council can respond to the budget cuts.

3. RECOMMENDATIONS

- 3.1 For members of the Children's Strategic Partnership to note the evaluation and reflect on how they can support the next steps.

4. CONTACT OFFICER

Danielle Swainston, Head of Access and Strategic Planning. 01429 523671, danielle.swainston@hartlepool.gov.uk

EARLY INTERVENTION STRATEGY EVALUATION YEAR ONE**1. INTRODUCTION**

- 1.1 The Early Intervention Strategy was implemented in June 2012 with the delivery model including:
- Families Information and Support Hub (FISH)
 - Early Intervention Family Support locality teams including Children's Centres
 - One Stop Shop
 - Commissioned services
 - Speech and language
 - Young People's substance misuse service
 - Activities for children and young people aged 5-19
 - Parenting
 - Mentoring
 - Domestic Violence
- 1.2 The following document sets out some initial findings within each of the above areas and sets out some proposed next steps.

2. FAMILIES INFORMATION AND SUPPORT HUB (FISH)

- 2.1 FISH offers an advice and guidance service to children, young people, parents, carers and professionals. The advice can be sought through telephone, face to face or email contact. FISH also offers advice, guidance and support of the Common Assessment and Team Around process. Recently FISH have merged with the council's duty team to establish a single point of contact for services named First Contact and Support Hub. However this evaluation only covers FISH up to the end of March 2013 prior to the merger.
- 2.2 The number of enquiries that FISH has dealt with over the last year has increased significantly with **362 per month enquiries in June 2012 rising to 582 in Jan 2013 and 528 in March 2013.**
- 2.3 The most common enquiries are Common assessment, financial information and guidance and parenting support as below:

	Common Assessment	Financial IAG	Parenting/ family support
Quarter 1	123	64	64
Quarter 2	260	166	248
Quarter 3	320	324	230
Quarter 4	332	460	306

The number of financial Information, Advice and Guidance (IAG) face to face appointments (parents, young people presenting at the civic) is 321 from June 2012 to end of March 2013.

- 2.4 FISH also provide an online resource known as the directory which gives details of all services for children, young people and families. The number of users of the directory has also significantly increased with **546 users in June 2012 rising to 1239 in Jan 2013.**

3. EARLY INTERVENTION FAMILY SUPPORT LOCALITY TEAMS

- 3.1 The locality teams offer family support based on common assessment within a multi agency approach in partnership with health, community and commissioned services. The four main children's centres offer a variety of support and activities for children and their families alongside core health services.
- 3.2 There has been a total of 1464 referrals to the locality service which includes:
- 1023 common assessments;
 - 223 Police Referrals;
 - 218 Referrals from social care
- 3.3 Locality services are accessed through the First Contact and Support Hub (previously FISH) with common assessment. The numbers of referrals for the first year through a **common assessment** are below:

Number of individual children	North	South
Under 5s	209	209
5-11	191	186
11- 19	119	109
Total	519	504

- 3.4 On average the % of families that did not engage with the locality service is 7.2%. A significant proportion of those that do not engage were referred by police for domestic violence issues and families decided that they did not wish for support. Contact details are given to the family in case they decide they wish support in the future.
- 3.5 The strategy firmly set out the requirement for universal services to identify those children needing support at the earliest opportunity. This seems to be evident with the referrals from **Education with 190 and Health 142. There have been 15 common assessments completed by the Youth Service/One Stop Shop.**

- 3.6 **223 referrals were received via the police** using their Domestic Violence protocol. These were passed to the localities without common assessment due to the nature of police work in responding to domestic Violence. In addition there were **218 children referred to locality services from social care** in line with case transfer protocol (step down process).
- 3.7 Primary schools have initiated approximately double the number of common assessments of those completed by secondary schools. Although discussions with secondary schools indicate that they have a significant resource they can use to support children before requesting additional help. In light of this the disparity in the number of common assessments would be expected.
- 3.8 **Out of the total of 1023 referrals to locality teams 58 cases have been referred to social care. 241 have been closed and 14 are currently on maintenance plans.**
- 3.9 Recently the teams have introduced solution focused practice and maintenance plans with families to ensure that families are empowered to take responsibility for their own needs. There are currently 14 families with maintenance plans which last for a year to ensure family recovery is sustained.

4. CHILDREN'S CENTRES

- 4.1 There are four main children's centres with a number of delivery sites offering health services, family support and early years activities. Children's centres are a universal service with a focus on identifying children needing extra support as early as possible.

The number of children registered at the Children's Centres is as follows:

	No of children aged 0-5 living in the reach area	% of children registered with a centre (% of total living in area)	No of children aged 0-5 living in hotspots	% of children registered with a centre living in hotspot (% of total living in hotspot area)
Rossmere	1675	1330 = 79.4%	915	83.3%
Stranton	1285	1001 = 77.9%	590	80.8%
Chatham	1410	1015 = 72%	820	78.2%
Hindpool	1330	896 = 67.4%	825	68.1%

- 4.2 Registrations are at a good level for Stranton, Rossmere and Chatham although they are below expected levels in Hindpool. Initial findings indicate that families have stopped using the centre for services therefore work is being undertaken to re-establish this as a community venue.

- 4.3 In total there are approximately **5700 under 5s living in Hartlepool. There are currently 4242 registered.** The level of registrations in the targeted areas of town is higher than that elsewhere.

The number of Children/parent accessing centre activities

	No of children aged 0-5 living in the reach area	Number and percentage % of children accessing services (% of total living in area)	No of children aged 0-5 living in hotspots	Number and % of children registered with a centre living in hotspot (% of total living in hotspot area)
Rossmere	1675	648 = 39%	915	335 = 37%
Stranton	1285	415 = 33%	590	178 = 30%
Chatham	1410	454 = 32%	820	272 = 33%
Hindpool	1330	390 = 29%	825	218 = 26%

- 4.4 Out of a total under 5s **population of 5700 there are 1907 children** accessing children's centre activities. This is in comparison to **1779 in 2011/12.**
- 4.5 The above numbers does not include children under 5 that are receiving 1-1 support. Out of 418 under 5s that have received 1-1 support 238 of these have accesses children's centre activities. This equates to 57%.
- 4.6 The implementation of the integrated pathway "universal plus" will ensure that all families are encouraged through health partners to access services within the children's centres.

5. ONE STOP SHOP

- 5.1 The One Stop Shop is based at the Windsor Buildings. It offers open access, non contestable space for young people. In addition family support workers based within the One Stop Shop carry out direct work with young people to enable them to access education, employment or training.
- 5.2 Each Family Support Worker (FSW) hold caseloads of between 45-60 Not in Education, Employment or Training (NEET) young people with a further case load of young people accessing training provision (this is to keep up to date with their currency and implement re engagement strategies for those young people at risk of disengaging and becoming NEET).
- 5.3 Young people who access the One Stop Shop for support present with a range of issues such as, homelessness, unemployment, family problems, relationship issues, sexual health concerns, money problems, teenage pregnancy or drug and alcohol issues and safeguarding issues.

