



MEETING

BARNET CHILDREN'S TRUST BOARD

DATE AND TIME

THURSDAY 6TH DECEMBER, 2012

AT 2.00 PM

VENUE

HENDON TOWN HALL, THE BURROUGHS, NW4 4BG

Children's Trust Board Priorities

Ensuring the Safety of all Barnet's Children

Narrowing the Gap for Children at Risk of Not Achieving their Potential

Preventing Ill Health and Unhealthy Lifestyles

Children's Service contact: Andrew Nathan 020 8359 7029 andrew.nathan@barnet.gov.uk

CHILDREN'S SERVICE DIRECTORATE

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BARNET CHILDREN'S TRUST BOARD
MINUTES OF MEETING HELD ON 13 SEPTEMBER 2012 AT TOWN HALL,
THE BURROUGHS, HENDON, LONDON NW4 4BG

AGENDA ITEM 2

PRESENT:

Cllr Andrew Harper (Chairman)	Cabinet Member for Education, Children and Families, LBB
Cllr Helena Hart	Cabinet Member for Public Health
Kate Kennally	Interim Director of Children's Service and Director of Adult Social Care and Health
Cynthia Folarin	Assistant Director of Public Health
Tim Beach	Independent Chair, Barnet Safeguarding Children Board
Vivienne Stimpson	Head of Children's Commissioning, NHS/LBB
Denise Murphy	Interim Chief Executive, Community Barnet
Supt Mark Strugnell	Deputy Borough Commander, Metropolitan Police
Angela Trigg	Principal, London Academy
Jenny Gridley	Head Teacher, Oakleigh School
Judith Barlow	Service Director, Central London Community Healthcare NHS Trust

ALSO PRESENT:

Jay Mercer	Deputy Director of Children's Service
Sharon Scott	Interim Assistant Director, Partnerships and Transformation
Heather Storey	Policy Officer, Children's Service
Brian Davis	Principal Educational Psychologist/Interim Head of Complex Needs
Andrew Nathan	Strategic Policy Adviser

APOLOGIES- David Byrne (Barnet and Southgate College), Clare Stephens (Clinical Commissioning Group), Ann Graham (Assistant Director- Children's Social Care), Dr Andrew Burnett (Director of Public Health), Ceri Jacob (NHS Barnet Borough Director).

1 WELCOME AND INTRODUCTIONS

Kate Kennally was introduced to her first Board meeting as the new Interim Director of Children's Service following Robert McCulloch-Graham's secondment to the Troubled Families Unit in the Department for Communities and Local Government.

The Board noted that Dadia Conti, Children's Service Manager at Community Barnet, had now retired to Derbyshire. They paid tribute to her contribution over many years and the Chairman would formally write to Dadia to express this.

2 PRESENTATION BY HOMELESS YOUNG PEOPLE

(This item was taken in private session).

Three young people who were resident at one of the foyers for homeless young people made a presentation, outlining their experiences and concerns and the support they required, and discussing these with the Board.

3 MINUTES OF THE LAST MEETING

The minutes of the Board held on 10 May 2012 were agreed as a correct record subject to:

Minute 2- in the penultimate para, 'unemployment' should read 'employment'

Minute 6- on the 3rd line the figures should read £10,000 and £4,000 respectively

4 CHILDREN AND YOUNG PEOPLE PLAN 2013-2016

Heather Storey introduced proposals for a new Children and Young People Plan from 2013, which would be more ambitious and creative while at the same time recognising budgetary constraints. The proposal was for a short high level three year plan, accompanied by a more specific action plan which would include resourcing commitments.

As the Every Child Matters framework no longer needed to be followed, there was an opportunity for all partners to collectively agree a set of cross cutting priorities that reflected Barnet's own needs, and a workshop on 3rd October would develop these priorities, focusing on the 'Journey of the Child'.

This would be further informed by a survey being circulated through schools, children's centres, GP surgeries and Job Centres, and with young people directly through such groups as Barnet Youth Board, the Role Model Army and Barnet Youth Shield.

She confirmed the Clinical Commissioning Group had been invited, in addition to a separate meeting being arranged with them, and that the Health and Well Being Strategy priority around preparing for a healthy life would be woven in.

Kate Kennally requested that Board members prepare for the workshop by sharing their own plans and priorities and thinking in advance about key desired outcomes and how to push further integrated working.

It was agreed that Board members receive an advance copy of the detailed programme and that they be visibly identified as such at the session.

ACTION; Heather Storey

Board members highlighted the need to combine ambition with a Plan that was deliverable and actively used rather than sitting on the shelf. A further report would be made to the next Board on development of the Plan.

5 CHILDRENS TRUST BOARD – FUTURE GOVERNANCE AND WORK PLANNING ARRANGEMENTS

Andrew Nathan introduced a report outlining a series of proposed changes to ensure that the Board functioned effectively, focusing on outcomes and operating in a transparent and accountable way now that Partnership Boards were meeting in public.

The proposals in the report for performance management were discussed. It was agreed that the Executive Management Group (EMG) be responsible for tracking delivery against the Children and Young People Plan using appropriate metrics. However they would sign off a high level performance 'dashboard' which the Board consider at each meeting, but for noting except where there were specific issues requiring action. This dashboard would reflect the new CYPP and a proposed draft performance framework would be presented as part of the update to the next Board meeting.

Jay Mercer highlighted that the EMG at present mixed commissioners and providers and might need review, such as splitting up agendas, to ensure there were no conflicts of interest.

Councillor Harper emphasised the importance of partners nominating items they would like discussed. On the work plan the Chairman reported that there were a number of significant consultations on future OFSTED regimes. A briefing that Heather Storey has prepared would be circulated and it was agreed to invite the regional HM Inspector to the March meeting.

ACTION: Heather Storey

On the work programme a follow up item on Housing and Young People, and an update on the Children and Young People Plan were added to the December meeting. It was agreed to defer the Munro review report to the March meeting and acknowledged that other items on the December agenda might need to be pruned further.

Subject to these comments the report was adopted.

ACTION: Andrew Nathan

6 CHOICE AND ACHIEVEMENT; A NEW INCLUSION STRATEGY FOR BARNET

Dr Brian Davis presented a draft of a new Inclusion Strategy, encompassing Special Educational Needs (SEN) and Learning Difficulties and Disability, Social Emotional and Behavioural Difficulties and Child and Adolescent Mental Health. He tabled a proposed outline Implementation Plan based around a phased approach to consultation which was planned to be launched in November 2012. Some draft principles had already been considered by Scrutiny.

He reported that outcomes in Barnet for pupils with SEN were very good and their highest yet in 2011, but the challenge was to sustain that against

pressures which included increasing birth rates, migration into the Borough and increasing complexity of needs. These were expected to result in a 15-20% rise on higher level needs.

This was being managed as a transformation project to move to more integrated, multi agency delivery, and joint work streams and common data sets were being developed as well as how planning how joint resources were going to be organised, for example in teams around the setting.

The joint consultation programme between the council and the voluntary and community sector would be launched on 13 November for schools and settings. In addition this would need to encompass the statutory requirements to consult disabled people on changes that may affect them.

In discussion, Denise Murphy highlighted the potential of volunteering opportunities as a pathway into employment and it was noted that the 14-19 team and Barnet and Southgate College would be taking this work forward. Vivienne Stimpson emphasised the importance of being explicit about the resources available from the health sector.

Jay Mercer stressed the links to other pieces of work, for example the work led by Social Care on transitions into adulthood for disabled young people, and the Education Strategy.

Kate Kennally expressed the risk of strategies proliferating or overlapping, and suggested that initial engagement be around the Children and Young People Plan. The connections between the two would be explored at the 3rd October workshop so that a coherent story was developed by 13 November, which would then inform the shape of the consultation.

It was agreed that the overall direction and vision of the Strategy be supported but that the Board consider further, including as part of the December report on the Children and Young People Plan at the Board.

Action; Brian Davis/Sharon Scott

7 BARNET SAFEGUARDING CHILDREN BOARD (SCB) - ANNUAL REPORT

Tim Beach presented the annual report of the SCB which it was noted it was no longer in draft. This discharged the statutory responsibility to report to the Children's Trust on progress made in supporting outcomes for children and families, and their internal arrangements, achievements and priorities for the year. It had already been received positively by the Safeguarding Overview and Scrutiny Committee.

He drew attention to the OFSTED Inspection judgement which was generally positive but had only rated Barnet 'adequate' on a couple of areas including quality of provision. He identified a number of concerns that the Trust should be aware of, specifically the risk of spreading resources too thinly and issues

of Police representation at Multi-Agency Training and Awareness Raising which reflected a London wide issue.

The Board specifically commended the way the views of young people had been taken into account, through such bodies as Youth Shield.

Kate Kennally emphasised the responsibility of each Board Member to understand the report and take it through their own organisational governing bodies as appropriate.

It was noted that the consultation 'Working Together to Safeguard Children' would remove some of the prescription around safeguarding structures and allow local authorities more local discretion, but it was essential that the Board, in focusing on the next stages, be clear of its own strengths and weaknesses. This report would aid that process.

8 TROUBLED FAMILIES UPDATE

Jay Mercer circulated a booklet that had been published to explain the background to the Troubled Families Programme in Barnet and the models being used. Referral guidance, information leaflets for agencies and practitioner guides had also been prepared.

Although the Troubled Families Unit had been unable to accede to Barnet's request for further funding up front, the scheme was being fast tracked so the first 705 families would be supported over two years and not three. He further reported that a database was being procured for Early Intervention work, and that Barnet was seen as a national leader in the field by Central Government and was featuring in case studies.

He reported that he and Angela Trigg had identified the need for better secondary school data and exploring how that could be provided.

ACTION: Jay Mercer/Angela Trigg

The update was noted and welcomed.

9 HOME LEARNING ENVIRONMENT – RESEARCH PROJECT- PRELIMINARY REPORT

Cynthia Folarin presented the findings of initial research that suggested the home learning environment of pre-school children was a major determinant of both educational attainment and health outcomes. She reported that while nine families had been interviewed, she sought suggestions on how further families in deprived areas might be approached individually to participate.

The Public Health team were advised to approach Karin Ridout (Family Focus Team Manager) to identify families identified as at risk.

Angela Trigg highlighted the links with the Parent Support Advisers who were funded to work in deprived communities under the Excellence in Clusters

programme. Other leads included Children's Centres for early years settings and primary schools that had Children's Centres linked to them.

ACTION: Dr Andrew Burnett/Cynthia Folarin

10 DATE OF NEXT MEETING

6 December 2012 at 2.00pm at the Town Hall, Hendon NW4 4BG.

Children and Young People Plan 2013 – 2016: DRAFT

Report Author: Heather Storey

1 Summary/Purpose of Report: To present the Board with a draft of the new Children and Young People Plan which reflects the discussion at the last Board and subsequent programme of engagement.

2 Details:

We have been working towards the revised Children and Young People Plan since it received approval to proceed on the outlined principles at the last meeting of the Children's Trust Board. The process since then is outlined below, along with the agencies that have been involved and the emergent objectives. A draft of the report is attached and will return to the Board in March 2013 for approval.

Key deliverables:

1. Produce and publish a concise, accessible and strategic Children and Young People Plan (CYPP) by April 2013
2. Ensure the CYPP is truly a partnership plan and foster ownership of the plan across the partnership
3. Think creatively and ambitiously whilst not losing sight of the challenges faced by the Children's Partnership

Process:

- **Conference on 3rd October**
The conference held on 3rd October was well attended and consisted of a number of presentations, followed by workshops with the aim of collating and synthesising priorities across the partnership. Some innovative suggestions and ways of working were aired and discussed and some coherence was achieved across the group in terms of how to move forward in light of economic and policy changes.
- **Workshops on 10th October**
Natalie Parish (ISOS Partnership) ran two workshops; the first with key service leads and the second with EMG to further cement priorities and how they could be achieved. The results of these workshops are detailed in the tables below.
- **Education Forum on 18th October, Learning Network Meetings and Secondary Heads Group**
The CYPP was discussed with a number of head teachers at the Education Forum, to ensure commitment from schools to a common set of priorities and actions. This was a helpful discussion, which will be continued with the primary and secondary sectors, separately, in meetings over the next couple of weeks.

- **CCG**
A paper was sent to the last meeting of the Clinical Commissioning Group, where the priorities and objectives were discussed. The actions for health are being worked up over the coming weeks.
- CommUNITY Barnet**
CommUNITY Barnet were represented at both the first conference and at the follow up workshops. The actions for this group will be worked up over the coming weeks
- **Police**
The Police were represented at both the first conference and at the follow up workshops. The actions for this group will be worked up over the coming weeks
 - **Barnet and Southgate College**
Barnet and Southgate College was represented at both the first conference and at the follow up workshops. The actions for this group will be worked up over the coming weeks
 - **Survey of Children and Young People**
A survey of children and young people and their parents has been running online for the last three weeks, and has had good uptake. Barnet Youth Board, Youth Shield, The Bobby Panel and Role Model Army are also running consultations of their own, based on the survey, which were fed back to us at the end of October. So far, a focus on education is emerging from parents, and on youth activities from children and young people.
 - **Performance Indicators**
We are starting to look at appropriate measures of success to go alongside the priorities identified, but these are yet to be cemented – it is possible that a small number of high-level indicators will be used in the three-year plan, to be monitored by the Children’s Trust Board, with a larger number of more detailed indicators sitting beneath those, in the annual action plan – to be reported by exception.
 - **Anti-Child Poverty Report**
The Anti-Child Poverty Report will now be a separate report to the three-year Children and Young People Plan, and annual actions relating specifically to Child Poverty will be indicated in the annual action plan.
 - **Children’s Trust Board on 6th December**
A draft report will be presented to the Children’s Trust Board on 6th December.

3 Recommendations or Input Requested

- That the Board comment on the draft CYPP and individual Board members provide comments to Heather Storey.
- That organisations represented on the Children’s Trust Board note the actions assigned to them as outlined in the table overleaf.

4 Contact Information

Heather Storey. Strategy and Projects Officer, Children's Service
London Borough of Barnet, North London Business Park, Oakleigh Road South,
London N11 1NP
Tel: 020 8359 3057
Email: Heather.Storey@Barnet.gov.uk

Priority	Strategic Objective	Action	Key Agencies
Every child in Barnet has a great start in life, with the security and safety to grow in a nurturing environment.	Engage families early to ensure children have happy lives at home	Developing early years settings to enable specialist services, such as parenting classes, relevant to the needs of the whole community to be delivered, helping to prepare children for school	Children's Service, Voluntary Sector, Early years providers
		Supporting parents to access the correct benefits and employment opportunities.	Job Centre Plus, Skills and Enterprise
	Provide high quality health services for mothers and young children.	Increasing the number of health visitors to ensure families have access to health visitors who support and promote breastfeeding and immunisations	Health
		Extending the Family Nurse Partnership Pilot to support more young mothers and their children.	Health
		Enabling all women, and particularly those with complex needs such as mental health problems, to plan their pregnancies and to prepare for pregnancy in a way that maximises the health outcomes both for the child and mother.	Health
	Ensure children in need of support are identified early and appropriately supported in their early years	Identifying and supporting vulnerable families through early years development checks across education, health and social care	Schools, Health, Social Care
		Continuing to facilitate and develop the childcare market, ensuring that there is sufficient quality childcare provision to meet the needs of working parents and support child development	Children's Service
Childhood in Barnet is safe and fun, with lots of opportunities to grow and develop through education, leisure and	Provide exciting and supportive learning experiences in welcoming schools.	Ensuring the provision of sufficient school places for Barnet's children and young people	Schools, Children's Service
		Ensuring that schools provide appropriate and differentiated curriculum, tailored to	Schools

play.		the needs of individual children to support their progress	
	Work with schools and families to join up education, health and safety services	Joining up services to work with and through schools as community hubs, including interaction with the police and integration of the CAF for all agencies	Schools, Police, Voluntary Sector, Health
		Ensuring that children with additional and complex needs receive integrated health and education support, including in mainstream education settings	Health, Children's Service, Schools
	Encourage healthy lifestyles and choices to combat obesity in children and young people.	Ensuring that the leisure strategy exploits opportunities for high quality PE provision in schools to establish active lifestyles and providing schools with resources on keeping healthy and promoting health outcomes	Green Spaces, Schools, Children's Service
		Implementing a call to action around the School Nurse Development Programme and ensure health support is available in schools, including through school nurses	Health, Schools
Children and young people feel supported to achieve and engage, while developing their identities and resilience.	Offer opportunities for engagement and support, recognising the needs of the individual and supporting them to achieve.	Training young people as Youth Commissioners to help ensure the needs and voices of individuals inform service development and best harness the contribution of the voluntary sector.	Children's Service, Voluntary Sector
		Further strengthening youth representation on youth boards, supporting young people to become active citizens	All agencies
	Work in partnership with schools to address the root causes of exclusion and poor attendance.	Further developing the Family Focus programme to address underlying issues and support young people into education	Children's Service
		Providing appropriate behaviour training and support through schools and ensuring that schools have the proper resources	Schools, Children's Service

		for this work	
	Build peer support networks among professionals to enable healthy mutual support and challenge that improves outcomes for young people	Strengthening multi-agency support networks that help keep young people safe	All agencies
		Utilising partnerships of secondary head teachers and other alliances to support schools in forming peer-to-peer networks within and outside the borough	Schools
Young people are ambitious for their futures and contribute positively to society.	Enable young people to foster ambitious and realistic aspirations.	Ensuring that the pupil premium funding is deployed appropriately by schools to enable the young people who are most in need to thrive and achieve academically/their potential	Schools, Children's Service
		Providing relevant advice in schools to enable young people to make well-informed choices about their futures, properly signposting young people to partnership services to help them achieve their ambitions.	Schools
	Ensure services are integrated to support young people as they transition to adulthood	Developing a robust multi-agency programme for young people leaving care to ensure they are well supported into adulthood	Children's Service and all other agencies
		Strengthening joint planning to enable young people high levels of disability and complex needs to lead lives that are as independent and fulfilling as possible	Children's Service and all other agencies
	Offer relevant and tailored learning and employment opportunities.	Developing the employment market and educational institutions to provide an employability guarantee for young people, including sufficient provision of places for learners with choice in the curriculum.	Barnet and Southgate College, Schools, Children's Service, Skills and Enterprise
		Tracking and monitoring the participation of all young people aged between 16 and 18, in their locality to support the retention	Barnet and Southgate College, Schools, Children's Service, Skills and Enterprise

		of learners at 16, 17 and 18 or signposting to alternative provision.	
Intervening early improves outcomes for children, young people and families, enabling them to thrive	Take a whole family approach to improving outcomes for children and young people	Working with families to help manage the impact of welfare reforms including on housing	Housing, Children's Service
		Improving the identification and understanding of neglect in families	Children's Service
	Strengthen early identification and intervene early to improve life chances for those living in the most difficult situations.	Ensuring safe and effective interventions at the earliest opportunity by developing a Multi-Agency Support Hub approach	All agencies
		Supporting children, young people and families most at risk of poor outcomes with targeted youth and play activities	Children's Service, Voluntary Sector
	Reduce the involvement of children and young people in crime and anti-social behaviour and protect those who become victims of crime	Working with young offenders and those at risk of involvement in crime and gang activity to manage their circumstances and peer pressure, reducing the likelihood of re-offending	Police, Children's Service
		Ensuring effective inter agency co-ordination against all forms of violence	All agencies
Targeted, personalised support for those most at risk of not achieving their potential, helping to reduce inequalities.	Ensure that children and young people at risk of underachievement, and their families, recognise the role of learning in improving life chances	Supporting early literacy, family learning and school readiness through health visitors, libraries and early years settings	Schools, Early Years settings, Libraries, Children's Service
		Ensuring decisions are made quickly and effectively to support children and young people's learning and development where the local authority is the corporate parent or they are in foster care	Children's Service
	Continue to support children and young people's mental health and emotional wellbeing.	Agreeing and implementing the Child and Adolescent Mental Health Strategy and developing an agreement between Health and the council for CAMHS	Health and Children's Service
		Developing targeted mental health approaches in schools to support more children and young people	Health

	Enable those with Special Educational Needs, Learning Difficulties and Disabilities and complex needs to achieve their potential	Implementing Special Educational Needs and Disability Reforms including the use of personalised plans	Children's Service, Schools, Health
		Supporting all schools to be inclusive schools, which are dyslexia-friendly and have a good understanding of Autistic Spectrum Disorder	Schools, Children's Service, Health
Children and young people are safe in their homes, schools and around the borough, with an ability to develop healthy relationships with others.	Address unhealthy relationships based on exploitation and build aspirations for the future.	Taking a multi-agency approach to domestic violence, from early identification and support to families through to effective enforcement through the criminal justice system	Police and all other agencies
		Raising awareness of sexual exploitation and developing services for young people most at risk	All agencies
	Educate children and young people on how to stay safe and provide support for those who are victims of crime.	Working with youth forums to gain a better understanding of the impact of bullying in Barnet and how the partnership could work to combat this.	Children's Service, Schools
		Employing skills, expertise and knowledge across the partnership to work with the young people most likely to be affected by drug and alcohol abuse, informing them and signposting to services	Health, Children's Service
	Protect children at risk of harm and support them to achieve their potential	Strengthening the timeliness and quality of care planning to increase the number of adoptions and ensure earlier permanency decisions are made for children and young people in care	Children's Service
		Implementing the Munro Review model of child protection, to contribute to a new model of social work delivery and quality assurance.	Children's Service

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DRAFT CHILDREN AND YOUNG PEOPLE PLAN 2013-16

INTRODUCTION

Our Vision

‘All children and young people in Barnet should achieve the best possible outcomes, to enable them to become successful adults, especially our most vulnerable children. They should be supported by high quality, integrated and inclusive services that identify additional support needs early, are accessible, responsive and affordable for the individual child and their family.’

Compared with the rest of the country and statistical neighbours, Barnet’s children do well at school, have good health, benefit from low crime rates and access to high quality open spaces. The Children’s Partnership has the highest expectations for children in Barnet and we are committed to help them have happy and successful lives on their journey through childhood.

To achieve our vision will be challenging, especially given the increasingly tough environment in which children and young people live, trying to find work, accommodation and support. However, we remain committed to close partnership working between organisations, with a focus on early intervention and prevention, targeting resources to narrow the gap in achievement between those most at risk of not achieving their potential and those with greater advantages, and keeping children and young people safe.

About this plan

This plan explains what the organisations represented on Barnet’s Children’s Trust will do to support children, young people and their families to lead happy and successful lives. It is structured around the journey of the child and our cross-cutting priorities:

- Early Years
- Primary
- Secondary
- Preparation for Adulthood
- Early Intervention and Prevention
- Targeting Resources to Narrow the Gap
- Keeping Children and Young People Safe

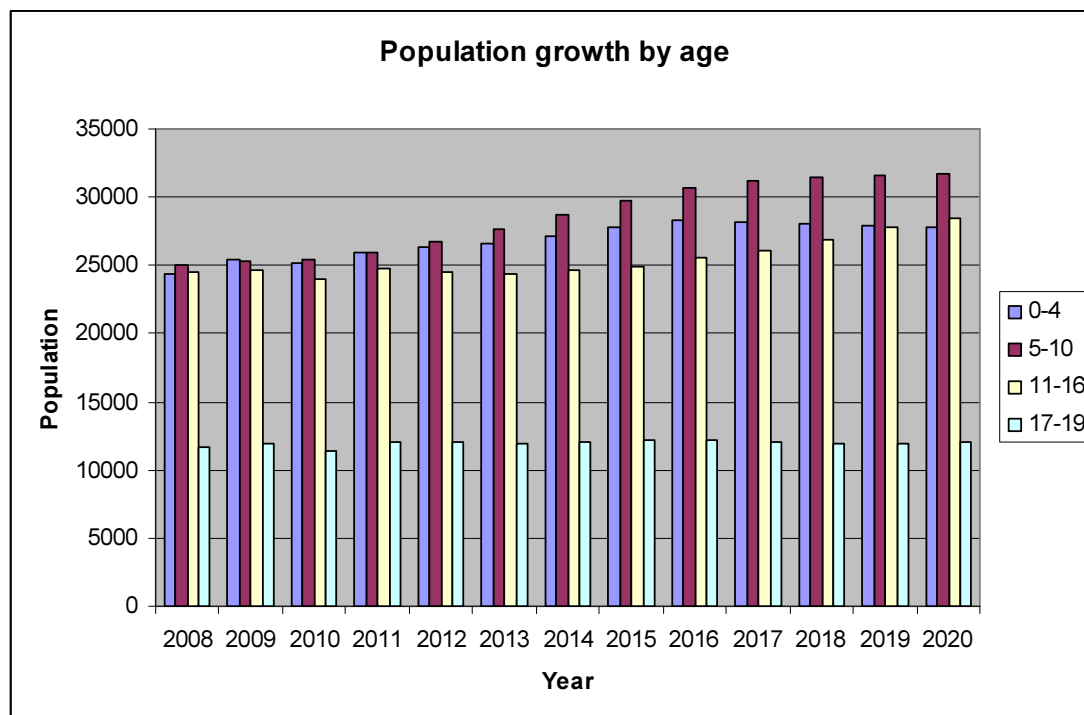
We have worked hard to make sure that this partnership plan truly reflects the breadth of work with children and young people in Barnet as well as being responsive to the wishes and needs of families themselves. Children and young people were engaged in the process through focus groups held by the Barnet Youth Board, and an online survey distributed via schools and youth networks.

This plan outlines the Children’s Partnership’s priorities for the period 2013-16. An annual action plan will sit beneath this plan and will detail how services are delivering the plan against their targets. In addition, the plan will sit alongside the Health and Wellbeing Strategy and Safer Communities Strategy. Several sub-strategies support the Children and Young People Plan, detailing work in specific areas, these are:

- The Education Strategy
- The Inclusion Strategy
- The Early Years Strategy
- Child Anti-Poverty Strategy

Understanding Barnet's Children and Young People (Most of this data is taken from the current Profile of Children and Young People, and will be updated before the end of 2012)

Children and young people make up around a quarter of Barnet's total population and, in numerical terms, Barnet has the second largest population of children and young people in London, with, in 2011, 87,641 children age 0 - 19.



Barnet's younger population is more diverse than Barnet's population overall; while the majority are White there are high proportions of children in many minority ethnic groups. Children in Barnet are coming from an increasingly diverse range of ethnic groups.

