

SUNDERLAND CHILDREN TRUST BOARD – 10 JANUARY 2012

BRIEFING FROM MEETING

Safeguarding Children Peer Challenge – December 2011

M Boustead (Head of Safeguarding) presented to the board an update on the outcomes from the Peer Review Challenge which took place during December 2011.

The Peer Challenge had been commissioned by the Executive Director of Children's Services, supported fully by the Sunderland Safeguarding Children Board (SSCB). The Peer Challenge provided a valuable learning to take forward in preparation for the anticipated Announced Inspection during the first half of 2012.

The Peer Challenge team were asked to focus on the following key areas:

- Common Assessment Framework/Early Intervention interface
- Sunderland Safeguarding Children Board/partner roles and responsibilities
- Corporate/service priorities – outcome framework
- Commissioning – areas for development
- 'Whole Family Approach', ie what people understand by the term.

During the visit a cross section of staff were interviewed, as well as elected members, young people and partners, to help to consider how well local services are working to meet the safeguarding needs of children.

Following the inspection, the Executive Director of Children's Services received a draft letter which set out the main areas identified for consideration by the Peer Challenge team:

- Urgently reviewing CAF and thresholds so that early help effectively meets children's needs and diverts families from statutory interventions
- Communicating the next stages of change
- Increasing the pace of the improvement journey and building sustainability
- Demonstrating improved outcomes for children and families
- Making partnership working 'real'
- Developing member engagement and scrutiny

Next Steps

- Comments invited from partners regarding the draft letter, prior to Children's Services feedback to Peer Challenge Team.
- Sharing key messages with partners.
- Further development of the improvement plan with partners, taking into account the Peer Challenge Team's observations.

- Report to SSCB in February with progress in relation to actions identified.
- Using the learning from the Peer Challenge to plan for the Announced inspection.

Early Intervention Offer

The report was presented to provide an overview and gather comments on the proposed Early Intervention Core Offer and the next steps in developing and promoting the Offer.

Children's Services has adopted the following approach to early intervention, namely "to ensure that in every local areas there is a continuum of support for the many families whose needs vary over time, with children's centres and schools at its heart".

Integrated working is particularly important when a child or young person has needs additional to those usually met through universal services. The Common Assessment Framework (CAF) is used as the key assessment tool to identify and support integrated working. With the agreement that "early intervention is everybody's business" a wide range of practitioners have been trained to identify emerging need and work with parents to complete the assessment.

There are currently five locality based integrated teams which form the core of the Early Intervention and Locality Service, and include practitioners from Attendance, Children's Centres, Information, Advice and Guidance, Educational Psychology, Risk and Resilience, and Youth Development.

Children's Services have produced a Continuum of Support chart, which identifies for practitioners, which services are available for which age group, whether that be at universal, specialist or targeted level.

Further consultation on the offer will take place with the Children, Young People and Learning Scrutiny Committee and with Head Teachers, with the intention to formally relaunching via Locality Steering groups during January and February 2012.

Relationship with Schools

M Foster (Deputy Executive Director of Children's Services) provided a brief overview of the continuing work to develop the one.education@sunderland Partnership Board and the impact of the Education Act 2011.

The first formal meeting of the Partnership Board will take place on 23 January 2012 and a detailed presentation outlining the work of the group and also the implications of the Education Act 2011 will be provided at the next Trust meeting in March 2012.

Friends and Family Care Policy

M Boustead (Head of Safeguarding) and S Robson (Carer) gave a presentation to inform the Trust of the development of the Family and Friends Carer Policy.

The definition given of a friends or family carer was “those who are providing care and accommodation to a child or children of a friend or family member, mostly as a result of traumatic circumstances within the child’s family.”

S Robson set out the background to the research undertaken, and supported by the Sunderland Carers Centre and funded by the Sunderland Drug Action and Alcohol Team (DAT). The research sought to answer the following questions:

- What is the extent of grandparent caring for their grand-children full time as a result of birth parents substance misuse in Sunderland?
- What barriers and difficulties are these grandparents facing in the course of their everyday lives?
- What types of support and services are needed to overcome the barriers, difficult and conflicts?
- What support services already exist and where are the gaps?
- What examples of support for kinship carers exist elsewhere in the North East?

The following conclusions/recommendations were identified from the research and consultation to better support kinship carers in Sunderland:

- Awareness-raising
- Enabling informed choices
- Ensure family and friends carers can influence policy and approaches
- Support and training for family and friends carers
- Cross boundary approaches/policies
- Understanding numbers of family and friends carers.

The Coalition Government required all local authorities to have published by 30 September 2011, a Family and Friends Carer Policy, and the research and recommendations noted above were considered and incorporated into this policy.