5.4 In terms of the status of young people defined as Not Known i.e. it is unknown whether that are engaged with employment, training or employment, Youth Engagement Officers (YEO) have responsibility for this area. Currently they hold a case load of approximately 300 young people who are either not known to the service or in employment. YEO would utilise strategies such as home visits, phone calls to client, or to other agencies to follow up the young people on their caseload. Data and information is collected and support is then put in place for those identified as NEET or with additional needs via FSW.

5.5 Visits made by individuals to the One Stop Shop (data only available from December as data not collected before this date):

Dec	214
Jan	297
Feb	306
Mar	287

These visits include group work.

Headlines of the work carried out by the One Stop Shop from June 2012 include:

Reviews (SEN/school)	258
Group work sessions	76
Successful home visits	767
Unsuccessful home visits	736
Interviews/ discussions with young people/parents	1509

6. COMMISSIONED SERVICES

6.1 Young People's Substance Misuse Service

Hyped deliver universal, targeted and specialist treatment for substance misuse in a variety of settings using a range of psychosocial, therapeutic and medical interventions. Workers in the HYPED service are linked to each locality so that early intervention and advice is available.

Universal Delivery

Hyped deliver universal education and awareness sessions for young people and professionals via basic drug awareness training. This year Hyped have **delivered 1992 brief interventions** to young people via universal delivery in schools, youth groups and awareness raising events.

Hyped have also set up regular health drop-in sessions in the secondary schools and the FE College. This has resulted in the early identification of substance misuse, seeing increased referrals from universal and specialist educational settings.

Targeted Delivery

Hyped works closely with other agencies in Hartlepool delivering targeted sessions. This year Hyged have delivered **95 targeted group work sessions** for a range of agencies such as the One Stop Shop, Wharton Annexe, Headland Futures, Hart Gables (LGBT) and Youth Offending. The group work sessions focus on substance misuse, current trends and risk taking behaviour.

Hyped have also delivered **24 targeted group work sessions in schools** including English Martyrs, Manor College and Dyke House. The sessions are targeted to groups of young people who have been identified as being at risk of potentially using substances problematically.

Specialist Treatment

Hyped received **69 new Tier 3 referrals (6 re-referred) this year** and 100% of these young people received a full comprehensive assessment and a concise treatment plan. The young people were receiving treatment for a range of substances such as alcohol, cannabis, benzodiazepines, mephedrone and solvents. Over **2000 appointments were offered with an average attendance rate of 78%**.

In order to understand whether an intervention has made a difference HYPED capture the average number of units consumed (self reported) at the beginning and the end of the intervention to track impact. This information shows that the average alcohol unit consumption was 14 units per drinking session and on closure the average reduced to 3 units per drinking session. **The average number of drinking sessions at the start of treatment was 4 per week and at the end of treatment reduced to less than 1 per week.** The data also shows that **62% of the clients left treatment abstinent from alcohol, 37% of clients used alcohol less than 1 day per week and 1% of clients used alcohol more than one day per week.**

The information captured through self reporting on entry to the service shows that the average number of **cannabis joints that were being smoked per session was 15 and the average reduced to 2 per session.** The number of smoking sessions at the start of treatment was 4 per week and at the end of treatment reduced to less than 1 per week. **The data shows that 79% of clients were abstinent from Cannabis when they were discharged from treatment.**

Data still indicates that Alcohol is still the drug of choice for young people in Hartlepool followed by cannabis.

6.2 Parenting Service

Action for Children delivers the parenting contract in partnership with Headland Future. There are three strands to the parenting service - parenting programmes, parenting experts and parenting Buddies.

There have been **505 referrals** to the service since the beginning of the service. This consists of:

- Attending parenting programmes ;
- One to one support via the parenting experts

The breakdown of engagement across the whole service during the evaluation period is:

- 226 Successfully closed
- 187 Support on-going – attending programmes/one to one
- 64 Other – left service early.
- 26 Clients did not engage with service
- 2 Unable to contact

There have been only 4 parents who have re-entered the service across this period. In total across the whole service there has been an 18% non engagement/drop out rate which equates to 92 out of 505 referrals.

98% of parents have reported that a programme or 1:1 intervention has made a difference and impacted positively on their family.

221 parents have started **parenting programmes** and **201** have completed – which gives a 93% retention rate. The **parenting experts have supported 100 parents** since the start of the contract and are currently still working with 58 of these parents (plus 11 of which are on a maintenance plan).

38 parents are attending programmes at the moment and approximately 40 will be starting in June and July.

Evidence is collected through pre and post questionnaires and evaluations/feedback forms. The tools used to gather this evidence are: The Strengths and Difficulties Questionnaire, The Parenting Daily Hassles Scale, The Edinburgh Well-being Scale, The Nurturing Evaluations and the 123 Magic Course Impact Sheet

The parenting service employs a Parenting Buddy who is the first point of contact for parents who have been referred onto one of the Evidenced Based Parenting Programmes. In addition there are volunteer parenting buddies that offer an informal support role in a number of aspects of the parenting service, with the broad aim of improving parents' engagement and experiences of the Evidence Based Parenting Programmes (EBPP), leading to lasting positive outcomes and changes in parenting abilities.

The number of volunteers identified and trained is as follows:

- 29 volunteers were accepted following a selection process
- 21 started the training
- 9 completed the training
- 6 currently working as volunteer for the service

Work undertaken by Parenting Buddy Volunteers:

- Assist programme leader Evidence Based Parenting Programme (EBPP) Support;
- Visit Parenting Expert to design and deliver Targeted Group Programmes;
- Volunteers Training Support;
- Home visits to support Parenting Buddy
- One to one support
- Contact / Reminders - Volunteer Parenting Buddies have maintained contact by telephone with parents during holiday periods leading up to re- commencement of programmes;
- Follow-up research – Volunteer parenting buddies have assisted with the three and six month follow-up questionnaire with parents who have attended and completed EBPP.

6.3 Activities for children and young people aged 5-19

West View Project leads the activities service in partnership with a variety of providers – Headland Future, Belle Vue, Manor Residents and Wharton Annex. The activities service operates an open door/walk in service and a referred support service across a variety of centres across the town.

For referred young people a home visit is arranged prior to them attending, information in the referral is checked and young people and parents are asked if there are any priority areas they feel need working on. Following this children are invited into appropriate sessions, supported closely by a worker where necessary and are allowed to mix with other children without being identified as different in any way. During their time with a centre a child who has been referred will be encouraged to set targets and review their progress; this is also shared with parents and in many cases with those who referred young people.

The total number of children that have accessed the activities **through open door and referred is 1395**. The age breakdown is:

- 5 - 9 502
- 10 – 14 621
- 15 – 19 272

The **total number of children referred to the service for individual support is 176** with 121 being through a common assessment and the rest with a social care assessment. As of the end of April 2013 **16 referred children had not engaged** with the project despite following repeated efforts from project staff to make it possible for the child/young person to access the service.

The reasons for non engagement include:

- Child/Young person does not want to go' which is more common in teenagers;
- No transport to get children to centres' that has been brought up numerous times and in many cases has been solved by centres working together with those who refer young people to the service. Some of those who refused help had multiple home visits;
- Poor health of parents, extra support offered but not accepted;
- Child could not cope in group settings due to Autistic Spectrum Disorder (ASD), still being supported to cope;
- Large family referred, 3 children attend but 2 have refused to attend.
- Single parents with younger children struggling to collect older children from sessions
- Children from families that were engaged under the children's fund system did not like changing to a new centre or the removal of the transport that was offered under children's fund.
- Some of these families have since been re-engaged or children use the walk in service.
- Child low in confidence being supported by family workers

The commissioned service raised concerns at the beginning of the service that there were low numbers of children over 11 referred but the data shows that the numbers are across the age range with a drop off at 15.

