

**SUNDERLAND'S CHILDREN'S TRUST**

**PREVENTION STRATEGY**

**2009-2012**

**CONSULTATION DOCUMENT**

VERSION	WHO	AMEND
2	LEANNE	EMPLOYMENT FIGS
4	Agnes	Consultation responses

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## FOREWORD

This is the first draft of Sunderland Children's Trust's Preventative Strategy. During September and October 2008 we will be consulting with partners and other stakeholders.

The Children's Trust recognises the importance of preventative services in Sunderland that operate at all levels of need. Much has been achieved through the growth and positive impact of a range of innovative preventive programmes, interventions and practices across specialist, targeted and universal services.

This Strategy aims to help children, young people and their families get the help they need as soon as they need it.

The Strategy is a crucial part of reshaping services for children, young people and families. In Sunderland, partners are working closely together to improve the wellbeing of all our children and young people, building a shared vision and working together to make this a reality.

The aim of the Preventative Strategy is to ensure that all children and young people in Sunderland are able to fulfil their potential and that those who are doing well, continue to do so.

The Strategy aims to improve the lives of the vulnerable children, young people and families by providing a framework for the delivery of services for all children and young people and a set of preventative services to improve the outcomes for those with additional needs.

The majority of children and young people will meet their needs through the provision of high quality universal services. Where more targeted interventions are needed to remove or narrow gaps for particular groups, services will work together to provide integrated delivery based on the needs of the community at a local level.

## 1. INTRODUCTION

### 1.1 Key Definitions

- **Prevention** – ‘Everyone working together to build the capacity of children, young people and their families, as well as their communities. This will be achieved through early intervention and accessible support, which will build resilience and their ability to manage the risks and take control of their lives.’
- **A Preventative Service** – A targeted intervention that exists to prevent specific adverse or negative outcomes for children and young people.
- **Early Intervention** – Children, young people and families with additional needs receive support when they need it, to avoid the escalation of risk and ultimately statutory intervention.
- **Well being** – ‘The subjective state of being healthy, happy, contented, comfortable and satisfied with one’s quality of life. It includes physical, material, social, emotional (happiness), and development and activity dimensions’<sup>1</sup>

### 1.2 Purpose

The purpose of the Preventative Strategy is to:

- Set out the vision, principles and standards of **preventative practice** and service delivery which all services in the City will operate.
- Identify a set of preventative services which will support **early identification of need** and **effective interventions** to improve outcomes for children and young people and their families with additional needs.
- To identify priorities and set out the process for the commissioning of preventative services.
- Present innovative practice in preventative working and to promote and develop new ways of working

The strategy is aligned with the Sunderland Children and Young People’s Plan (CYPP), and all other strategic plans should be complemented by this strategy.

### 1.3 Scope

The scope of the strategy is to include all services for children, young people and their families, particularly those in universal services and in services targeted at those with low level needs.

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<sup>1</sup> Felce and Perry 1995; Danna and Griffin 1999; Diener 2000

#### 1.4 How the strategy has been developed

The mandate to produce the strategy has come from the Children and Young People's Plan Change for Children Strategy 2007 – 2009. In developing this strategy we have:

- Established a writing group to develop the strategy
- Held a Consultation Workshop on May 1<sup>st</sup> with representatives from both statutory and the Voluntary and Community sectors
- Looked at national government legislation, policy and guidance and drawn on local strategies, policies and guidance

## 2. A PREVENTATIVE FRAMEWORK

The preventative framework sets out how we can all work in a preventative way. The framework sets out

- The Children's Trust's overarching vision and the **vision for prevention**
- The four **levels of need** that are recognised and depicted in the **Windscreen Model**, which is used in the Common Assessment Framework
- **Principles** of working in a preventative way
- **Service and practice standards** for working in a preventative way

### A. OUR VISION

**The Children's Trust vision is:**

"Working together to improve life chances and aspirations for each child and young person in Sunderland".

This represents a shared ambition to improve the lives of all children and young people in Sunderland and to prepare them well for adulthood.

The **vision for prevention** is:

**"Everyone working together to build the capacity of children, young people and their families, as well as their communities. This will be achieved through early intervention and accessible support, which will build resilience and their ability to manage the risks and take control of their lives."**

The vision will be directed through **key strategic objectives**:

- Timely responses to children, young people and their families at times of vulnerability and additional need, working within a Common Assessment Framework.
- Locally accessible services that can help build resilience of individuals and communities.

- Integrated service delivery achieving teams around the family and child based on effective partnership working and information sharing between universal, targeted and specialist services.

In practice this means that:

**Practitioners and managers** will understand and reflect about what the intended outcomes are for children, young people and their families. They will work closely together to identify and respond to any additional need when it arises so that appropriate and accessible support is available when needed.

**Universal services** will look at early recognition and early identification of additional needs, drawing in targeted and specialised services when required, rather than referring on.

**Targeted services** have a responsibility to offer more specific services at a local level to meet additional needs of children, young people and their families, drawing in specialist services to meet more complex needs when required.