Overall Barnet is a relatively affluent borough with pockets of deprivation. Barnet has 210 super output areas, of these 30 lower super output areas (LSOA) fall within the 30% most deprived areas nationally which are predominantly located in the west of the borough.

Some groups of children and young people in Barnet are more vulnerable than others: The DfE estimated that around 7% of children have a disability as defined by the Disability Discrimination Act (DDA). In Barnet, this would equate to around 4,400 – 6,100 children and young people between the ages of 0 and 19. The council is also responsible for maintaining a list of children in the area who are at risk of continuing significant harm, and for whom there is a child protection plan. At 31 March 2011 there were 211 children subject to a child protection plan in Barnet.

Performance management and governance

Barnet's Children's Trust brings together all services for children and young people in the borough, to focus on improving outcomes for all children and young people. Key members of the trust are:

- Barnet Council
- North Central London NHS, GPs, and health providers
- Barnet Borough Police
- CommUnity Barnet, representing the voluntary sector

Primary, Secondary and Special Schools in Barnet
 Barnet and Southgate College
 Focus Groups of Children and Young people, representing specific issues

Representatives from all these organisations make up the Barnet Children’s Trust Board. Barnet has chosen to retain a Children’s Trust Board and to continue to publish a Children and Young People Plan, in order to support partnership working in Barnet, although they are no longer statutory requirements. Each organisation has agreed to be responsible for implementing the Children and Young People’s Plan.

Indicators to measure success

The following key indicators will be tracked by the Children’s Trust Board, against statistical neighbours and the England and London averages.

Priority	Key Indicator
Early Years	
Primary	
Secondary	
Preparation for Adulthood	
Early Intervention and Prevention	
Narrowing the Gap	
Safeguarding	

WAYS OF WORKING

Barnet Children’s Trust Board and the Children’s Partnership is committed to working in the following ways to achieve the strategic outcomes in this plan:

- **Working in partnership**
 We will work together to make sure that activity and resources are joined up and target those who most need them. We will collaborate with other service providers as required to meet the diverse needs of children and young people.
- **Involving children and young people in our work**
 We will consistently engage actively with children, young people and their families in developing and implementing solutions to meet their needs.
- **Keep safeguarding at the forefront of all we do**
 We will constantly keep the safeguarding of children in our thinking and working practices. We have a duty of care to all our residents, especially the vulnerable, to keep them safe
- **Delivering better services with less money**
 We will seek to ensure the best value for money so that children and young people get the maximum benefit

EARLY YEARS

Every child in Barnet has a great start in life, with the security and safety to grow in a nurturing environment.

The number of children aged between 0 and 5 years old in Barnet is growing every year and it is expected that by 2016 there will be 28,300 children in this age group. This represents an increase of 8% over the period of this plan. This presents the Children's Partnership with a significant challenge, especially as resources diminish.

We will

1. Engage families early to ensure children have happy lives at home

By engaging with families early we have the opportunity to help set habits for life and ensure that children are ready for school by the age of 5. Families have the greatest influence over the youngest children and Barnet Children's Partnership takes a whole-family approach to improving outcomes for children and young people.

We will do this by:

- Developing early years settings to enable specialist services, such as parenting classes, relevant to the needs of the whole community to be delivered, helping to prepare children for school
- Supporting parents to access the correct benefits and employment opportunities.

2. Provide high quality health services for mothers and young children.

A growing body of evidence shows that good health for mothers and young children makes the biggest difference to life chances. This includes birth weight, development at age 2 and the mother's early relationship with the child. In order to give children the best possible start in life, the health of mother and child should be regularly monitored and maintained.

We will do this by:

- Increasing the number of health visitors to ensure families have access to health visitors who support and promote breastfeeding and immunisations
- Extending the Family Nurse Partnership Pilot to support more young mothers and their children.
- Enabling all women, and particularly those with complex needs such as mental health problems, to plan their pregnancies and to prepare for pregnancy in a way that maximises the health outcomes both for the child and mother.

3. Ensure children in need of support are identified early and appropriately supported in their early years

Strengthening preventative work is a major focus of Barnet's Children's Partnership. By working with families in children's early years, support can be provided to reduce the impact of disadvantage later on. This includes safeguarding work, working with children with disabilities and support for parents.

We will do this by:

- Identifying and supporting vulnerable families through early years development checks across education, health and social care
- Continuing to facilitate and develop the childcare market, ensuring that there is sufficient quality childcare provision to meet the needs of working parents and support child development

Our measures for success by 2016

Action	Measure

DRAFT

PRIMARY

Childhood in Barnet is safe and fun, with lots of opportunities to grow and develop through education, leisure and play.

There are currently over 28,000 children living in Barnet who are between the age of 5 and 11, and 25,700 children being educated in Barnet's primary schools. Children of this age group achieve well over all, with at least two thirds achieving at expected academic levels by the time they leave primary school. To have the best life chances, children at primary level should be enjoying and progressing at school, be safe in their environments and be making healthy lifestyle choices.

We will

1. Provide exciting and supportive learning experiences in welcoming schools.

The vast majority of Barnet's primary schools are rated good or outstanding and standards are above the national average and that of statistical neighbours. A good range of choice is available to parents, and schools generally cater well for a spectrum of abilities and needs. Schools will be increasingly scrutinised under the new Ofsted framework and it is possible that a greater number will require improvement. This, alongside the ever increasing demand for primary school places is a challenge for the partnership.

We will do this by:

- Ensuring the provision of sufficient school places for Barnet's children and young people
- Ensuring that schools provide appropriate and differentiated curriculum, tailored to the needs of individual children to support their progress

2. Work with schools and families to join up education, health and safety services

Primary Schools are a key conduit for the delivery of services from the Children's Partnership to children, families and communities in Barnet. Teachers in Barnet schools have the greatest amount of professional contact with Barnet's children and as such, are able to identify issues early and make contact with partners to enable the correct level of support to be put in place. Services should be joined up and easy to access, with service users at their heart.

We will do this by:

- Joining up services to work with and through schools as community hubs, including interaction with the police and integration of the CAF for all agencies
- Ensuring that children with additional and complex needs receive integrated health and education support, including in mainstream education settings

3. Encourage healthy lifestyles and choices to combat obesity in children and young people.

In 2009/10, 12.7% of Barnet Reception children surveyed were found to be overweight and a further 10.6% of Reception children were found to be obese. 15.1% of Year 6 children surveyed were found to be overweight and a further 17.5% of Year 6 children were found to be obese. This is greater than the national average of 14.6%.

We will do this by:

- Ensuring that the leisure strategy exploits opportunities for high quality PE provision in schools to establish active lifestyles and providing schools with resources on keeping healthy and promoting health outcomes

- Implementing a call to action around the School Nurse Development Programme to ensure health support is available in schools, including through school nurses

Our measures for success by 2016

Action	Measure

DRAFT

SECONDARY

Children and young people feel supported to achieve and engage, while developing their identities and resilience.

There are 24,550 children between the ages of 11 and 16 in Barnet, and around 21,800 children educated in Barnet secondary schools. The January school census 2011 recorded that 143 different languages apart from English were spoken by pupils in Barnet schools. By the time young people in Barnet reach the Secondary stage of their journey, they have a wide range of experiences and are forging their own individual identities.

We will

1. Offer opportunities for engagement and support, recognising the needs of the individual and supporting them to achieve.

In the survey of children and young people in Barnet 90% of respondents were taking part in activities outside of school, within the borough. A wide range of activities are on offer across the borough, and children and young people are keen to ensure that the equality, targeting, and longevity of these opportunities continues, in the current economic climate. Work with the voluntary sector will be key to overcoming these issues in order to support young people in Barnet.

We will do this by:

- Training young people as Youth Commissioners to help ensure the needs and voices of individuals inform service development and best harness the contribution of the voluntary sector.
- Further strengthening youth representation on youth boards, supporting young people to become active citizens

2. Work in partnership with schools to address the root causes of exclusion and poor attendance.

The vast majority of children and young people who were permanently or temporarily excluded from school over the last year were between 11 and 16 years old. This has a major impact on the young person's learning as well as contributing to issues of isolation, criminal activity and health.

We will do this by:

- Further developing the Family Focus programme to address underlying issues and support young people into education
- Providing appropriate behaviour training and support through schools and ensuring that schools have the proper resources for this work

3. Build peer support networks among professionals to enable healthy mutual support and challenge that improves outcomes for young people

Professionals working with young people aged 11 to 16 have numerous and diverse networks in which to share best practice, resources and challenge one another. This has helped to improve practice across the borough and raise awareness of the range of services available to young people, helping to join up services and drive improvement for children and young people in Barnet.

We will do this by:

- Strengthening multi-agency support networks that help keep young people safe Utilising partnerships of secondary head teachers and other alliances to support schools in forming peer-to-peer networks within and outside the borough

Our measures for success by 2016

Action	Measure

DRAFT

PREPARATION FOR ADULTHOOD

Young people are ambitious for their futures and contribute positively to society.

There are around 12,000 young people between the ages of 17 and 19 in Barnet, and a growing number of young people who are continuing to receive services between the ages of 19 and 25. It is important for both individual young people and their families and communities that they are able to feel ambitious about their futures and begin to prepare for independence, particularly economic independence. Some young people will require more support in achieving independence than others, and as such, services for this age group should be targeted as well as universal.

1. Enable young people to foster ambitious and realistic aspirations.

Young people need to be supported to have confidence in their abilities and realistic goals so that they can be ambitious about their futures and achieve these ambitions. Job Centre Plus reports a general lack of understanding and awareness of the jobs market and that some young people are ill-prepared for the world of work.

We will do this by:

- Ensuring that the pupil premium funding is deployed appropriately by schools to enable the young people who are most in need to thrive and achieve academically/their potential
- Providing relevant advice in schools to enable young people to make well-informed choices about their futures, properly signposting young people to partnership services to help them achieve their ambitions.

2. Ensure services are integrated to support young people as they transition to adulthood

For children and young people who are in care or have special educational needs, it is possible that they will transition to Adult Social Care in their journey to adulthood. This should be a seamless and positive transition, with support in place to help them to achieve their potential.

We will do this by:

- Developing a robust multi-agency programme for young people leaving care to ensure they are well supported into adulthood
- Strengthening joint planning to enable young people high levels of disability and complex needs to lead lives that are as independent and fulfilling as possible

3. Offer relevant and tailored learning and employment opportunities.

Approximately 350 young people between the age of 16 and 19 in Barnet are considered to be Not in Employment Education or Training (NEET). Several young people who responded to our survey expressed concerns about the lack of employment and training opportunities available to them, at the right level for their skills. We know that having the right skills and early experiences of training and employment can help to foster economic independence for the rest of a young person's life and this is a key priority for Barnet.

We will do this by:

- Developing the employment market and educational institutions to provide an employability guarantee for young people, including sufficient provision of places for learners with choice in the curriculum.

- Tracking and monitoring the participation of all young people aged between 16 and 18, in their locality to support the retention of learners at 16, 17 and 18 or signposting to alternative provision.

Our measures for success by 2016

Action	Measure

DRAFT

EARLY INTERVENTION AND PREVENTION

Intervening early improves outcomes for children, young people and families, enabling them to thrive

We recognise that children live in families and as a result the partnership takes a whole family approach to early intervention and prevention. We are committed to joining up support in all our work to give children and young people the best life chances. Early identification, targeting and planning of interventions, working in partnership and sharing information at the appropriate level are at the heart of our early intervention and prevention work.

1. Take a whole family approach to improving outcomes for children and young people

By supporting communication, emotional, physical and social development children should be ready for school by the age of 5, starting with confidence and readiness to learn. The partnership is committed to promoting good physical and mental health for children and their parents, including addressing risk factors early on. By helping parents to maximise their skills we aim to give their children the best start, including supporting families affected by domestic abuse.

We will do this by:

- Working with families to help manage the impact of welfare reforms including on housing
- Improving the identification and understanding of neglect in families

2. Strengthen early identification and intervene early to improve life chances for those living in the most difficult situations.

Children and young people who have chaotic lives at home need early support to help minimise the impact of these difficulties on their development and later lives. Identifying and addressing needs at an early stage can help to prevent the difficulties that they can experience from arising. It aims to ensure that children and young people receive the right support at the right time, so that problems are addressed well before reaching 'crisis point'.

We will do this by:

- Ensuring safe and effective interventions at the earliest opportunity by developing a Multi-Agency Support Hub approach
- Supporting children, young people and families most at risk of poor outcomes with targeted youth and play activities

3. Reduce the involvement of children and young people in crime and anti-social behaviour and protect those who become victims of crime

Crime rates in Barnet are relatively low amongst children and young people, and we are committed to reducing them further, particularly through partnership working with the police and youth justice system as well as targeting the root cause of criminal and anti-social behaviour.

We will do this by:

- Working with young offenders and those at risk of involvement in crime and gang activity to manage their circumstances and peer pressure, reducing the likelihood of re-offending
- Ensuring effective inter agency co-ordination against all forms of violence

Our measures for success by 2016

Action	Measure

DRAFT

TARGETTING RESOURCES TO NARROW GAP

Targeted, personalised support for those most at risk of not achieving their potential, helping to reduce inequalities.

Narrowing the gap means improving the rate of progress and outcomes for children who are at risk of underachievement. They are those children and young people whose educational achievement may be affected by factors relating to their ethnicity, gender or their social, cognitive and linguistic development.

Inequalities in outcomes must be reduced by targeting personalised support packages for those children and young people who are most at risk of not achieving their potential. We are already successfully narrowing the attainment gap for our less well achieving children at the early years stage. Research shows that high quality early years provision and support can make a positive contribution to how children fare in later life, and we will work towards embedding this approach throughout the child's journey.

1. Ensure that children and young people at risk of underachievement, and their families, recognise the role of learning in improving life chances

A significant body of research now points towards the importance of the home learning environment, from an early age and throughout the child's journey, to the life chances of children and young people. It will be important to work in partnership to ensure that children's lives outside their education, support their participation, learning and ongoing development.

We will do this by:

- Supporting early literacy, family learning and school readiness through health visitors, libraries and early years settings
- Ensuring decisions are made quickly and effectively to support children and young people's learning and development where the local authority is the corporate parent or they are in foster care

2. Continue to support children and young people's mental health and emotional wellbeing.

We must ensure that we address health, including mental health, both as a cause and consequence of poverty. We will work to join up resources to support the commissioning of integrated services for children and young people with emotional and mental health difficulties. Poor emotional wellbeing can prevent children and young people from achieving and may mean that they disengage entirely, having a major impact on their educational and personal development.

We will do this by:

- Agreeing and implementing the Child and Adolescent Mental Health Strategy and developing an agreement between Health and the council for CAMHS
- Developing targeted mental health approaches in schools to support more children and young people

3. Enable those with Special Educational Needs, Learning Difficulties and Disabilities and complex needs to achieve their potential

Over the past five years there has been a general improvement in the attainment of pupils with SEN and those eligible for free school meals (FSM) at both Key Stage 2 and Key Stage 4. The attainment gap between pupils eligible for FSM and those not eligible is narrower at KS2 than at KS4 and at KS4 the gap is narrowing. Changes to the local authority capacity to support schools may impact on the pace of change.

We will do this by:

- Implementing Special Educational Needs and Disability Reforms including the use of personalised plans
- Supporting all schools to be inclusive schools, which are dyslexia-friendly and have a good understanding of Autistic Spectrum Disorder

Our measures for success by 2016

Action	Measure

DRAFT

KEEPING CHILDREN AND YOUNG PEOPLE SAFE

Children and young people are safe in their homes, schools and around the borough, with an ability to develop healthy relationships with others.

The promotion of the safety and welfare of all children in Barnet is a top priority and should be at the heart of all the work of the Barnet Children's Partnership. The partnership must work together to protect children from harm to ensure that children are growing up in circumstances that enable them to have optimum life chances and enter adulthood successfully.

The Barnet Safeguarding Children Board (BSCB) is a multi-agency group that exists to ensure that children and young people are safe at home, in school and in the community whilst promoting the safety and welfare of all children in Barnet. It is an independent body with a statutory requirement to oversee the work of the Children's Partnership and seeks to help ensure the well being of all children and young people within the Barnet area.

The Munro Report has had a significant impact on safeguarding in the UK and changes in practice, guidance, structure, process and governance have taken place in light of this. In responding to Munro, to government and council priorities, the Children's Partnership will need to develop its quality assurance to help keep our children and young people safe.

1. Address unhealthy relationships based on exploitation and build aspirations for the future.

A broader awareness and support around bullying and being vulnerable to exploitation is necessary to identify and support vulnerable children and young people and increase their confidence and prospects now and into adulthood. It is estimated that thousands of children in the UK are subject to exploitation, and this dramatically affects their aspirations and plans for the future.

We will do this by:

- Taking a multi-agency approach to domestic violence, from early identification and support to families through to effective enforcement through the criminal justice system
- Raising awareness of sexual exploitation and developing services for young people most at risk

2. Educate children and young people on how to stay safe and provide support for those who are victims of crime.

There is often significant peer pressure affecting children and young people, to enter into activities that may not keep them safe, in particular to use drugs and alcohol. Young people need to be educated on the effects and outcomes of these activities, and to have access to a range of services to get advice, socialise together and keep themselves positively engaged.

We will do this by:

- Working with youth forums to gain a better understanding of the impact of bullying in Barnet and how the partnership could work to combat this.
- Employing skills, expertise and knowledge across the partnership to work with the young people most likely to be affected by drug and alcohol abuse, informing them and signposting to services

3. Protect children at risk of harm and support them to achieve their potential

In cases where children are found to be at risk of significant harm as defined in the Children's Act 1989, the Local Authority has a clear legal duty to take steps to protect them, taking children into Local Authority care or professionals supporting the family to keep the child at home.

We will do this by:

- Strengthening the timeliness and quality of care planning to increase the number of adoptions and ensure earlier permanency decisions are made for children and young people in care
- Implementing the Munro Review model of child protection, to contribute to a new model of social work delivery and quality assurance.

Our measures for success by 2016

Action	Measure

DRAFT

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CHILDREN'S TRUST BOARD 6 December 2012**Item 4: 16-19 Policy and Development****1 Summary and Purpose of report**

Since April 2010 local authorities have been responsible for securing sufficient, suitable education and training for all young people between 16 and 19; or aged 19-24, who have a learning difficulty and/or disability and are the subject of a learning difficulty assessment.

This report explains to the Board current guidance to local authorities and the changing policy environment, and updates them on the range of activity in Barnet in order to effectively respond to the new requirements on local authorities and meet the needs of learners.

2 Details**2.1 Background and Context**

Since April 2010 local authorities have been responsible for securing sufficient, suitable education and training for all young people who have reached the age of 16 (statutory school leaving age) but have not reached the age of 19; or are aged 19-24, have a learning difficulty and/or disability and are the subject of a learning difficulty assessment.

To assist local authorities to undertake their new duties the Young People's Learning Agency (since 1st April 2012 known as the Education Funding Agency, EFA) produced and published the National Commissioning Framework (NCF), which provided detailed guidance to councils in their role in the commissioning of 16-19 learning.

2.2 Responsibilities

Following the formation of the new Coalition Government in May 2010 the NCF was removed and new simplified statutory guidance was published in December 2010. The latest guidance for local authorities was published by the EFA in July 2012:

Guidance for local authorities: Funding 16–19 education and training

In fulfilling their statutory duties, local authorities should champion the education and training needs of young people in their area by:

- influencing and shaping the provision on offer and helping to develop and improve the education and training market
- promoting any necessary structural change in the local education and training system
- supporting the improvement of the quality of the education and training of young people aged 16-19
- supporting employer needs, economic growth and community development working with Local Enterprise Partnerships (LEPs) as appropriate

- supporting the development of provider and stakeholder networks that help to deliver the RPA targets
- making information on needs of young people and gaps in provision transparent and relevant to institutions, local authorities, either individually or jointly, may develop with their partners a statement outlining their strategic overview. Maintained schools, academies, colleges and other providers (including Apprenticeship providers) are expected to be involved in the development of those statements

Also, local authorities and institutions may agree to re-shape provision in an area by re-allocating numbers from one institution to another where that best meets the needs and demand of students and addresses local or regional priorities for improvement and participation. The allocation of student numbers may be changed by agreement of the local authority and all institutions concerned, as long as there is no overall increase in places or funding and the EFA is notified.

2.3 Changing environment

Importantly, these key responsibilities sit within a context of significant structural change that cuts across the entire education system:

- legislation giving all schools the option to step out of local authority control and become academies
- central government drive to encourage a non-maintained education 'market' through the establishment of e.g. Free Schools, University Technical Colleges, Studio Schools
- raising of the participation age to 17 in 2013 and 18 by the year 2015
- new arrangements for careers guidance from September 2011 with statutory responsibility for impartial and independent advice moving to schools
- review of the national curriculum
- changes to the national formula for schools funding
 - (i) with providers paid per learner rather than by qualification, freeing up programmes for example to offer progression to work, or to include work experience
 - (ii) giving local authorities a high needs cash budget in 2013 with the opportunity to influence provision to meet commissioning needs
- wide-ranging proposals for the reform of 14-19 vocational education (the Wolf Review)
- consultation on re-shaping the education, health and care landscape for young people with Learning Difficulties/Disabilities

2.4 Priorities for Barnet

The work of the 14-19 team over the last year has focussed on Participation and extending the offer for post-16 learners including those young people with Learning Difficulties/Disabilities (LDD).

There are over 20 post-16 education providers in the borough of which 19 are schools with Ofsted judging 90% of these providers as good or outstanding.

By September 2012 there will be 15 secondary academies.

The overall achievements for learners are high. 66.7% gained 5+A*-C inc. English and Maths in 2011. However the accepted threshold to Level 3 studies of 5 grades A*- C, including English and Maths, at GCSE was not reached by 33% of learners in 2011.

We need a broader post-16 curriculum offer to accommodate this group of learners and to ensure that they succeed. This is becoming more urgent as we prepare for the raising of the participation age to 17 years in 2013, and 18 years in 2015. To achieve this we will need more opportunities for learners to take up Apprenticeships, Foundation Learning and Vocational Programmes. The recent Wolf Review emphasised the importance of English and Maths at GCSE grade C or above, for young people's success in the job market. We therefore need to ensure that there are sufficient opportunities for learners to gain these qualifications.

Although good progress has been made in improving education outcomes for young people in vulnerable groups, there is still a significant gap when compared with young people in Barnet overall. For example only 10% of young people in care achieve 5 grades A*- C, including English and Maths, compared with 66% overall.

2.5 Participation: Raising Participation Age (RPA)

RPA starts in September 2013 when ALL young people currently in Year 11 will now need to stay on in some form of education or training for a further year. The current Year 10 cohort and all subsequent cohorts will have a duty to participate in education and training up to age 18 under the legislation.

The responsibility for encouraging, ensuring and supporting their participation falls to the local authority. Barnet has therefore developed a plan for working with education providers and other partners to raise participation to as close to 100% of young people in the age group of Barnet residents as is possible.

Implementation Planning

Duties in respect of RPA fall on:

- young people, to participate
- LAs to support and encourage their residents to participate
- school, colleges and training providers to co-operate with LAs in tracking and supporting young people

Participation by young people may be full or part-time:

- full-time is at least 540 hours learning per annum; part-time is 280 hours
- participation may be through college, school, apprenticeship, part-time work or volunteering
- part-time participation (i.e. on a formal programme of learning) is expected alongside any of the above

There is now some guidance in draft from the DfE to set expectations for local partners in supporting RPA. Sanctions, whilst in the legislation, are not to be operated on any parties in the first few years of RPA. Whilst the majority of young people in Barnet do stay on and achieve at age 16-18 now, the RPA plan in Barnet has a partnership approach so that the LA, parents/carers and education and training providers, employers and the voluntary sector can

work together to expand opportunities and develop improved support systems which help 100% of young people to take up and succeed at their choice of education and training.

Broadening the curriculum offer

LAs are expected to provide the key incentives to make RPA happen. They are required to work with providers to ensure that the local offer for 16-18s is attractive enough to attract and sustain participation. While Barnet has a very strong and well-regarded A Level offer we can do more to create an offer which meets the needs of all young people, especially in year 2 of Sixth Form (year 13). Areas of development currently in Barnet include:

- a collaborative sixth form between schools and Barnet Southgate College to support transition and retention
- a new Studio School
- more Apprenticeship Places, through the establishment of the new ATA (Barnet Apprenticeship Training Agency)
- enhanced and modern provision and pathways for students with LDD in schools and the college
- stronger provision at Key Stage 4 for schools to buy alternative options to GCSE for some students; this will give young people better progression opportunities at post-16
- The roll-out of the Barnet Apprenticeship Club in four schools in 2012-13 to enhance 'ready for work' employability so school leavers have more chance to get taken on by employers

2.6 Securing Careers Information Advice and Guidance

The duty to provide impartial and independent guidance (IAG) is removed from LAs from September 2012 and falls to schools, for years 9-11. The LA will provide advice and guidance to young people aged 16-18 who are not on the roll of an institution and who are deemed vulnerable. Effective, timely and high quality guidance from age 13 is a major element in supporting participation of young people if they leave school and move on, with 25% of Barnet students currently doing this at the end of Year 11.

Through the work of the Youth Support Service Barnet is:

- supporting schools to take on the IAG responsibilities
- providing a network (Barnet Careers Forum) for Careers staff in all schools, colleges and training providers to keep them up to date with apprenticeship and other local employment opportunities for 16-18s, and develop a network to support good IAG practice
- providing web pages for Careers staff about opportunities in Barnet which their young people can be advised about
- offering a high quality Careers Guidance service which schools can buy in, with flexible arrangements and marketable price, to provide IAG to young people in schools

2.7 Supporting transition for young people leaving school after year 11

We are planning a safety net approach to catch young people early who might leave school to go to another provider. The safety net will provide:

- support for schools to identify young people who will leave school and may be at risk of non-participation
- support for applying for a college place to ensure appropriate choices are made
- more taster events to help the student get used to the planned new environment
- awareness for local colleges to give additional support for retention to at-risk young people from Barnet schools (flagging system)

2.8 Strengthening the tracking and monitoring of participation, especially of young people age 16-17 in year 12

Requirements for tracking are set out in the Education and Skills Act 2008. Effective tracking is required to ensure every Barnet resident is participating up to age 18. All partners and providers, especially those working with vulnerable young people will need to work together to track, report and check that every young person is in provision. Systems and protocols are being developed, and with cross-borough partners, to set up structures to manage this level of monitoring. There is also a requirement for reporting to DfE through Client Caseload Information System (CCIS) on levels on non-participation, and these figures are to be published. Full details should be in the autumn 2012 guidance.