6.4 Speech and Language

Direct Client Work (From 01.04.12 – 31.03.13)

Total no. children seen under the contract:	54
Total no. new referrals seen:	33
Total no. follow-up contacts with children:	446

From 01.04.12 – 31.03.13 there was a rate of approximately 5% for Did Not Attend (DNA) /no access visits/cancellations by the client. However, as part of the project these families were not discharged. Additional work was done to engage these families and they were able to access the service.

Indirect client work:

Delivered the Early Language Development Programme to the early years workforce.

Evaluation of the training indicates increased knowledge and skills to enable early identification of Speech, Language and Communication (SLC) difficulties, increased awareness of early intervention strategies to promote SLC skills development, and increased awareness of how to support parents to develop SLC in their children.

6.5 Mentoring (started September 2012 therefore not a full year)

The mentoring service is delivered by Headland Future. It supports children and young people through pairing them with an adult mentor and delivering a programme of sessions and activities developing social skills, emotional resilience and self esteem.

Since Sept 2012 there have been 59 referrals received of which:

- 45 were accepted
- 9 were rejected based on being inappropriate for mentoring
- 5 are awaiting assessment

The assessments attached to the referrals were:

- Common Assessment 37
- Core Assessment 9
- Initial assessment 2
- CAMHS assessment 2
- Transferred from previous provider without assessments 5

Age of those referred

- 5 – 9 22
- 10 – 14 31
- 15 – 19 6

There have been 39 children/young people that have engaged with the project. To date there have been 10 cases that completed and all of these did not need further services.

6.6 Domestic Violence

The contract with Harbour is jointly commissioned between Regeneration and Neighbourhoods and Child and Adults within the council. Two staff are based in the locality teams and a new way of working is being explored. As a consequence there are currently difficulties with capturing the information for this service. Work is underway to resolve this. First indications are that the service is providing an effective first engagement where domestic violence has not met the threshold criteria for police intervention but concerns exist. The service Managers and Harbour are not satisfied that the management and data collection balance is right yet. Feedback from users who have engaged is positive.

7. FEEDBACK FROM HEADTEACHERS

- Advice and guidance from the hub is valuable. Parent Support Advisers in primary schools are particularly using this to discuss cases and concerns;
- There is some confusion about responsibilities and how much a school is meant to do in cases;
- The support from the localities is good although not always enough – they would like more;
- Outcomes for the child/family are dependent on the skills of the individual worker – they felt some workers were not persistent enough or challenging enough to families;
- The Hub has been really effective for our school;
- Family support workers provide a very good service for families;
- It would be useful if family support workers could promote the importance of educational issues and try and get parents on board and make positive links with school;
- Early intervention services are definitely having an impact on children's lives in our school. TAC (Team Around the Child) meetings have been really successful and other professional involvement has had a positive impact on the lives of all families with early intervention in our school;
- The hub is working really well as a joined up service. Can't suggest any improvements generally - a lot of it is down to individual's. Some FSW (Family Support Worker) are too cosy and concentrate on the adults rather than the impact on the children. All the children I had/ have concerns about in school are being supported in one way or another;
- I think the hub is working well, as it can be used for advice in situations that aren't likely to need duty but we still need clarification on – e.g. an access arrangement issue between two parents. It is good to stick with the same workers, but there are sometimes cancellations and communication mix ups, which I suppose could happen in any system. We have seen some improvements with our families as joined up thinking between services seems to be more effective, and improvements can be more rapid than in the past. I am thinking of one boy in particular within the team around the family system where with joined up work with speech and language, Occupation Therapy (OT), family support worker and some mentoring in school, as well as support for Mam in parenting strategies, there has been a marked improvement in his behaviour and progress in school and now at home too;
- Communication – if we have concerns about a student we complete a Common Assessment Framework (CAF) and submit to the Hub. We liaise with parent and through completion of the CAF become a source of support for the parent. However, it feels as though we cease to have involvement at this point. The student spends a significant part of their day in school yet we are not involved in planning how we can be supportive to the student. The TASS (Team Around the Secondary School) meetings provided a structured planned approach to an intervention programme and this seems to be missing under early intervention;

- CAF (Common Assessment) review meetings work well as they are a means of communicating how effective interventions have been and evaluating the impact of interventions as well as planning for further interventions.
- **Are early intervention services having an impact on children's lives/outcomes? If yes how do you know and if not why not?** "It very much depends on who the family support worker is."
- Going through the hub can sometimes feel like a delay instead of going directly to workers;
- Would like a mechanism to be able to know exactly who is working with the children/ young people in our schools.

8. FEEDBACK FROM HEALTH

- Partnership working is good between Local Authority services and midwifery and health visiting services. This is likely to continue to improve with co-location of a larger number of health staff and locality teams;
- Midwifery services are resourced based on a medical model relating to delivery and therefore resources are not built into the service to fulfil all requirements in relation to early intervention - this is causing a pressure in prioritising work;
- It is hoped that co-location will offer more effective and efficient partnership working which may release time and resources for staff.

9. IS ANYONE BETTER OFF?

9.1 The following success criteria is set out in the strategy. The strategy was implemented in June 2012 and it is not possible to identify any impact yet

	<u>2011/12</u>	<u>2012/13</u>
Increase in breastfeeding rate	Initiation 44.4%	Initiation 43%
Reduction in obesity rate age 5	10.1% (2010/11)	9.9% (2011/12)
Reduction in obesity rate age 11	26.4% (2010/11)	24.3% (2011/12)
Reduction in the amount of unauthorised absences from school	1.1%	1.1%
Reduction in the number of children living in poverty (as defined through income figures)	28.2%	33.0%
Reduction in the gap between the lowest achieving 20% of children in the Early Years Foundation Stage (EYFS) and all children	28.2% (July 2011)	33.0% (July 2012)
Reduction in the gap between pupils eligible for free school meals (FSM) and their peers achieving at least Level 4 in English and	English 14% Maths 9%	English 13% Maths 13%

Maths at Key Stage 2 (KS2)	(July 2011)	(July 2012)
Reduction in the gap between pupils eligible for free school meals (FSM) and their peers achieving 5 A*-C grades at GCSE inc maths and English	33.0% August 2011	30.6% August 2012
Reduction in the number of 16- 18 year olds Not in Education, Employment or Training (NEET)	7.4% = 268 people	7.7% = 282 young people
Reduction in the numbers of under 18 conceptions	55.5 per 1,000 (2010)	37.7 per 1,000 (2011)
Reduction in the number of young people entering the criminal justice system	79	61
Reduction in reoffending rates for young people	1.31%	1.13%
Children who were the subject of an initial stage child protection conference which took place in the year	149	162
Children starting an episode of need in the year	1,105	1,245

10. KEY FINDINGS

10.1 The above table shows centrally collected data. A large proportion of the data is not able to be used to judge success yet as the data collected is a year out of date and the education data is not refreshed until July/August. The following data can be used to identify initial indicators of impact:

- Unauthorised absences has stayed the same;
- Young People not in education, employment or training has increased by 0.3% which equates to 14 young people;
- Young People entering the youth justice system for the first time has decreased and reoffending rates have also decreased;
- There has been an increase in the number of children subject to an initial child protection conference;
- There has been an increase in the number of children becoming a child in need.