**Specialist services** will respond quickly to identified need working with targeted and universal services.

## B. LEVELS OF NEED AND THE WINDSCREEN MODEL

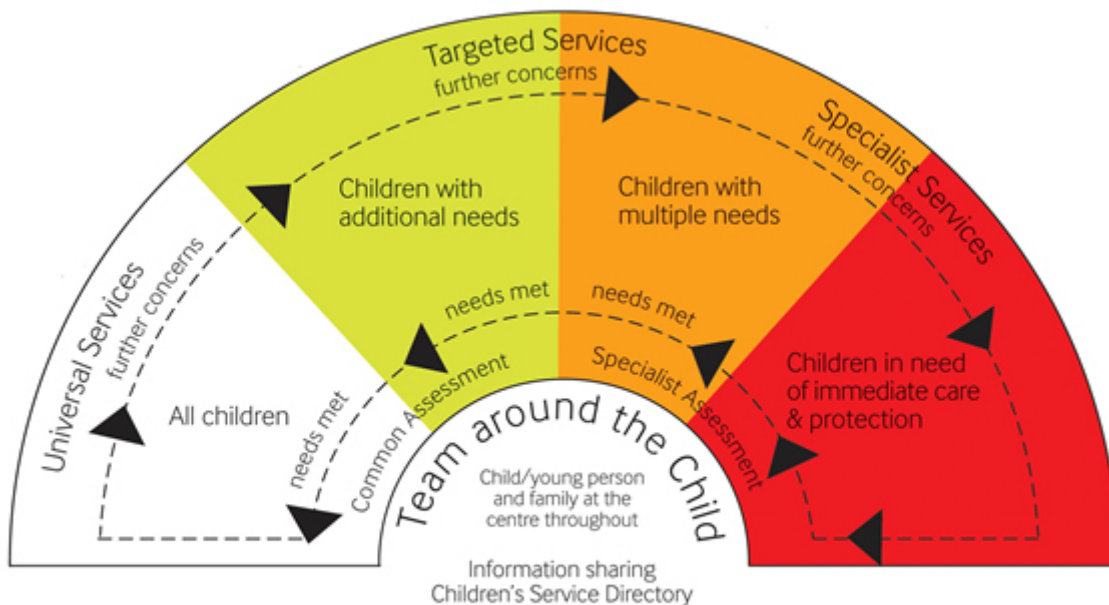
There are four **levels of need**. The Integrated Working Practice Toolkit gives detailed definitions and risk and resilience factors relating to all levels of need.

This Prevention Strategy only relates to those children and young people at levels U and 1.

Level	Who this represents	What this Prevention Strategy aims to achieve
<b>U</b>	<b>All children and families</b> These are children and young people who make good overall progress in all areas of development. Broadly, these children receive appropriate universal services, such as health care and education. They may access leisure and play facilities, housing or voluntary sector services.	<b>To increase the probability that children and young people and their families remain at this level</b>
<b>1</b>	<b>Children with additional needs</b> These are children who would benefit from some additional support without which they would be at risk of not reaching their full potential. The additional support may relate to health, social or educational issues.	<b>To increase the probability that children and young people with needs at this level</b> <ul style="list-style-type: none"> <li>• Do not escalate to a higher level and</li> <li>• Are assisted to the lower</li> </ul>

	level of need - Universal
2	Children with multiple needs
3	Children in need of care and protection

The "**Windscreen**" **model** shows how seamless support will be provided for children and young people according to need. The model supports the Common Assessment Framework and detailed information can be found in the Integrated Working Toolkit, or on



**Continuum of Needs  
(commonly known as The Windscreen)**

<http://www.sunderlandchildrenstrust.org.uk/caf.asp>.

The windscreen model is structured to reflect the four levels of need. It shows how a child's needs may move backwards and forwards through the levels. It recognises that appropriate support should be available at each of these levels, whether a child's needs are increasing or reducing.

Each level of need should have a prevention focus to:

- Support and meet current needs
- Assist a child's needs to reduce to a lower level
- Prevent a child's needs from escalating to a higher level

This strategy focuses on levels U and 1. It aims to meet the needs of children at levels U and 1 by providing services at level 1

## C. OUR PRINCIPLES

This strategy is founded on the principle that every child and young person is entitled to a private and family life and has the right to participate in decisions that affect their lives. These fundamental human rights, provided

for by the **European Convention on the Rights of the Child** and incorporated into UK law in 1991, underpin the strategy.

### **Overarching Principles**

- 1 Children are unique members of the community and should be **valued and respected** whatever their ability, ethnic origin, gender, health, sexuality or religion.
- 2 Each child has the **right to grow up** and develop to the best of his or her potentially physically, intellectually, emotionally and spiritually.
3. Children's **wishes and feelings** must be taken into account, having regard to their age and understanding.
- 4 Children, young people and families should be able to **access** a range of appropriate services at times they need, in places that make sense to them.
- 5 All services working with children and young people should aim for **equality of outcome** as well as ensuring that services meet the needs of diverse communities with different cultures and expectations.
- 6 Children and young people have the right to feel **safe from harm**.
- 7 **Strong and effective partnerships** with all key partners will deliver high quality, integrated and cost effective services and be focussed on better outcomes and build resilience with those they work with.
- 8 The commissioning of new and existing interventions with children and young people must be based upon **evidence of effectiveness**, linked to the performance management framework of the City.
- 9 Services will respect **confidentiality** and information sharing protocols.
- 10 Services will be willing to give and **share information** and work together
- 11 Sunderland's Children's Trust is committed to **celebrating** all that is good about children and young people.

### **Principles of Prevention**

- 12 All services will **recognise the family** / carers as a resource for maximising resilience and building on it's own strengths.
- 13 All services will take an holistic approach to the **diverse needs** of the children, young people and their families within their social context.
- 14 The focus will be on appropriate **identification of need**, intervention and prevention, with clarity in individual situations about the need, at the earliest opportunity.



**15** Services will ensure that children and young people are **empowered** to recognise and manage risks and to have the information to **access** support and / or protection when their or other people's personal safety and wellbeing is compromised.

**16** Services will provide **swift and easy access**

**17** All children and young people and families are **entitled to access services** on the basis of need. The needs of children and parents/carers may change at significant points in their lives; for example: birth, changing schools, problems or changes in adult / couple relationships.