2.9 Developing participation enforcement policies

A key area for LAs will be to provide interpretation of the regulations regarding the level of participation required, and allowed. Further clarification is anticipated, especially around part-time participation, volunteering and when part-time work constitutes participation. It is expected that local authorities will need to set expectations about participation, which may need careful and precise interpretation where this could have an impact on young people's religious observance or traditional cultural practice. Some 'exemptions' from the duty to participate will need to be given to some young people and Barnet will need to determine 'reasonable excuse' policies.

2.10 Supporting colleagues working with key vulnerable groups to raise participation

A major exercise is underway to inform colleagues about RPA and to encourage them to formulate relevant policies. Each working area in Children's Services has had a briefing to help develop their preparations for RPA. A main priority for us is to ensure that those working with the NEET cohort will be well prepared for the changes, which aim to increase employability of this group. Promotion has included an event for parents of years 8 and 9 attracting 175 people, information leaflets and posters for libraries, schools and colleges, an RPA schools 'kit' for year 10 and 11 cohorts, and work with ESF providers working with the 14-19 at risk of NEET cohort.

In fulfilling our duty under RPA, LAs are expected to track participation of young people in education and training and to ensure that those who are NEET are supported to participate.

To do this we have brought teams together to identify the data we will need. The group are currently working together to create a template for schools to complete which will have indicators/criteria for those at risk for becoming NEET.

2.11 Provision for Learners with Learning Difficulties (LLDD)

The local authority responsibilities for this cohort extend to their 25th birthday, and the lack of local opportunities for these learners has led to large numbers of Barnet students placed in external provision or remaining at our two special schools up to the age of 19. For many young people this means a long daily commute with associated transport costs.

Data forecasting has shown that there will be a growth in the numbers of young learners aged 16-25 years with learning difficulties and disabilities, with a projected increase of 211 young people with Special Educational Need in Barnet and Enfield between 2011/12 and 2015/16. New population growth forecasts arising out of the new census information suggests that the 16-25 population growth in Barnet may be even higher than currently predicted and this will manifest in increased demand for provision for young people aged 16 to 25 with learning difficulties and disabilities.

Therefore, for some time, the council has been working with our special schools and other partners to explore ways to increase opportunities for this cohort of young people through increasing the range of locally based provision offering work-related and independent living skills.

Earlier this year, working in partnership with the College, Oak Lodge, Mapledown and Enfield Council, the council co-ordinated a successful partnership bid for Government capital funding from the 16-19 Demographic Growth Capital Fund 2012-13. The bid was to develop a new local provision, based at Barnet and Southgate College, to meet the transitional learning needs of young people aged 16-25 years with learning difficulties and/or disabilities (including complex needs, autism and profound and multiple learning difficulties). The offer will be available for students based at the college as well to support pupils within Barnet and Enfield special schools.

Funding of £804,000 has been secured through this route and was intended to fund the refurbishment of an existing building on a site in Southgate. However this has not proved viable so the College has sought agreement from the cooperation to finance a new building that will be based on the site of the former Southgate College which backs onto Ashmole Academy.

The College has also secured a further £2million to contribute to the development which was through a bid with the Skills Funding Agency. The college plans to have this provision available to young learners in September 2014.

Many learners making the transition from school to college either find they are duplicating work they have already completed or find it hard to cope with the higher level. To enable a smoother transition for these learners we have been

working on a curriculum mapping exercise to link the curriculum within these institutions.

3 Recommendations and Input Requested

That the Children's Trust Board note and endorse the activity undertaken to date outlined in this report.

That the Children's Trust Board highlight any issues identified where enhanced partnership working is required to deliver better outcomes for this age group

4 Contact Details for Further Information

Elaine Runswick, 14-19 Lead, Children's Service,
elaine.runswick@barnet.gov.uk

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PLATFORMS PROGRAMME**1 Summary and Purpose of report**

The Local Authority has made a significant investment in a series of new initiatives to address youth unemployment in Barnet and support young people aged 16 to 24 into employment and further training. These are being delivered through a 'Platforms' programme.

2 Details

A presentation will be made on how the Platforms programme was developed through dialogue with young people and partners, and the objectives of the programme. It will outline progress to date and some issues that have emerged to date in delivering the programme.

3 Recommendations and input Requested

That the Children's Trust Board note and discuss the presentation and identify any further ways in which partners could enhance the programme, particularly in respect of tackling some of the emerging issues to date.

4 Contact for Further Information

Elaine Runswick, 14-19 Lead, Children's Service,
elaine.runswick@barnet.gov.uk

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CHILDRENS TRUST BOARD

6 DECEMBER 2012

EXAM RESULTS IN BARNET AND NARROWING THE GAP

1 Summary and Purpose

This report advises the Children's Trust Board on the exam results of Barnet's schools and how the Children's Service is supporting schools to narrow the gap in educational attainment levels. This report presents an overview of 2012 performance data, work that has been undertaken to narrow attainment gaps between children eligible for free school meals and their peers and how gaps have narrowed. It also outlines future work to be carried out in order to further reduce attainment gaps.

2 Details

A detailed report is appended below.

3 Recommendations and Input Requested

That the Children's Trust note and comment on the report and identify any issues where additional action by partners could progress performance further.

4 Contact Details for Further Information

Mick Quigley, Assistant Director, Schools and Learning, LBB, 020 8359 6350
mick.quigley@barnet.gov.uk

EXAMINATION RESULTS AND NARROWING THE GAP- DETAILS

1 INTRODUCTION

1. Barnet is a high achieving local authority, with results for all Key Stages consistently in the top quartile nationally and in the top 10% of local authorities at Key stage 4 and Key Stage 5. Outcomes have continued to improve and gaps between vulnerable groups and their peers have narrowed faster than those nationally and for our statistical neighbours.
2. Over the past six years there has been a general improvement in the attainment of pupils eligible for free school meals at both Key Stage 2 and Key Stage 4 and those with SEN. The attainment gap between pupils eligible for FSM and those not eligible (NFSM) is narrower at Key Stage 2 than at Key Stage 4 and at Key Stage 4 the gap is narrowing. The 'Narrowing the Gap' advisors have a key role in challenging schools to identify and support FSM pupils and those with SEN in order to maximise their attainment and to maintain the direction of travel.
3. Performance data for 2012 is unvalidated and subject to change. The data which informs this analysis is drawn from Statistical First Releases (SFR) provided by Department for Education and available at www.education.gov.uk/rsgateway/ and from data published by EPAS (Educational Performance Analysis System). The median performance of statistical neighbours is used as the comparator.
4. The accountabilities for schools with respect to the Pupil Premium (PP) require that they are able to demonstrate, publicly, how their PP funding for disadvantaged pupils (those eligible for FSM, Children in Care and service children) has been used. Schools need to be aware of and implement support strategies which are both effective and represent value for money.

2 Early Years Foundation Stage (EYFS)

EYFS performance is a measure of pupils' achievement of at least 78 points across the Early Years Foundation Stage with at least 6 in each of the scales in Personal, Social and Emotional Development and Communication, Language and Literacy. Barnet pupils' attainment is better than that nationally or of our statistical neighbours, although there has been no improvement on last year.

% of pupils achieving at least 78 points across the Early Years Foundation Stage with at least 6 in each of the scales in Personal, Social and Emotional Development and Communication, Language and Literacy					
	2008	2009	2010	2011	2012
Barnet	53	57	64	69	69
National	49	52	56	59	64
Statistical neighbours	53	57	60	60	63

2.2 Narrowing the Gap in EYFS

An important indicator is the gap between the median achievement and that of the lowest 20 % of the cohort. This achievement gap has been narrowing steadily in Barnet, although a slight rise places Barnet in line with national performance and behind that of our statistical neighbours.

The percentage gap in achievement between the lowest 20 per cent of achieving children in a local authority and the score of the median child in the same authority expressed as a percentage of the same median score.						
	2012	2011	2010	2009	2008	2007
Barnet	30.9	29.1	29.8	30.0	31.6	35.9
National	30.1	31.4	32.7	33.9	35.6	37.2
Statistical neighbours	29.7	30.8	32.6	33.7	34.1	35.9

2.3 Action to Narrow the Gap in EYFS

The Narrowing the Gap team has provided a range of universal and targeted support to schools and settings to help them to improve provision for pupils whose attainment and progress might be at risk. The team has also provided support to Children's Service Officers, including Learning Network Inspectors and Educational Psychologists with regard particularly to data analysis and the identification of at-risk groups.

Other support has included:

- Support to private voluntary and independent settings offering free entitlement to most vulnerable two year olds
- Design and roll out of effective tracking tool for EYFS pupils in schools and private, voluntary and independent sector to monitor progress of all identified vulnerable groups.
- Challenging and supporting schools to ensure effective pupil progress meetings in EYFS
- Support to schools to ensure high quality EYFS when taking a bulge class.
- Implementation of the revised framework including the raising in the standards expected and how to ensure achievement for all.

- Since April 2012 over 1050 practitioners of EYFS have attended training.

3 Key Stage 1

Attainment at Key Stage 1 is based on teacher assessments of reading, writing, maths and science. Barnet pupils' attainment at Level 2+ - the expectation for KS1 - showed improvement in reading and writing, but no real change in maths and science.

Key Stage 1 Assessments 2011-2012: % Level 2+ Reading, writing, maths, science										
		Barnet			National			Statistical neighbours		
		Boys	Girls	All	Boys	Girls	All	Boys	Girls	All
Reading	2011	84	89	86	82	89	85	84	90	86
	2012	86	91	88	84	90	87	86	91	88
Writing	2011	78	86	82	76	87	81	78	87	82
	2012	79	89	84	78	88	83	79	88	84
Maths	2011	90	91	90	88	91	90	90	92	91
	2012	90	92	91	89	92	91	90	92	91
Science	2011	88	91	90	89	91	90	87	90	89
	2012	89	92	90	89	92	90	88	91	89

Attainment at 2B+ is a more exacting measure. Outcomes for Barnet pupils are ahead of national and in line with statistical neighbours

Key Stage 1 Assessments 2011 -2012: % Level 2b+ Reading Writing , Maths										
		Barnet			National			Statistical Neighbours		
		Boys	Girls	All	Boys	Girls	All	Boys	Girls	All
Reading	2011	70	79	75	68	79	74	70	80	75
	2012	74	81	77	72	81	76	74	82	77
Writing	2011	55	69	62	53	70	61	56	70	62
	2012	58	71	64	57	72	64	58	73	65
Maths	2011	75	77	76	73	76	74	75	77	76
	2012	75	77	76	75	78	76	76	79	78

Key Stage 1: % Level 2+: attainment gap between pupils eligible for FSM and those not eligible			
	2010	2011	2012
	Reading		
Barnet	13	11	7
National	16	15	14
Statistical neighbours	13	11	9
	Writing		
Barnet	15	15	11
England	18	18	16
Statistical neighbours	17	14	13
	Maths		
Barnet	11	10	5
National	11	11	11
Statistical neighbours	11	10	8

3.1 Free school meal gap

The gap between FSM and NFSM pupils continues to narrow at Key Stage 1 in all subjects at L2+. The difference in attainment between the two groups has is lower than that nationally and for our statistical neighbours; the pace of reduction is faster in Barnet than nationally or for statistical neighbours.

3.2 Phonics Screening Check

For the first time in 2012 there was a national phonics screening check for Year 1 pupils. The proportion of Barnet pupils meeting the expected standard was higher than that nationally or of our statistical neighbours. Girls' performance was better than that of boys, a national trend, but the gap is narrower in Barnet than nationally or for our statistical neighbours. The gap between NFSM and FSM pupils is similar to that nationally and for statistical neighbours.

2012 Y1 Phonics Screening Check: % of pupils meeting expected standard									
	Barnet			National			Statistical neighbours		
	FSM	NFSM	ALL	FSM	NFSM	ALL	FSM	NFSM	ALL
ALL	49	67	64	44	61	58	44	61	59
BOYS	45	65	61	40	58	54	38	57	55
GIRLS	54	70	66	49	65	62	48	66	62

4 Key Stage 2

At Key Stage 2 outcomes for Barnet pupils continue to be better than those nationally and for our statistical neighbours. There were improvements year-on-year for all pupils gaining Level 4 in both English and maths. The gap between boys' and girls' attainment narrowed by 3% in 2012

KS2: % pupils gaining Level 4+ in both English and maths									
	Barnet			Statistical neighbours			National		
	Boys	Girls	All	Boys	Girls	All	Boys	Girls	All
2007	77	78	77	73	73.5	73	70	73	71
2008	78	81	79	74	77	75.5	71	75	73
2009	76	78	77	72.5	77	74.5	70	75	72
2010	78	80	79	76	80	77	71	76	73
2011	78	82	80	75	78	77	72	77	74
2012	82	83	82	79	82	80.5	77	82	80

4.1 Free School Meal gap

Outcomes for pupils eligible for FSM improved by 7% year-on-year ; the gap between NFSM and FSM pupils narrowed by 5%. The Children and Young People Plan target for a gap of 19% was exceeded. Data for England and our statistical neighbours is not yet available.

The Free School Meal (FSM)/ non FSM achievement gap: Key Stage 2: % Level 4+ in both English and Maths									
	Barnet			National			Statistical Neighbours		
	Non FSM	FSM	Gap	Non FSM	FSM	Gap	Non FSM	FSM	Gap
2006	83	58	25	74	49	25	78	52	26
2007	83	53	30	75	51	24	78	53	25
2008	84	60	24	77	54	23	79	57	22
2009	81	58	23	75	53	22	79	55	24
2010	81	62	19	77	56	21	80	58	22
2011	84	65	19	78	58	20	81	60	21
2012	86	72	14	N/A			N/A		

Special Educational Needs

There are three categories of SEN; from least to most severe they are: School Action, School Action Plus and Statement of Special Educational Need. Outcomes for Barnet pupils with SEN but without statements show year-on-year improvements. Data for England and our statistical neighbours is not yet available. Barnet has a higher percentage of pupils with SEN, in particular those at School Action and School Action Plus (average 2007 – 2012 of 26%) than England (average 22%) and

our statistical neighbours (average 20%) Barnet has a similar percentage of pupils (3.2%) with statements compared to England (3.2%) and our statistical neighbours (3.7%)

Key Stage 2: % Level 4+ in both English and Maths Pupils with SEN but without a statement			
	Barnet	National	Statistical Neighbours
2007	46	31	34
2008	51	35	38
2009	49	34	39
2010	51	37	42
2011	56	38	41
2012	62	N/A	N/A

Outcomes for pupils with statements fell year-on-year; performance for this group is variable because of small numbers in the cohort, but has, historically, been significantly higher than national results or those of our statistical neighbours

Key Stage 2: % Level 4+ in both English and Maths Pupils with Statements			
	Barnet	National	Statistical Neighbours
2007	30	13	15
2008	28	14	16
2009	15	13	14
2010	17	13	16
2011	25	15	17
2012	21	N/A	N/A

Children in Care

Children in Care in Barnet do well by comparison with those nationally and in our statistical neighbours. Outcomes are variable due to the small cohort size.

	Percentage attaining level 4 or above in English						
	2006	2007	2008	2009	2010	2011	2012
Barnet CiC	41	70	38	55	-	62	70
Statistical Neighbours CiC	37	51	57	53	n/a	60	n/a
England CiC	43	46	46	46	45	50	n/a
Barnet All Children	83	84	85	84	85	85	87
England All Children	79	80	81	80	81	81	85

	Percentage attaining level 4 or above in mathematics						
	2006	2007	2008	2009	2010	2011	2012
Barnet CiC	-	75	57	59	-	54	50
Statistical Neighbours CiC	36	55	48	55	n/a	n/a	n/a
England CiC	41	43	44	46	44	48	n/a
Barnet All Children	81	81	84	83	84	84	86
England All Children	76	77	79	79	81	80	84

4.2 Action to Narrow the Gap at Key Stage 2

This has included:

- Analysis of performance data and presentations to headteachers at directors' meetings, with particular reference to underperforming groups
- Identification of schools where gender / FSM / ethnic / EAL gaps indicate concern
- Support to identified schools to consider the causes of progress and attainment gaps, and to improve provision through more precise identification of the learning needs of particular at-risk groups
- A range of centrally delivered training for teachers to improve the identification of needs, and strategies and approaches to improve provision, especially relating to reading and writing at Key Stage 2
- Training for Newly Qualified Teachers in approaches to improving provision for at-risk groups
- Targeted support for individual schools designed to build capacity in leaders and practitioners with bespoke programmes of support and challenge
- A cross-phase Narrowing the Gap conference was organised in February 2012, with guest speakers Dr Lee Elliot-Major from the Sutton Trust, and Steven Drew from Passmores Academy in Harlow featured in the Channel 4 series Educating Essex
- Action research projects with schools so that provision is improved for children at risk of underachievement
- A Narrowing the Gap advisor is working with Afghan Association Paiwand on a project, supported by a grant from the Paul Hamlyn Trust to develop Saturday school provision for disadvantaged and at risk pupils in KS1 and 2

5 Key Stage 4: GCSE

Attainment for pupils at Key Stage 4 continues to place Barnet in the top 10% of local authorities. The percentage of pupils gaining 5+ GCSEs at grades A*-C including English and maths fell by 1.5%, in line with our statistical neighbours; results nationally were static year-on-year.

Key Stage 4: % pupils gaining 5+A*-C GCSE passes including English and maths			
	Barnet	Statistical neighbours	National
2006	55.9	50.9	44.1
2007	59.7	50.5	45.9
2008	61.1	54.0	48.4
2009	61.4	56.6	50.9
2010	67.3	61.4	55.3
2011	68.8	63.2	58.4
2012	67.3	61.7	58.4

5.1 Progress from Key Stage 2 to Key Stage 4

Pupils are expected to make at least three levels of progress in English and maths between Key Stage 2 and Key Stage 4. Pupils who gained level 3 at Key Stage 2 are expected to gain at least GCSE grade D, those at Level 4 at least C, and pupils with Level 5 are expected to gain at least Grade B. Many level 5 pupils will gain A or A*. Progression rates for Barnet pupils place them in the top 10% for English and the top 15% for maths. There has been a fall in the rate of progress in English nationally and for our statistical neighbours, but the difference is not as great in Barnet as it is elsewhere. Although progress fell in English it continued to rise in maths, albeit at a slower rate. It is probable that the slow-down in English contributed to the drop in 5+ A*-C including English and maths outcomes in Barnet this year.

% of pupils making expected progress from KS2 to KS4 in English			
	Barnet	National	Statistical neighbours
2009	79.4	66.4	74
2010	83.3	71	79
2011	83.5	73.1	81
2012	81.5	68.9	75
% of pupils making expected progress from KS2 to KS4 in maths			
	Barnet	National	Statistical neighbours
2009	70	59.3	69
2010	76.2	63.4	70
2011	78.3	65.9	74
2012	79.5	69.6	78

5.2 Children in Care (CiC)

Children in Care in Barnet have, historically, been more successful than those nationally or in our statistical neighbours. Outcomes are

variable due to small cohort sizes.

	% of pupils gaining 5+A*-C inc E&M						
	2006	2007	2008	2009	2010	2011	2012
Barnet CiC				16	16	10	17
Statistical Neighbours CiC				n/a	13	n/a	n/a
England CiC				10	12	13	n/a
Barnet All Children				61	67	68	67
England All Children				50	53	58	59

5.3 Free school meal gap

The attainment gap between pupils eligible for free school meals and those not eligible continues to narrow in Barnet, and is now at its smallest ever. The rate of improvement here is better than national, where there has been no real change over the past 5 years. One reason for the reduction of the gap is that outcomes for NFSM pupils fell in 2012 whereas there was no change for FSM pupils. It is a measure of the success of work to improve outcomes for FSM pupils that their results did not follow the pattern of their peers.

% GCSE 5+ A*-C inc E&M: NFSM – FSM Gap									
	Barnet			National			Statistical neighbours		
	FSM	NFSM	GAP	FSM	NFSM	GAP	FSM	NFSM	GAP
2012	48	71	23	N/A	N/A	N/A	N/A	N/A	N/A
2011	48.3	73.1	24.8	34.7	62.2	27.5	41.9	67.4	25.5
2010	44	72	28	31.4	59	27.6	35.5	66	30.5
2009	34.2	67.2	33	26.7	54.5	27.8	33.8	60.4	26.6
2008	40.4	65.1	24.7	24	51.8	27.8	31	58	27
2007	33.8	64.4	30.6	21.5	49.4	27.9	30.3	54.3	24

5.4 Key Stage 4: SEN

The performance of pupils with SEN, with and without statements has historically been better than that nationally and in our statistical neighbours. Results for 2012 show an improvement year-on-year for pupils without statements, but results for those with statements remain static. Results are variable for this group because of small cohort sizes.

	% 5+A*-C inc E&M: Pupils with SEN but without a statement					
	2007	2008	2009	2010	2011	2012
Barnet	20	23	25	31	36	39
England	12	15	19	23	25	
Statistical Neighbours	17	20	21	23	29	

	% 5+A*-C inc E&M: Pupils with Statements					
	2007	2008	2009	2010	2011	2012
Barnet	10	9	10	12	17	17
England	5	5	6	7	9	
Statistical Neighbours	6	7	8	9	11	

5.5 English Baccalaureate (EBac)

The EBac was introduced in 2011. It comprises a package of GCSE passes at grade C or better in five subjects: English, maths, science, a humanities subject and a modern foreign language. The performance of Barnet pupils in the EBac is significantly better than that nationally and ahead of our statistical neighbours in all subjects except science. A significantly higher proportion of pupils are entered for EBac subjects than nationally. Barnet's overall performance in EBac places it 4th nationally.

	Percentage of pupils achieving the components of the English Baccalaureate					% entered	% achieved
	English	Maths	Sciences	History or Geography	Languages		
Barnet	76	76	79	76	85	39	31
National	66	69	75	68	70	23	16
Statistical neighbours	69	74	79	74	81	32	25

5.6 Academies

Whilst median outcomes for Barnet academies are higher than for non-academies, the rate of improvement is faster in non-academies. In 2012 outcomes for non-academies improved, but fell year on year in academies.

KEY STAGE 4: Median % 5 or more GCSE A*-C passes including English and maths								
	2005	2006	2007	2008	2009	2010	2011	2012 (Prov)
BARNET	57	58	62	61	61	67	69	67
NOT ACADEMIES	44	49	52	46	51	56	62	66
ACADEMIES	55	61	60	69	66	77	72	69

5.7 Action to narrow the gap at Key Stage 4 and in secondary schools

As outlined in paragraph 9.4, the Narrowing the Gap team works with Children's Service officers to provide analysis of performance data and to help develop improvement plans for schools.

Work with secondary schools has included

- Raising Achievement - Narrowing the Gap networking meetings for senior teachers responsible for attainment and progress have been run each term, along with meetings for teachers with responsibility for literacy in secondary schools.
- Support has been provided to maintained schools to help senior leaders monitor the progress of at risk groups and to improve provision, particularly with regard to marking and feedback.
- Training for NQTs on strategies to improve provision for vulnerable pupils and to improve provision for literacy across the curriculum.
- Support to schools to audit the quality of support for literacy across the curriculum and training for teachers in strategies to improve provision
- Help has also been given to help teachers improve support for literacy across the curriculum. A small grant was available to schools to develop this work through projects which will be evaluated later this term
- Work with the 14-19 team on strategies to prevent people Not in Education, Employment or Training (NEETs) and with the Senior Educational Psychologist to develop guidance on supporting pupils whose attainment and progress are at risk, through the Vulnerable Children Leading Edge Group.
- A project to pilot the Sutton Trust Toolkit recommendations for use of the Pupil Premium has been launched with 6 schools

6 Key stage 5: A Level

Young people in Barnet schools do very well at A level and Level 3 qualifications. There are a number of ways in which outcomes at KS5 can be gauged. Average point score (APS) per entry – per subject taken or APS per student - measures show that Barnet pupils perform significantly higher than those nationally or in our statistical neighbours, and that results improved year on year, especially for boys.

Grade	Points	
A*	300	The average point score for Barnet pupils in 2012 was 826 points. This is roughly equivalent to AAB at A level and would enable many to secure places at Russell group universities. The average point score per entry is 227 points, roughly a low B grade.
A	270	
B	240	
C	210	
D	180	
E	150	

Key Stage 5: Average point score per student : All Level 3 qualifications						
	Barnet		National		Statistical neighbours	
	2011	2012	2011	2012	2011	2012
Males	749	816.6	710.8	756.1	717.7	733
Females	793.9	835.0	743.4	794.9	757.1	778
All	773.5	826.1	728.2	776.8	738.8	747
Key Stage 5: Average point score per entry						
	Barnet		National		Statistical neighbours	
	2011	2012	2011	2012	2011	2012
Males	225.7	224.7	209.2	207.2	213.6	215
Females	227.6	228.5	216.5	215.1	220.2	221
All	227	227	213.1	211.4	216.8	218

Pass rates for students gaining two or more A levels or equivalent and those gaining AAB equivalents also provide an indication of how well Barnet students are performing:

Percentage of students achieving 2 or more passes of A level equivalent size						
	Barnet		Statistical Neighbours		National	
	2011	2012	2011	2012	2011	2012
Males	93.8	97.9	96.3	98	93.5	97.0
Females	97.0	98.3	97.0	98	93.7	98.1
All	95.6	98.1	96.4	98	93.6	97.6
Percentage of students achieving AAB or more passes at A level						
	Barnet		Statistical Neighbours		National	
	2011	2012	2011	2012	2011	2012
Males	31.2	19.5	18.9	11	16.5	9.9
Females	30.4	14.7	19.7	9	17.6	7.2
All	30.8	17.0	19.3	10	17.1	8.4

The percentage of students gaining 2 or more A level passes improved slightly year-on-year, in line with national trends, but there was a significant fall in the percentage gaining AAB or equivalent. This again follows the national trend but, nevertheless, outcomes for Barnet students are better than national or for our statistical neighbours.

Most schools require a minimum standard of GCSE attainment before students are accepted onto A Level courses, but unvalidated performance data indicates that FSM pupils (who would also have to meet those minimum entry requirements) attainment at A level / Level 3 lags behind that of NFSM pupils. Further analysis must be undertaken to ascertain some of the reasons for this difference.