10.2 Other findings include:

- Numbers of common assessments have increased;
- Number of organisations that have initiated common assessments has increased;
- Numbers of common assessments from universal services (health visiting and education) is increasing but there are low numbers from the youth service/One Stop Shop and midwifery service;

- The number of common assessments has increased and there is evidence that the quality of the assessments are improving as practitioners become more confident;
- There seems to be a large proportion of unsuccessful visits within the One Stop Shop which may be expected with this cohort of young people;
- Initial evaluation shows that the introduction of solution focused practice and maintenance plans in the localities is being positively received from families and professionals;
- Substance Misuse service is proving effective with the young people in the service but referrals are low and have not changed significantly in the past 5 years;
- Parenting has a high level of referrals at all levels and a high retention rate but there is no evidence yet of whether the activities are preventing children from being in need;
- There is increasing demand for financial advice and guidance;
- Feedback from organisations and families states that a single point of access is working well;
- Pathways between localities, First Contact and Support Hub and Social Care seem to be clearer with ongoing discussions between managers supporting reflective practice;
- Numbers of families registered with a children's centres is good and improving in line with expectations (Ofsted requirements);
- Numbers of families with under 5s accessing services at the children's centres is low as a proportion of the total cohort;
- Secondary schools are initiating less common assessments than primary schools but secondary schools feel that this should be the case.

11. NEXT STEPS

11.1 Graham Allen's Early Intervention Review clearly stated that the impact of early intervention would be seen in 5/10 years. It is also acknowledged nationally that it is difficult to measure prevention. This document attempts to evaluate the strategy which has been in place for one year but due to such a short timescale it is difficult to determine trends. The following sets out potential next steps based on the findings above:

- Implement universal plus pathway in Children's Centres to improve take up of CC (Children's Centres) services in hotspots and to develop co location of health and locality teams;
- Work to promote Children's Centre activities to specialist services to ensure that these activities are seen as a key element of the package of support for families;
- Work to promote the establishment of Children's Centres, to Family Centre's to Community Centres;
- Review One Stop Shop work programme activity to ensure resource effectively used in light of significant non successful visits;

- Continue to implement solution based practice and maintenance plans within the locality teams;
- Continue to support common assessment process through quality assuring common assessments and sharing the learning with workers;
- Continue to provide assessment training to all agencies;
- Review partnership working with secondary schools to ensure that children are identified earlier – particularly those at risk of NEET;
- Carry out an audit of decision making across First Contact, IRT and localities to ensure clarification of thresholds;
- Ensure that managers from First Contact, IRT and localities continue to meet to ensure effective decision making;
- Implement eCAF system across all services to ensure the journey of the child can be captured;
- Review effectiveness of Domestic Violence contract and how it is delivered;
- Establish a process to be able to track children across all the services;
- Develop options appraisals to respond to significant budget reduction.

CHILDREN'S STRATEGIC PARTNERSHIP

31 July 2013



Report of: Assistant Director, Children's Services

Subject: CHILD POVERTY STRATEGY AND ACTION PLAN

1. PURPOSE OF REPORT

- 1.1 The Child Poverty Strategy, **Appendix 1**, and Action Plan, **Appendix 2**, was approved by Children's Services Committee on 2nd July 2013. The purpose of this report is to inform members of the Children's Strategic Partnership of the strategy and plan and ask members to identify their contribution to the plan.

2. BACKGROUND

- 2.1 The previous government pledged to halve Child Poverty by 2015 with an aim to eradicate it fully. This pledge led to the introduction of the Child Poverty Act 2010.
- 2.2 The Child Poverty Act 2010 places three duties on local authorities:
- To put into place arrangements to work to reduce and mitigate the effects of child poverty in their local area;
 - To prepare and publish a local child poverty needs assessment to understand the drivers of child poverty in their local area and the characteristics of those living in poverty;
 - To prepare a joint child poverty strategy setting out measures that the local authority and named partners propose to take to reduce, and mitigate the effects of child poverty in their local area.
- 2.3 Cabinet approved the publication of the previous child poverty strategy "Everybody's business" in May 2011. Following this a number of government policies have been introduced which is having an effect on the numbers of children in poverty. It was felt to be timely to update the Child Poverty Strategy in line with government policy changes.

3. DEFINITION OF CHILD POVERTY

3.1 Child Poverty is currently defined using four measures of income as below.

- Absolute low income: a level below which people lack the necessary food, clothing, or shelter to survive. On this definition, a single person is considered to be in poverty with an income of less than £145 per week (at 2005/06 thresholds before housing costs). Similarly, a couple with two children are classed as poor with an income of less than £332 per week.
- Relative low income: this is defined as the level below which a citizen has the economic capacity to participate fully in the society in which he or she lives. This is routinely set as below 60% of the median wage.
- Material deprivation: hybrid of 'lacking certain goods and services and being below 70% of the median wage'.
- Index of Child Wellbeing in the European Union: a composite measure based on many indicators on a 'causal' model rather than 'effect' model.

Based on the relative low income measurement as explained above 33% of children living in Hartlepool are living in poverty based on 2012 statistics this is compared to 29.5% in 2010.

3.2 The government has recently reviewed the indicators for the measurement of child poverty at a National level and published a consultation "Measuring Child Poverty: A consultation on better measures of child poverty." The consultation sets out the proposal for a multi dimensional measure that does not solely focus on income. The government is expected to respond to the consultation over the next few months.

4. CHILD POVERTY NEEDS ASSESSMENT

4.1 A child poverty needs assessment has previously been produced to inform the development of the strategy and action plan. The development of the Joint Strategic Needs Assessment (JSNA) Poverty Theme has replaced the need to produce a separate document. The current Poverty JSNA has recently been discussed at a Scrutiny Co-ordinating Committee investigation and a copy can be found on <http://www.teesjsna.org.uk/hartlepool/>

5. GOVERNMENT POLICIES

5.1 Austerity measures

The government has introduced a range of measures to reduce the national budget deficit which includes significant reduction in public spending, services and benefits.

5.2 Welfare Reform

The Welfare Reform Act 2012 began to be implemented from April 2012 and the Act includes the introduction of and changes to: Housing Benefit – “Bedroom Tax”, Universal Credit, Council Tax Benefit, Benefit Cap and discretionary social fund.

5.3 DWP changes

The DWP have introduced changes to support the governments focus on ensuring individuals seek work. This includes:

- Reassessing all customers currently receiving Incapacity Benefit or Income Support on grounds of incapacity;
- Work Programme has been introduced providing a personalised welfare to work programme;
- ESF (European Social Fund) Families programme – the DWP have contracted with a number of companies to deliver family coaching to parents who are unemployed

5.4 Pupil premium

The Pupil Premium was introduced in April 2011 and is allocated to schools to work with pupils who have been registered for free school meals at any point in the last six years.

