

Children and Young People's Partnership

A meeting of Children and Young People's Partnership was held on Wednesday, 20th January, 2016.

Present: Cllr Mrs Ann McCoy (Chair), Martin Gray, Emma Champley (SBC), Natasha Judge (Healthwatch), Sue Harris (DWP), Hazel Ducker (Primary Rep), Maryssa O' Connor (Secondary Rep), Priti Butler (Big Life), Chris Davis (TEWV), Lorna McLean (SRC), Janet Mackie (NTHFT), Ciaron Irvine (Cleveland Police)

Officers: Peter Acheson, Michael Henderson, Steve Hume (SBC)

Also in attendance:

Apologies: Jane Humphreys, Peter Kelly Jane Smith (SBC), Gemma Clifford (Catalyst), Lindsey Robertson (NTHFT), Paul Williams (CCG)

1 Declarations of Interest

2 Minutes of the meeting held on 18 November 2015

The minutes of the meeting held on 18th November 2015 were agreed.

3 Early Help Update on progress and next steps

Members received a report that provided an update on the implementation of early help. The report included an initial analysis of impact, and outlined a series of actions to strengthen the approach, and to provide the basis of an action plan for 2016/17.

A letter relating to the Early Help Peer review was provided and it was noted that there was currently a great deal of discussion about how some areas of work coming from this may be taken forward, including joint working/collaboration.

Details of significant increase in CAF/EHA activity over the past 6 months was provided.

The Partnership noted that, in Stockton, Early help involved taking action, as soon as possible, to tackle problems that had already emerged in working with children, young people and families. It was explained that studies had proved that such an approach was effective, improved outcomes and saved lots of resources across a range of services and in welfare spend.

The Council had adopted an Early Help and Prevention Strategy in 2014 and the Partnership was provided with details of a range of actions that were underway, or planned, to implement the strategy and further develop the approach to early help. It was recognised that this was a long term approach and needed to result in a reduction in the pressure on social care, reducing the need for expensive, more specialist services, further down the line.

Details of future priorities and actions were provided, and these included:

- improve the use of intelligence and information to inform targeting

- integrated approaches to commissioning
- well coordinated and accessible services
- an effective workforce
- improving the voice of children, young people and families
- increasing awareness of the approach and offer
- more clearly aligning the troubled families programme (renamed 'Stockton Families First') to reducing the need for social care involvement.

Members considered the report and discussion could be summarised as follows:

- in terms of the MACH it was agreed that it would be important to ensure that we monitored outcomes on an individual basis as well as overall, we must reassure ourselves that CYP were being directed to the correct places and good outcomes were being delivered.
- referrals for neglect for school teachers was sometimes difficult to evidence. It was envisaged that neglect would be dealt with in a much more coherent way, in the future. Introducing a cluster focus to work with schools to understand vulnerability was being discussed.
- It was noted that some staff in commissioned services had seconded staff into children's services to pick up early identification and try to help at an early stage, so that the involvement of social care was minimised. This approach would be extended.
- Lots of work was going on, relating to early help, but it was accepted that this needed to be more coherent. Successful early help would gradually release resources in social care, which, in turn, could be used to fill gaps/strengthen early help provision.
- Communication would be an important element of the success of early help.
- When economic wellbeing broke down it had a detrimental effect on safeguarding, increased domestic violence, increased mental health problems and led to increases in drugs and alcohol abuse. An holistic approach always needed to be considered, at every level of intervention, and all necessary referrals made.
- Partners indicated their support for the early help approach and indicated there willingness to work closely with the Council and other agencies
 - e.g TEWV Mental Health issues
 - Schools - dealing with neglect and other vulnerabilities
 - SRC - Older Children's access to help.
 - Big Life - the holistic offer.

Members noted that a reconfigured multi agency Early Help Partnership Group would operate as a mechanism to drive forward implementation.

An update on progress would be provided in around six months.

RESOLVED that:

1. the report be supported and discussion be noted.

4 Self Harm

An update on Self Harm was provided to the Partnership.

It was explained that Child Health Profiles revealed that admissions to hospital, for self harm, for 10 -24 year olds, were particularly high in Stockton. Also, concern had been raised by ward councillors. Given these facts the Director of Adults and Health Services had requested that it be investigated and a report produced.

It was agreed that this was a distressing problem for those who self harmed and their families and was often repeated, with a risk of future suicides. The extent and details of the problem, locally, was being investigated. Nationally it was more of a problem in young women than young men. Some surveys suggested that up to 10% of young people had self harmed at some point. There appeared to be a link to deprivation and admissions often came from the most deprived wards. There was no evidence that this was an increasing problem and data was fairly stable, though, clearly a big problem.

There was very little data, other than the hospital admissions, so there could be some hidden self harmers, who didn't attend health support.

Work was on-going with partners, to try and understand the services/support that currently existed.

The Partnership noted that definitions of self harm were varied and lengthy.

Some of the members had attended events seeking the views of young people and it had been apparent that children didn't confide in adults if they were self harming, or knew someone who self harmed. They would, however, discuss among their peers. This caused considerable distress for children aware of friends who were self harming and TEWV were looking at this.

A discussion paper on the matter was currently being produced and would be submitted to a future meeting of the Partnership.

Members agreed that schools had a role in assisting with providing advice and support on this matter.

RESOLVED that the update be noted and a full report on self harm be presented to a future meeting of the Partnership.

5 Action Tracker

The action tracker was noted.

With regard to action 17 it was noted that there were strong links between perinatal services and TEWV. The CCG had commissioned a perinatal mental health service , with regular clinics and pathways set up.

6 Forward Plan

The forward plan was noted.

7 Domestic Abuse Analysis Report

The Partnership was provided with a report that gave an overview of Domestic Abuse in the borough.

Figures showed an increase in Domestic Abuse and this may be because of the raised profile of Domestic Violence and an increase in support for victims and therefore their willingness to report incidents.

Repeat victims and perpetrators was a key priority for Partners and data and incidents were scrutinised in depth and approaches discussed and developed.

Reference was made to operation recidivism, which also looked at repeat incidents. It was suggested that this report be provided to a future meeting of the Partnership.

Operation encompass was to be rolled out in Stockton and would alert a child's school where that child had been a witness to domestic violence, to allow additional support and an understanding of the child's behaviour.

Harbour referral continued to increase. Harbour ran a range of different programmes including a successful male perpetrator programme.

Members discussed the report and, that discussion, could be summarised as follows:

- It was noted that a half day event was going to be organised in March, which partnership members would be invited to, to refresh the Domestic Violence action plan.
- there was a discussion relating to the police informing midwives, when officers were called to a house containing a pregnant women. This had previously been discussed by the Partnership and it had been fed into operation encompass. It was noted that resources would be a factor in this and informing schools would be a priority. Information could be passed to midwives via First Contact's involvement.
- school representatives welcomed the formal notice they would receive via Operation Encompass, with a fact based perspective.
- some high level updates would come to future meetings, particularly around outcomes from operation encompass.
- There was a request that Cleveland Police consider gathering information about domestic violence incidents, where pregnant women were at the scene. It was noted that pregnancy was an escalation phase of domestic violence. It

was explained that that such information was not routinely gathered but could be considered in the future and would be taken back by the Police representative.

RESOLVED that the report and discussion be noted, and actions be added to the Partnerships Action Tracker.