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Troubled Families Update

1 Summary and Purpose of report

Barnet has been building on the development of its existing programmes of work with families with multiple complex needs to deliver the Government's Troubled Families programme at an accelerated pace.

The Board have agreed that an update on the programme be a standing item until further notice and this report provides further details of how the programme is structured in financial and organisational terms and how Barnet is progressing and better outcomes being achieved.

2 Details

2.1 Background

Building from the development of the youth crime FIP (family intervention programme) in April '10 and the strategic work of the community budget initiative in April '11 through to the launch of the Department of Communities and Local Government (DCLG) sponsored "Troubled Families" initiative in April '12, Barnet Troubled Families Division has been working at the forefront of strategic and operational thinking in its work with families with multiple complex needs.

2.2 Introduction

Based on the excellent partnership work as a result of this Board's endeavours Barnet has received a lot of recognition from Central Government and the wider troubled families' network as being ahead of the game – our statement of work is the 7th most visited troubled family hit on Google.

We worked with DCLG to develop their thinking around the financial framework and have been working with colleagues and partners in Local and Central Government to help shape troubled families work moving forward. We have written and circulated a statement of work, a practitioner's guidance and a referral pathway document for partners.

Barnet have received visits from 7 other London Boroughs seeking guidance, as well as 3 authorities outside of London and we have entertained visits from DCLG, DoE and the Treasury in order to help shape their thinking. In addition as a result of Louise Casey's recommendation one of our families will be interviewed (anonymously) as part of a programme on Radio 4 with Winifred Robinson.

2.3 Financial Framework

In terms of progressing our relationship with DCLG we are one of the 'very few' authorities to have been 'fast tracked' to work with our 705 (DCLG) nominated troubled families in two rather than three years. This means that while our cash envelop remains the same the proportion at risk – as a result of the payment by results (PbR) formula - is reduced.

DCLG have confirmed that based on a PbR funding formula we will receive direct grant funding for 5/6th of 705 = **588** eligible cases over 2 years.

588 x £4000 (100%) = **£2,352,000**

Year 1 80% attachment - £940,800 + 20% PbR £235,200 = **£1,176,000**

Year 2 60% attachment - £705,600 + 40% PbR £470,400 = **£1,176,000**

Total cash envelope £2,352,000

PbR risk element £705,600

2.4 Troubled Families Submission

In October 2012 - 6-months into the troubled families' initiative - we provided our first submission to DCLG. It identified that we were working with 358 allocated families of which 187 were true troubled families; at close of business on 26th November we have 443 cases identified, of which 256 are eligible for consideration under the payment by results formula. The first available opportunity to redeem any PbR will be January 2013 (and then 6-monthly thereafter) although due to the necessary time-lag for achieving and evidencing those results it is unlikely that we will be making a significant claim in January. (The qualifying criteria for PbR is explained in the appendix to this document).

2.5 Range and scope of work

Like many troubled families teams we work in partnership to assess, plan and intervene with families, we co-ordinate plans which have family buy-in and model positive behaviour and aspirations.

However, one of the key differences which sets our approach apart from the rest of the network is the fact that our troubled families initiative continues to work to a remit which is wider than the DCLG definition - I have described this as serving 3-masters.

- 1) The wider early intervention agenda to reduce escalation of families into acute and statutory services.
- 2) The wider community budget initiative to work with families who as a result of their high risk, high cost nature cause multiple complex concern to the Barnet public sector network and
- 3) The DCLG cases eligible for PbR.

Cases are allocated within the team on a whole family basis with a role to challenge families and support sustainable change; to address the root causes of problems within each targeted family and to effect lasting change to both the financial and human cost of cycles of deprivation. Interventions are designed to motivate the family to change their behaviour and build protective factors and resilience.

We are currently – or soon will be - offering interventions across all levels of need and across a wide range of issues from accredited parenting programmes, direct work with schools, interventions to reduce the risk of remands, specialism's with ASD or ADHD, interventions which reflect quick win outcomes or need 10 hours a week of intensive 1:1 support. Our model dictates that our assessment informs our plan which evidences our intervention and that intervention is predicated on a hypothesis that resources follow risk, supported by the notion that no family should be left un-worked.

We established the importance of setting and sticking to clear threshold levels in order to manage expectations and improve joint working. We established that if the presenting issues are clearly identified in the initial referral, it does not appear to matter whether that referral has come from schools, social care or other targeted, statutory or universal services.

2.6 Practice

Practitioners are encouraged to prioritise or 'layer' interventions in order to build a platform of stability in which to work. To monitor and review outcomes so that families can recognise steps towards progress and to ask and tackle the hard questions and issues which may have previously acted as barriers to change.

We have found that it is not necessary for practitioners to be qualified social workers as they are drawn from a wide range of professional backgrounds and have demonstrated that they are able to use their broad range of skills and experience within the team to get into households who do not always have a history of engagement in services. Practitioners also demonstrate an expertise in building on family resilience and developing their own desire to change.

We are also working very closely with schools to directly target DCLG eligible cases and from January '13 we will be running accredited parenting programmes in 6 schools for parents of children with repeat fixed term exclusions or high levels of unauthorised absence. The groups will compliment the 1:1 work for the high risk cases with a reach of 90 parents per 1/4. In addition in order to reduce the risk of escalation into acute services we are also running an accredited programme specifically aimed at fathers of children on the autistic spectrum.

As a result of the changes in remand legislation and funding arrangements, from January '13 we will also be offering a service to families of children who might otherwise have been remanded into custody.

With such a broad and fast developing landscape, I have commissioned 2 internal reviews of cases work. We undertook two random dip sampled file audits - one in June of 16 cases and one in November of a further 20 cases. Some of the highlights from the second analysis are attached at the end of this report.

The troubled families initiative has built on the previous successes of early intervention and intensive work with families, however it continues to need to be part of a full partnership approach. Successes and outcomes should be seen as part of a narrative around wider shared risk and reward. Our work is based on a commitment to working in partnership, demonstrating that effective partnership-working can improve families' experience of services and lead to improved outcomes - information sharing is a crucial part of joint working and planning as well as ongoing risk management.

Practitioners are supported in their assessment, planning and intervention through the provision of the usual peer and line management processes as well as specialist clinical supervision and the Multi Agency Support Team.

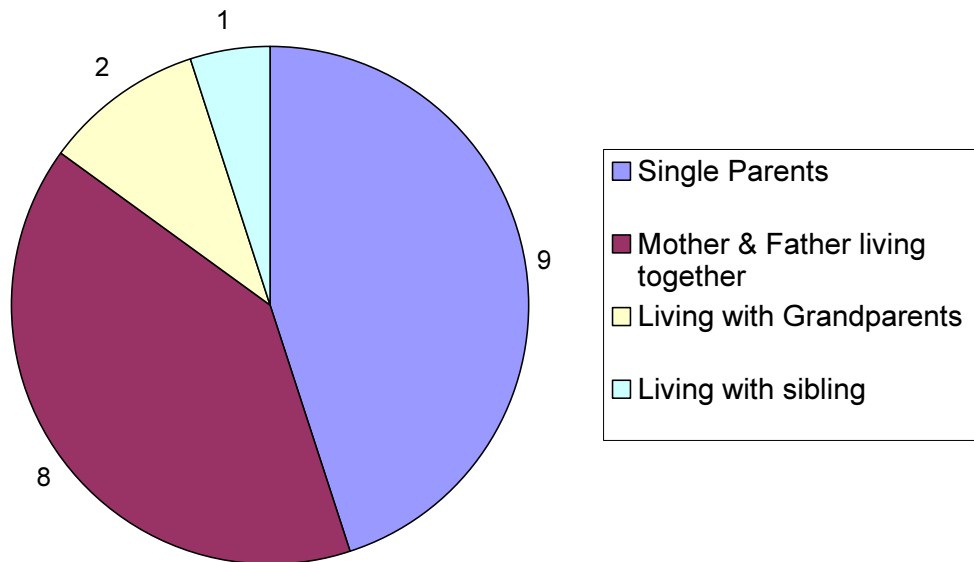
Moving forward we are revising our business case to ensure that we continue to maximise our grant funding and we are developing a new caseload weighting model to ensure that we capture all of the activity within the team and make sure that in

light of the increase in the teams work load as a result of the growth of true troubled families' referrals caseloads are sustainable.

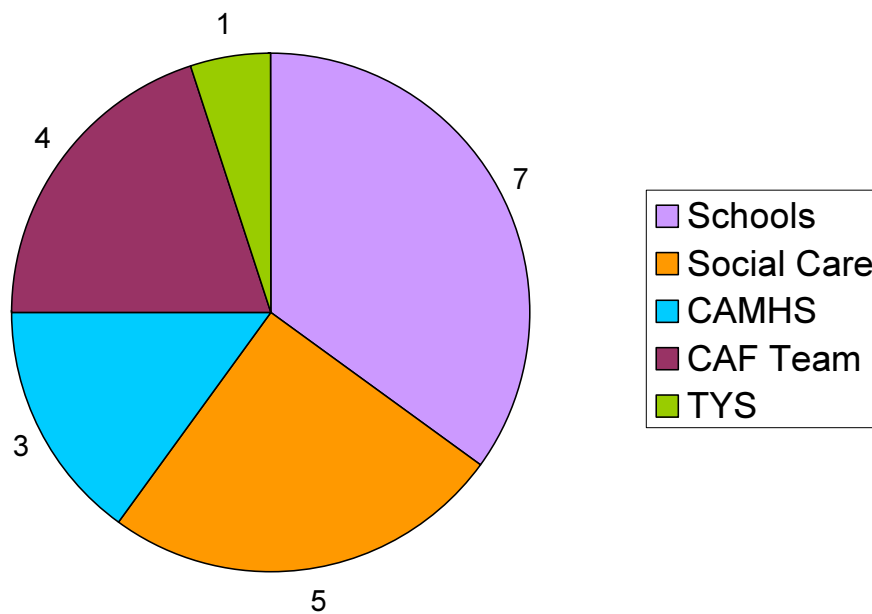
2.7 Financial framework criteria for PbR

Result	Attachment fee	Results payment		Total
<p>Families achieve all 3 of the education and crime/ASB measures set out below where relevant:</p> <ol style="list-style-type: none"> 1. Each child in the family has had fewer than 3 fixed exclusions and less than 15% of unauthorised absences in the last 3 school terms; and 2. A 60% reduction in anti-social behaviour across the family in the last 6 months; and 3. Offending rate by all minors in the family reduced by at least a 33% in the last 6 months. 	<p>£3,200 per family</p>	<p>£700 per family</p>		<p>£4,000 per family</p>
<p>If they do not enter work, but achieve the 'progress to work' (one adult in the family has either volunteered for the Work Programme or attached to the ESF provision in the last 6 months).</p>		<p>£100 per family</p>		
OR				
<p>At least one adult in the family has moved off out-of-work benefits into continuous employment in the last 6 months (and is not on the ESF Provision or Work Programme to avoid double-payment).</p>	<p>£3,200 per family</p>	<p>£800 per family</p>		<p>£4,000 per family</p>

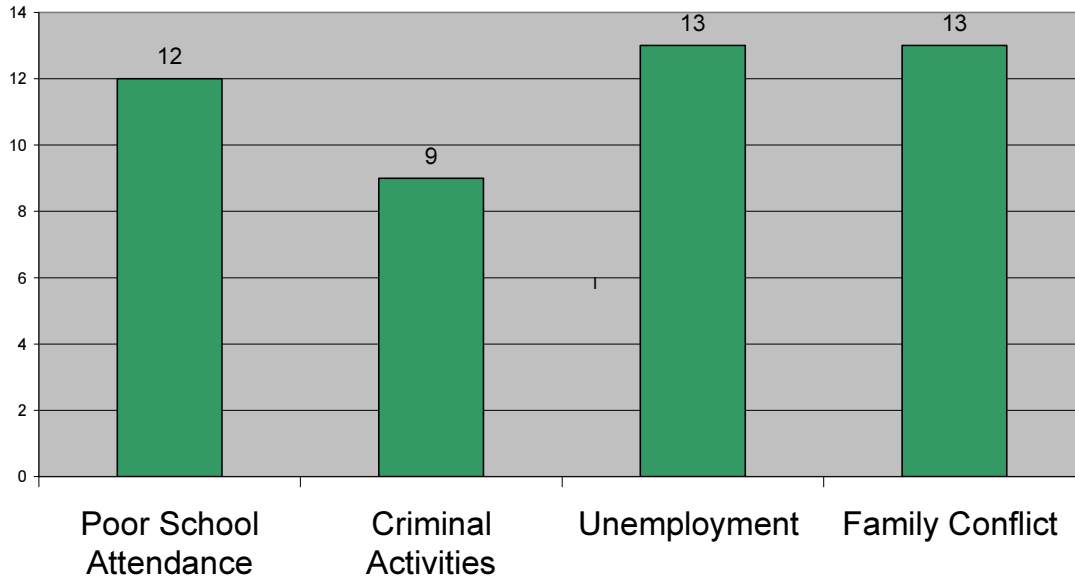
Family Composition



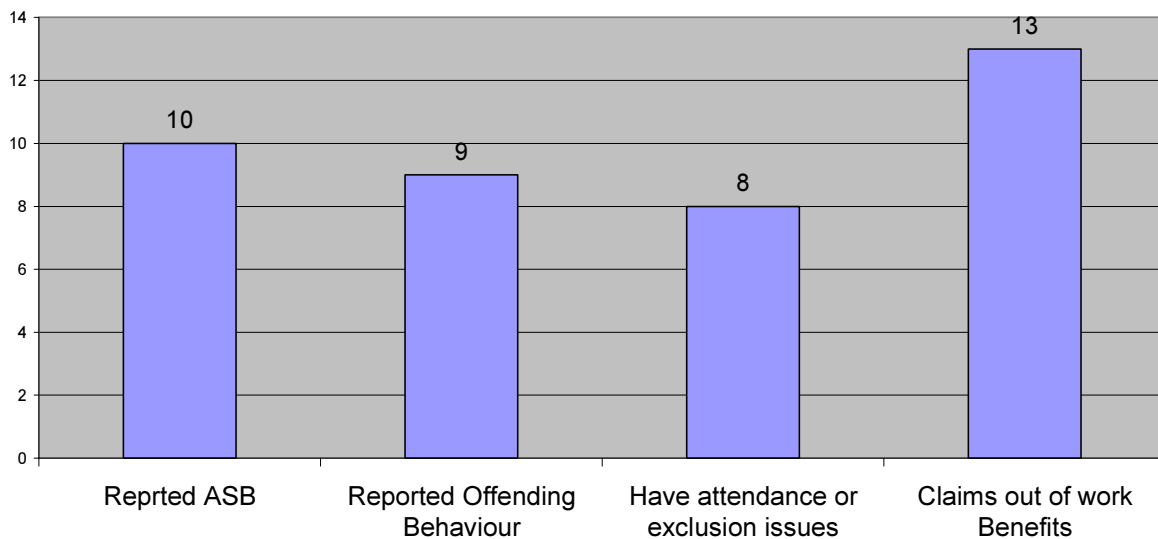
Origin of Referrals



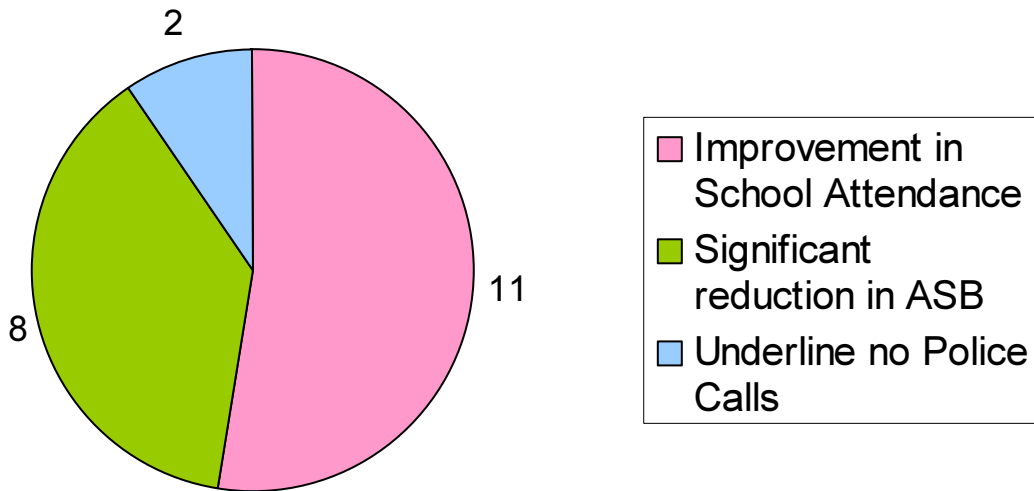
Issues Identified in the Referrals



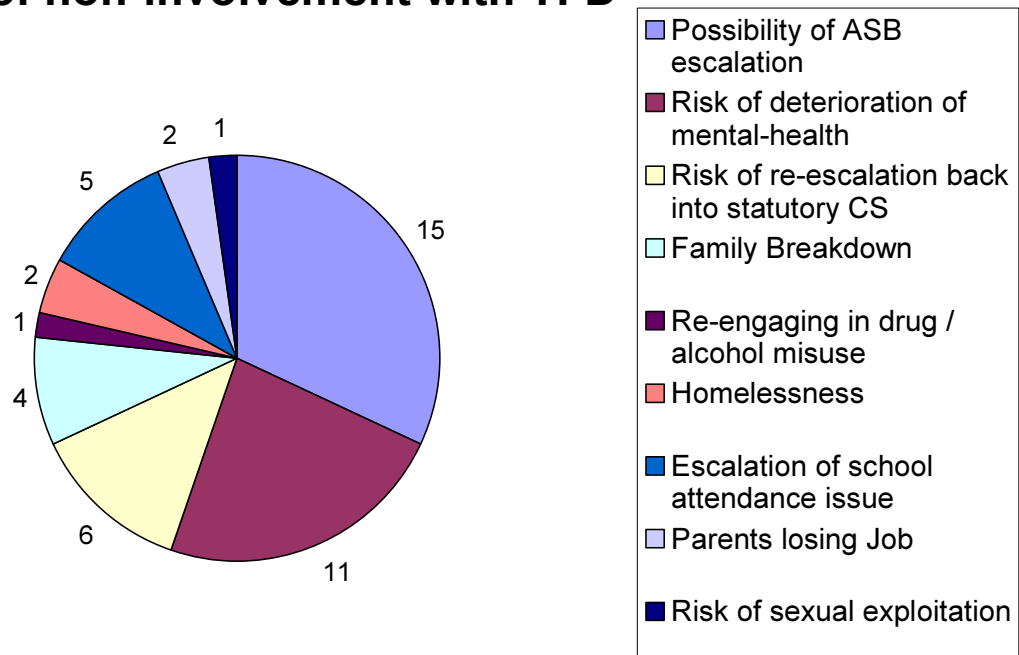
For True Troubled Families were they offending/ASB/School/Benefit issues



Measures of Success



Risk of non-involvement with TFD



3 RECOMMENDATIONS AND INPUT REQUESTED

That the Children's Trust Board note and endorse the work done to date and comment on any issues highlighted in the report.

4 CONTACT FOR FURTHER INFORMATION

Stuart Collins Head of Troubled Families & Community Budgets,
Family Focus and Intensive Family Focus, stuart.collins@barnet.gov.uk

**Report of the Children and Young People's Health Outcomes Forum:
Implications for Barnet****1 Summary and Purpose**

1.1 Considerable variations exist in both health service outcomes for children, and it follows, their whole-of-life-course outcomes. Whilst there have been some notable improvements in measured outcomes for children and young people over recent years, this is at a slower rate in the UK than in comparable countries in northern and western Europe.

1.2 Creating a new system represents both a significant challenge for the NHS and its partners and a remarkable opportunity to innovate and make sustainable improvements in health care.

1.3 The report needs to be seen as a companion document to both the SEN Green Paper and the Mandate to the NHS Commissioning Board, which includes a specific objective for the NHS Commissioning Board to improve the experiences of children and young people with disabilities and special educational needs. Taken together, these policy initiatives represent a significant emphasis on delivering better outcomes and care experiences for all children and young people, and particularly those who are unwell or have ongoing health needs.

1.4 It is therefore important that our current work sets the right tone and behaviours that will achieve the change needed to deliver real benefits to patients.

1.5 This report has been produced to brief members of the Children's Services Leadership Team, Children's Trust Board, Health and Wellbeing Board and Clinical Commissioning Group Board about the report produced nationally by the Children and Young People's Health Outcomes Forum, and the potential implications for Barnet.

1.6 The Coalition Government has not yet responded to the Forum's recommendations. This paper is therefore intended to raise awareness and promote discussion at an early stage, which will enable a more detailed response when this is available.

2 Details

2.1 The Children and Young People's Health Outcomes Forum was established in December 2011, under the joint leadership of Christine Lenehan (Disabled Children's Council) and Ian Lewis (Alder Hey Children's NHS Foundation Trust). The Forum was commissioned by the Department of

Health to make recommendations about the most important health outcomes for children and young people and how the new health system should ensure they are met.

2.2 The Forum has examined the whole health system, including organisations with local and national remits, and partnership bodies. Some of the proposals relate specifically to Government departments, regulatory bodies or health authorities with a specific national remit. Proposals are only considered within this report if they have specific implications at a local level.

2.3 The Forum has recommended the development of a range of indicators specific to children and young people within the NHS Outcomes Framework, the Public Health Outcomes Framework and the Commissioning Outcomes Framework. These are appended to this report. See - Appendix

2.4 While the report does include a focus on those children and young people who are most vulnerable and have the most complex needs, it has a more far reaching focus on the outcomes and care experiences of children and young people with long term conditions, particularly diabetes, asthma and epilepsy, which can have significant impacts on broad outcomes and later life opportunities. This provides an opportunity locally to think about the outcomes for this group of children and how schools, health services and family support services can work together to ensure that needs are met.

2.5 The report focuses on eight key themes, which are:
Putting children, young people and their families at the heart of what happens;
Acting early and intervening at the right time;
Integration and partnership;
Safe and sustainable services;
Workforce, education and training;
Knowledge and evidence;
Leadership, accountability and assurance;
Incentives.

(i) Putting children, young people and their families at the heart

Involving children, young people and families in decisions about their care, and in the development of services, is a key factor in achieving successful outcomes and takes high priority within the report. The report makes the following recommendations:

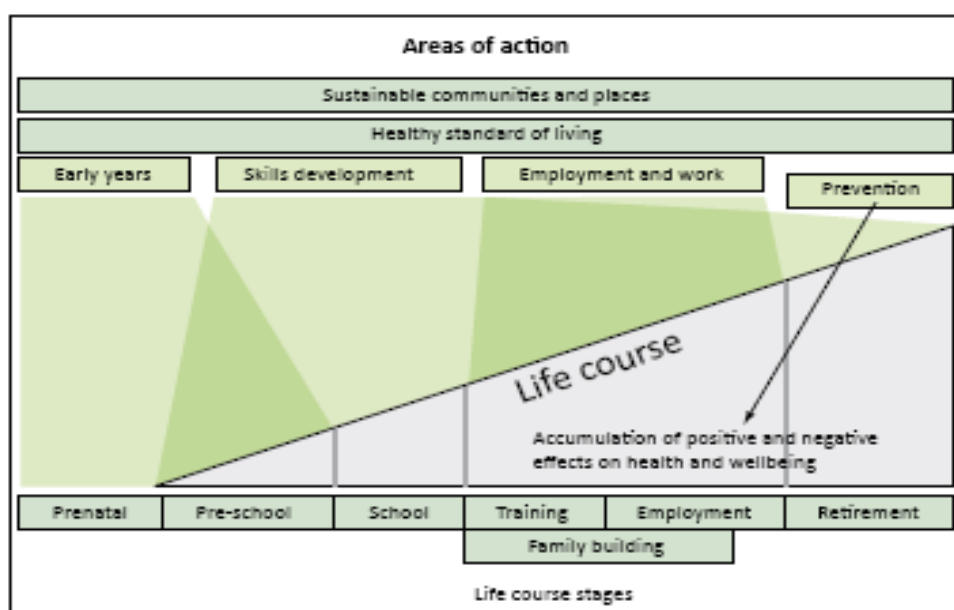
- All health organisations must demonstrate how they have listened to the voice of children and young people, and how this will improve their health outcomes;
- The Department of Health should produce a children's health charter, based on the principles of the UN Convention of the Rights of the Child. The application of these principles should be audited through the regulators.
- Local Healthwatch includes children and young people's voices as core to their work and demonstrates this through their reporting mechanisms.

Barnet Implications

- Engagement of children and young people is strong, through Barnet Youth Board, YouthShield, the Bobby Panel and the Role Model Army, although it is not yet clear how this will link with Barnet Healthwatch
- There is a clear Participation Strategy in place across the Children's Trust and a Participation Strategy Group meets regularly to oversee its implementation
- 'You're Welcome' standards for health services have been rolled out across health settings, including sexual health and CAMHS, although this could be re-launched and supported by ongoing inspection and mystery shopping by young people.
- Health providers undertake some patient experience work with children and young people. Expectations could be strengthened through commissioning activity.

(ii) Acting early and intervening at the right time

The Forum's thinking has been heavily influenced by the concept of the life course, and the benefits of supporting the accumulation of positive effects on health and wellbeing, starting during pregnancy. These benefits are not just tangible in health terms but equally importantly in economic and social terms too.



The Forum makes the following recommendations:

- All organisations in the new health system should take a life-course approach, coherently addressing the different stages in life and the key transitions instead of tackling individual risk factors in isolation.
- Directors of Public Health and their local clinical commissioning groups should work together with maternity and child health services to identify and meet the needs of their local population.

- In 2013 DH should explore the development of a new outcomes measure on perinatal mental health and implement it as soon as possible.
- Directors of Public Health, through their health and wellbeing board, should ensure that they include comprehensive data for all children and young people within their Joint Strategic Needs Assessment – including those requiring tailored provision, such as those who are looked after, those with disabilities and long term conditions and those in contact with the criminal justice system.
- CCGs with their local authority partners need to ensure sufficient clinical expertise and leadership for looked after children, including a designated doctor and nurse.
- Directors of Children’s Services should be responsible for overseeing the overall quality and delivery of health and wellbeing for looked after children.
- Social care staff and others dealing with looked after children should have responsibility for ensuring they are registered with a GP and that the GP is kept informed of the details of their care.
- CCGs and local authorities should specifically recognise care leavers in early adulthood (18-25) as well as looked after children, in their commissioning, including requiring children in care health teams to include a focus on this group.