5.5 2 year old childcare

All disadvantaged 2 year olds (as defined by the Free School Meal criteria) will be eligible for 15 hours of free childcare from September 2013. This will be followed with a further cohort of disadvantaged children eligible in September 2014 (details not yet released).

6. RECOMMENDATIONS

- 6.1 For members to of the Children's Strategic Partnership to note the Child Poverty strategy and plan and ask members to identify their contribution to the plan.

7. BACKGROUND PAPERS

7.1 None

8. CONTACT OFFICER

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Hartlepool
Child Poverty Strategy
2011- 2015
REVISED VERSION UPDATED JULY 2013

*Child Poverty –
Everybody's Business*



HARTLEPOOL BOROUGH COUNCIL

CHILD POVERTY PLEDGE

Together we will support Hartlepool Borough Council in sharing the Government's ambition to tackle child poverty by:

- **Tackling the causes and consequences of poverty so that all children and young people have a good start in life, enjoy a fulfilling childhood with all the opportunities they need;**
- **Enabling families to break out of inter-generational cycles of deprivation through a variety of measures including intensive family support, access to appropriate financial assistance, training and employment.**

Together we will work with partners to ensure that the vision for Hartlepool is achieved and that we have:

'A society where all children and young people grow up free from deprivation and disadvantage and where birth and social background do not hold people back from achieving their full potential'.

We fully support Hartlepool Borough Council's ambition and endorse it by positive action to address child poverty.

We are a key agency committed to tackling the causes and consequences of child poverty within Hartlepool. Therefore, we will increase our activities to support children, young people and families living in/or who are at risk of living in poverty by working in partnership with all delivery agencies from the statutory, private and third sector to achieve the local authority's six key objectives to:

- **Ensure that children that live in poverty are safe;**
- **Increase the parental employment rate;**
- **Improve skills levels;**
- **Increase the benefit take up rate, including in-work and out-of-work benefits;**
- **Prevent those at risk from falling into poverty;**
- **Where it is evident that a family is experiencing poverty take action to mitigate its effect.**

Name of Organisation.....

Name of Signatory.....

Date.....

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Abbreviations

DWP	Department of Work and Pensions
GDP	Gross Domestic Product
GONE	Government Office North East
HMRC	Her Majesty's Revenue and Customs
IAG	Information Advice and Guidance
IMD	Index of Multiple Deprivation
NEET	Not in Education Employment or Training
NI	National Indicator
NRA	Neighbourhood Renewal Area
ONS	Office for National Statistics
SOA	Super Output Areas
FSM	Free School Meals
CAF	Common Assessment Framework
OECD	Organisation for Economic Co-operation and Development
SMCP	Social Mobility and Child Poverty
IS	Income Support
ESA	Employment Support Allowance
JSA	Job Seeker's allowance
HB	Housing Benefit
LHA	Local Housing Allowance

1. Foreword by the Leader of the Council

Unfortunately there remain significant public misconceptions about child poverty, and many people don't think child poverty exists in Hartlepool – or fail to see the connection between children living in poverty and poor health or poor achievement in schools. It should no longer be acceptable for poverty to be something that's inherited by successive generations. It shouldn't be an automatic marker for poor health or underachievement. Breaking that cycle is an important part of what our strategy sets out to do.

Building on our previous work and responding directly to what we have heard from parents, teachers, professionals, and children and young people themselves, we wish to reinforce our commitment to eradicate child poverty and ensure that all children and young people are happy, healthy and grow up to be successful. Too many children's education is still being held back by poverty and disadvantage.

If we are going to make this the best town for children and young people to grow up and if we are going to help all children and young people to fulfil their potential, we need to eradicate child poverty.

I know you will agree with me that, if we want to eradicate child poverty altogether over the next decade, we will need to have a much broader, all-encompassing approach. It is vital that we prevent children who are in primary school today from becoming tomorrow's impoverished parents if we are to meet our goal of eradicating child poverty.

Christopher Akers-Belcher, Leader of the Council

3. Introduction

The Child Poverty Strategy was originally developed in 2011 following the introduction of the Child Poverty Act 2010 requiring local authorities and its partners to *“co-operate to reduce, and mitigate the effects of child poverty in their area.”*

Government policy has significantly changed over the last two years and this revised strategy refocuses actions to support families within the changing national context. This strategy continues to focus on the same vision and objectives previously agreed by the Council and its partners.

Hartlepool Borough Council is a partner within the North East Child Poverty Commission which *“aims to build public and political support for actions that improve the lives of poor children living in the North East.”* This strategy compliments the work of the Commission and Regional Child Poverty working officer group.

4. What is the vision for Hartlepool?

The target to halve child poverty was the ambition of the previous government however the present government has also committed to a reduction in child poverty although a consultation is currently being undertaken to review the measure of child poverty through median income levels.

Hartlepool Borough Council will build upon the Government's ambition to reduce and ultimately eradicate child poverty by 2020 by:

- Enabling families to break out of intergenerational cycles of deprivation using a family centred approach by ensuring all children and families have support at the earliest possible stage to prevent families reaching crisis

In addition Hartlepool Borough Council will aim to:

- Prevent poor children becoming poor adults

5. Strategic Priorities

The priorities for this strategy include:

- Ensure that children that live in poverty are safe;
- Increase the parental employment rate;

- Improve skills levels in parents and children;
- Support families to maximise their entitlements;
- Prevent those at risk from falling into poverty;
- Where it is evident that a family is experiencing poverty take action to mitigate its effect.

6. Principles

These will be underpinned by a set of principles for all services working with families:

- The safeguarding of children is paramount throughout this strategy and the safety needs of children and young people will take precedence in all situations;
- Preventative services will be built around universal services (children's centres and schools);
- Parenting is a critical factor that impacts on children's outcomes and will be at the heart of the strategy;
- Families will be partners with services that are in place to support them;
- We will strengthen families through a range of activities that are aimed at building their aspirations for their children;
- We will stress the importance of individual, family, community and society achievement. This requires a clear understanding of where families are starting from and the steps that need to be taken in order that self esteem is raised and barriers to achievement are overcome;
- All staff will make judgements based on guidance and procedures but grounded in seeing the world through the child's eyes;
- Good assessment based on the Common Assessment Framework will underpin all support activities;
- Children and young people's voice(s) will be heard in the development of services and in any support offered;
- Information sharing and local intelligence gathering will be overt and consensual;
- Services will be accessed through a single route that supports any family member to link with the service they require;
- Families will be able to access an intervention plan that is tailored to the need of each individual and the family as a whole;
- Families will receive a seamless package of care regardless of the organisations involved;

7. What is the purpose of the strategy?

Child Poverty is everybody's business and Hartlepool Strategic Partners and Hartlepool Borough Council are wholly committed to eradicating child poverty. Eradicating child poverty is a significant undertaking and the only way Child Poverty will be reduced and eradicated is through a partnership approach. The key principle of this strategy is the need for all services to work together.

The success of this strategy relies heavily on effective partnership working. All organisations and services within the strategic partnership are fully committed to this vision.

The resources of organisations and services are being reduced significantly and will continue to be so for the foreseeable future. This strategy acknowledges that position and sets out a targeted approach to ensure that scarce resources are focused on the neediest. The Poverty element of the JSNA (Joint Strategic Needs assessment) very clearly identifies areas of need and that information has been used to inform this strategy and action plan.