#### **D. PREVENTATIVE STANDARDS**

- **Respond quickly** to early identification of additional needs in a universal setting, drawing in targeted and specialised services when required.
- Offer **flexible** access times
- Be **non-stigmatising and welcoming**,
- Be provided by **friendly, interested, communicative and suitably skilled** people
- Be **structured around the child and family** to meet their needs and not the needs of the service
- **Work in partnership with families**
- **Empower** children and families to recognise and manage risks
- **Involve adult services** in the delivery of services as part of a 'whole family' approach.
- **Promote integrated ways of working** that reduce duplication in localities, although some services may cut across localities and serve a wider area
- **Focus on positive outcomes**
- Identify and deliver to **local needs** and set priorities within a **Common Assessment**.
- Provide swift and easy **access to services** including **information** presented in plain language.

#### **Standards are delivered through:**

- **Locality based services** including schools, children's centres, integrated teams, health centres, youth and community services
- **Team Around the Child/Family** will bring together a range of individuals from a variety of agencies to work in partnership and to put in place the most appropriate package of support for a family, as soon as needs are identified.
- **Sharing information** Whilst it is seen to be good practice to develop Information sharing protocols and Policies, it is the view of the DCSF that they are not essential. The decision to share information about a child should always be based on professional judgement.
- **Common assessment** provides us with a valuable tool to jointly identify needs and respond appropriately.

- **Family Information Service** provides information on services in Sunderland. It can be contacted by telephone or through the website. <http://www.childcarelink.gov.uk/whitebox/cis.asp?cisid=5058>
- **The Commissioner's Handbook** introduces key principles for planning and commissioning and provides information and guidance about effective practice consistent with these principles. In supporting the prevention agenda, one of the principles is to 'provide preventive services as early as possible'.
- **Integrated Working Practice Toolkit or Common Assessment Framework (CAF)** is a preventative framework for practitioners. It offers a way of working with children, young people and their families to assess and respond to needs at an earlier stage, in turn preventing a worsening situation.

### 3.0 NATIONAL CONTEXT

- **Every Child Matters: Change for Children**, sets out the shared national programme for change and highlights the importance of securing the shift from intervention to prevention. Authorities are encouraged to *"plan the pattern of service most likely to secure priority outcomes, considering carefully how fast resources can be shifted into **prevention and early identification**".* Supplementary programmes include **Every Parent Matters, Youth Matters**.
- **The Children Act 2004** provides the legal framework for the ECM outcomes and with the Childcare Act 2006, places duties on local authorities and PCT's to plan and deliver **integrated services in partnership**. The Common Assessment Framework and the role of budget-holding lead professionals provide vehicles for better-integrated delivery of services. The Act requires: services to be integrated and more coordinated to remove duplication; children, young people and families needs to be the focus of service provision; a focus on **early intervention and identification** of need; parents and carers supported to undertake their parenting role.
- **The Children's Plan: Building brighter futures, 2007**, aims to make sure that parents and families have access to the support they need, when they need it, so that all children and young people can benefit from confident, positive and resilient parenting from birth through to teenage years. It requires Children's Trusts to have in place by 2010 *"consistent, high quality arrangements to provide **identification and early intervention** for all children and young people who need additional help"*.
- **Children's Trusts: statutory guidance on inter-agency cooperation to improve wellbeing of children, young people and their families (2008)**, updates and clarifies previous statutory guidance, 2005. The guidance aims to involve and empower parents and provides a strong focus on **better prevention, early intervention and narrowing the gap** to deliver measurably improved outcomes. The guidance strengthens the framework for children's trusts by stressing the importance of robust arrangements and the cooperation of relevant partners, including schools.

- **Building Brighter Futures: Next Steps for the Children's Workforce (2008)** provides the link between the Children's Plan: Building Brighter Futures 2007 and the Children's Workforce Strategy Update (DfES, 2006). It sets out the actions Government is taking to build on existing investment; to improve further the skills and capacity of people who work with children; and deliver the high-quality, personalised and integrated services detailed in the Children's Plan.
- In **Making it Happen: Working together for children, young people and families, 2006**, gives guidance on the Common Assessment Framework, Lead Professional, Best practice in multi-agency working and the development of an on-line information-sharing index (now called "ContactPoint"). All local authorities must have implemented the CAF by March 2008 to meet the requirements of the Children Act 2004.
- **Information Sharing: Practitioners Guide 2006 . Integrated working to improve outcomes for children and young people.** With increasing emphasis on integrated working across children's services, to intervene earlier, prevent problems escalating and increase the chances of positive outcomes, sharing of information to facilitate this is central to it's effectiveness. Preventative services require active processes for identifying children and young people at risk of poor outcomes, and for passing information to those who deliver progressive universal, targeted or specialist services.
- Ofsted's **Narrowing the Gap; the inspection of children's services (2007)** report, aims to make a significant difference on a national scale, to the outcomes of vulnerable children against a background of improving outcomes for all children.
- Early intervention is one of the five priorities that underpin the **5 Year Strategy for Children and Learners, 2004**. Paragraph 26 states *"Early intervention to support very young children and their families to lay the foundations for later success – not just in education, but in supporting the welfare of the whole child, carrying through into better services for all children and young people"*.
- **The National Service Framework for Children, Young People and Maternity Services, 2004, (NSF)** is a 10-year programme, which aims to integrate health and social care from pregnancy through to adulthood. It sets out, for the first time, national standards, which promote high quality, women and child-centred services and personalised care that meets the needs of parents, children and families. Early intervention and prevention is key to the NSF.
- **The Child Health Promotion Programme: Pregnancy and the first years of life, 2008, (CHPP)**, builds upon the NSF and is intended to provide preventative services tailored to meet individual need and families. Two of its aims are to *"support a model of progressive universalism – a core programme for all children, with additional services for children and families with particular needs and risks"* and to *"focus services on changing public health priorities - obesity, breast feeding, social and emotional development"*.
- **The Youth Crime Action Plan (2008)** provides a cross-cutting analysis of what further needs to be done by a range of agencies to tackle youth crime. The plan sets out a "triple track" approach of enforcement and

punishment, prevention and challenge and support. On prevention the aim is to address the root causes of crime – not just by tackling unemployment, increasing opportunities and transforming early years services, but also in a much more targeted and individual way. Increasingly, we know how to identify young people offending and at risk of offending early on – in particular how they tend to come from a small number of vulnerable families with complex needs. (Kelly Davison-Pullan)

