



Wolverhampton Children Young People & Families Early Help Plan 2015 - 2018

1.0 BACKGROUND

- 1.1 The Children's Trust in Wolverhampton wants children, young people and families to be healthy and happy. The purpose of this plan is to set out what Children's Trust partners¹ will do so that children, young people and families receive the early help they need to live healthy and happy lives. When 'we' is used in this plan, it means the Early Help Board which is a sub-group of the Children's Trust Board focussing on Early Help.
- 1.2 This plan contributes to the overall delivery of the outcomes in 'Healthy, Happy Families' the overarching ten year plan for children, young people and families in Wolverhampton. These are:
- Reduce the harm caused by child poverty
 - Increase achievement and involvement in Education, Training and Employment
 - Increase the number of families that are strong
 - Improve the health of children, young people and families

2.0 EARLY HELP

- 2.1 Early Help is about getting additional, timely and effective support to families and children who need it – enabling them to flourish and preventing costly, long-term and damaging outcomes from conception to young adulthood.
- 2.2 National and international evidence makes impressive claims on savings as a result of intervening earlier and has encouraged many local authorities to move from a '**find and fix**' towards a '**predict and prevent**' approach. Wolverhampton is committed in principle to building resilience in families where there are difficulties.
- 2.3 The following definition of Early Intervention was adopted by the Children's Trust Board in January 2013;

'In Wolverhampton early intervention is the process of identifying individuals or families where there is risk of poor outcomes through the presence of a number of known vulnerability factors. Where these factors are present early support can be offered to build resilience within the

¹ Wolverhampton City Council, Royal Wolverhampton Hospital Trust, Wolverhampton Clinical Commissioning Group, Wolverhampton School Improvement Partnership Board, Black Country Partnership Foundation Trust, Wolverhampton Voluntary Sector Council, West Midlands Police, City of Wolverhampton College.

family and either halt or slow down any deterioration in their circumstances. This early support may also actively seek to improve the families' situation and avoid the need to access high cost services or reduce the number of incidents where services are called in.'

2.4 The Children, Young People and Families Plan and other service specific strategies in relation to Children, Young people and Families will all include priorities/ actions in relation to Early Help. The Early Help plan will include the high level and service specific priorities/ actions already identified in existing strategies and plans and monitor and measure them together as a group so that overall impact in relation to Early Intervention initiatives can be more easily measured.

3.0 INTEGRATED EARLY HELP OFFER

3.1 Emphasis is on 'predict and prevent' rather than 'find and fix.' In delivering Early Help Services we pledge to:

- support families to live safely together
- do our best to protect the children of the City from harm
- provide right help at the right place at the right time
- create services that are flexible and responsive to the needs of individual children, young people and families
- share information so that families have to tell their story only once
- work together to better understand the early help needs of children, young people and families across the city
- respect and value the input of children, young people and families

4.0 NEEDS ASSESSMENT KEY MESSAGES

4.1 The needs analysis took into account;

- Wolverhampton in profile, www.wolverhamptoninprofile.org.uk
- Joint strategic Needs Assessment, (2012)
- Child Poverty Needs Assessment (2012),
- Children and Young People's Plan assessment (2013/14)
- Child and Mental Health Strategic assessment (2014),
- Safer Wolverhampton Partnership strategic assessment (2014/15)
- Young People's Substance Misuse Treatment Needs Assessment 2013/14.

4.2 The broader information on population, deprivation, health and wellbeing of families, education attainment and looked after children is contained in the children & young people and families plan.

A snap shot shows;

1. **Deprivation.** Wolverhampton is the 20th most deprived local authority and has

shown a relative decline between 2007 and 2010.

2. **Child poverty** in Wolverhampton has increased at a time where the national trend saw a reduction. The proportion of children experiencing poverty in the City is 31.1% against a regional figure of 23% and a national figure of 20%. In some areas of the City more than 50% of children and young people are living in poverty.
3. The highest concentrations of children living in poverty are in the inner city and northern and eastern wards, in particular St Peters, Bushbury South and Low Hill, Fallings Park, Heath Town, East Park, Ettingshall and Bilston East, mirroring the anticipated impact of Welfare Reform.
4. 82% of children in poverty live in households where no one is working.
5. **Lone parents** and black and mixed race communities are most vulnerable to child poverty
6. **Unemployment** rate in the City is 6.8%, compared to 3% nationally and as at November 2013, Wolverhampton has the highest youth unemployment rate (16-24) out of the 326 Local Authority areas.
7. **Income**, the median annual pay of Wolverhampton residents (£24,930) is 8.9% less than the England average and 8.9% higher than the Black Country average.
8. **Infant mortality** remains above average, around 22 infant deaths a year against a national average of 16.
9. **Childhood obesity** is rising: 13% in Reception and 24% in Year 6.
10. **Teenage pregnancy** remains above regional and national average. This is despite significant reductions since the baseline year 1998. Local data shows that a high proportion of teenage conceptions are amongst mothers from deprived areas of the city.
11. **Early Years Foundation Stage Profile** is improving, but behind national average. The gap between the lowest 20% and the rest is wider than the national average and comparator authorities.
12. **Educational attainment**. There is an improvement in the number of children who achieve 5 A* - C GCSEs (including English and Maths). 2012/13 = 60.1% which is above the England average.
13. **Social care** cases continue to increase. The numbers of children with a Child Protection Plan, identified as a Child in Need or Looked After by the local authority are rising (with LAC rising by 49% from 2009/10) the prevalence rate for Children in Need children is 3.51% and for Children with a Child Protection plan being 1.6%.
14. **Private sector housing** makes up 24% (24,500 properties, an increase of 10% since the 2001 census) of all housing in Wolverhampton meaning that Wolverhampton has vast and increasing private sector market.