8. What are the consequences of child poverty?

Research has shown that the full socio-economic cost implications and consequences of not tackling child poverty are likely to be immeasurable to the individual and the wider community. It is unlikely that there will ever be a precise calculation on the full cost of child poverty to individuals, society and the wider economy due to the intricacies of this subject. HM Treasury (2008) and The Fabian Society (2005) reported that the United Kingdom continues to underestimate the extent, severity and structural basis of child poverty and so fails to appreciate its true personal and social cost.

Only a small number of studies have produced estimates of the overall cost of child poverty in Organisation for Economic Co-operation and Development (OECD) countries. Financial figures for the UK suggest that child poverty could cost the country almost £40 billion a year, which equates to £640 per capita or more than £2,500 a year for a family of four. This estimate includes £13 billion for reduced

productivity and economic output, £13 billion for the higher costs of crime and £12 billion for the costs of poorer health (TUC, 2007).

Whilst it is difficult to extrapolate these costs, it is self-evident that reducing child poverty is a fiscal investment which can produce higher rates of Gross Domestic Product (GDP), improve global competitiveness and help minimise expenditure on crime, healthcare, social housing and welfare benefits.

Exposure to poverty is often cited as the central component of the inter-generational cycle of worklessness, low educational attainment and reduced prosperity. Negative employment outcomes sometimes stem from the model parents set for their children. It is accepted that having a significant proportion of the population out of work and training is detrimental to the economy, through reduced productivity and competitiveness. This includes the number of young people aged 16 to 18 years who are not in education, employment or training (NEET) which has significant cost to the local and national economy in terms of benefits and lost taxes. The fiscal cost to the Government for those young people who are NEET is estimated to be above £10 billion over the lifetime of a two-year cohort. (Hirsch, 2006).

In the United Kingdom, Donald Hirsch (2006) estimates £500 million of additional primary healthcare expenditure is required as a direct result of child poverty. HM Treasury (2008) estimates that poor health has wider costs to the economy as a result of sickness absence and lower productivity rates.

National and international research clearly shows the effects that taking no action to reduce child poverty will have including:

- Children exposed to child poverty, hardship and deprivation will suffer. Their own childhood experiences have a significant impact on their ability to operate as an adult in later life. Children born and raised in persistent poverty are likely to have poor children of their own thus creating a perpetual cycle of deprivation.
- Low educational achievement has a knock on effect on an adult's ability to take up skilled work in the marketplace. This in turn limits the potential productivity of the country as a whole. A lack of skilled workers makes it increasingly difficult for the country to compete in the global economy.
- Some people (but not all) that live in persistent poverty are in danger of turning to crime in order to 'supplement' their income. Crime affects everyone within a community and puts a drain on local resources.

- Children who experience poverty are more likely to develop long term health issues which in turn put a strain on public resources. In addition, as adults with a long term debilitating health issue they are more likely to remain out of work. Low birth weights, respiratory illnesses, including asthma, mental health issues and obesity have clear links to poverty and cannot be ignored.
- Family background is one of the most important predictors of academic success. Children from low-income households are more likely to require remedial help or special educational needs assistance than their better off peers.
- Growing up in poverty is associated with a substantially higher risk of teenage pregnancy.
- A relationship has also been identified between child poverty and living in social housing as an adult, with studies by Hobcraft and Kiernan (2001) and Sigle-Rushton (2004) both demonstrating a strong link between these two factors.
- Difficulties of access and expense limit participation in pre-school education amongst lower-income families. Young people from low income households end up leaving school earlier and are around six times more likely to leave without qualifications than those from higher-income households.
- Deprived communities with poor environments and a lack of local resources leads to reduced citizenship, a lack of neighbourliness and trust. Communities are less likely to volunteer or to engage in civic participation.

It is clear that there is a substantial cost to society in terms of resources and services and of fully participative citizens that contribute to overall society.

9. Definition of Child Poverty

Given the multiple factors that contribute to child poverty, it is evident that there is a need to view any definition and measures of child poverty from a number of differing angles. Attempting to define and measure child poverty solely in terms of income and material deprivation would be to fail to understand the complexity of this issue. There are consistently identified common elements of child poverty within families including psychological, social, emotional, cultural, health and aspirational poverty. 'Hidden' poverty may occur within families who are above the official poverty measurement but where income is used to pay debts or non-essential 'luxury' items. As a result some children may experience a lack of basic necessities including healthy food.

The government has recently reviewed the indicators for the measurement of child poverty at a National level and published a consultation “Measuring Child Poverty: A consultation on better measures of child poverty.” The consultation sets out the proposal for a multi dimensional measure that does not solely focus on income. The responses from professionals and the public have been mixed with the majority of responses raising concerns that a number of the potential measures are not actual measures of poverty. The government is expected to respond to the consultation over the next few months. In the meantime a “Social Mobility and Child Poverty (SMCP) Commission has been set up with Alan Milburn, MP as the Chair. Its purpose is to monitor the progress of government and others in improving social mobility and reducing child poverty in the UK.

10. National reviews

This updated strategy continues to use the research from national reviews to inform the actions:

- Frank Field Poverty Review , The Foundation Years Preventing Poor Children becoming Poor Adults, December 2010
- Marmot Review : Fair Society, Healthy Lives, Feb 2010
- Graham Allen, Early Intervention: The Next Steps, Jan 2011
- Munro Review , A child centred system, May 2011

11. Government policy

National strategy

The government published a National Strategy “*A new approach to child poverty: tackling the causes of disadvantage and transforming families’ lives*” in April 2011. It set out concerns that the previous government’s approach focusing on relative income had failed and set out new areas to focus on:

- Tackling worklessness
- Tackling debt
- Strengthening families
- Tackling educational failure
- Tackling poor health

It also set out a review of the measurement of child poverty and a consultation on “Measuring Child Poverty: a consultation on better measures of child poverty.”

Included within the Child Poverty Act was a requirement for the government to report on targets.

Welfare Reform Act 2012

The Welfare Reform Act 2012 received Royal Assent on 8 March 2012 which significantly altered the Welfare System with the following key areas of change:

Universal Credit

Income support, Employment Support Allowance, income-based jobseeker's allowance (JSA), housing benefit (HB) and tax credits are all due to be abolished and replaced by Universal Credit.

Council Tax Benefit

The Act abolishes council tax benefit. It will be replaced with local rebate schemes in April 2013. This has now come into force although budgets for local authorities to administer this new scheme have been significantly reduced.

Discretionary social fund

Section 70 of the Act provides for the abolition of the discretionary social fund (ie, crisis loans and community care grants) with responsibility passed to LAs. This will take effect from April 2013. There will be some provision for loans for one-off expenses and emergencies via 'payments on account' of universal credit.

Benefit Cap

The Act provides for benefits to be capped at the median earnings level after tax, likely to be around £350 a week for single claimants and £500 for lone parents and couples.

Housing Benefit – Under occupancy

The Act allows for Housing Benefit entitlement for working age people in the social rented sector to reflect family size – eg, HB will be restricted to the number of bedrooms allowed under the local housing allowance (LHA) size criteria. This will leave many with a shortfall to cover on their rent.