## 4. LOCAL CONTEXT

### 4.1 Strategies and Plans

One of the general principles that underpins the work of the Children's Trust is that:-

*“The focus will be on early identification of need, early intervention and prevention, with early clarity in individual situations about the need for targeted services and, in time, reduced demand on specialist services providing opportunity for reinvestment”.* (**Sunderland CYPP 2007 – 2009**)

The Children's Trust is committed to the development and improvement of all services that intervene early and strengthen the resilience of children and young people.

This is demonstrated in:

**Children and Young People's Plan, (CYPP) 2007 – 2009**, outlines the Children's Trust vision of “Working together to improve life chances and aspirations for each child and young person in Sunderland”. The focus is on early identification of need, early intervention and prevention.

**Change for Children Strategy, 2007 – 2009**, sets out how the Children's Trust is going to prevent adverse outcomes, because by “intervening early at times of vulnerability in their lives is equally important to children and young people growing up in Sunderland”.

Other local plans and strategies that reflect this are as follows:

**Accident and Injury Prevention Strategy, 2005 – 2008**, recognises that education and promotion of safety issues and ensuring equity of provision, are vitally important to the prevention of accidents and reduction in injury.

**Safer Sunderland Strategy 2008 – 2023** strategic framework includes action on “*Preventing crime and drugs misuse from happening in the first place*” “*Intervening early where people or places are at risk from these problems*”

**Sunderland Youth Justice Plan 2008 – 2009**, sets out how Youth Justice Services will be delivered in the local area across services to prevent

offending, through to services for the most persistent young offenders, their parents and carers and victims of youth crime.

**CAMHS Strategy 2006 – 2009** in considering how to narrow the gap between those who do and those who do not do well, states *“We will prevent problems, act early and effectively when problems arise, meet the needs of children with established and complex problems and support the particular needs of children and young people in special circumstances”*.

**Anti-Bullying Strategy, 2007**, identifies from consultation across the City, that children and young people want to feel safe. Priority 2 states, *“To ensure that bullying is picked up early and that ‘low level’ harassment is challenged”*.

**Family Support Strategy 2006 – 2009** broad aim is to *“deliver targeted services within a universal context with emphasis on prevention and early identification of additional needs”*.

**Children’s Services Attendance Strategy 2007 – 2012**, vision is to *“improve school attendance across all phases, to prioritise early intervention, to put in place targeted support where it was needed, to ensure that all pupils achieve their potential”*.

**Risk and Resilience Strategy, 2008 – 2012**, states that part of the purpose of the strategy is *“To provide a consistent approach in prevention and service delivery at a universal level right through to specialist level”*, in relation to improving sexual health and substance misuse outcomes.

**Integrated Youth Strategy 2008 – 2012**, it states it will *“Deliver earlier, more integrated services in universal settings (prevention)”*. The strategy reflects the governments drive to ensure that all young people have access to a range of positive activities that will keep them occupied, so that they are less at risk of becoming involved in offending / anti-social behaviour.

**Parenting Strategy 2008 – 2012**, states that part of its purpose is *“To provide a consistent approach in promoting and supporting responsible parenting at a universal level right through to a specialist level”* and seeks to ensure that the strategy *“set out different levels of local support available to parents from preventative services through to compulsory engagement”*.

**Extended Services Strategy 2008 – 2011**, encompasses Early Years and Childcare, Children’s Centres and Extended Schools. Its vision is to have in place early childhood and extended services for all children, young people 0 –19 and families delivered through Children’s Centres and Extended Services. Services ensure a quality service for everyone whilst maintaining a focus on early intervention and prevention.

## 4.2 About Sunderland

Sunderland is the **largest city in England's North East region**, with a population of 280,600, of which 68,300 are children and young people. After significantly falling during the 1990s, the birth rate has levelled off and in recent years there has been a slight upturn. The **minority ethnic population** is small but growing, with the largest sub-group being Bangladeshi. The number of **asylum seeking families** is rising.

The city and its inhabitants face a number of challenges.

- A comparison of the Indices of Multiple Deprivation (IMD) between 2004 and 2007 shows that the number of people in Sunderland who are living in one of the 10% most deprived areas nationally has decreased by 14,600. However, despite these improvements, 55,000 people (22% of the local population) are still living in one of the country's **most deprived areas**.
- Sunderland has the lowest proportion of **working age population** who achieve level 4/5 qualifications when compared to other authorities in Tyne and Wear.
- **Employment** levels are at 68.3%
- 20.8% of the working age client group are **claiming key benefits**. This is higher than the North East average of 19% and the Great Britain average of 14.2%
- One third of adults have **low literacy and numeracy levels**, above national averages.
- Domestic violence has the highest levels of repeat victimisation of any crime in Sunderland (47.5 in 2006/07) and remains a largely hidden crime with approximately 4,900 incidents a year
- The number of **older people** is increasing, and 23.8% of older people in Sunderland experience income deprivation. Sunderland has nearly twice as many people that are **permanently sick or disabled** compared with the national average.