4.3 Risks and Vulnerabilities identified in Wolverhampton Families

Local intelligence tell us that in the last 18 months

- **Child Protection Plan:** 230 children and young people were the subject of a Child Protection Plan. This is a decrease from 245 at 31 March 2013.
- **Looked after Children** at March 2014 was 783 (a rate of 139 per 10,000 children). This is an increase from 660 (119 per 10,000 children in 2013); equivalent to an 18.6% increase.
- **Early Help Assessments** (previously known as CAFs) has risen year on year from 453 in 2010/11 to 948 in 2012/13 and decreased slightly to 909 in 2013/14.
- Early Help Assessments closed due to needs being met was 50.7% in 2011/12; and 55.6% in 2012/13.
- **Families in Focus**, 48.3% (236) of families have less than £15,000 income, 84.7% are in rented accommodation.
- **Family Group Conferencing.** The targets for 2013/14 were for 60 referrals to be managed by the service; which actually received a total of 88 referrals - equivalent to 180 children receiving a service; of which 10 were looked after children.
- **Anti-Social Behaviour** reported to both West Midlands Police and Anti-Social Behaviour Team (ASBT) increased in summer 2013 compared to the previous year. In 2012 1883 reports to WMP and 798 reports to the ASBT. This increased in 2013 to 2514 (WMP) and 1013 (ASBT) Bilston East and Ettingshall wards (both in the South East of the city) have recorded the highest amount of ASB over the summer months. Unsurprisingly, both these wards reported ASB as the top priority within their neighbourhood during the Resident's Opinion Survey 2013. 12 out of the 20 wards reported ASB as one of their top three neighbourhood priorities.
- **Asylum seekers** are between 400- 450, the third highest in the region after Birmingham and Stoke
- **Domestic Abuse (DA)** recorded by the police has risen by 5% in the year to December 2013. From 3706 to 3892
- **Substance misuse** - it is estimated that nearly a quarter of the drinking population in Wolverhampton are deemed 'increasing risk or higher risk' and that

there are more than 5,000 dependent drinkers in the city. The city is also estimated to have a higher prevalence of opiate/crack user than both the regional and national average.

- **Wolverhampton Food Bank**, The Well' reveal that more than 5,500 people received food packages in 2012/13 and this has already been surpassed in 2013/14
- **Wolverhampton Residents' Opinion Survey 2013**, a quarter of residents have difficulties affording food and 41% experienced difficulties paying energy bills.
- **Obesity** is 28%, this is over a quarter of adults who are recorded as obese.
- **Bullying** was a concern for young people. 25% of primary school pupils worried 'quite often' or 'very often' about being bullied, 27% about their looks (Health Related Behaviour Survey 2012)
- **Alcohol**: 36% of Pupils in secondary schools aged 12-15 got drunk on at least one day in the last week. (Health Related Behaviour Survey, 2012). 12% of pupils aged 8-11 reported getting drunk.
- **Pupils with statements** have steadily been increasing in numbers over the years. However, in term of percentage, this has not significantly increased. The increase in numbers reflects the overall increase in population. In 2012, the number of children with statements was 1363, in 2013 = 1404 in 2014 = 1413.

4.4 Achievements to date

The challenges have been highlighted. This section shows some of achievements already made in relation to Early Help.