DWP (Department of Work and Pensions) changes

The DWP have introduced changes to support the governments focus on ensuring individuals seek work:

- Reassessing all customers currently receiving Incapacity Benefit or Income Support on grounds of incapacity. The focus will be on what an individual can do despite their health condition rather than simply what they are prevented from doing. This is based on the firm belief that for most people appropriate work is good for their health and well-being.
- Work Programme has been introduced providing a personalised welfare to work programme for a wide range of customer groups identified as needing extra support to move into employment. Engagement on the programme is linked to benefits and sanctions are being imposed on those that are engaging sufficiently.
- ESF (European Social Fund) Families programme – the DWP have contracted with a number of companies to deliver family coaching to parents who are unemployed.

Pupil premium

The Pupil Premium was introduced in April 2011 and is allocated to schools to work with pupils who have been registered for free school meals at any point in the last six years. Schools also receive funding for children who have been looked after continuously for more than six months, and children of service personnel. The current level of funding (2013/14) is £900 per pupil.

Two year old childcare for disadvantaged children

All disadvantaged 2 year olds (as defined by the Free School Meal criteria) will be eligible for 15 hours of free childcare from September 2013. This will be followed with a further cohort of disadvantaged children eligible in September 2014 (details not yet released).

12. Hartlepool strategies/plans

The following strategies and plans contribute to the Child Poverty Strategy:

The Early Intervention Strategy (2011 - 2013) was developed and implemented in May 2012. This strategy sets out the model for delivery for early intervention to

improve outcomes for children and contributes significantly to this child poverty strategy.

An Economic Regeneration Strategy 2011-2021 was published in 2011 which sets out where there will be expected business growth; future jobs created; skills demands and longer term strategies to reduce worklessness. This document provides a ten year vision which will contribute to tackling the causes and consequences of child poverty.

Think Family, Think Community plan: The government introduced a Payment By Results Troubled Families Programme in April 2012 which set out an expectation for Hartlepool to work with 290 troubled families based on the following criteria:

- Low attendance at school
- Unemployment
- Anti-social behaviour
- Criminal behaviour

This plan also contributes to this strategy with a focus on employment support for families.

ESF FamilyWise - The Wise group secured the contract to deliver family coaching for parents who are unemployed for the North East and have subcontracted Hartlepool Council and Shaw Trust to deliver locally.

13. Which groups are most at risk of being in poverty?

Research has identified a number of vulnerable groups most at risk of being in or falling into poverty and these are shown below :-

- families where one or more adults are out of work
- families where one or more adults work part time
- ethnic minority families
- families who have caring responsibilities - including caring for the elderly
- lone parents
- families where one or more of the adults are disabled
- families where one or more of their children are disabled
- families with more than three children
- families with children aged less than five years

- families with a history of depression and mental health illness
- families with substance misuse, a history of domestic violence and/ or offenders in prison.

Services are increasingly identifying separating families as an issue for children. Work has been taking place over the last year to identify the issues for these families and children and look at ways of supporting. This work will be integrated into this strategy and a family focus model will ensure all issues can be addressed within a family.

This strategy is underpinned by a “Think Family” approach and it is expected that the above vulnerable groups will be targeted for support as early as possible.

14. How will we know we are successful?

The indicators set out below will give an indication as to whether this strategy has been successful. The following is an update on progress against 2010/11 development of the strategy.

Indicators linked to success criteria	Position in 2011	Position in 2013
Reduce the numbers of children in poverty (relative low income)	29.5% (2010 figures)	33% (2012 figures)
Proportion of children living in workless households	30.2% (children living in households receiving key benefits) 2009	Only have 2009 figures
Reduce the gap between the 20% lowest performing children and the rest at aged 5 years old	36.3% (2010)	33% (2012 results)
Reduce gap between children eligible for FSM and the rest at KS2	L4+ English 15% L4+ Maths 14% (2009 results)	L4+ English 13%, L4+ Maths 13%, (2012 results)
Reduce the gap between children eligible for FSM and the rest at KS4	5+ A-C* (inc Eng and Maths) 30%	5+ A*-C (inc Eng & Maths) 30.6% (2012 results)
Reduce numbers of teenage pregnancy	57.3 per 1000 population (2009)	37.7 per 1,000 females aged 15 - 17 years (2011)
Reduce the number of young people aged 10-17 receiving their first reprimand, warning or conviction	87 (2010/11)	68 (2011/12)
Improve employment rate	61.1% (2010)	59.3% (2012)
Improve the number of families accessing affordable home ownership	65.5% (2007)	Unknown
Raise the participation of young people (16 – 18) in further learning	87.4% (2010/11)	83.9% (2012/13)

Increase the number of Common Assessments (CAF)	364 (CAFs started between April 2010 and Mar 2011)	330 (CAFs received by the Hub between April 2012 and March 2013)*
Reduce the number of families needing crisis support <ul style="list-style-type: none"> Children In Need Children on a Child Protection Plan 	918 (Children starting an episode of need in 2009-2010) 117 (Children who became the subject of a child protection plan during 2009-2010)	1105 starting an episode of need in 2011-12 126 children who became subject of a child protection plan during 2011-12

* A number of agencies initiate Common Assessments and do not notify the hub as they are leading the Team Around the Child without extra support needed. The introduction of the eCAF system should capture the number the children being supported more rigorously.

The above table shows that the number of children living in poverty has increased significantly from 29.5% to 33% alongside a decrease in the number of people employed. The number of 16-18 year olds in further learning has decreased.

Positively the numbers of young people entering the Youth Justice System has decreased and the number of teenagers becoming pregnant has decreased.

There have been positive improvements in reducing the gap between the attainment levels of the lowest performing 5 year olds and their peers. Interestingly the gap between KS2 pupils and their peers accessing FSM has reduced from 2010 to 2012 but unfortunately the gap at KS4 has slightly increased.

15. Priorities for 2013/2014

- Ensure that children that live in poverty are safe;
 - Ensure that children and families can access the right support at the right time
 - Ensure that staff are aware of the inter-relating factors and differentiation between poverty and neglect
- Increase the parental employment rate;
 - Identify and support parents to access employment pathways
- Improve skills levels in parents and children;
 - Identify and support parents in order for them to access employment opportunities
 - Identify and support children and young people at risk of not achieving expected levels of attainment
- Support families to maximise their entitlements;

- Ensure that the local authority and its partners work in partnership to support families thus ensuring most effective use of resources
- Prevent those at risk from falling into poverty;
 - Identify those families that could be at risk of poverty and proactively offer support, advice and guidance
 - Identify those children at risk of poorer outcomes and offer support, advice and guidance through a pregnancy to 3 pathway
- Where it is evident that a family is experiencing poverty take action to mitigate its effect.
 - Ensure that vulnerable children and their families are supported through assessment, plan and intervention and review to improve outcomes

16. What are the resource implications for tackling child poverty in Hartlepool?

As highlighted previously the resources for this area of work are scarce but there are currently many services/organisations working with families and the need to work in partnership is critical. The resources already being used to support families need to be utilised effectively and efficiently to address the poverty agenda. Every service should have regard for the affects of Child Poverty and be able to support a family to access services that can help families to climb out of poverty. It is everybody's business.