In spite of these challenges, Sunderland, as a place to live, has **improved significantly** in the past two decades – the city is cleaner, safer and more prosperous than it was twenty years ago. Young people do better at school and people live longer, healthier and more independent lives. Local facilities have improved and the environment and public realm have been transformed. Crime in the city has been falling significantly and **Sunderland is now the safest large city in the North**, with a crime rate below the national average. The **quality of housing** continues to improve and almost 98% of the social housing stock now meets the decent home standards

## 4.3 About children and young people in Sunderland

Level	Who this represents	Some relevant characteristics
U	<b>All children and families</b>	• Children and young people aged 0-19 in

		<p>Sunderland: <b>68,300</b></p> <ul style="list-style-type: none"> <li>• Pupils in primary, secondary and special schools: <b>41,934</b></li> <li>• Children and young people, aged 0-19, in Sunderland from a black or minority ethnic heritage: <b>2019</b></li> </ul> <p>(School Census, January 2008)</p>
<b>1</b>	<b>Children with additional needs</b>	<ul style="list-style-type: none"> <li>• Children and young people who will need some form of additional support during their 0-19 journey from the educational, health or caring professions: <b>13,000</b></li> <li>• Children and young people eligible for free school meals: <b>8,224</b></li> <li>• Children and young people with a special educational need: <b>9,525</b></li> <li>• Children and young people accessing services due to a disability: <b>1035</b></li> </ul> <p>(School Census, January 2008)</p>
<b>2</b>	<b>Children with multiple needs</b>	<ul style="list-style-type: none"> <li>• Number of Children in Need: 2017</li> </ul>
<b>3</b>	<b>Children in need of care and protection</b>	<ul style="list-style-type: none"> <li>• Number of children in care: 389</li> <li>• Number of children and young people who are subject of a Child Protection Plan: 198</li> </ul>

- 23% of women in the city continue to **smoke during pregnancy**
- Of the 68,300 children and young people in Sunderland, 29.3% are **living in poverty** compared to 21.3% nationally
- 14,500 children under 16 live in **workless households**
- 12.6% of 4-5 year olds and 21.4 % of 10-11 year olds are **overweight or obese**.
- 1 in 4 children and young people in Sunderland have some form of **mental health problem**. 15% have mild, early stage difficulties, 7% have moderately severe difficulties, 2% have complex difficulties and less than 1% have very serious difficulties.
- The gap between the percentage of **pupils achieving KS2**, English Level 4+, who were eligible and not eligible for **free school meals** has reduced from 23% in 2006, to 20% in 2007. The gap in KS2, Match Level 4+ has also reduced from 23% to 22%.
- The number of schools with **persistent absence** (PA) reduced from 6 in 2007 to 5 in 2008, and the number of persistent absentees reduced from 575 to 364
- Pupils at KS4 recorded the city's **highest results ever GCSE results**, with 59% achieving five or more **A\*-C** grades, compared to 62% nationally.
- 13.3% of 16 to 18 year olds are **not in education, employment and training**. This is considerably higher than the national average of 7.7%

- There has seen a significant reduction since the baseline period 1998-2000, from 63.1 per 1,000 females to 55.4 per 1,000 population in 2005
- There has seen a significant reduction in **teenage pregnancy** since the baseline period 1998-2000 when it was 63.1 per 1,000 females, but at 56.5% it is above national average of 42.1%
  - **Cannabis and alcohol use** amongst young people has increased since 2004, with more young people receiving drug treatment. Residents who feel that people using or dealing drugs is a serious problem has reduced from 43% in 2004 to 32% in 2008.
  - 5% of the population of children and young people offend every year, with around a further 200 identified by agencies as being at risk of offending

#### 4.4 What children and young people tell us

Children and young people have highlighted the importance of the accessibility of preventative services for children and young people. They want their views to be considered when services are being planned or reviewed.

##### **What makes a good service and a good worker?**

Children and young people requiring services have suggested that to effectively meet their needs **services** should:

- Employ **friendly staff** who are approachable and non-judgemental.
- Employ workers who know how to **communicate effectively** with and are **interested** in working with children and young people.
- Be based within community buildings that are **easily accessible** and user friendly. The ideal building would have a range of other services, activities and opportunities available to young people so that their anonymity and confidentiality is protected.
- Be open at times when access to other support services are not available i.e. **evenings and weekends**.
- Be **responsive to the individual needs** of children, young people and their families. Access to information and support should be readily available at the time at which it is most needed. Waiting times for appointments should be minimal.
- Have a **range of information** available that is up-to-date, uses clear and simple language and is presented in a user-friendly format.
- Better marketing and **publicity** for services available to children and young people.

From a group work session, young people have suggested what makes a **good and effective worker**:

- How they talk to us – understand us / **LISTENS**
- Be **trustworthy**
- Be **Friendly**
- Be **Polite**
- Be **Positive** – Really good / fun / calm



- **Interested** in you! / likes young people
- **Explains** things
- Stylish – Cool / Casual / **Wears Something that's appropriate**
- **Calm** – relaxed / not “Boring”
- Kind – Nice not horrible – **Not bullying**
- MINT – Smells nice / class / really good / funny / popular
- Turns up **on time/ Serious about their job**

A variety of recent consultations from across the city highlight a number of concerns that children and young people have. These in turn, highlight areas of prevention for services to address.

Although most children and young people feel safe where they live, they still have **concerns** about what they see in relation to:

- **Adult behaviour** – especially involving domestic violence, substance misuse and mental health problems
- **Bullying and racism** – this is either in school or in their community
- Young people's **substance misuse**
- **Road safety**
- **Litter and street lighting**

They are also keen to lead a **healthy lifestyle** and be **happy**, not smoke or take drugs and have opportunities to be involved in more **activities where they live** so that they will not be bored. They want to **learn** so that they can get a **good job** when they grow up, so that they can afford to live well and bring up their family.