Sunderland Safeguarding Children Board Update

The SSCB provide a regular update on their activities to the Trust. The report includes updates under the following headings (a full copy of the report can be provided on request):

- Business Plan and Bi-Annual Report
- Business Planning Sub Group Update
- Child Death Review Panel

- Communication and Workforce Development
- Case Review Sub Committee
- Quality Assurance
- Munro and Threshold Task and Finish Group
- Family Law Review
- First Annual Independent Chairs Conference
- Peer Challenge (see first item on briefing)

Munro and Thresholds Task and Finish Group

This group held its first meeting on 6 December, with the following terms of reference:

- To consider the Munro Review of Child Protection and the implications of the recommendations for the SSCB. This group will identify the work the SSCB needs to undertake to be in a position to operate in a 'post-Munro world' and make appropriate proposals.
- To consider the Thresholds for Child Protection Referrals and review what guidance is available and determine whether this is sufficient or if there is a better model of best practice available and make appropriate recommendations to the SSCB.

It has been identified through the Peer Challenge and also through the recent Unannounced Inspection of Contact, Referral and Assessment Arrangements, that there needs to be a greater understanding of the thresholds by practitioners and managers in every agency who work with or are involved with children, young people and families. As noted in bullet 2, the Task and Finish Group will work to revise the Thresholds guide and a draft copy was presented to the Trust for their consideration and comment.

It is anticipated that the Thresholds Guide is finalised by 22 February and Trust members were asked to provide any comments to M Boustead/L Thomas for consideration and inclusion.

Health Improvement – An Overview of Current and Projected Performance

The report was presented to provide a current position in relation to performance of the health improvement indicators of teenage conception, breastfeeding, childhood obesity and childhood immunisation. It also provided an overview of the latest position regarding the transition of public health responsibilities to the Local Authority, including comprehensive access to sexual health services and the National Child Measurement Programme

Teenage Conceptions

It was noted that rates of teenage conception have reduced from 63.1 per 1,000 to 52.9 (288) per 1,000 between 1998 and 2009, a decrease of 16.2%, with the overall downward trend continuing. During the same period rates decreased by 17% in the North East and 18.1% in England.

Teenage conception rates are reported based on live births and terminations, meaning that local data will always be at least 10 months behind. Indicative data available locally would suggest rates of teenage conception will increase in the next quarter and are at risk of increasing until May 2012, when it is expected the positive impact of the new C-Card Scheme, SRE offer and the expansion of provision for Long Acting Reversible Contraception and Emergency Hormonal Contraception will start to be seen.

Breastfeeding

Breastfeeding prevalence is measured at 6-8 weeks; rates in Sunderland and the North East are consistently lower than that of England. Following an improvement in breastfeeding prevalence in 2009/10 there has been a marked decline since quarter 2 of 2010/11, with prevalence reducing from 27% to 20.7% for the same period in 2011/12, a decline of 23.3%. Whilst latest data suggests performance is improving it is unlikely the end of year target of 28.8% will be achieved.

Childhood Obesity

Levels of childhood obesity are measured annually through the National Child Measurement Programme. The programme allows us to monitor the percentage of children who are underweight, a healthy weight, overweight and obese at reception and year 6. The NCMP is to be mandated to local authorities from April 2013.

Provisional figures for levels of obesity show that in reception rates have reduced from 11% in 2008/09 to 10.2% in 2010/11. For children in year 6 there has been an increase from 20.2% in 2008/09 to 21.9% in 2010/11. These trends are reflected nationally.

As the NCMP commenced in 2005/06 the first cohort of children measured at reception will be measured again at year 6 within the 11/12 cohort. Whilst this data will not be reported until December 2012 early indications show a significant increase for year 6 compared to 2010/11, from 21.9% to 24.3%. This would mean that nearly 1 in 4 children are classified as obese at age 10-11. At reception in 2005/06 13% of this cohort were classified obese, although it should be noted that the uptake in 2005/06 was much less than now, meaning the sample was less representative.

Childhood Immunisations

Whilst coverage of childhood immunisations is improving overall there is a need to improve uptake of the pneumococcal infection booster (PCV) and MMR for children aged 2 and the pre-school immunisations as it is not reaching the required thresholds of 95% and 90% coverage respectively.

Review of Children's Trust Governance Arrangements

The Trust have received a number of papers over the last 12 months setting out changes to Trust arrangements and the establishment of the Early Implementer Health and Well-being Board.

At the Trust meeting on 10 January 2012, a report was received and the following recommendations were agreed:

- Partnership Arrangements Task and Finish Group to be convened to revisit the current partnership agreement to determine the future shape and scope of the Trust, including the Aligned Partnerships to ensure that it is fit for purpose and can continue to support the improvement of outcomes for children and young people in Sunderland, as well as contributing to the development of the Health and Well-Being agenda.
- A Health and Well-being Sub Group will be established with the following remit:
 - To consider the agenda and papers of the Health and Well-being Board and provide comment back to the Trust for consideration.
 - A member of the Trust, who also sits on the Health and Well-being Board, will act as Chair of the sub-group.
 - The sub group will be commissioned to undertake appropriate pieces of work on behalf of the Trust and Health and Well-being Board.
 - The sub group will act as a consultative group to represent the views of the Trust.
 - Trust members were asked to nominate appropriate officers to form this group. *It should be noted, that the sub-group have already been tasked to undertake a piece of work on behalf of the Trust, to consider the Health Impacts of the Welfare Reforms: Guidance to Health and Well-being Boards. This meeting is scheduled to take place on 26 January 2012.*

Keith Moore
Executive Director Children's Services