Barnet Implications

- The Health and Wellbeing Strategy is based on a life course model and a key priority is ‘Preparation for a Healthy Life’. The developing Children and Young People’s Plan also follows a life course approach and sets out clear outcomes for children and young people in different phases.
- The JSNA includes data on disability, looked after children and young people in contact with the criminal justice system, although for youth offending and children in care, the level of analysis could be deepened.
- Health provision for children in care was recognised as good by Ofsted in the February 2012 inspection. The Designated LAC Nurse is co-located with the Corporate Parenting Team and some co-location of the LAC CAMHS Team will be considered via the new CAMHS Strategy.
- Designated posts for LAC are in place.
- Inclusion Strategy is being developed and will address the needs of children and young people with disabilities and special educational needs.

(iii) Integration and Partnership

The Forum places significant emphasis on integration and partnership working, both within the health system, and across both the children’s services sector and with adults services.

The report recommends:

- The NHS number should be used as the unique identifier to bring together health, education and social care data for all children and young people.
- The National Curriculum Review should include the provision of health and wellbeing within the ‘statutory aims’ of the revised national curriculum.
- The NHS Commissioning Board and Monitor should prioritise and promote the issue of integrated care provision in their regulatory and performance

roles within the NHS, and work with the Care Quality Commission and Ofsted in developing a framework across non-health providers.

Barnet Implications

- Joint commissioning was recognised as a strength in the 2012 Ofsted inspection.
- Opportunities to co-locate the Complex Care Nursing Team with local authority staff are being explored. There are opportunities to consider some co-location of children's health managers with local authority staff.
- Development of a local curriculum offer for health and well-being, with resources developed for schools to support them to deliver it, is being taken forward through the emerging Children and Young People's Plan.
- Barnet's Health and Wellbeing Strategy includes a commitment that 20% of commissioning activity will be carried out jointly. Section 75 agreements are planned for Speech and Language Therapy and CAMHS in 2013/14, with further consideration being given to jointly commissioning all children's therapy provision.

(iv) Safe and sustainable services

The Forum's view is that there is insufficient specialist knowledge of paediatrics and child health to provide a full range of safe services close to the child's home. The Forum is particularly concerned about drug errors, which are not currently reported on a mandatory basis. The Forum makes the following recommendations:

- The NHS Commissioning Board (NHS CB) must ensure that there is a nationally designated, strategic managed network for children and young people. This should include maternity and neo-natal care. The network should incorporate:
 - All children and young people's services within the Specialised Services Definition Set, and
 - All parts of relevant pathways, from specialist centres through district general hospitals to community service provision and primary care. The NHS CB must ensure explicit links between the specialist elements of the pathway commissioned by them, and those areas of the pathway commissioned by CCGs.
- CCGs need to develop local networks and partnerships with providers to address and deliver the sustainable provision of local acute, surgical, mental health and community children's services and to ensure both care closer to home and no gaps in provision.
- The NHS CB, with CCGs, should address service configuration to meet the needs of children and young people on a sustainable, safe and high quality basis.
- From April 2013, the reporting of medication errors to the National Reporting and Learning System should become mandatory as part of the reporting for the NHS Outcomes Framework, and should become part of the regulatory framework for CQC and Monitor.

Barnet Implications

- The Complex Care Nursing Team is commissioned as a specific paediatric service to support children with complex health needs to live in the community.
- New commissioning process implemented by NHS Barnet in 2011 has built capacity in community services and reduced need for inpatient beds. This has realised benefits including an annual cost reduction of £700k and better communication and support for children.
- Health participation in the emerging Multi-Agency Safeguarding Hub is strong.
- An Integrated Paediatric Service across primary and secondary care is in place at Barnet and Chase Farm Hospital.
- The children's Diabetes Service at Barnet and Chase Farm Hospital has been developed so that it will be compliant with NICE standards from April 2013.
- A collaborative enuresis pathway has been developed with Central London Community Healthcare. This is often overlooked but the condition can be very socially excluding, particularly for older children.
- The Health and Wellbeing Board and Children's Trust Board provide effective governance at the most strategic level. A local Children's Health Network, reporting into both Boards, would strengthen this.
- Clear arrangements for safeguarding children and young people will need to be in place when the Health Visiting Service is commissioned by the National Commissioning Board.

(v) Workforce, education and training

The Forum believes that there are significant skill shortages within the children's health system, and that more can be done to support professionals working within the wider children's sector (e.g. teachers, social workers) to understand children's health and wellbeing needs. The Forum recommends that:

- All GPs who care for children and young people should have appropriately validated CPD reflecting the proportion of their time spent with children and young people.
- All general practices that see children and young people should have a named medical and nursing lead.
- All general practice staff should be adequately trained to deal with children and young people.

(vi) Knowledge and evidence

The Forum believes that the health system should be intelligence led and make use of the highest quality data, including research findings. It recommends:

- The NHS CB, with support from the Health and Social Care Information Centre (HSCIC), should establish electronic child health records, accessible for both patients and professionals.
- Once established, the coverage of the new maternity and child health dataset should be extended, in particular to enable tracking of:
 - Child development outcomes at age 2-21/2 years,

- Care and outcomes associated with the Improving Access to Psychological Therapies (IAPT) initiative, and
- Care and outcomes for children with disabilities and complex conditions.

Barnet Implications

- The specification for the Health Visiting Service is being revised to strengthen delivery of the child development reviews, prior to transfer to the National Commissioning Board.
- An application to the next round of Children and Young People's IAPT activity is being taken forward via the CAMHS Strategy.
- The Complex Care Programme Board will facilitate better data sharing around children with complex needs and during transition.

(vii) Leadership, accountability and assurance

The Forum is concerned that with the scale of change within the NHS, and new organisations operating with new responsibilities from April 2013, accountability for children and young people's services may become confused. Conversely, the development of a new system provides an opportunity to enshrine clear leadership and accountability from the very beginning. The Forum recommends that:

- All organisations leading the new system – DH, Public Health England (PHE), the NHS CB, Monitor, local authorities and CCGs – should clearly set out their responsibilities for children, young people and their families and how accountability will be exercised at every level in the system, and should be transparent about the funds they spend on child health.
- Local commissioners, including CCGs and local authorities, should identify a senior clinical lead for children and young people.
- DH and the NHS CB should publish a full accountability framework for safeguarding children in the wider health system as soon as possible.
- As part of the new multi-agency inspections, CQC should consider how all parts of the health system, including relevant adult services, contribute to effective local safeguarding.
- Further work should be undertaken on indicators that would drive improvement to protect and promote the welfare of children and young people. This should include a focus on measuring the effectiveness of early help/early intervention.
- NICE should be commissioned to develop a Quality Standard for safeguarding children.

(viii) Incentives for driving service improvement

The Forum's view is that the development of funding based incentives for service improvement (e.g. QoF, Payment by Results) have largely focussed on adult services and incentives for improving services to children and young people need to be more developed. The Forum recommends that:

- The NHS CB and Monitor should prioritise and promote the issue of integrated care provision in their funding, regulatory and performance roles within the NHS, and DH should address this issue across government for

those services that fall within the remit of local authorities, education, or other government departments.

- The NHS CB prioritise the development of an appropriate range of incentives within the Quality and Outcomes Framework (QoF) for general practice to provide high quality care reflecting the needs of children and young people.

Barnet Implications

- There is a locally agreed service enhancement arrangement for looked after children within general practice. Consideration could be given to developing further service enhancements relevant to children and young people.
- Consideration of payment by results for CAMHS is being taken forward via the CAMHS Strategy.

3 Recommendations and Input requested

That the Children's Trust Board note developments outlined in this report and the implications for Barnet and considers the following recommendations:

1. Clear arrangements for children's voices to be heard through Healthwatch should be in place, alongside an increased focus on the patient experience through commissioning.
2. Consideration of perinatal mental health pathways is included in the broader review of maternity services to be commissioned by NHS Barnet CCG.
3. The data locally available to assess the health needs of children with disabilities, looked after children and young people in contact with the youth justice system should be identified and included in the next iteration of the Joint Strategic Needs Assessment.
4. Formal Section 75 agreements to jointly commission health services for looked after children, occupational therapy and physiotherapy should be considered in 2013/14.
5. The Primary Care Strategy should consider what arrangements and local support offer are required to enable primary care settings to play a full role in services for children and young people.
6. Consideration should be given to developing a local health network to support the work of the Children's Trust Board and Health and Wellbeing Board

4 Contact Details for Further Information

Vivienne Stimpson, Joint Head of Children's Commissioning
NHS Barnet CCG

Vivienne.stimpson@nclondon.nhs.uk

Tel: 0208 937 7651

Key to tables of outcomes and indicators

Over the accompanying tables, we have set out our recommended outcomes and indicators for each of the three Outcomes Frameworks. A key to the classification of these changes is below.

1	No change to existing Outcomes Framework indicator
2	Extension of existing indicator reflect the life course
3	Adaptation of indicator to make more relevant to children
4	New indicator or area to be included in framework

Assessment of indicator readiness:

Red	New data source required (or adaptation to existing data source)
Amber	Data available, definition needs development
Green	Indicator readily available
Blue	Indicator in, or being developed for, existing outcomes framework

Table 1 – Outcomes for children and young people in the NHS Outcomes Framework

Domain	Indicator/Outcome	Recommended change	Indicator status	Proposed data source
Domain 1 – Preventing people from dying prematurely	Overarching indicator			
	1a Potential Years of Life Lost from causes considered amenable to healthcare	2	Amber	ONS
	Reducing premature mortality from the major causes of death			
	1.4.viii Cancer survival rates for children and young people	2	Green	ONS
	Reducing premature death in babies, children and young people			
	1.6.i Infant mortality	1	Blue	ONS
	1.6.ii Neonatal mortality and stillbirths	1	Blue	ONS
	1.6.iii Mortality in childhood and young people	2	Amber	ONS
	Reducing the time taken to receive a diagnosis			
Time from presentation at NHS setting to i) definitive diagnosis: ii) initiation of treatment: for set of exemplar conditions	4	Red	New data source	
Domain 2 – Enhancing quality of life for people with long-term conditions	Overarching indicator			
	2b Quality of life for children and young people with long-term conditions (including long term mental health problems) and disabilities	2	Red	New data source
	Ensuring people feel supported to manage their condition			
	2.1.ii Children and young people and their families feel supported to manage their condition	2	Red	New data source
	2.1.iii Healthcare for children and young people is integrated (composite) (placeholder)	4	Red	New data source
	Improving functional ability in people with long term conditions			
	2.2.ii Pupil absence in children and young people with long-term conditions and disabilities	3	Red	DfE pupil database
	Reducing time spend in hospital by people with long term conditions			
	2.3.ii Unplanned hospitalisation for children and young people with asthma, diabetes and epilepsy	1	Blue	HES
	Enhancing quality of life for carers			
2.4.i Health related quality of life for carers – extend to measure carers of children separately	2	Red	GPPS	
2.4.ii Family Functioning Index for families where children and young people are carers	3	Red	New data source	
Enhancing quality of life for people with mental illness				
2.5.ii Pupil absence in children and young people with mental health problems	3	Red	DfE pupil database	

REPORT OF THE CHILDREN AND YOUNG PEOPLE'S HEALTH OUTCOMES FORUM

Domain	Indicator/Outcome	Recommended change	Indicator status	Proposed data source
Domain 3 – Helping people to recover from episodes of ill health or following injury	Overarching indicator			
	3a Emergency admissions for acute conditions that should not usually require hospital admission	2	Amber	HES
	3b Emergency readmissions within 48 hours of discharge from hospital for children and young people	3	Amber	HES
	Improving outcomes from planned procedures and treatment			
	3.1v PROM to measure outcomes from planned procedures for children and young people	3	Red	New data source
	3.1vi PROMs for children and young people with mental health problems	3	Amber	CAMHS dataset
	Preventing lower respiratory tract infections in children and young people from becoming serious			
	3.2 Emergency admissions for children and young people with LRTI	1		HES
	Improving recovery from injuries and trauma			
	3.3 Measure of functional recovery 1 year after injury for children and young people with severe traumatic brain injury	3	Red	TARNLET
Domain 4 – Ensuring that people have a positive experience of care	Improving women and their families' experience of maternity services			
	4.5 Women's experience of maternity services	1		CQC
	Improving the experience of care for people at the end of their lives			
	4.6.ii Improving the experience of care for children and young people at the end of their lives	2	Red	New data source
	Children and young people's experience of physical and mental healthcare			
	4.8 Children and young people's experience of healthcare in all settings	1	Red	Experience survey of C&YP (2)
Domain 5 – Treating and caring for people in a safe environment and protecting them from avoidable harm	Children and young people's experience of transition to adult services			
	4.9 Children and young people continue to receive the care they need following transfer from paediatric services (placeholder)	4	Amber	HES
	Reducing the incidence of avoidable harm			
	5.2 Incidence of hospital acquired infection i MRSA ii C.Difficile iii. Late onset BSIs in children	2	Amber	HPA
	5.4ii Incidence of medication errors for children and young people that reach the patient	3	Amber	HPA
	Improving the safety of maternity services			
	5.5 Admission of full-term babies to neonatal care	1		Neonatal audit
	Delivering safe care to children and young people in acute settings			
5.6 Incidence of harm to children and young people due to 'failure to monitor'	1		NRLS	
5.7 Rates of admission to age inappropriate environments for children and young people	4	Red	New data source	

Table 2 – Outcomes for children and young people in the Public Health Outcomes Framework

Domain	Indicator/Outcome	Change	Indicator status	Proposed data source
Domain 1 – Improving the wider determinants of health	Children and young people in poverty	1	Blue	DWP
	Number of children and young people living in decent housing	4	Red	DCLG
	Statutory homelessness	2	Amber	DCLG
	School readiness	1	Blue	DfE
	Pupil absence – for all children and young people those with LTCs, disabilities, LAC, and mental health problems	3	Red	DfE
	Educational attainment and progress for all children, children and young people with LTCs – including long term mental health problems – and disabilities, mental health issues, disaggregated by social deprivation	4	Red	DfE
	First time entrants to the youth justice system	1	Blue	MoJ
	16–18 year olds not in education, employment or training	1	Blue	CCIS
	Killed or seriously injured casualties on England's roads	1	Blue	DfT
	Domestic abuse	2	Amber	Home Office
	Violent crime and sexual violence	1	Blue	Home Office
	Utilisation of green space for exercise/health reasons	2	Blue	MENE survey
	Proportion of children who experience bullying	4	Red	New survey of C&YP (1)
	Proportion of children and young people with mental health problems who experience stigma and discrimination	4	Red	New survey of C&YP (1)
	Social connectedness	2	Blue	tbc
Domain 2 – Health improvement	Low birth weight of term babies	1	Blue	ONS
	Breastfeeding	1	Blue	DH
	Prevalence of exclusive breastfeeding at 4 months	2	Red	New data source
	Smoking status at time of delivery – Percentage of women stopping smoking during pregnancy	3	Amber	Maternity dataset
	Percentage of women abusing alcohol or non-prescription drugs at the time of booking with maternity services	3	Amber	Maternity dataset
	Under 18 conceptions	1	Blue	ONS
	Number of births to under 18s	3	Green	ONS
	Child development at 2–2.5 years	1	Blue	tbc
	Healthy weight in 4–5 and 10–11 year olds	1	Blue	NCMP
	Healthy weight in young people	2	Red	New survey of C&YP (1)
	Hospital admissions and A&E attendances for accidental and unintended injuries; and non-accidental injuries, neglect and maltreatment in children and young people	3	Amber	HES
	Self-reported well-being (all children and young people, LAC, and those with LTCs and disabilities) ²⁸	3	Red	New survey of C&YP (1)
	Smoking prevalence – 15 year olds	1	Blue	IC
	Hospital admissions as a result of self-harm	1	Blue	HES
	Diet – Percentage of children and young people who eat at least 5 portions of fruit and vegetables a day; mean number of portions of fruit and veg eaten per day	2	Red	New survey of C&YP (1)
	Physical activity – Physical activity in 5–9, 10–14 and 15–19 year olds	2	Red	New survey of C&YP (1)
	Alcohol related A&E attendances and hospital admissions	2	Amber	HES
	Access to non-cancer screening programmes	1	Blue	Maternity dataset
	Percentage of women presenting as a healthy weight at the time of booking with maternity services i) in their first pregnancy; ii) in their second or subsequent pregnancy	2	Amber	Maternity dataset
	Prevalence of drinking and substance misuse in children and young people	3	Amber	IC
	Proportion of children and young people who play games on a computer 2+ hours on weekdays	4	Green	HBSC
	Proportion of mothers with mental health problems, including postnatal depression	4	Red	New data source
	Proportion of parents where parent child interaction promotes secure attachment in children age 0–2	4	Red	New data source
	Proportion of parents with appropriate levels of self-efficacy	4	Red	New data source
	Children, young people and families have access to age-appropriate health information to support them to lead healthy lives	4	Red	New survey of C&YP (1)
Domain 3 – Health protection	Number of young people aged 15–19 presenting with HIV at a late stage of infection	1	Blue	HPA
	Chlamydia diagnoses (15–24 year olds)	1	Blue	HPA
	Treatment completion for TB	1	Blue	HPA
	Population vaccination coverage – Vaccination coverage of preventable notifiable diseases	1	Blue	HPA
Domain 4 – Healthcare, public health and preventing premature mortality	Infant mortality	1	Blue	ONS
	Mortality in childhood and young people (link to NHS Outcomes Framework Domain 1)	2	Green	ONS
	Tooth decay in children and young people aged 5	1	Blue	NW PHO
	Suicide	2	Green	ONS
	Emergency admissions within 30 days of discharge from hospital (and within 48 hours to link with NHS OF)	3	Amber	HES

28 Emotional well-being of Looked After Children is currently included in the Public Health Outcomes Framework. We recommend extending this to other groups. ONS are currently developing a measure of well-being for children.

Table 3 – Outcomes for children and young people in the Commissioning Outcomes Framework

Domain	Indicator/Outcome	Change	Indicator status	Proposed data source
Domain 1 – Preventing people from dying prematurely	Generic			
	Childhood mortality for specific conditions (meningococcal, septicaemia; asthma; LRTIs, diabetes and epilepsy)	4	Amber	ONS, Child Health Reviews
	Maternity			
	1.25 Antenatal assessments < 13 weeks	1	Green	DH
	Percentage of women presenting as a healthy weight at the time of booking with maternity services i) in their first pregnancy; ii) in their second or subsequent pregnancy	4	Amber	Maternity dataset
	1.26 Maternal smoking in pregnancy	1	Green	DH
	1.27 Maternal smoking in delivery	1	Green	DH
	1.28 Breastfeeding initiation	1	Green	DH
	1.29 Breastfeeding prevalence at 6–8 weeks	1	Green	DH
	Prevalence of exclusive breastfeeding at 4 months	4	Red	New data source
Percentage of babies on exclusive breastmilk at discharge from neonatal units	4	Green	Neonatal audit	
Domain 2 – Enhancing quality of life for people with long-term conditions	Generic			
	Each child or young person with an LTC, disability, special educational needs, looked after or a care leaver, has a coordinated package of care, including a quality assessment, access to key working approach and appropriate equipment	4	Red	New data source
	Any CYP in transition from paediatric to adult care should have a defined and agreed plan for handover of care with access to a key worker.	4	Red	New data source
	A&E attendance rates and unplanned rates of hospitalisation for constipation and urinary tract infections	4	Amber	HES
	Numbers of children and young people with multi-disciplinary care plans	4	Red	New data source
	Pupil absence for children with LTCs, disabilities and long term mental health problems	4	Red	DfE
	Number of children and young people with a disability	4	Red	New data source
	Diabetes			
	Proof of HbA1C audit with % of HbA1c above the agreed standards	4	Green	Diabetes audit
	Percentage of patients diagnosed with diabetes, who are later admitted due to Diabetic Ketoacidosis (DKA).	4	Green	Diabetes audit
	Pupil absence for children with diabetes	4	Red	DfE and health data
	% of patients with diabetes being discussed at a local MDT in the past year.	4	Amber	Diabetes audit
	% of patients with Type 1 diabetes screened for secondary conditions on a timescale in accordance with NICE guidelines.	4	Amber	Diabetes audit
	Mental health			
	Progress against child or young person and family’s goals – as for example in the IAPT protocol	4	Amber	CAMHS dataset
Repeat hospital admissions for children and young people with mental health problems	4	Amber	HES	
Patient reported outcome measures, and clinician reported outcome measures for children and young people in CAMHS – as for example in the IAPT protocol	4	Amber	CAMHS dataset	
Domain 3 – Helping people to recover from episodes of ill health or following injury	Generic			
	Percentage of admitted children and young people with a length of stay of less than 24 hours	4	Green	HES
	Average length of stay in hospital for children and young people	4	Green	HES
	Day case rates (for certain procedures – to be determined)	4	Amber	HES
	Maternity			
	Disability-free survival at 2 years of age for babies born at <30 weeks of gestation	4	Amber	Neonatal audit, NDAU
	Trauma			
	Time from decision made to transfer a child from Trauma unit to major treatment centre	4	Amber	TARNlet
	Incidence of moderate/major trauma as measured by index severity score >=9	4	Amber	TARNlet
	Time from arrival in Emergency Department to receive CT scan for infants, children and young people with serious head injury	4	Amber	TARNlet
	Mental health			
	Women with postnatal depression who receive successful treatment	4	Red	New data source
	Time to appropriate treatment for children and young people using mental health services	4	Red	New data source
Urgent and emergency care				
Emergency department attendances for children and young people defined per age	4	Amber	HES	
Domain 4 – Ensuring that people have a positive experience of care	Generic			
	% of children and young people who report that their pain was managed	4	Red	Experience survey (2)
	End of life care			
	Numbers of children and young people with end of life plans who die in the place of their choice	4	Red	New data source
	Mental health			
Rates of admission to age inappropriate environments for children and young people with mental health problems	4	Green	DH	
Children, young people and families experience of CAMHS	3	Amber	CAMHS dataset	

Domain	Indicator/Outcome	Change	Indicator status	Proposed data source
Domain 5 – Treating and caring for people in a safe environment and protecting them from avoidable harm	Rate of catheter-associated and catheter-related bloodstream infections (CABSIs and CREBSIs)	4	Red	<i>New data source, NDAU</i>
	Number of unexpected cardiac arrests for children and young people in hospital	4	Red	<i>New data source</i>
	Paediatric Early Warning System in place and being acted on for children and young people	4	Red	<i>New data source</i>
	Number of SUIs reported (physical and mental health)	4	Amber	NRLS
	Emergency admissions of home births and re-admissions to hospital of babies within 14 days of being born, per 1000 live births	4	Green	HES
	Mental health			
	Rate of partially and fully upheld complaints for CAMHS patients	4	Red	<i>New data source</i>

For the full Forum report on this section see:

- The patient pathway.
- Reports for the Public Health, Long Term Conditions, Disability and Palliative Care, Mental Health and Acute Illness groups.

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BARNET YOUNG CARERS - 2012-15 PLAN AND MEMORANDUM OF UNDERSTANDING**1. Summary and Purpose**

1.1. Barnet Children's Trust Board had asked for an update on Barnet Young Carers Strategy 2009 – 2012. The Youth Support Service has developed a new plan for young carers following a period of consultation which is being presented.

1.2. The new plan takes into account updated local information on young carers and their families and national strategies and guidance.

1.3. As part of national developments, Barnet is also adopting a Memorandum of Understanding between Adults and Children's services: 'Working Together to Support Young Carers and Their Families' which will act as a framework and guidance for practitioners to use a '*whole family*' model when working with young carers, and with adults requiring care services.

1.4. The memorandum also supports Barnet's focus on Early Intervention, encouraging and guiding practitioners to consider the potential needs of vulnerable families with young carers, at an early stage, in order to prevent needs escalating.

2. Details

2.1. 'Young Carers are Everyone's Business'; the new Young Carers Strategy was produced after consultation with young carers, key managers in the children's services, local adult drug/alcohol services and Barnet Young Carers and Siblings project, based at Barnet Carers Centre. A one day consultation event was held, and several consultations with young carers.

2.2. The strategy notes that research suggests we have a much higher number of young carers in Barnet than previously suggested. The 2001 Census identified approximately 1,000 young carers while the new research points to a figure of more than 4,000.

2.3. It notes national guidance which promotes the adoption of a 'whole family' approach to support young caring, encouraging practitioners to consider the needs of the parent/adult/sibling in the family who requires caring, as much as the needs of the young person. In this way it aims to reduce any inappropriate caring that takes place, as well as supporting respite needs of the young person. Multi-agency trainings will be offered in 2013 on the needs and issues arising from working with young carers.

2.4. As part of national developments, the Association of Directors of Children's Services and the Association of Directors of Adult Services produced a template model Memorandum of Understanding between adults and children's services 'Working together to Support Young Carers and Their Families', which they updated in 2012 to encourage local authorities and their partners to adopt.

2.5. Following this, Barnet Adults and Children's Service senior leadership team adopted a Barnet Memorandum of Understanding on November 19th 2012.

2.6. A group consisting of the Youth Support Service, Children's Social Care, Adults Care Commissioning, Adult Mental Health Services, and the CAF Multi-Agency team will work on the memorandum to add a shared pathway between adults and children's services, and update the shared protocol.

2.7. As part of their work, they will produce 'Good Practice' case studies that will be used to promote the memorandum amongst practitioners across both services through lunchtime briefings, and in the multi-agency training programme.

3. Recommendations and Input requested.

3.1. The Children's Trust Board are asked to comment on and approve the new **Barnet Young Carers Plan 2012-2015**, and the *Memorandum of Understanding between Adults and Children's Services: '**Working Together to Support Young Carers and Their Families**'*.

4. Contact Details for further information

Gail Jackson Strategy and Projects Team
Gail.jackson@barnet.gov.uk Tel: 0208 359 7682

Sharon Glover Youth Support Service
Sharon.glover@barnet.gov.uk Tel: 0208 359 7875

‘Young Carers are everyone’s business’

Barnet Young Carers Plan 2012 – 2015

“We need schools, youth services, health services, GPs, social services, and employers to all realise that young carers exist, must be recognised, and should be supported by these other services.”