They say that they want regular interaction with **friends** and good relationships with family members to “keep them feeling well”. They want up to date, **easily accessible information**, in a variety of formats, about what services and support there is available for them. This is either for **diversionary activities** or services for specific needs. These services need to be available **outside of school hours** – evenings and weekends.

‘I'd need to go to a place where there are people I could **trust**. I'd walk if it was **near** enough’ ( Girl 14 )

‘The best place for a service is **somewhere normal** like a youth club or the local library, **near my home**’ (Boy 13)

‘I would want it open during the day **before school** as I need support to force myself to go to school, I'd like to go on my own’. ( Girl 15)

#### 4.5 What parents / carers tell us

The following views come from a number of different consultation exercises undertaken across the city and are taken from the Family and Parenting Strategy 2008 – 2012.

These highlight the fact that they parents / carers often don't know what services are available, or how to find this information, or even how to access them and when they do access them, they highlight some of barriers they meet which prevents them from accessing support and advice at an early stage.

- “How do you know **who to go to** when you need help?”
- “I don't know **what services** are around to help me”.
- “There should be a **central point** that can direct you”.
- “I work and there are not many places that are open in the **evenings or weekends**”.
- “Parents should be offered a **choice of local services**”.
- “In my experience, services don't always **work together**”.
- “ Services should be ‘**de-professionalised**’. When problems start you want support but not the kind that makes you feel like you've got a problem”.
- “Advice should be more readily available **through services you already use**, e.g. G.P, rather than having to go to a specialist”.

In an external evaluation of Sunderland Sure Start Centre North West, by Sunderland University, September 2006, parents commented about what worked well:

- They appreciated it when workers offered a **range of times and choice of venue** to deliver their services to fit in with the family
- They found that having a **single point of contact** was useful and that it also benefited their children as they were able to develop a relationship with the worker
- There was a feeling that **professionals liaised and communicated** with each other so that parents did not have to “tell the same story over and over again” and that the messages from the professionals involved was consistent

#### 4.6 What practitioners tell us

Issues highlighted in case study work carried out across Children's Services and TPCT are:

- Universal service practitioners (such as schools and primary health) need to take a more **proactive role** in early identification and prevention
- Services need an understanding of **who does what?**
- Services need to be more **flexible** – families do not always meet the criteria.
- Practitioners need to be **supportive and responsive** to each other relating in a professional manner
- **Stop the jargon**
- Practitioners need to provide **relevant information about services to parents**

- Practitioners need to work in **a team around the family** and assess the holistic needs of the child along with those of the immediate and extended family
- Recognise the family and identify the positives
- **Information** should be shared, using the Common Assessment Framework and agreeing who should be the Lead Professional, as soon as possible
- Any **gaps in service** need to be reported so that these can be captured in commissioning arrangements
- Think **longer term**
- Services need to **pool resources**

#### 4.7 Common Themes emerging from what people say:

<b>THEME 1</b> Services need to work together and with the <b>whole family</b>
<b>THEME 2</b> Services need to be <b>non-stigmatising</b> and <b>welcoming</b> , provided by friendly, interested and communicative people.
<b>THEME 3</b> Services should be <b>flexible, responsive and supportive</b> of individual and family need
<b>THEME 4</b> Advice and <b>access to services is through universal settings</b> and services
<b>THEME 5</b> Services should be available at times and on days that are <b>outside traditional 'office hours'</b> .
<b>THEME 6</b> Services should offer a <b>choice</b> of local and citywide services which are <b>easily accessible and user friendly</b> .
<b>THEME 7</b> Services should signpost and make <b>information</b> about all <b>services readily accessible</b> and in plain language.
<b>THEME 8</b> Services with <b>staff who are interested in and respect children, young people and their family</b> and are committed to their job.

## 5.0 PRIORITIES FOR CHILDREN AND YOUNG PEOPLE

The Local Area Agreement 2008-11 includes the following priorities for children and young people:

- Educational attainment
- Progress to higher education for low income groups
- 16-18 year olds in education, employment or training
- Children in poverty
- Under 18 conceptions
- Emotional health
- Stability of placement for looked after children
- Obesity
- Re-offending

The Children and Young People's Plan (CYPP) 2007 – 2009 sets out key priorities for improving outcomes.

Be **strong** individuals, proud of their city and contribute to its future  
[Mentoring, participation, integrated services]

- Be aware of how their behaviour affects others and the importance of **staying out of trouble** [Offending, victim support]
- Make positive **lifestyle** choices [Diet, sexual health, substance misuse]
- Lead **healthier lives** [Infant mortality, illness, healthy schools]
- **Feel good** about themselves [emotional health, parent support]
- **Be safe** in the community, at school and at home [Parenting, parental behaviour, bullying, racism, fear of crime, road safety] *[See Appendix 1]*
- **Achieve** in their education [Attainment, schools, early years, attendance, SEN]
- Enjoy **sport, leisure and play** [Sport and play opportunities]
- Live in **decent homes** [Suitable accommodation]
- Get the right **training, further education and jobs** [Opportunities]

**The review of the CYPP in June 2008 found there are some areas where progress is not being made at the level intended.** These areas aim to bring about:

- Engagement of children and young people under 13 years of age
- Better parenting
- Reduced bullying and racism
- Reduced first time offending
- More young people in education, employment or training
- Reduced teenage pregnancy
- Reduced obesity
- Reduced use of alcohol amongst young people
- Improved mental health of young people
- Fewer road traffic accidents involving children and young people
- More play and positive activities for 5-13 year olds

The Prevention Strategy will ensure funding is made available to those areas that are not fully resourced.