17. Conclusion

Hartlepool is facing a challenging time following a national and global recession with Child Poverty increasing from 29.5% in 2010 to 33% in 2012.

The significant reduction of the Council's budget and Welfare Reforms is having a significant impact on the economy. Hartlepool is a town that relies heavily on the public sector as an employer. It is likely that a continued reduction in Government grants will lead to further redundancies within the local authority and also the third sector which will further impact on unemployment. If the unemployment rate does continue to increase then this may potentially lead to more families being in poverty.

Recent research carried out by Sheffield University on the impact of the Welfare Reforms states that "*when the present Welfare Reforms have come into full effect*

they will take nearly £19 billion a year out of the economy. This is equivalent to £710 per working age adult in Hartlepool against an average across the country of £470". This therefore shows the disproportionate affect on Hartlepool.

Reducing child poverty, against the backdrop of economic uncertainty and welfare reforms, is not an easy task but Hartlepool has a strong tradition of effective partnership working and it is these partnerships that will need to work together to improve the lives of our children. Reducing Child Poverty is truly everyone's business.

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CHILD POVERTY ACTION PLAN 2013-2014

1. Ensure that children that live in poverty are safe;

Objectives	Actions	Responsibility	Timescales/ Milestones	Progress
Ensure that children and families can access the right support at the right time	Update access to services document to ensure that children are supported as early as possible	Danielle Swainston	Safeguarding users group July 2013 Document to board July/August 2013	
	Circulate and market access to services document to all stakeholders	Danielle Swainston	Circulate to stakeholders Aug/ Sept 2013	
Ensure that staff are aware of the inter-relating factors and differentiation between poverty and neglect	Implementation and use of the graded care profile	Elisa Arnold/LSCB task and finish group	Board approve Graded Care Profile July 2013	
	Delivery of neglect training Implement		Training programme Sept 13 – Mar '14	
	Implementation of LSCB business plan to ensure all children are safeguarded	Elisa Arnold/LSCB task and finish group	March 2014	

2. Increase the parental employment rate;

Objectives	Actions	Responsibility	Milestones	Progress
Identify and support parents to access employment pathways	Identify and refer families to the Family Wise programme or Work Programme as appropriate	Penny Thompson	Referrals monitored monthly within First Contact	
	Ensure that pupils at risk of NEET receive active support to access education, employment and training through the common assessment and team around approach	Mark Smith/ Zoe McKenna	Number of pupils supported monitored quarterly.	
	FCSH and Children's Centres to identify parents to access volunteering opportunities as part of an employment pathway	John Robinson/ Gill Slimings	Reviewed quarterly	
	Offer advice, guidance and support to businesses to improve employment opportunities	Patrick Wilson	See Economic, Regeneration Strategy 2011-2021 for timescales	

	Identify Think Family, Think Community families and offer employment support through the team around in partnership with FamilyWise or Work Programme as appropriate	Danielle Swainston/ Roni Checksfield	Initial data review May 2013 and quarterly review of data	
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3. Improve skills levels in parents and children;

Objectives	Actions	Responsibility	Milestones	Progress
Identify and support children and young people at risk of not achieving expected levels of attainment	Work with providers to increase numbers of 2 year old places in areas of need	Danielle Swainston/Penny Thompson	Apr 13 – Mar 14 work with providers to increase number of places	
	Identify and place children eligible for a 2 year old place	Danielle Swainston/Penny Thompson	April 13 – Mar 14 place children as identified as eligible into childcare places	
	Encourage schools to use their pupil premium to target interventions with disadvantaged children that improve their attainment and increase their rates of progress in English and mathematics.	Dean Jackson/Mark Patton	Review use of pupil premium as part of school reviews	
	Ensure that pupils at risk of NEET receive active support to access education, employment and training through the common assessment and team around approach	Mark Smith/ Zoe McKenna	Monthly reviews	

4.4 Appendix 2

<p>Identify and support parents in order for them to access employment opportunities</p>	<p>Identify and refer parents to access training opportunities as part of the FamilyWise programme</p> <p>Family Nurse Partnership to support teenage parents to be able access training and employment opportunities</p> <p>FCSH staff to deliver money matters sessions to parents</p>	<p>Patrick Wilson/Penny Thompson</p> <p>Mark Smith/ John Robinson Susan Hutchinson- Brown/Lindsey Robertson</p> <p>Danielle Swainston/Penny Thompson</p>	<p>Quarterly reviews</p> <p>Ongoing as part of FNP support</p> <p>Mar 2013</p>	
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4. Support families to maximise their entitlements

Objectives	Actions	Responsibility	Milestones	Progress
Ensure that the local authority and its partners work in partnership to support families thus ensuring most effective use of resources	Strategic Welfare Reform group to meet bi monthly to develop strategic response	John Morton/Danielle Swainston	Bi monthly strategic meetings	
	First Contact and Support Hub to offer information, advice and guidance to support families to maximise their income	Penny Thompson	Quarterly data reviewed	
	Signpost appropriate families to West View Advice and Resource Centre for support in applications, appeals, debt and money management	Penny Thompson	Quarterly data reviewed	
	Signpost appropriate families to Hartlepool Credit Union for bank accounts, savings, low cost loans, access to white goods and other appropriate services.	Penny Thompson	Quarterly data reviewed	
	Support families to access social fund provision and ensure that council staff work in partnership to administer effectively.	Penny Thompson/ Julie Pullman	Reviewed bi-monthly	

	Support families to access Discretionary Housing Payments for rent shortfalls whilst under occupation issues are addressed	Penny Thompson/Julie Pullman	Review ed bi-monthly	
	Carry out an analysis of the impact of welfare reform on demand for core services and make recommendations for service development	Strategic Welfare Reform John Morton/Danielle Swainston	March 2013	

5. Prevent those at risk from falling into poverty;

Objectives	Actions	Responsibility	Milestones	Progress
Identify those families that could be at risk of poverty and proactively offer support, advice and guidance	<p>Identify families subject to the Benefit Cap and support them in their transition to Universal Credit and in managing their finances</p> <p>Scan all enquiries into the FCSH for potential finance issues and make proactive offer of support for benefit advice</p>	Penny Thompson	<p>Training for staff June '13 – Aug '13</p> <p>Implement Sept 2013</p> <p>Review Dec '13/ Mar '13</p>	
Identify those children at risk of poorer outcomes and offer support, advice and guidance through a pregnancy to 3 pathw ay	Implement universal pathw ay plus in disadvantages hotspots to ensure that families are supported at the earliest opportunity	John Robinson/Gillian Slimings	Timescales not yet determined due to changes in government rollout of reforms	

6. Where it is evident that a family is experiencing poverty take action to mitigate its effect.

Objectives	Actions	Responsibility	Milestones	Progress
Ensure that vulnerable children and their families are supported through assessment, plan and intervention and review to improve outcomes	Continue to support universal services to complete Common Assessment to ensure that families are supported early	Danielle Swainston	Assessment training – bi monthly CAF clinic – monthly Ongoing support monitored	
	Locality services to support families through team around approach using common assessment	John Robinson	Quarterly review	
	Implement eCAF system	Danielle Swainston	Training May/June 2013 Workers using system June 2013/July 2013	