Young Carers are everyone’s business.”
Saul Becker 2011ⁱ

Barnet Young Carers Plan 2012 - 2015

Barnet Young Carers Plan 2012 - 2015

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Barnet Young Carers Plan 2012 - 2015

Foreword

Barnet Children's Trust Board recognises that young carers do an important job, and are often proud of the commitment they are able to make in their families. During the consultation on this plan a number of young carers in Barnet have contributed their views, and spoken confidently and proudly about the roles they have.

Children and young people often become carers where someone in the family has unmet care needs arising from disability, ill health, mental health needs or substance misuse. In these situations young people may sometimes take on a level of responsibility that is inappropriate, and there may be knock-on effects in education, and other areas of their lives.

Research suggests that there may be much higher numbers of young carers than previously thought, and we want to see improvements in how young carers are identified by both adults and children's services.

Improved identification of young carers is an important step but needs to be accompanied by services' commitment to working together in partnership when making assessments.

Assessments of adults needing care, or treatment for ill health, disability, mental health needs or substance misuse need to consider the potential caring roles of children in the family and how best to respond to this. Equally assessments of vulnerable young people need to take account of the needs of the whole family to ensure that any adult who is cared for, has received an appropriate assessment.

We also want to see services for children and young people recognising the impact that inappropriate caring has on young people, listening to young carers' voices and ensuring that the caring role does not hinder young carers in achieving their potential in education, training and employment.

As Barnet Adults and Children's services have now adopted the Barnet memorandum of understanding between Adults and Children's Services '*Working Together to Support Young Carers and their Families*', this will help to build on our commitment to early intervention to support vulnerable young people and adults. The memorandum is a key part of this plan, which reflects our commitment to ensuring the safety of all Barnet's children including young carers, narrowing the gap for children at risk of not achieving their potential, and preventing ill health and unhealthy lifestyles.

Signed

.....

Chair Barnet Children's Trust Board

Barnet Young Carers Plan 2012 - 2015

Vision

All children and young people who are carers should have the same opportunities as all children and young people to be safe, be healthy, to enjoy life and to achieve in education and work. They should be able to learn, achieve, develop friendships and enjoy positive, healthy childhoods just like other children.

Where services are working with families we should try to ensure that the needs of dependent children in the family, including those who may be assisting with caring, are recognised. This means taking account of their hopes, aspirations, strengths and achievements and the need for advice and support for all the family. Services should work together in partnership building a 'whole family' approach.

Our vision sits within the three corporate priorities: better services with less money; sharing opportunities, sharing responsibilities; a successful London suburb. It is also underpinned by the priorities of Barnet's Children and Young People Plan 2012: ensuring the safety of all Barnet's children; narrowing the gap for children at risk of not achieving their potential; and preventing ill health and unhealthy lifestyles.

Barnet Young Carers Plan 2012 - 2015

Shared understanding - who are young carers?

There are a number of different definitions of young carers but for this plan we have adopted the approach taken in the model memorandum of understanding 'Working Together to Support Young Carers and their Families'¹

We are agreed that the term “young carer” should be taken to include children and young people under 18 who provide regular and ongoing care and emotional support to a family member who is physically or mentally ill, disabled or misuses substances.

The term does not apply to the everyday and occasional help around the home that may often be expected of or given by children in families and is part of community and family cohesion.

The key features are that:

“caring responsibilities are important and relied upon within the family in maintaining the health, safety or day to day well-being of the person receiving support or care and/or the wider family.”

Our main focus, however, will be to ensure we develop better ways of identifying where caring by children risks becoming excessive and/or inappropriate and putting in place the support that prevents this happening. Timely assessment and early intervention can prevent a child undertaking inappropriate levels of care.

We start from the belief that:

“a young carer becomes vulnerable when the level of care-giving and responsibility to the person in need of care becomes excessive or inappropriate for that child, risking impacting on his or her emotional or physical well being or educational achievement and life chances”²

¹ Adopted from the 2012 joint model memorandum of understanding ADCS/ADASS and Children's Society.

² Frank, Jenny & McLarnon Julie, Young carers, parent and their families: key principles of practice-supportive guidance for those who work directly with, or commission services for, young carers and their families, The Children's Society, 2008.

Barnet Young Carers Plan 2012 - 2015

National context

Initiatives

An influential document for young carers has been the Model Memorandum of Understanding '*Working Together to Support Young Carers and their Families*' produced by the Statutory Directors for Children's Services and Adults Social Services 2009, updated in 2012. Bringing together feedback from young carers, messages from national research, and underpinned by three commissioned resources³, it seeks to encourage local authorities to improve the identification and assessment process for young carers with a partnership approach between services.

The Children's Society 'Include' project on young carers have produced a web resource for school, research and they also publish the six Key Principles⁴ for work with young carers, which have been taken into account in this plan.

Legislation: Assessments

'Children do not care in isolation – they care because someone in their family has unmet care needs

1. Social care are required to assess and provide support to all carers under 18 who provide a substantial amount of care and support to relatives or friends on a regular basis. *Under the Carers (Recognition & Services) Act (1995) and the Carers and Disabled Children's Act (2000).*

However research has shown that only a small number of young carers (18%) are actually identified and assessed, although the numbers are slowly increasing.

2. Currently there is a duty to carry out a Carers Assessment for carers who request this and carers must be informed of their entitlement to an assessment. *Carers (Equal Opportunities) Act 2004*

3. Direct payments are available to carers including 16 and 17 year olds. *The Carers and Disabled Children's Act 2000*

4. A child whose health or development is likely to be significantly affected or impaired without provision of local authority services should be assessed. *Children Act 1989*

5. Holistic assessments should focus on need to safeguard the child's welfare and development. *Framework for the Assessment of Children in Need and their Families 2000*

Assessing the needs of the young carer and the parent in relation to each other is an important part of assessing the needs of the whole family. Assessing the needs of the whole family requires good joint working between all agencies (Adult's Services, Children's Services, Education and Health services)

• ³ Signposts, Young Carers Personalisation and Whole Family Approaches, Whole Family Pathway 2012

⁴ See Appendix A

Barnet Young Carers Plan 2012 - 2015

Adult Health & Social Care

The Disabled Persons Act 1986

This imposes a duty on local authorities to take into account the abilities of a carer of a disabled person.

The National Service Framework Standard 6

This highlights the need for parents with mental health difficulties to be provided with services

NHS and Community Care Act 1990

Local authorities are required by this Act to carry out assessments of the needs of anyone who appears to be in need of community care services.

Fair Access to Care Services¹ Guidance 2002

All assessments of adults must check if there are children in the family.

Government strategy

Recognised, Valued and Supported: next steps for the carers strategy (2010) set out the Coalition Government's strategy for carers and those they support.

The five key outcomes are:

- Carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role.
- Carers will be able to have a life of their own alongside their caring role.
- Carers will be supported so that they are not forced into financial hardship by their caring role.
- Carers will be supported to stay mentally and physically well and treated with dignity.
- Children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive and to enjoy positive childhoods.

The strategy identified four key priority areas, all of which are relevant for young carers:

- 1 Supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the outset both in designing local care provision and in planning individual care packages.
- 2 Enabling those with caring responsibilities to fulfil their educational and employment potential.
- 3 Personalised support for both carers and those they support, enabling them to have a family and community life.
- 4 Supporting carers to remain mentally and physically well.

In 2012 the government published a white paper, *Caring for our future: reforming care and support* in order to consult on its vision for a reformed care and support system. The key elements are:

- People will be confident about the quality of care.
- People will be treated with dignity and respect.
- Everyone will know what they are entitled to.
- Everyone will have control over their care.
- Carers will have new rights to public support.

Barnet Young Carers Plan 2012 - 2015

National research

Key Statistics

Studies⁵ show that the average age of a young carer is 12 years old but can be as young as five and the level of care increases as they grow older and girls are more likely than boys to be carers. Young carers are predominately from single parent families, families that are socially excluded, and families on low incomes or where parents are unemployed. In lone parent families mothers account for 70% of relatives needing care, whilst in two parent households almost half (46%) of the people receiving care are siblings.

For many children caring is a long-term commitment and two thirds of young carers care for more than three years. The majority spend on average up to 20 hours per week caring and 16% are reported to be caring for between 20 and 50 more hours (ONS 2001).

Drug and Alcohol issues

There are between 250,000 and 350,000 children of problem drug users in the UK – about one child for every problem drug user⁶. 2.6 million children live with a hazardous drinker⁷.

In their study, Dearden and Becker (2004) highlighted that “young carers from minority ethnic backgrounds are more likely to have been assessed, especially under the 1989 Children Act. Those caring for someone with drug/alcohol problems are more likely to receive an assessment under the Children Act”.

A consultation of carers the government undertook prior to producing the National Carers Strategy for 2008 found that young carers ‘feel GP’s, hospitals and schools do not always recognise or take account of their needs as children and as young carers, adding to the pressures and challenges they face.’⁸

Support

Social services are the most common external support received by young carers and their families, and the main referral agency to young carers’ projects, a national statistic which is also reflected in Barnet. Almost a quarter of young carers receive support from Young Carers Projects, where they believe that their problems and experiences are valued, understood and recognised.

In general we know that young carers receive limited informal support from other family members, friends or neighbours. This neglect has meant that their needs are often overlooked and unrecognised, resulting in isolation and limited information and knowledge about available support and entitlements.

⁵ Chris Dearden and Saul Becker Nottingham University 2003

⁶ Hidden Harm, Home Office 2003

⁷ BMC Public Health 2009

⁸ National Carers Strategy, 2008, p.22

Barnet Young Carers Plan 2012 - 2015

Young Carers and Education

A Family Action report 'Be Bothered' 2012 on young carers and education found:

- Young carers are more likely to experience educational difficulties such as persistent lateness, absenteeism, limited time for homework and poor educational attainment, as well as restricted opportunities for social and leisure activities. 27% of young carers aged 5–15 missed school or were experiencing educational difficulties (up to 40% where children were caring for a relative with drug or alcohol problems).
- Most young carers are not known to be caring by school staff, so being a young carer can be a hidden cause of poor attendance, underachievement and bullying, with many young carers dropping out of school or achieving no qualifications;
- Much of the bullying experienced by young carers results from the stigma associated with some disabilities and health conditions such as mental ill health of substance misuse;
- A survey for the Princess Royal Trust for Young Carers in 2010 found that 68% of young carers experience bullying at school and 39% said that nobody at their school was aware of their caring role;

Young Adult Carers

The Carers Trust have identified that there are 229,318 young adult carers aged 16-24 in the UK and this is 5.3% of all people in that age group. One quarter of all young adult carers in the UK (56,069 people) are providing care for more than 20 hours per week and almost 27,000 of these, (12% of the total) are providing care for more than 50 hours each week.

The 2011 Census identified that there are 230,000 young adult carers, defined as young adults ages 18-24, who provide unpaid family care. In addition there are 61,000 16 and 17 year olds who are on the cusp of moving from being young carers to young adult carers.

This group often lack guidance as they move away from school. At a time when their peers are considering further and higher education options, or work, the young adult carers may concentrate on caring full-time, and ignore their own needs. Leaving home to go away to university may not be an option, and they are often unaware of options, or information about carer's benefits.

At 19 years they are no longer eligible for young people's advice and guidance services, and may miss out on valuable advice to help them through the transition to being an 'adult'. One young carer we spoke to had felt that university was not for her, because she didn't want to leave the parent she cared for without support. After receiving guidance, she is going to use the year to help the parent build appropriate adult support networks, which will enable the young adult carer to be able to live more independently, and possibly go on to higher education.

Barnet Young Carers Plan 2012 - 2015

Local Context

Governance

Barnet Young Carers Plan 2012 will be implemented by the Barnet Young Carers Implementation Group on behalf of Barnet Children's Trust Board.

The Young Carers Implementation Group will be convened and chaired by the Youth Support Service. Members of the group will include representatives from Barnet Youth Support Service, CAF team, Adults Social Care, and Children's Social Care, and others as invited. This group will review the plan and report to the Barnet Children's Trust Board, and to the Barnet Carers Strategic Partnership Group, which reports to Barnet's Health and Wellbeing Board.

Barnet Carers Strategy Refresh 2012-13

The Young Carers plan sits within the wider **Barnet Carers Strategy** which provides an update on national and local policy changes, and it notes the following needs identified for development of work with young carers:

- Following consultation with partners, and with young carers, develop a new updated plan for young carers
- Establishing up to date shared guidance for Adults and Children's services to encourage joint assessments and support for young carers, using ADASS and ADCS Memorandum of Understanding
- Improved identification of young carers across Barnet children's services, schools and the voluntary sector
- Provision of health related training for young carers

Consultation 2012

A consultation process was carried out in 2012 to review the Young Carers Strategy 2009-2012, and establish a new strategic plan. As part of the process we held a consultation event bringing together young carers, Barnet Young Carers and Siblings (BYCAS), adult care services, children's social care, CAF team, youth support service, Troubled Families service, and other relevant voluntary sector organisations including adult drug and alcohol services and Barnet Refugee Service. We also held a separate consultation with young carers. ^{Appendix 1}

We have taken recommendations from both events, Barnet Carers Strategy, Barnet's Children and Young People's Plan, and national guidance, to identify priorities for future work and developed these into this Young Carers Plan.

Barnet Young Carers Plan 2012 - 2015

Young Carers Strategy 2009-2012 main achievements

Main achievements include:

- Improved joint working between adults and children's services through an agreed protocol written in 2009
- the establishment of a Mental Health protocol between Children's and Adult's services: Safeguarding Children where there are concerns of Parental Mental Health Protocol
- Raising awareness of young carers, in particular with BYCAS reaching out to more young carers from ethnic minority groups: OFSTED noted this work in its Safeguarding Inspection of Barnet Children's Services in 2012, saying, '*A good range of support services for young carers is provided through a contract with a voluntary agency...The service has been successful in extending its reach with 463 young carers now identified, of whom a large proportion are from Indian, Asian and black African communities.*'
- Commissioning of specialist support for hard to reach young carers with a specialist substance misuse worker at BYCAS
- Commissioning of youth clubs and leisure breaks for young carers with BYCAS dedicated youth clubs for young carers, arts and crafts club, film club
- Commissioning of support to help a number of Barnet schools identify and support young carers through BYCAS specialist schools liaison worker (includes work at secondary schools Compton, QE Girls, London Academy, and also Whiting Hill and Underhill primary schools)

Barnet Young Carers Plan 2012 - 2015

Profile of young carers in Barnet

The number of young carers in Barnet being was identified in the 2001 Census as approximately 1,000: As there are currently 55,376 Barnet children and young people aged 5-17 years in Barnet this equates to 1.8%.

However the most recent research carried out by Nottingham University (2011) commissioned by the BBC, carried out a widespread survey of young people in secondary education, with a result showing over eight per cent of children and young people identified as young carers.

This recent research suggests a figure of 4,430 young carers in Barnet.

As we do not have a clear system of identifying and registering young carers in Barnet we are not in a position to confirm the true figure of young carers in the borough.

We do know that there are no Barnet young carers aged 16 and 17 years receiving direct payments under the Carers and Disabled Children's Act 2000, although some young carers who are children in need are supported through Children's Social Care.

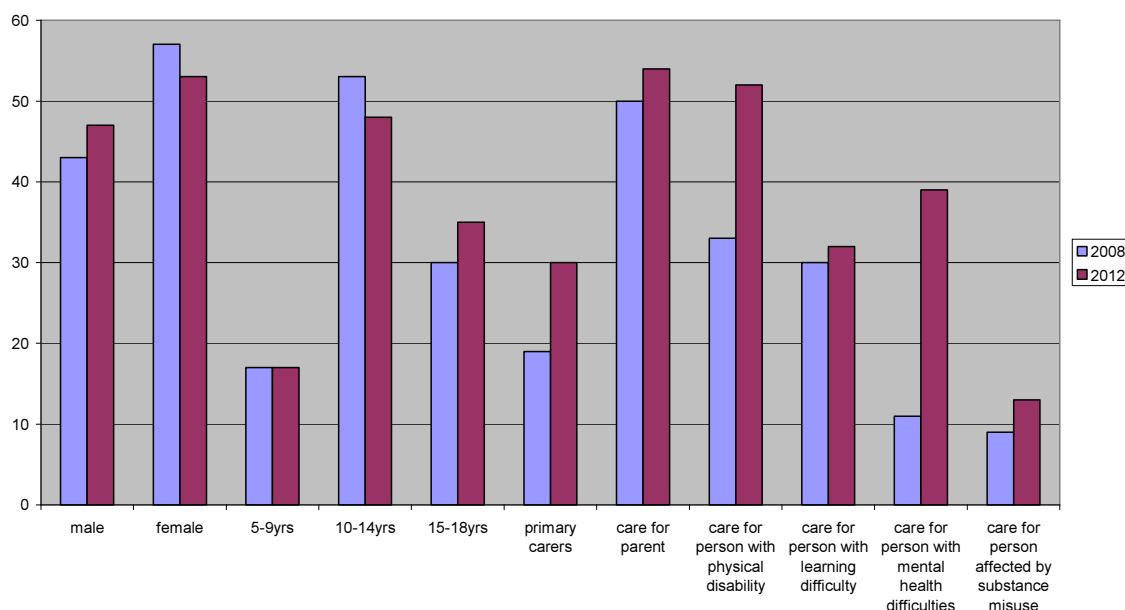
Young Carers using BYCAS

Barnet Young Carers and Siblings (BYCAS) is in contact with 460 young carers and the current average referral rate is 8 per month. A review of services in June 2012 indicates that:

- *53% of members are female and 47% are male, which correlates with national findings*
- *17% are aged between 5-9 years*
- *48% are aged between 10-14 years*
- *35% are aged between 15-18 years*
- *30% are primary carers; 70% are secondary carers*
- *approximately 54% provide care for a parent*
- *52% care for a person with a physical disability*
- *32% care for a person with a learning difficulty*
- *39% care for a person with mental health difficulties*
- *13% care for an adult affected by substance misuse*

Barnet Young Carers Plan 2012 - 2015

BYCAS Register Comparison 2008 to 2012



The number of young carers registered with BYCAS has increased from 340 in 2008 to 460 in 2012. There has been a noticeable increase in the percentage of young carers at BYCAS who are caring for someone with mental health difficulties from 11% in 2008 to 39% in 2012, and also an increase in the percentage looking after someone with a physical disability from 33% in 2008 to 52% in 2012. There are also more of the older age group (15-18 years) using BYCAS up from 30 to 35 per cent. Some of these young people have been attending the project for many years and may come along with younger siblings.

The young carers' stories

(Based on true stories, details have been changed to ensure anonymity)

Aysha is 15 years old and cares for her mother who has a progressive disability, and her 9 year old sister. She has attended BYCAS for over three years, during which the mother's condition has worsened, with increasing difficulty in being mobile and managing everyday tasks herself.

The mother is supported by Adult Social Care with carers to look after her, but Aysha has to take on a lot of the responsibilities in the house; looking after herself, as well as feeling responsible for her mother and sister, and caring emotionally as well as helping with dressing, washing, and cleaning the house.

Aysha is managing her school work, and has a good attendance record at her school. In fact she has learnt to be very responsible. She enjoys the youth club at BYCAS, spending time without any worries, just 'being a kid'.

Barnet Young Carers Plan 2012 - 2015

Ryan is 13 years old and lives with his mother, who is a single parent. He has been attending BYCAS for a few months. The mother has learning difficulties and some physical disabilities and is supported by Adult Social Care, but she is increasingly unable to do much around the house, leaving Ryan to do a lot of the cleaning and cooking.

He recently became friendly with some members of a local 'gang' and came to the attention of the Youth Offending team. At BYCAS, he especially enjoys playing football with his peers. He misses a male role model in his life, and is able to find this from the youth workers at the club.

Carey is 11 years old and has been attending BYCAS for several years. She has two siblings who both have physical disabilities; her mother has a deteriorating physical condition, and the father has mental health problems. While the father is the main carer at home, Carey has to give a lot of support around the house, and with her two sisters. She enjoys the youth clubs, and relies on the transport provided, as otherwise she wouldn't get out at all.

One boy aged 15 who attended BYCAS for several years helped care for his younger sister who had a physical disability. The situation was made more difficult as the parents had mental health difficulties. When the targeted youth worker first referred him, the BYCAS workers felt that his presentation was poor, including his clothing, and they were concerned and initiated a CAF. The situation at home became much worse, and Barnet Children's Social Care became involved, supporting all the children, who are now looked after. The boy still attends youth club sessions at BYCAS enjoying the continuity of friends and workers which the project offers him.

Overview of services for young carers in Barnet

Commissioned Services: BYCAS

The main focus of work with young carers is through Barnet's Early Intervention and Prevention service which has two contracts with Barnet Carers Centre, who operate 'Barnet Young Carers and Siblings' (BYCAS) service for young carers aged 5-17 years. The contracts cover: the 'Time for Us' Project which supports young carers living with parents/carers who misuse substances and the 'Respite and School Liaison' service.

BYCAS deliver the above requirement via the provision of:

- (i) **Respite Club Provision** –BYCAS Crew is a respite club aimed at younger children and Angels for teenagers. The funding covers one play leader and three play workers for each club, venue costs, transport and monthly outings with additional sessional and voluntary staff. The clubs provide young carers with a break from caring in a fun and supportive environment and offer a range of art, physical games, and cookery activities as well as access to a counsellor. They also arrange some family outings and activities. The youth worker also acts as Lead Professional for some CAFs.

Transport

A particular challenge is the provision of transport to and from the clubs. Young carers, who may be from five years old, are particularly in need of transport help to get to after-school activities. They may not have access to a family car to get to a club, especially if the parent is ill, or the parent may be unable to leave the sibling who is looked after, or the family may not have their own transport.

- (ii) **School Liaison Officer** -one worker, employed term-time only who provides outreach work via assemblies, PHSE lessons, school meetings and individual and support groups. The officer also signposts children to services at BYCAS, and acts as 'Lead Professional' for a number of CAFs. The School Liaison Officer has a regular presence running groups/PHSE lessons at The Compton, QE Girls, London Academy, and more recently at Whiting Hill and Underhill primary schools.

From January to June 2012 BYCAS has delivered presentations in schools raising awareness to 1920 students about some of the issues faced by young carers and what support is available to them. At QE Girls, young carers themselves are delivering PSHE sessions to Year 7 pupils, raising awareness about young carers and support available. A teacher commented:

"Year 7 groups were very responsive and sensitive towards all aspects of the module. It certainly raised their awareness and mine and most definitely helped carers to be more confident about identifying themselves."

- (iii) **Time 4 Us** -one substance misuse family worker who offers direct work and support to young carers affected by parents or siblings who substance misuse, and offers awareness raising with other practitioners undertaking joint work with other agencies as required.

Barnet Young Carers Plan 2012 - 2015

Young Carer's Voice

BYCAS also run a "BYCAS Discuss" Group to obtain user feedback and young people also contribute towards BYCAS' newsletters and contributed to the OFSTED Safeguarding Inspection in Barnet in 2012, and the development of this plan.

BYCAS deliver awareness raising and presentations to a wide number of practitioners across the local children's workforce. Children's Social Care social workers are generally aware of BYCAS who are frequently invited to attend case conferences and core group meetings, and a highest percentage of their referrals are made by Children's Social Care. The multi-agency support team who support CAFs are aware of the service at BYCAS.

Current levels of investment

The current contracts with BYCAS run from 1st Nov 2011- 31st March 2013, with the Time For Us Project receiving £40,600 for the length of the contract, and The Respite and School Liaison Project receiving £151,100 for the length of the contract. The contracts are monitored with bi-annual reports and monitoring meetings

BYCAS, which sits under the umbrella organisation, Barnet Carers, also receives funding from other sources as a charitable project.

Other Services

Outside of the LBB contract BYCAS also provide short breaks for young carers, and their families. These regular breaks provide opportunities for the parents/adults in the family to enjoy time with other adults, as well as some provision for all family outings, and specific trips for young carers, with replacement care being provided for the parents being cared for.

CAF

The CAF produces regular 'snapshot' pictures of the different kinds of risk factors identified. The current number of young carers as risk factors is low and the plan seeks to increase this number.

Drug and Alcohol Projects

BYCAS work with both Barnet Young People's Drug and Alcohol Project (YPDAS) and the adult drug and alcohol projects in Barnet; the Recovery Centre (WDP) and Barnet Drug and Alcohol Project (BDAS). Both adult drug/alcohol projects do assessments with service users to identify those who are parents, and they will now look at ways to improve assessments to identify and signpost young carers who may have additional needs.

Mayor's Charity Appeal 2012/13

Barnet Carers Centre is one of two local charities that are the focus of Barnet Mayor's Charity Appeal for 2012/13

Barnet Young Carers Plan 2012 - 2015

Barnet's Strategic Priorities for Young Carers

The following local strategic priorities have been identified following the consultation, and taking into account local planning for Children's services and:

- (i) the Children's Society Key Principles
- (ii) Objectives of 'Working together to support Young Carers and their Families' a memorandum of understanding between children's and adults services.

Barnet Strategic Priorities for Young Carers 2012 - 2015

- 1. Improve identification and assessment of young carers**
- 2. Raise awareness of young carers and their needs amongst practitioners**
- 3. Improve support to families to reduce inappropriate levels of care by young people**
- 4. Ensure young carers are supported to achieve in education, and transition from education**
- 5. Support targeted services for young carers**
- 6. Ensure young carer's voice is heard**
- 7. Ensure that the needs of young carers from across Barnet's diverse religious and cultural communities are appropriately supported**

Barnet Young Carers Plan 2012 - 2015

Appendices

Appendix A –

Key Principles of Practice - Children's Society

- 1 Children's **welfare** should be promoted and safeguarded by working towards the prevention of any child undertaking inappropriate levels of care and responsibility for a family member.
- 2 The key to change is the development of a **whole family** approach and for all agencies to work together, including children's and adults' services, to offer co-ordinated assessments and services to the child and the whole family.
- 3 Young carers and their families are the **experts** on their own lives and as such must be fully informed and involved in the development and delivery of support services.
- 4 Young carers will have the same access to **education and career** choices as their peers.
- 5 It is essential to continue to **raise awareness** of young carers and to support and influence change effectively. Work with young carers and their families must be monitored and evaluated regularly.
- 6 Local young carer's projects or other **targeted services** should be available to provide safe quality support to those children

'It is important to recognise that:

- Young carers may be hidden and there is a need to develop pro-active practice that will enable families to feel able to ask for support.
- The reasons that children undertake inappropriate levels of care may be complex and that to resolve them may require a multi-faceted approach to resolve.
- Procedures need to be in place so that the same principles are followed whatever route is taken to gain access to an assessment and to other services. This will require inter-agency collaboration and planning at both strategic and service provision levels.
- Timely effective assessments of both the person who needs care and the whole family could prevent a child undertaking inappropriate levels of care in the first place.