## 6.0 THE PREVENTION GRANT

The Prevention Grant is part of Local Area Agreement funding. It brings to the city about £1m per year over three years 2008-2011. Further funding from 2011 is to be confirmed as part of the Comprehensive Spending Review announced November/December 2010

### 6.1 Allocation of the Prevention Grant

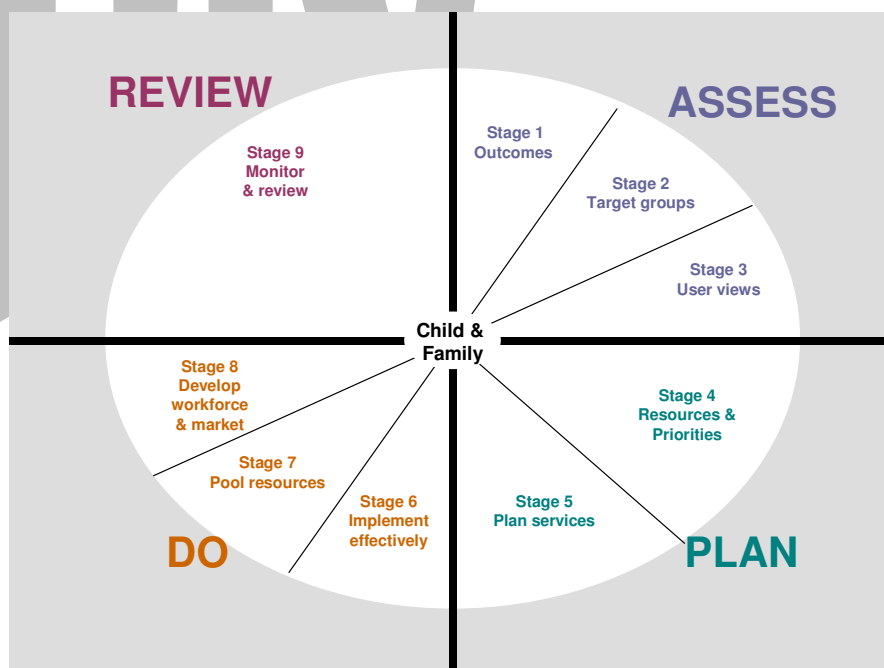
The Prevention Grant will be allocated by the Children's Trust Strategic Partnership. Allocations made will be based on priority outcome areas that are currently:

- Not being met, and are
- Not resourced

The Children's Trust will follow its planning and commissioning framework.

### 6.2 The Children's Trust planning and commissioning framework

A framework has been developed that aims to ensure good quality services are in place that meet the needs of and improve outcomes for children and young people.



The framework is derived from the 'DCSF's 9 stage planning and commissioning framework' and focuses on four key activities: Assess – Plan – Do – Review.

A number of useful resources and practical tools are being devised and published on the Children's Trust website

<http://www.sunderlandchildrenstrust.org.uk/planning.asp> to support commissioners as they follow the planning and commissioning process.

The framework supports commissioners as they:

- Carry out an assessment of need
- Set priorities and plan what services are needed
- Procure services and review services

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## **7. OUR OFFER**

### **7.1 WHAT THE PREVENTION GRANT WILL BE SPENT ON**

This section will be completed once the Children's Trust has completed the *planning* activity of its planning and commissioning framework. Any decisions made as to what will be commissioned will be identified in this section.

### **7.2 MENU OF PREVENTATIVE SERVICES**

Level U/1 preventative services accessible through universal, targeted and specialist services.

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## 8. MONITORING AND EVALUATION

This is a long-term strategy, which will be successfully implemented when there is evidence of improving outcomes for children and young people through:

- Earlier intervention;
- An enhanced focus on preventative services;
- Effective information sharing between agencies;
- Multi-professional, locally based working;
- Understanding and embedded use of the Common Assessment Framework;
- Targeted support for vulnerable and excluded children, young people and their families.

### **Of commissioned services**

The Children's Trust Strategic Partnership will be responsible for monitoring and evaluating the provision that it commissions through the Prevention Grant.

Monitoring and evaluation arrangements will be identified in the *service specification* and set out in the *formal arrangement* (eg. contract, SLA). Individuals will be identified for specific tasks. These arrangements will be set up through the *doing* activity of the planning and commissioning framework.