A snap shot shows;

- **Early Years Foundation Stage Profile.** In 2014 pupils at the end of reception year in 2014 there was a 12% increase in the percentage assessed as reaching a "good level of development." The percentage of pupils at a "good level of development" is nearly 57%. Early indications of national outcomes have the gap between Wolverhampton and national results narrowing from -8% to -3.5. 74% of Year 1 pupils are "working at or above" the required Phonics standard (32) in 2014, up 8% year-on-year, with Wolverhampton pupils on a par with their peers nationally. Wolverhampton is ranked 74 nationally and is in 2nd place when compared to our Children's Services Statistical Neighbours.
- **Free School Meals (FSM).** The gap between FSM pupil's and non FSM pupils has narrowed to 7%; the national "gap" is 5%. Wolverhampton is ranked 40 nationally and is in the upper quartile of Authorities.
- **Key Stage 1-** there have been improvements in all subjects, although outcomes are still below National, (• Reading is up by 3% to 87% (National 90%) the gap between Wolverhampton and national outcomes has narrowed from 6% in 2013 to 3%. Outcomes are in the lower quartile with reading ranked

at 128. Writing is up by 4% to 82%, 4% below national outcomes, narrowing the gap from 6% in 2013. Wolverhampton's national ranking is 135. Maths is up by 2% to 89%, 3% below national outcomes (92%), in the lower quartile of authorities ranking Wolverhampton 138.)

- **Key Stage 2** - the percentage of pupils at level 4+ in reading improved by 4%, in writing by 2%, maths by 2% and all three by 3%. Wolverhampton Schools are now at the national average ranked 70, with 78% of pupils gaining a level 4 plus (ranked 104 last year).
- **LAC.** The number of looked after children is stabilising but the challenge remains for a reduction. Edge of Care panels, Admission to care panels and placement review panels all provide more focussed oversight of why children are coming into care. This helps towards establishing a settled care plan with a view to safe exiting.
- **Families in Focus.** More than 800 families were identified as requiring the help and support through Families in Focus – part of the Government's three-year Troubled Families programme – and figures (30 October 2014) show 617 families have been successfully "turned around", with children back in school, levels of youth crime and anti-social behaviour cut and adults from troubled households on the path back to employment. In total, more than 90 families have achieved continuous employment as a result of the help they have received, with many more on track to secure work in the near future. This is a massive achievement and recognition needs to go to both Council and partner agency 'key workers' who provide the intensive help and support to these families.
- **Targeted Youth Support Panels** were introduced to Increase targeted early intervention work with young people aged 8 -17 (but with particular attention to those aged 13 – 19). 272 young people have been supported to date.
- **Crime prevention and awareness.** West Midlands Police Educational Engagement programme delivered sessions to over 30,000 pupils in the academic year Sept 2013 – July 2014. This included sessions on bullying, anti-social behaviour, drugs and alcohol, internet safety, gangs and knives.
- **Positive activities** such as KICKS engages with young people both male and female (12-18 years) in a range of constructive activities. The aim is to break down barriers between the police and young people and have an impact on crime reduction in target neighbourhood's (Whitmore Reans and Bilston). Kicks deliver every evening, 48 weeks a year delivered not only sports but also workshops on guns, gangs, substance misuse and domestic violence. In the last year over 1500 young people attended KICKS. WMP also have a Princes Trust Programme which is aimed at 16-25 years who are offenders/ ex-offenders, unemployed, LAC and anyone that wants to improve their confidence and improve qualifications.
- **16-18 NEET** has reduced year on year from over 10% to 6% in 2014. Wolverhampton currently has the 3rd lowest NEET outcome within our statistical neighbours group.
- **Obesity.** The Public Health Annual Report 2013/14 is a Call to Action to tackle

obesity across the City. The council hosted an unprecedented Obesity Summit to try to tackle the problem. Over 250 representatives from local businesses, public and private sector organisations, health and social care, voluntary and community organisations and faith groups took part in the forum. Work has begun on developing pledges to address the issue at city and local level.

- **Teenage pregnancy** rates continue to reduce. A reduction from 63.8 baseline to 43.9. However, this is still higher than the average national rate of 30.7. In the drive to tackle this and in response to the national sexual health framework, Public Health undertook a review of all its sexual health services, from education to service delivery. As a result, Public Health will be re-modelling provision to increase access to services making every contact count and reduce sexual health inequalities.

5.0 PRIORITIES

- 5.1 Key themes have emerged through our understanding of needs, current service provision, services performance and the outcomes experienced by children and young people in Wolverhampton. We have identified the following areas where we believe that Early Help will have the greatest impact on outcomes.
- 5.2 This section summarises the actions that will contribute to one of the four priorities of 'Healthy, happy families' – Wolverhampton's overarching plan for children, young people and families services.