When a referral is made for a child who is caring, consider:

- Is the family member for whom they are caring already receiving services from us?
- Is the child's school involved or aware of what is happening (family situation?)
- A 'young carer' assessment should trigger an assessment or review of the person who needs care.

When a referral is made for an adult or child with a disability or illness, consider:

- Is there a child in the family who may be helping to provide care?
- Have they been offered an assessment?
- What can be offered to help the whole family?
- Does the parent need support in their parenting role?

Barnet Young Carers Plan 2012 - 2015

There may be differences of view between children and parents about appropriate levels of care. Such differences may be out in the open or concealed. The resolution of such tensions will require good quality joint work between adult and children's social services as well as co-operation from schools and health care workers. This work should include direct work with the young carer to understand his or her perspective and opinions. (*Framework for the Assessment of Children in Need and their Families*).

Appendix B Young Carers Consultation Summary

A young carer representative from BYCAS attended the Consultation Event, and a group consultation session was also run at BYCAS for around 20 young carers.

Three areas were identified for discussion:

1. Support for young carers.

Young carers were offered coloured cards to write about what kind of support they receive, what new support ideas would be positive for them and then to prioritise in order of preference and need.

The support currently received was the evening forums and clubs provided through BYCAS.

Priorities for future support were for the provision of activities, for example arts and crafts, design, and pottery. They were also keen for family trips, for example camping, family days out, and family parties for special occasions, as well as sports events like the young carers' Olympics.

2. Support for young carers and families

Key worker: the idea of a key worker or outreach worker who could provide support to young people and their families was very popular.

- Some young carers noted that speaking to their teacher was not an option because the teacher didn't understand, or they felt it was difficult to speak to the head teacher/teachers who they were not comfortable with. One young carer said that not telling teachers about problems means you can get more respect as the treatment you receive won't be different from other children.
- The idea of another person (not a teacher) specifically visiting home or going into school was discussed, most young carers expressed the need for this sort of support, it offers them a safe person to speak to, to build trust with and offer them support.
- Note:(BYCAS currently provide a worker to do this in some schools)

3. Improving identification of young carers

An older member of the group suggested that she might have an easier time if people around knew that she was a carer, however most of the group disagreed with this, and they voted that it was better not to be identified as a young carer. The general view was that no one understood or was empathetic to their needs.

"People (other pupils) make fun of you and teachers treat you differently when they know"

"I don't want anyone to know, cause it's really not nice"

Barnet Young Carers Action Plan 2012 - 2015

Aim 1 Improve identification and assessment of young carers

CYPP:

Ensuring the safety of all Barnet's children; Preventing ill health and unhealthy lifestyles; Narrowing the gap for children at risk of not achieving their potential

Objective	Action	Outcomes	Performance measures	lead for monitoring and review
1.1.To implement the Young Carers plan	Establish a Young Carers Implementation Group (YCIG) with representatives from Youth Support, Adult Social Care, Children's Social Care, CAF, and BYCAS, and feedback to Barnet Children's Trust Board, and Barnet Carers Strategic Partnership Group.	The plan is monitored and reviewed at six monthly intervals, and updated for November 2015	The Young Carers Implementation Group convenes and meets three times a year.	YCIG: Sharon Glover Youth Support Service Manager to convene and lead: Michaela Carlowe (CAF); (Adult Social Care; Children's Social Care; Fiona Jones BYCAS;
1.2. Young Carers' issues are highlighted in Barnet's work with carers.	A representative from the Implementation Group sits on Barnet Carers Strategic Partnership Group	Young Carers issues are linked to overarching objectives in Barnet Carers Strategy	Attendance at meetings	Youth Support Service
1.3. Children's Service and partners continue to improve their work on identification and assessment of young carers	Representatives from the Implementation Group attend the Children's Society 'Prevention through Partnership' training event for local authorities and partners, and share the learning	Expertise is shared, and information about work with young carers is distributed	Event attended by February 2013	YC Implementation Group representatives

1.4. Adopt a memorandum of understanding (MoU) between Adults and Children's Services 'Working together to support young carers'.	Young Carers Implementation Group ensure the MoU is, agreed by the Joint Adult/children's SMT, adopted by Barnet Children's Trust Board and has the authority of the Safeguarding Board	Adults and Children's Service working together to support young carers	MoU adopted by Feb 2013	YC Implementation Group
1.5. Update protocol and create pathway for shared work across children's and adults' services and establish good practice case studies for training	Update the 2009 protocol 'Good Practice Guidelines for Adult Social Services and Children's Services' and establish a new clear 'pathway' for adults and children's services which ensures assessments take account of young carers	Adults and Children's' Service working together to identify and assess young carers and their families.	June 2013	MoU Implementation Group (as YCIG and additionally representative from Adults Mental Health services)
1.6. Increase the number of CAFs where young carers are identified	Include a prompt about young carers in the CAF assessment	Increase in number of young carers identified as CAF risk factor	Dec 2013	Michaela Carlowe, Multi-agency Support manager
	CAF (MAST) team to run a specialist session on identification of young carers for CAFs in one of the CAF Practitioner forums	Increase in number of young carers identified as CAF risk factor		Michaela Carlowe, Multi-Agency Support manager
	New E-CAF forms to include a prompt about young carers on the E-CAF form when it goes live	Increase in number of young carers identified as CAF risk factor		Michaela Carlowe, Multi-Agency Support Manager
	Troubled Families to use assessments to identify number of young carers worked with, and report data to the Young Carers Strategic group	Increase in number of carers identified as CAF risk factor		Stuart Collins, Head Troubled Families Division
	CAF team to report CAF snapshot figures with young carers as risk factor,, to the Young Carers Implementation Group	Information gathered on number of young carers with additional needs		CAF data on young carers monitored by Implementation Group

1. Increase number of young carers identified through Adult Drugs and Alcohol Services	WDP Recovery Centre will explore how young carers can be identified through the assessment procedures.	CAF shows increase in number of young carers with additional needs identified	March 2013	Craig Middleton, WDP Recovery Centre Service Manager
	Barnet Drug and Alcohol Services (BDAS) will explore how young carers can be identified and signposted to support, through the assessment procedures.			MaryBell MacLeod BDAS Operational Manager
1.8. Improve links with pharmacists and other primary care services	Raise awareness of young carers in pharmacists, GP surgeries, and other primary care services	Increase in number of young carers signposted to support services	March 2013	Jasvinder Perihar, Carers Strategic and Commissioning Lead

Aim 2 Raise awareness of young carers and their needs amongst practitioners

2.1. Raise awareness about MoU and shared pathways to adults and children's service practitioners	Deliver a lunchtime briefing session on the MoU, shared pathways, and the implications for young carers to all children's service practitioners	Children's Service practitioners aware of MoU and responsibilities with young carers.	June 2013	Delphine Garr, workforce Learning/MoU Implementation Group
	Incorporate learning from MoU into all Common Core training for children's service	Children's Service practitioners aware of MoU and responsibilities with young carers.	Dec 2013	Delphine Garr, Workforce Learning/MoU Implementation Group
	Incorporate information about MoU into introduction to all multi-agency training	Children's Service practitioners aware of MoU and responsibilities with young carers.	Dec 2013	Delphine Garr, Workforce Learning/MoU implementation Group
2.2. Establish multi-agency training programme to inform practitioners about MoU and young carers	Multi-agency training on young carer's issues is delivered through 4 x half day training	Practitioners are made aware of the needs of young carers		Delphine Garr, Workforce Learning/MoU Implementation Group

issues across the Children's service and adults services	Deliver six one hour information sessions for adults and children's services on the learning from the MoU and its implications for young carers	Practitioners from adults and children's services are made aware of the needs of young carers		Delphine Garr, Workforce Learning
2.3. Support an awareness raising event on young carers	Youth Support Service to provide support to Barnet Carers Centre for an awareness raising event on young carers during Carers Week	Raising awareness amongst Children's Service professionals who work directly with young carers	A range of professionals attend event	Sharon Glover, Youth Support Service/Barnet Carers Service
2.4. Ensure that information about young carers is accessible on LB Barnet web sites	Produce web-based resource to publicise support available to young carers for Barnet's working with children website	An increase in referrals to support services	Website information written Jan 2013	Projects and Strategy Officer
2.5. Case Study on young carers to be presented at conference	CAF team to present case study involving a young carer to Adult Mental Health and Children's Services conference	Raise awareness about young carers to adults and children's services.	June 2013	Michaela Carlowe, Multi-Agency Support manager

Aim 3: Ensure young carer's voice is heard

3.1. Young Carers are supported to ensure their voice is heard in planning and decision making on issues which affect them	Voice of the Child co-ordinator works with young carers to support a forum which feeds into Barnet Youth Board.	Forum representatives feed back to Barnet Youth Board	Young Carers forum meets at least twice a year	Voice of the Child co-ordinator (Zainab Bundu)
	Voice of the Child co-ordinator holds review meetings with the young carers' forum and ensures their views are fed back into the Young Carers' Implementation Group.	Young Carers review the plan and feed into the updates.	Review meeting with young carers held	Voice of the Child coordinator

Aim 4 Ensure young carers are supported to achieve in education, and transition from education

CYPP: Narrowing the gap for children at risk of not achieving their potential

4.1. Support schools to identify young carers and signpost them to appropriate support	Schools are informed about the resource Supporting Young Carers: A resource for schools (www.carers.org/professionals)	Increase in referrals to targeted youth support, and young carers' support services	Information is circulated in the Schools Circular	Gail Jackson Projects and Strategy and Projects Officer
	The commissioning strategy considers how to support schools to be aware of, and respond to the needs of young carers	Schools signpost to young carers specific services, and contribute to an increase in CAF with young carers as risk factor	Commissioning strategy embeds this	Commissioning group/EIP
Provide support and guidance on education, employment and training to all young carers	Targeted Youth Work team to include young carers as a priority group for one to one support on education, employment and training.	An increase in the number of young carers receiving targeted support	Youth Support Team report data to YC Implementation Group	Targeted Youth Support
Support adult young carers on transition issues, moving through education, training and employment	Co-ordinate support for adult young carers aged 18-24 years on education, training, employment and welfare benefits, whilst recognising needs around continuing to care.	One lead person or organisation is identified to support adult young carers	March 2013	Young Carers Implementation Group

Aim 5: Support targeted services for young carers

5.1. Specific targeted services for young carers are supported	Commissioning strategy considers ways to support specific targeted services for young carers in Barnet		March 2013	Commissioning group/EIP
5.2. Young Carers are provided with respite leisure activities (Positive activities and after-school activities)	Commission targeted activities for young carers, and monitor take-up	Increase in number of young carers attending after school provision, and holiday provision	Numbers of young people attending is monitored	Flo Armstrong Youth Support Service

Aim 6: Improve support to families to reduce inappropriate levels of care by young people

6.1. Ensure that families with young carers are supported with a whole family approach	Commissioning strategies consider the need to provide families with advice and guidance and to provide whole family programmes	Families are supported to reduce inappropriate caring of young people.		Commissioning group/EIP; Flo Armstrong, Youth Support Service
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Aim 7: Ensure that the needs of young carers from across Barnet's diverse religious and cultural communities are appropriately supported

7.1. Ensure that refugee communities are aware of support for young carers	Ensure that the needs of young carers from refugee communities are considered in commissioning services.	Young carers who are refugees are signposted to young carers' support services	Increase in the number of young carers who are refugees attending support services	Commissioning group/EIP
7.2. Voluntary sector organisations should be supported to understand issues of young carers and improve signposting	Young Carers issues are promoted at Youth Practitioner events	Increase in referrals to young carers support services	End of Plan comparison	Flo Armstrong, Youth Support Service
	Commissioning strategy considers the need for targeted support services to link closely to CommUnity Barnet to ensure a diverse range of community groups are aware of services.	A diverse range of young people access targeted services	Commissioning monitoring	Commissioning group/EIP

END

ⁱ Profession Saul Becker heads up a research team looking at young carers' issues, at Nottingham University



**WORKING TOGETHER TO SUPPORT
YOUNG CARERS AND THEIR FAMILIES**

A Template for a Local Memorandum of Understanding [MoU]

between Statutory Directors for

Children's Services and Adult Social Services

August 2012

About this Paper

There is a considerable amount of guidance and practice material to guide local policy and practice when working with young carers and their families. New materials are appearing all the time and increasingly there is local evidence based material that can be used to review and support local action.

The template in this paper is intended to be a resource and not a prescription. The intention is to promote working together between Adult's and Children's social care services and offer an enhanced basis for working in partnership with health and third sector partners. The final local text may be varied to reflect local circumstances. Additional areas may be included where this is considered appropriate. Any areas covered by existing local policies may be omitted or simply referenced. The content reflects the cross government strategic vision and priorities set out **Recognised, Valued and Supported**¹ [See: **Appendix B**] intended to inform national and local progress.

Nothing in this updated paper seeks to amend or replace existing statutory or accepted best practice guidance on any of the issues the template seeks to cover. Should any conflict or apparent difference in interpretation arise, or if further statutory guidance is issued, the expectation is that the statutory guidance would take precedence. Statutory Directors should obtain further information or legal advice, as necessary.

Whilst every attempt has been made to ensure accuracy and promote best practice, the content of this document does not represent a formal statement of the law or Government policy. The Associations cannot accept any responsibility for loss or liability occasioned as a result of people acting or not acting on any information contained in this paper.

The content of the template applies in all situations irrespective of age, disability, gender, race, cultural or religious beliefs and sexual orientation. All references to *children* in this paper include *young people*.

About Our Organisations

The Association of Directors of Adult Social Services [ADASS]

Principal Office: Local Government House, Smith Square, London SW1P 3HZ
Tel: 0207 072 7433 E-mail: adasscarers@warwickshire.gov.uk or team@adass.org.uk. Registered Charity No: 299154 – England

The Association of Directors of Children's Services Ltd [ADCS]

Registered Office: 3rd Floor, The Triangle, Exchange Square, Manchester M4 3TR. Tel: 0161 838 5757 E-mail: info@adcs.org.uk Registered in England and Wales Company No: 06801922

The Children's Society

Church of England Children's Society ,Company No. 40004-C England
Charity Registration No. 221124 .Registered Office: Edward Rudolf House, Margery Street, London WC1X 0JL ,VAT Registration No. 626649317
Subsidiary Companies: The Children's Society (Services) Ltd Company No. 4545124, The Children's Society (Trading) Ltd Company No. 885496

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JOINT FOREWORD

The first model local Memorandum of Understanding [MoU] was published jointly by ADCS and ADASS in December 2009². A summary version was prepared in partnership with The Children's Society in 2010. Quite a few Councils have developed their local agreements. The updated template contained in this paper reflects this and the experience flowing from the Department for Education [DfE] funded *Prevention through Partnership Programme*³ led by The Children's Society. In addition, we have some new resources, which we have worked on, that support the need for working together to support young carers and their families:

- ***Signposts 2011***⁴
- ***Young Carers Personalisation And Whole Family Approaches 2011***⁵
- ***Whole Family Pathway 2012***⁶

Our starting point for everything continues to be that children and young people who are carers have the same rights as all children and young people. We should be pursuing the same opportunities for them. They should be able to learn, achieve, develop friendships and enjoy positive, healthy childhoods just like other children. Where services are working with families we should try to ensure that the needs of dependent children in the family, including those who may be assisting with caring, are recognised. This means taking account of their hopes, aspirations, strengths and achievements and the need for advice and support for all the family. Continued caring by children and supporting others in a family can be an appropriate part of this where this does not have an adverse affect on well-being.

Young carers and families are experts on their own lives. It falls to professionals across all sectors to include them in shaping the personalised and integrated responses that best suit their needs. We remain clear, however, that the approaches we outline apply no matter how competent or willing a young carer may appear to be. They apply equally whether care needs arise as a result of mental or physical illness or disability, substance misuse and whether a parent or a sibling is the focus of support. The updated template offers a clear framework which professionals can use to develop and provide personalised and joined up support for young carers and their families. It is expected that it will apply equally when working in partnership with colleagues in health and the third sectors.

Where one person holds both statutory roles the memorandum template approach may still be relevant for use by their operational leads for adult's and children's social care within the organisation. This is consistent with our view that the template is principally about how we work together and the professional culture we expect to inform it. In updating the template we are clear that early local adopters of the 2009 model do **not** need to review or amend their local agreement until its agreed review date unless, of course, they wish to do so.

Finally, it is especially pleasing that this updated template is a jointly agreed one between our three organisations. It is a reflection of the shared commitment we hold. Widespread adoption and use of the template can help us all to build upon local delivery of national policies, support local progress and better achieve the outcomes we are working towards.



Clair Pyper
ADCS LEAD
YOUNG CARERS



Jenny Frank
PROGRAMME MANAGER
THE CHILDREN'S SOCIETY



Joe Blott
ADASS LEAD
CARERS

***Working Together
To Support Young Carers
And
Their Families***

**A Memorandum of
Understanding**

.....

Kate Kenally
**Director of Adult Social Care and Interim Director of
Children's Services**

Commencement Date: January 2013

Review Date: November 2015

WORKING TOGETHER TO SUPPORT YOUNG CARERS AND THEIR FAMILIES

WHAT WE ARE AIMING TO DO LOCALLY – A JOINT STATEMENT OF INTENT

Young carers tell us that they value their caring roles and are often proud of the contribution they are able to make in their families. All too often, however, children and young people become carers because someone in their family has significant unmet care needs arising from ill health, disability, mental health needs or substance misuse. In some cases young carers have stepped into the breach, sometimes assuming a level of responsibility that no child should be expected to take on. This can have consequent knock-on effects on schooling and other key areas of their lives.

Putting People First⁷ emphasised that care services should be delivered in ways which sustain families, avoid the need to take on inappropriate caring roles and prevent further inappropriate caring. This policy aim, which is also reflected within the current national strategy for carers, is interdependent with the principle of integrated working.

Making it Real [2011]⁸ was prepared by the Think Local Act Personal Partnership [TLAP] and sets out a framework for taking forward personalised, community based support.

Positive for Youth, 2012⁹, the cross-Government policy for young people aged 13-19 offers us real insights and encouragement on how we can work together in partnership to support families and improve outcomes for young people; especially, those who are vulnerable.

We have committed to working together locally. We will do this across systems, in partnership with health and local carers' organisations and within the resources available. We will work in partnership with parents and young carers to ensure:

- Children have a sense of belonging within supportive relationships where parents feel supported in their parenting role.
- Risks to independence, safety and welfare are recognised and responded to. We ensure safety of those who are vulnerable and at risk of significant harm and do so in ways that are personalised, proportionate and risk based.
- Integrated, earlier and more effective responses to young carers and their families are adopted using approaches such as the "***whole family pathway***".
- There are no "wrong doors". Young carers are identified, assessed and their families are supported in ways that prevent excessive or inappropriate caring and support parenting roles regardless of which service is contacted first.
- No care or support package for a parent or sibling relies on excessive or inappropriate caring by a young carer to make it sustainable.
- Young carers are encouraged to have strong ambitions and good opportunities to realise their potential and to have the same access to education, career choices and broader opportunities as their peers.
- Transition to adulthood is supported. The challenges faced by young adult carers [18-24] around education, training, employment and independence are responded to.
- All young carers and their families feel empowered. Increasingly they see themselves and are seen as partners in shaping what we do.
- We learn from and build on their experience and outcomes.

MEMORANDUM OF UNDERSTANDING

EMPOWERMENT

1. Young Carers: A Shared Understanding

We are agreed that the term “young carer” should be taken to include children and young people under 18 who provide regular and ongoing care and emotional support to a family member who is physically or mentally ill, disabled or misuses substances.

The term does not apply to the everyday and occasional help around the home that may often be expected of or given by children in families and is part of community and family cohesion. The key features for us are that:

“caring responsibilities are important and relied upon within the family in maintaining the health, safety or day to day well-being of the person receiving support or care and/or the wider family.”

We will continue to work together to develop a shared and more detailed understanding of the different types and levels of caring in our area. Our main focus, however, will be to ensure we develop better ways of identifying where caring by children risks becoming excessive and/or inappropriate and putting in place the support that prevents this happening.

The central issues for us are recognition, adverse impact, empowerment and support, including emotional support and accountability. Timely assessment and early intervention can prevent a child undertaking inappropriate levels of care. We start from the belief that:

“a young carer becomes vulnerable when the level of care-giving and responsibility to the person in need of care becomes excessive or inappropriate for that child, risking impacting on his or her emotional or physical well being or educational achievement and life chances”¹⁰

The young carers involved in the *Whole Family Regional Conferences*¹¹ facilitated by The Children’s Society provided powerful testimony about joint working and support services for young carers. They want to be seen as just like other children and young people. At the same time they are very clear that timely and effective support for young carers and their families can make a real difference to the impacts they experience by:

- reducing marginalisation, isolation and anxiety
- managing feelings of stigma or shame
- meeting additional needs
- keeping together as a family – being a family
- enabling them to keep up with school work
- improving school attendance and achievement
- enabling young carers to continue in education post 16 and gain employment
- recognising what it means to be a “young carer”
- responding to concerns around self identification and what happens next

2. Promoting Awareness and Recognition

We have heard key messages¹² that:

- Without early identification young people's disclosure tends to happen at crisis points.
- Young people appreciate professionals who give them space to build trust as well as the choice to talk, what to tell and at what pace.
- Young people's repeated experiences of disrupted relationships with professionals may result in resignation and lack of engagement.

We will keep local practice under review and where appropriate refine it to ensure that it:

- promotes positive images of adults with long term conditions/disabilities that encourage families to seek information, assistance and spot children with caring responsibilities;
- provides appropriate and accessible information for families about services that support parenting capacity, independence and well being;
- enables access to self directed support; including direct payments to meet the needs of parents where appropriate;
- reaches out to families to offer support that avoids inappropriate forms of caring developing or continuing;
- reflects principles of partnership working with communities, in particular, the need for sensitivity to cultural needs;
- supports schools in their key role of identifying children with additional support needs and early intervention and support of young carers;
- identifies "hard to reach" groups/families and creates opportunities to meet their needs;
- recognises that care needs can vary significantly and ensures local processes offer emergency advice and support where usual care arrangements risk breaking down; and,
- engages with local young carers' projects for early support and *whole family* working.

Awareness is the key to recognition. Indicators of the impact of caring on children can include:

- Problems at school, not completing homework, absenteeism, lateness and inability to take part in after school activities.
- Social Isolation from other children their age, feeling that no one else can understand his or her experience.
- Lack of free time for play, sports and leisure activities.
- Emerging behavioural problems, in some cases including youth offending activity.
- Emotional impacts, such as worry, depression, self-harm.
- Physical impacts, such as tiredness, fatigue, back injury.
- Lack of aspirations and career opportunities.
- Increased independence and maturity for their age.

- Advanced life skills such as a caring attitude or being a good listener.
- Increased knowledge of disability and illness.

Not all children who have ill or disabled parents or siblings take on caring roles or do so in ways that cause difficulties. Circumstances will vary. What is important is that we work closely with the family and the young person so that reasonable steps can be taken to pre-empt likely problems and any emerging difficulties affecting well-being can be identified at an early stage.

Adult Social Services, in addition to assessing parental social care needs, have a key role in identifying young carers, as they will often be the first point of contact. At the point of assessing the cared-for person, adult services will ask whether the person they are assessing has children and, if they do, what impact they feel their situation has on them.

SIGNPOSTS [ADCS/ADASS 2011] contains valuable evidence to inform practice on working together to improve outcomes for young carers in families affected by enduring parental mental illness or substance misuse. It is a useful resource for local professionals in identifying and supporting young carers. It offers points for discussion that we can use to support progress.

3. Schools, Academies and Colleges

Schools, Academies and Colleges will be encouraged to identify young carers at an early stage; promote and co-ordinate their support of young carers; and, liaise with other agencies as appropriate with the outcomes we are seeking. School nurses also have a role to play here. We will encourage schools and academies to:

- Have a named staff member with lead responsibility for young carers and to recognise this role within continuing professional development.
- Have in place a policy to encourage practice that identifies and supports young carers such as adapting school arrangements if needed, provision for personal tutors and private discussions and access to local young carers' projects.
- Promote open communication with families that supports parenting capacity and encourages the sharing of information.
- Ensure school policies such as those for enrolment, attendance, bullying, behaviour and keeping safe afford recognition to young carers.
- Incorporate into individual pupil plans recognition and support for the positive aspects of the young carer's role, as well as providing the personalised support necessary to enable young carers to attend and enjoy school.
- Consider scope for school staff to adopt lead professional roles within locally agreed assessment arrangements or **CAF**¹³.
- Consider the role of school nurses in supporting improved health outcomes and reduce inequalities of family/child experience¹⁴.

4. Promoting Health and Wellbeing

Health professionals are also likely to be among the people that a family turns to for help with an illness or disability. Whether they work in a hospital or community, with adults or children, they may be the only person who is able to ask the right questions to find out that a child is taking on caring responsibilities. Additionally, we will encourage GP surgeries to have registers identifying carers and young carers and consider use of e-learning resources¹⁵.

Child and adolescent mental health services should be used as appropriate to support the emotional well being of young carers who are seriously troubled by their caring role. Integrated working across health, adult social care, children's services and third sector partners and through local partnership arrangements and the local **Health and Wellbeing Board**¹⁶ will be used to develop a strategic and operational framework that identifies young carers and their needs. This would be done with a view to:

- Promoting and sustaining healthy lifestyles and diets
- Encouraging regular exercise
- Ensuring good oral health
- Raising awareness and reducing risks of substance misuse
- Offering smoking cessation support to young carers interested in giving up.
- Raising awareness of maintaining emotional well being and reducing personal stress
- Enabling young people to assess risks about lifting and handling and provide information, advice and support to remove or reduce risk of injury as necessary
- Promoting safe procedures for control of medication that do not involve young carers.

5. Equality & Diversity

As with abuse or neglect, inappropriate caring responsibilities adversely impacting on wellbeing, cannot be condoned on gender, religious or cultural grounds. We will ensure that appropriate people are readily available to provide advice on such matters. We will tackle barriers to effective communication and take up of support.