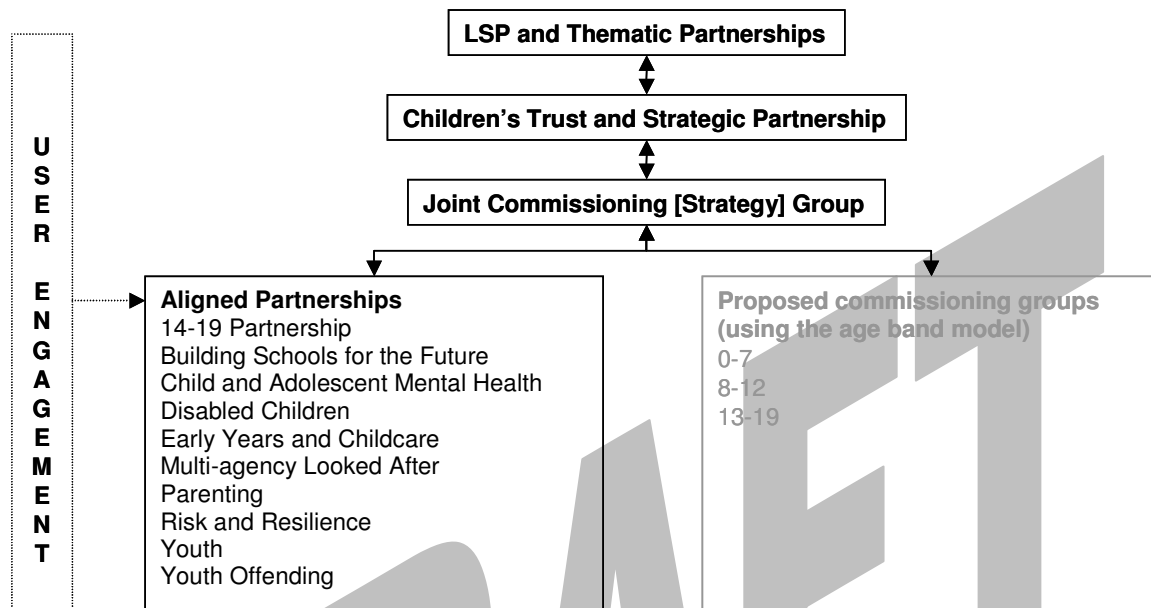
### **Of all services**

All services have the opportunity to contribute towards the Children's Trust planning arrangements through the development of the CYPP, in particular the assessment of need.

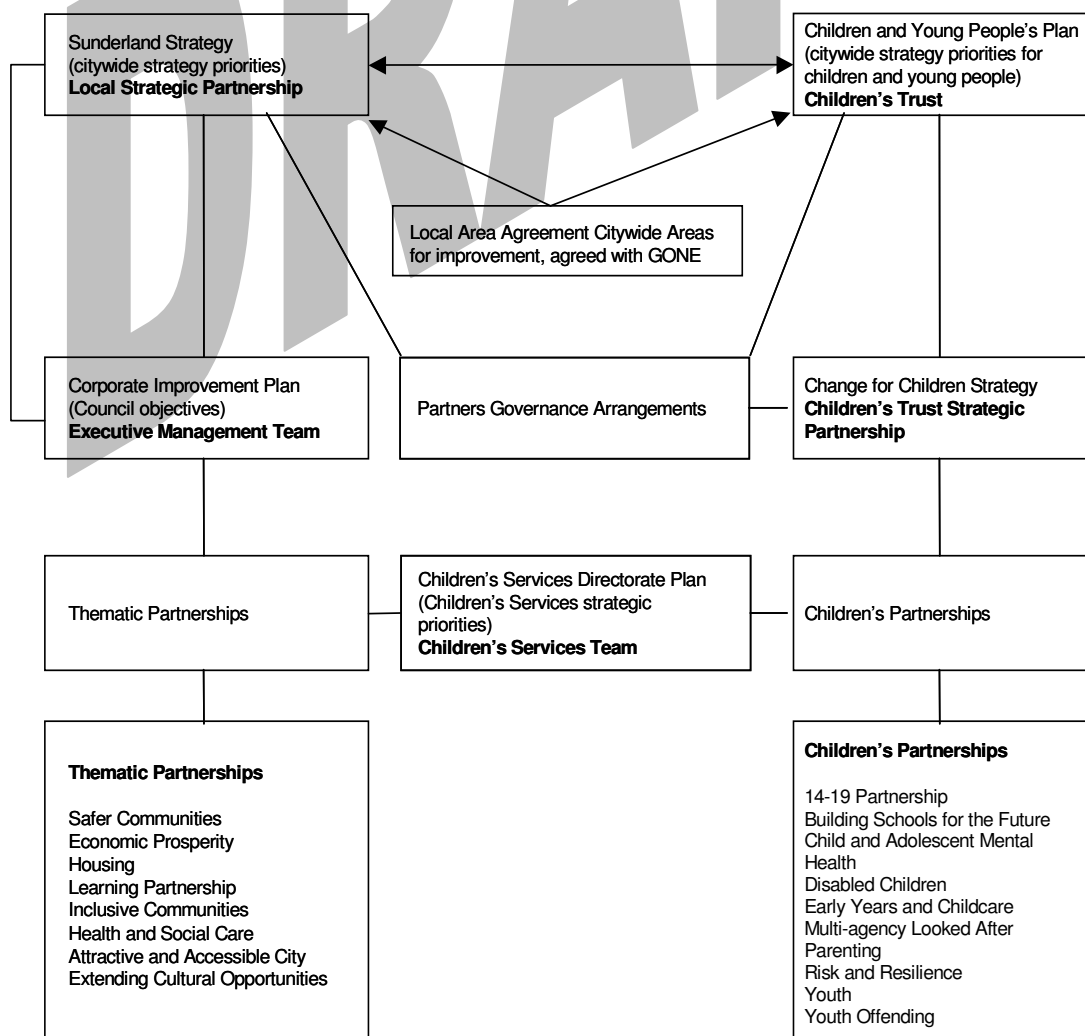
All outcomes will continue to be monitored in this way.

Provision commissioned through the prevention grant and this strategy, will also contribute towards the Children's Trust's overarching planning arrangements.





### Children's Trust Governance Arrangements



## Performance framework

Using a system of outcomes and priorities, Sunderland will be able to performance manage all aspects of service delivery, contracts and individual staff. The system distinguishes between a performance measure for a service and a performance measure for local outcomes:

**A service performance measure** may include the Government's key performance indicators or measure the inputs or outputs achieved

**An outcome performance measure** must be related to the five ECM outcomes or the local priorities and must show how people are better off. A number of possible indicators may be contained in other plans. In some cases it may be necessary to develop a new set of data or gather different information to enable a robust review of progress made, such as with bullying incidents. The choice of indicators for this Strategy is based on a small number of indicators that together give a realistic overview, rather than many indicators repeating targets contained in other plans.

Every three months, performance data will be reviewed at an outcome review. The data will be aggregated to show the needs and gaps or areas for improvement. The report will be used to make strategic decisions across the whole of children's services so that services can be quickly redesigned, commissioned or decommissioned.