When considering translation services we will consult with families as to who could fill this role appropriately. Where appropriate and possible, bi-lingual advocates will be used and account taken of any relevant factors around faith, gender or locality. We are agreed it is not good practice to expect young carers to interpret for their families, particularly when it involves someone with an illness. We will discourage this. We expect interpreters to be used and will reinforce this in staff guidance as appropriate. There may be occasions, however, where a family express a strong preference for an adult family member to be the interpreter. Where all are in agreement and the requirements and responsibilities of the role are understood this can be considered.

We will keep under review and encourage staff awareness around gender issues and assumptions that can impact upon both male and female young carers

6. Information for Empowerment

Together with our partners, we will work towards a position where, if not already in place, information and advocacy services are available to all young carers and their families offering information, advice, advocacy, representation and support. This includes, where appropriate, peer support through local young carers' projects or parenting groups. We will encourage local use of the following general principles when people act as advocates for young carers and/or their families:

- Advocates should be the individuals' person of choice and can be informal as well as professional advocates. Peer advocacy may be appropriate in some situations.
- Advocates should work for the best interests of the individual and their family.

- Advocates should be alert to the potential for conflicts of interests within families and potential needs for separate advocates in some situations.
- Advocates should value and respect young carers and their families as individuals and challenge all types of unlawful discrimination.
- Advocates should work to make sure that everyone understands what is happening to them, can make their views known and exercise, where possible, appropriate choices when decisions are being made.
- Advocates should help young carers and their families to raise issues and concerns about things with which they are unhappy. This includes complaints.
- Advocates must understand requirements regarding safeguarding and know what to do if they become aware of abuse or neglect or risk of it occurring.

7. Information Sharing

Effective and timely information sharing between our agencies and with our partners is critical to empowerment, the provision of early intervention and preventative work, supporting transitions and, for safeguarding and promoting the welfare of young carers. Within the framework of existing local information sharing protocols our aim is to ensure specific recognition of the position of young carers. This will cover their identification and support. Local arrangements for information sharing under this protocol will be consistent with national guidance. All practitioners should follow the seven “golden rules” that are in place:

- Remember that Data Protection legislation is not a barrier to sharing information
- Be open and honest about why, what, how and with whom information could be shared,
- Seek advice if in any doubt
- Share information with consent where appropriate
- Consider the child’s safety and welfare
- Gather and keep secure information that is necessary, proportionate, relevant, accurate, and timely
- Keep a record of decisions and what, if any, information has been shared and with whom.

8. Transition to Adulthood

We will build on local experience and make use of the findings of *Young Carers Pathfinders*¹⁷ and other research¹⁸ to deliver our commitment on transition to adulthood and for support of young adult carers. We will:

- Raise professional awareness of the risks and challenges faced by young carers around low aspirations, negative experiences of learning and support and the impacts of disadvantage and consequences of caring responsibilities on take up of education, training and employment.
- Aim to have one organisation/named professional who takes responsibility for the holistic needs of a young adult carer’s; support on transition issues, moving from dependence to independence; improving resilience and opportunities to take up education, training and employment whilst recognising needs around continuing to care.

ASSESSMENT

9. Introduction

We are agreed that the key to ensuring better support and outcomes for young carers is effective assessment. If a referral is made about a parent with a disability, dependency or illness, agencies should always consider whether there is a child in the family who is providing personal care or practical support. In doing so, practitioners will be expected to consider, preferably within a **whole family approach**, the impact of the disability or illness on each child within the family; including whether any of them are or could be providing care or support that is relied upon, is impacting on wellbeing and where a review of adult care needs is indicated.

Concerns may arise in many different contexts and their nature will vary. Our local approach will make appropriate use of partnership and integrated working. For young carers and their families this includes:

- **Assessment** – ensuring all assessments are timely, transparent and proportionate within the locally agreed *Assessment Framework or CAF* which is consistently understood and applied. [See Below].
- **Early intervention** – early or identification of situations before they become critical
- **Reviewing or referring for review** the adult social care needs of a parent where children with caring responsibilities that are relied upon within the family are identified.
- **Personalising Support** – using the potential of personalised care and self-directed support planning to meet care and support needs.¹⁹
- **Recording** – making sure information is in one place with the consent of the child or parent consistent with established principles for obtaining informed consent.
- **Sharing information** – so that all agencies involved know what the issues are, what is intended and so that young carers and families do not have to repeat things to us. [See above]
- **Joint Decisions**, using, as appropriate, *Team around the Child* and *Team Around the Family* for assessments and evidence based decisions for support
- **Lead Professionals** – acting as the point of contact for young carers and their families to make connections, build trust, bring things together and help them stay that way.
- **Ensuring child safety** [See: p 15]
- **Effective professional supervision and regular reviews** – seeing assessment as a continuing process to ensure a clear direction of travel and inform future plans.

10. Empowering and Proportionate

The local approach to working with families will be empowering, holistic, inclusive, proportionate, integrated, child centred, rooted in child development, focus on strengths as well as difficulties and have a clear focus outcomes. We will:

- Consider the family as a whole, acknowledge parents' strengths, promote resilience and beware of undermining parenting capacity.
- Work with colleagues from all sectors including with the voluntary sector where appropriate.

- Ensure that the assessment process is appropriate to age and understanding and specific to their needs as a young carer.
- Recognise that families may be fearful of acknowledging children's caring roles.
- Ascertain if the illness/disability is stable, changing or episodic.
- Maintain a focus on positive outcomes for the young person and their family when working with other departments/agencies.
- Respond to young carers' needs for emotional support and counselling.
- Consider the family's housing needs and access to benefits.
- Be sensitive to cultural perceptions and needs around disability, illness and caring consistent with a child's fundamental right to a safe and secure childhood.
- Recognise there may be differences of view between children and parents about appropriate levels of care and that such differences may not be acknowledged.
- Take account of the young carers wishes regarding education, employment and recreational activities

The resolution of any tensions requires good quality joint work between adult and children's social services as well as co-operation from schools and health care workers. This work should include direct work with the young carer to understand his/her views. The young person who is a primary carer of his or her parent or sibling may have a good understanding of the family's functioning and needs. These should be incorporated into any assessment.¹⁶

This memorandum also provides a framework to ensure that any lead professional, adult or children's services, should have access to and hold multi-agency information and assess the whole family regularly. Consideration will be given to who is deemed to be an appropriate lead professional having regard to all the circumstances of the assessment.

We will encourage professionals to ask certain questions either as part of their assessment, or during professional supervision, or at review to inform judgements about what is in the "best interests" of the young carer and their family. These questions might well include:

- Is a child undertaking (or at risk of undertaking) caring tasks likely to impact on them?
- Why is a child undertaking care and support tasks that are relied upon?
- What is the impact of caring on the child's development, health and well-being?
- What additional personalised services or support may be needed to ensure the parental care needs are met or to sustain a family unit and to prevent a child taking on or continuing to hold inappropriate caring responsibilities?
- What is the parental capacity to respond to needs? Do they need support in their parenting role or in developing their parenting capacity?
- What can be done to help the whole family or to maximise the broader support which others in the family are able to provide and to promote resilience?
- How might we build resilience and family strengths and manage risks along the way?
- Do the impacts on the child indicate that it would be appropriate to engage the locally agreed framework for assessment of *Children in Need and their Families* or under the Carers and Disabled Children Act 2000^{20?}

- Are there any additional needs falling within the locally agreed **Assessment Framework for Children** [See: endnote 13]?

Keeping the Family in Mind²¹ offers some timely reminders from children and young people for professionals coming into contact with parents with enduring mental health needs. We will encourage professional awareness of these, as appropriate, along with the principles of successful front line family services²².

11. Whole Family Working

A **whole family** approach will be embedded into local assessments. We will ensure that:

- The primary responsibility for responding to the needs of young carers derives from the person in need of care and support. This means that whichever service identifies there is a young carer in the family, whether it is children's or adults' social care services or health, it is responsible for referring or assessing the needs of that young carer within that family context.
- Practitioners seek advice and support where necessary from colleagues, whether it is children's or adults' social services or a partner agency, to support discharge of our joint and separate responsibilities towards young carers and their families.
- Practitioners are aware of the prejudices and stereotypes that may exist around cultures, and disability, or about adults who misuse drugs/alcohol or have mental health needs in terms of their parenting capacity and competence.
- Practitioners reach their conclusions on the basis of the evidence of their observation of both parents and children; including any young carers.

12. Focused on Change and Outcomes

Providing an assessment only for the child will not necessarily resolve the situation that has caused their referral. All adult social care and children's assessments should ascertain **why** the child is caring, the **extent** of the reliance and caring responsibility and **what** needs to change. This is essential to prevent children from undertaking inappropriate levels of care and being relied on to assume levels of responsibility which impact adversely on their own well-being.

Timely assessments of both the person who needs care and the whole family could prevent a child undertaking inappropriate levels of care in the first place. When a referral is made about a parent with a disability, substance dependency or illness, we have committed to finding out whether there is a child in the family who is providing personal care or practical help. In doing so, professionals will also be expected to consider, within a **whole family** approach, the impact of the disability or illness on any child within the family; including, whether any of them are or could be providing some form of care or not. Similar considerations apply if there is a child with a disability within a family.

Such assessments should not only identify regular individual personal care needs (including safeguarding), but should also consider the range of parenting, caring and family tasks that are needed when care workers are not present and mean a child is relied upon to carry them out.

13. Joint Assessment

Joint assessment by adult, child and family and health staff will be expected where this is appropriate. Access to specialist advice and support should be available as needed. Finally, we should never ignore any aspect of a situation that indicates there are concerns about children's and/or vulnerable adults' safety and they require protection from harm.

SAFEGUARDING

14. Children at Risk of Harm

Safeguarding²³ is part of a continuum where prevention and early intervention can help young carers and their families work through the challenges they face. Safeguarding is about keeping children safe from harm and abuse and is an important part of integrated working.

By working together in an integrated way professionals place the child at the centre of all activities and are better able to identify holistic needs earlier and improve outcomes. We accept a joint responsibility to work in partnership with others to identify and respond to any young carers who are suffering, or likely to suffer, significant harm and to protect them from this harm. We will do this in ways that keep children safe and:

- focus on working together, early intervention and prevention;
- reflect practice guidance;
- do not stigmatise families or risk increasing the number of hidden young carers; and,
- do not discourage young carers and their families from seeking information and advice, or an assessment and provision of services.

Local single and multi-agency policies and procedures set out clearly the local arrangements for safeguarding children at risk of significant harm and/or promoting their welfare. We will:

- State clearly the responsibilities of staff under local safeguarding children procedures to make referrals where children are considered to be suffering or likely to suffer significant harm and emphasise the principle that safeguarding is everyone's business.
- Ensure all staff and volunteers across all sectors have undertaken appropriate training in recognising harm, reporting concerns about a child's welfare and safety and confirming referrals they have made to children's social care within 48 hours.
- Ensure all staff and volunteers across all sectors have undertaken appropriate training in relation to mental health and substance misuse issues.
- Make sure our arrangements for young carers and their families reflect any requirements of local multi-agency and single agency policies for safeguarding children and seek inclusion as necessary.

15. Adults at Risk of Harm

The Vision for Adult Social Care²⁴ identifies seven key principles for building up a modern system of social care. They are: prevention, personalisation, partnership, plurality, protection, productivity and people. Protection is defined as ensuring that:

“there are sensible safeguards against risk of abuse or neglect. Risk is no longer an excuse to limit people's freedom”.

We are agreed that we have a joint leadership responsibility to:

- Ensure awareness of safeguarding adults' policy and practice; the ability to recognise and respond to safeguarding adults' concerns; and to promote confidence and consistency in using local multi-agency procedures by staff in across all agencies.
- Apply the agreed principles of adult safeguarding and secure consistency with local multi-agency policies and procedures in respect of adults who are vulnerable and more at risk of harm in line with the following²⁵:

- **Empowerment:** presumption of person led decisions and informed consent.
- **Protection:** support and representation for those in greatest need.
- **Prevention:** it is better to take action before harm occurs.
- **Proportionality:** proportional and least intrusive response appropriate to the risk presented.
- **Partnership:** local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting abuse and neglect.
- **Accountability:** accountability and transparency in delivering safeguarding; including learning from experience and outcomes

16. Local Safeguarding Boards

Local Safeguarding Children and Adults Boards have been made aware of the general issues surrounding young carers and the intention to adopt this Memorandum of Understanding. This has been done to ensure consistency with local multi-agency policies and procedures.

It is also intended to raise awareness of the way in which safeguarding work forms part of a continuum of locally agreed person-centred and proportionate risk-based responses. We can all use these to ensure that those adults and children at risk of harm are kept safe and their welfare is promoted.

ACCOUNTABILITY

17. Funding Responsibilities

The internal allocations of funding by the Council should not become a barrier to timely and appropriate support for young carers and their families. We recognise that disputes about where funding responsibility lies can be deeply damaging to families. They were one of the concerns voiced by families and young carers in national consultations on the National Carers Strategy. We will act to ensure that staff have a clear understanding of joint and separate responsibilities to support parenting roles, respond to needs and reduce the need for inappropriate caring by young carers. The following general principles apply to the expected *whole family* and joint approach to meeting needs and arranging support:

- Adult social care is responsible for commissioning care and support services for adults to reduce or prevent inappropriate caring responsibilities by young carers.
- Children's social care is responsible for commissioning services to respond to specific needs of the child or young person; including, those relating to the impact of their caring role on them.
- Shared responsibility exists between us for commissioning services that would support or sustain adults in their parenting role having regard to the individual circumstances.

18. Preventing Disagreements

We believe that the inclusive, *whole family* approach to which we are committed should mean significant disagreements between local adult and children's services will be rare. Two potential areas suggest themselves and are:

- disagreements about whether the need relates to the young carer or the adult or sibling who is supported by him or her; and/or,
- disagreements about respective responsibilities or thresholds for adults or children.

We intend to reduce the risk of disagreements by:

- ensuring that staff are appropriately trained and supported in understanding and in the exercising of joint and separate responsibilities towards young carers and those they support;
- being as clear as we can about our joint and separate responsibilities;
- ensuring young carers and parents have access to information and advocacy services to support them in the exercise of their rights; and,
- ensuring that effective arrangements for consultation, communication and feedback to young carers and those they support are available and acted upon.

How such issues are resolved is a matter for us as the Statutory Directors to determine within the context of our corporate responsibilities within the Council. The following general principles will be used to inform action and decision-making:

- Disagreements about funding responsibilities must not get in the way of responding in a timely manner to situations where it is evident that inappropriate caring responsibilities are being undertaken and relied upon.
- Disagreements about funding must not be allowed to become a problem for the young carer or the person supported and must not be argued about in front of them.

- Disagreements about responsibilities must not leave the needs of family members unmet because they seem to fall between internal administrative boundaries.
- Dispute resolution procedures relating to the joint and separate responsibilities of Statutory Directors for young carers and the people they support will be put in place.
- Both Statutory Directors have final operational responsibility for ensuring that any disagreements about funding are resolved in a reasoned, timely and appropriate manner with better outcomes for young carers being a primary consideration.

19. Audit and Reasonable Assurance

We intend to put in place arrangements for periodic audit and the provision of reasonable assurance to the Council, partners, young carers, their families and the community on how this memorandum of understanding [MoU] works in specific areas or as a whole.

These audit arrangements will be located within wider Council processes for the management of risk and provision of reasonable assurance. The information arising from these audits will be used to inform performance priorities for development and delivery of the key processes and outcomes that the memorandum has been designed to help secure.

Information on audit and assurance will be shared within local partnership arrangements.

20. Learning and Development

We will ensure that our programmes for learning and development reflect the need for joint and separate training to underpin the organisational, policy and practice principles adopted for working with young carers and their families.

Feedback from young carers and their families will be used to inform our programmes.

21. Local Partnerships

We are agreed that successful local partnerships depend on the building of constructive relationships and a shared vision around what we are trying to do. We will use the opportunities for working together to identify key priorities for commissioning and the best use of available resources designed to secure the outcomes for well-being we have identified and agreed.

APPENDIX B

RECOGNISED VALUED AND SUPPORTED

- THE CURRENT NATIONAL POLICY CONTEXT FOR CARERS

Recognised, Valued and Supported [2010] set out the Coalition Government's broad approach and priorities in England with a view to securing the best possible outcomes for carers and those they support.

The five key outcomes within the 2008 strategy²⁶ continue to inform the overall framework:

- Carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role.
- Carers will be able to have a life of their own alongside their caring role.
- Carers will be supported so that they are not forced into financial hardship by their caring role.
- Carers will be supported to stay mentally and physically well and treated with dignity.
- Children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive and to enjoy positive childhoods.

The Coalition Government identified four key priority areas flowing from consultation responses and discussions with the Standing Commission on Carers. They are:

- Supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the outset both in designing local care provision and in planning individual care packages.
- Enabling those with caring responsibilities to fulfil their educational and employment potential.
- Personalised support both for carers and those they support, enabling them to have a family and community life.
- Supporting carers to remain mentally and physically well.

The priority areas were recognised to be overlapping and that "... addressing any one of them adequately will require attention to all of them."

Source: *Recognised, Valued and supported: next steps for the carers strategy* [2010]

Shared Pathway – please note:

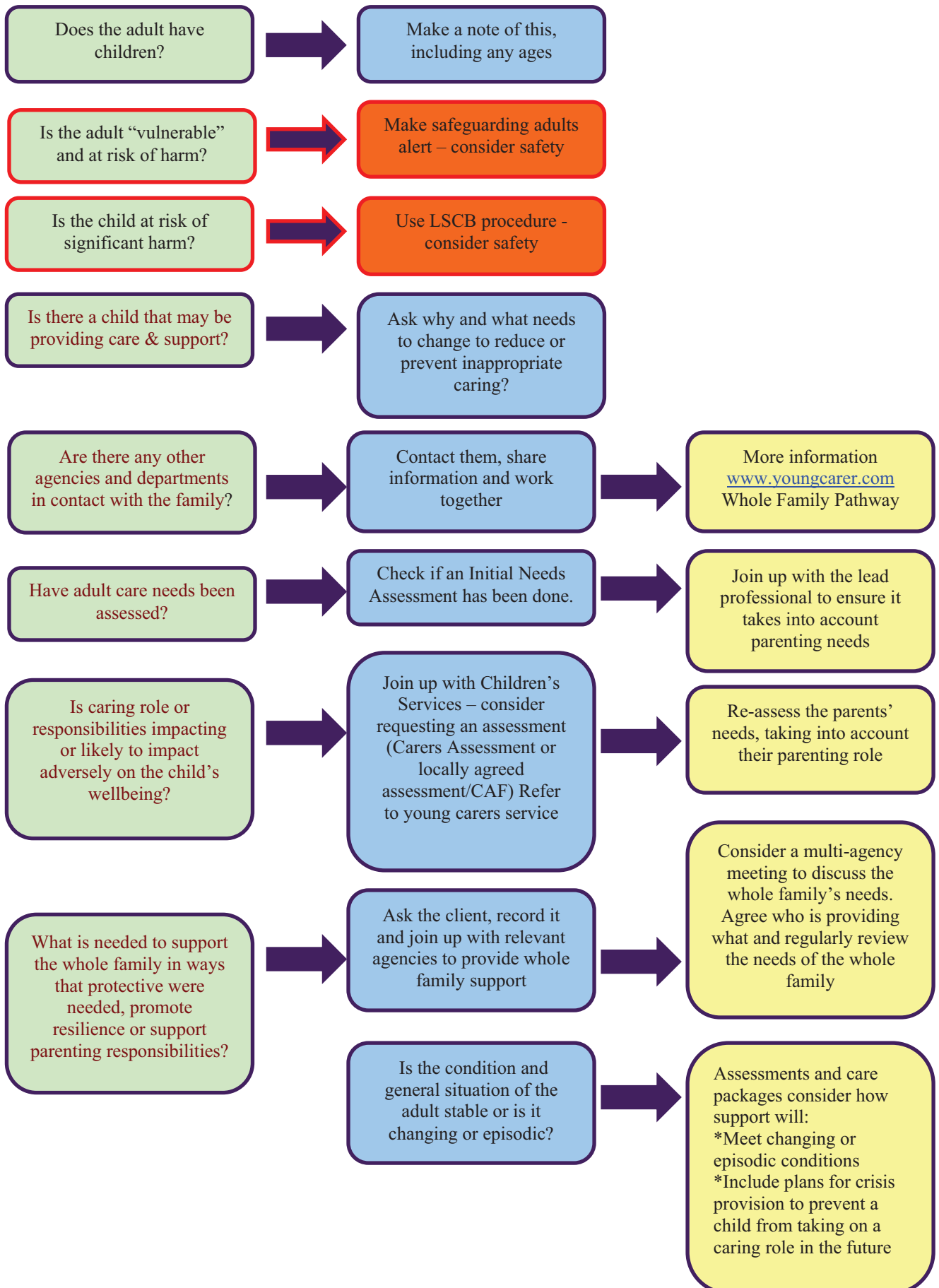
The following *two pages* indicating a shared pathway are models only.

This shared pathway will be updated by Barnet Adults and Children's Service to reflect Barnet's working practice and will be incorporated into this memorandum in January 2013.

(note inserted November 2012)

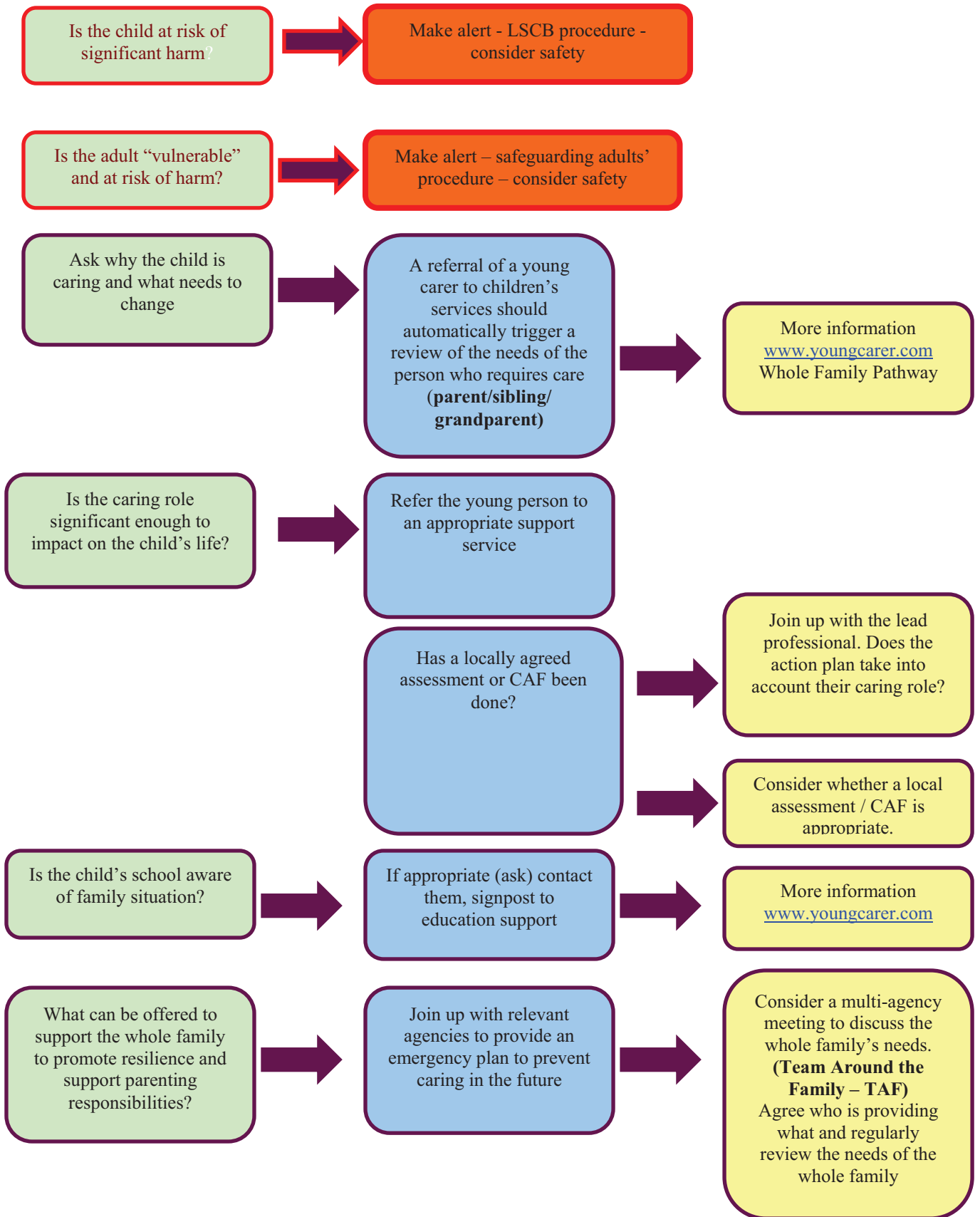
Flowchart for Adult Social Services

When a referral is made for an adult with a disability or illness, consider:



Flowchart for Children's Services

When a referral is made for a child who is a young carer consider:



APPENDIX C

SOURCES & REFERENCES

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Your Notes:



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August 2012

FUTURE WORK PLAN**1 Summary and Purpose**

This report seeks the views of the Children's Trust Board on future agenda items for the Board.

2 Details

2.1 The provisional list of items for the next and future Boards is as follows:

Thursday 14 March 2013

Presentation- Young Parents Group

Or

Presentation- Barnet and Southgate College leavers

Begin reports around new themes of CYPP

New OFSTED arrangements (invite regional HMI lead)

Munro review update

Housing changes and effect on young people

Remands- Transfer of responsibility

Thursday 27 June 2013

End year performance report

Thursday 12 September 2013**Thursday 5 December 2013**

2.2 Future agendas will be driven by the priorities in the new Children and Young People Plan and therefore the report elsewhere on this agenda will influence the development of a more detailed programme for subsequent meetings.

2.3 At the last meeting it was agreed that the new OFSTED regional lead be invited to attend the Children's Trust Board and soundings have been taken. The Inspector that OFSTED has offered has expertise primarily in work with schools including schools causing concern, children's centres and Initial Teacher Education as well as subject survey work. However he would not be able to speak in depth on subjects he has been less directly involved with such as social care & safeguarding inspections. The views of the Board are requested on how to take this forward.

3 Recommendations and Input Requested

To comment on the work programme and suggest further items for inclusion

To consider the response from OFSTED over their attendance at the March meeting.

4 Contact Details for Further Information

Andrew Nathan, Strategic Policy Adviser, LBB,
Andrew.nathan@barnet.gov.uk