STRONGER FAMILIES

Priorities for Action

- Promotion of Early Help assessments. – **because** national research (Munroe report, Graham Allen) and evidence shows that effective identification leads to the appropriate level of intervention to prevent escalation of need. The statutory guidance *Working Together to Safeguard Children 2013* means that all partners working with children and families are now required to work together at an early stage when concerns are identified for families. The Common Assessment tool is now known as the Early Help Assessment to reflect the Working Together guidance. The guidance supports many of the recommendations made in the Munro Report 2011 which proposed reforms in social care – aimed at preventing the neglect and abuse of children and young people through better integrated early intervention services.
- Implementation of evidence based parenting programmes such as Family Nurse Partnership – **because** data shows teenage mothers are three times more likely to have mental health issues, higher infant mortality rates, more likely to leave school without any qualifications
- Implementation of Intensive family support to work with families of children aged 0-4 years who have been identified as being on a trajectory towards being taken into the care of the local authority- **because** data shows that by providing support earlier on families can be supported in order to reduce the likelihood of this occurring by halting further escalation/achieving de-escalation
- Focus on vulnerable groups such as lone parents, unemployed parents, new arrivals and teenage parents – **because** data shows that they are more vulnerable to child poverty, poor health and poor housing. Wolverhampton has higher than average NINO registrants, asylum seekers, a rising number of Central and East European Roma families and is one of four LAs in the West Midlands with a higher prevalence of diagnosed HIV (at least 2/1000 population). Attempting to respond to their complex and diverse needs has placed huge pressures on all public services. New Arrivals are more likely to face the effects of poverty, dependence and lack of cohesive social support and that these factors can undermine both physical and mental health (Burnett, A. 2001 BMJ).
- Reduced number of young people homeless – **because** Wolverhampton has an increasing number of young people presenting as homeless.

HEALTH OF CHILDREN, YOUNG PEOPLE AND FAMILIES

Priorities for Action

- Focus on parental mental health – **because** No Health without Mental Health’ (2011) identifies that good or improved mental health and wellbeing is associated with a number of better outcomes for people of all ages, including improved physical health and life expectancy, better educational achievement, reduced health risk behaviours such as smoking and alcohol misuse, reduced risk of suicide, improved employment rates and productivity and reduced anti-social and criminal behaviour.
- Focus on children’s’ mental health – **because** the CAMHS strategy needs assessment (2013) showed that children and young people and their parents and carers have worries and concerns that focus upon schools and families particularly and especially in terms of bullying, exam grades, their future, falling out with friends, their parents’ wellbeing and family conflict. Research tells us that “between 1 in every 12 and 1 in every 15, children and young people deliberately self – harm”². Data in the needs analysis tells us that the number of young people presenting within emergency services in Wolverhampton, with a corresponding 25% increase in referrals. Standard Nine of the National Service Framework (NSF) for children ³ requires that “all children and young people, from birth to their eighteenth birthday, who have mental health problems and disorders have access to timely, integrated, high quality, multi-disciplinary mental health services to ensure effective assessment, treatment and support, for them and their families”
- Focus on obesity – **because** Wolverhampton has consistently higher obesity rates than the national average for Reception Year and Year 6 children. The gap is wider for Year 6 children at 23.8%- nearly 5% higher than the national average. The rate of obesity doubles between Reception Year and Year 6 and the largest acceleration is in Asian children. Unlike other indicators, the link with deprivation is not so apparent. Overweight and obesity and unhealthy eating in young people is a risk factor for adult obesity and the resulting health problems associated with obesity such as diabetes, heart disease and some cancers.
- Focus on healthy lifestyles – **because** what happens to children before they are born and in their early years can affect their health and opportunities later in life. For example, babies that are breastfed have less chance of getting infections or of becoming obese and therefore developing type 2 diabetes and other illnesses when they get older. And those who grow up in a safe environment and have a healthy relationship with their parents are more likely to do better as they go through life.
- Targeting young people at risk to engage in positive activities and promote pro-social engagement with their community – **because**, young people today have more opportunities and choice than ever before; they also face considerable obstacles. Today’s world presents teenagers with much insecurity. Young people have to deal regularly with intense media saturation and negative portrayal of teenagers, fear of terrorism, financial insecurities, family breakdowns, drugs and

² Mental Health Foundation (2006) Truth Hurts: report of the National Inquiry into self-harm among young people.

³ Standard 9 National Service Framework for Children DoH 2004

alcohol, peer pressure etc. These are all risk factors for a young emotional well-being.

EDUCATION, TRAINING AND EMPLOYMENT

Priorities for Action

- Increase number of families accessing Children Centres – **because** evidence shows (NICE) by adopt a 'life course perspective', recognising that disadvantage before birth and in a child's early years can have life-long, negative effects on their health and wellbeing. The focus on the social and emotional wellbeing of vulnerable children as the foundation for their healthy development and to offset the risks relating to disadvantage. The Children's Centre City average engagement rate in 2013 was 48.5. To receive a 'good' OFSTED rating, this rate needs to be 67%. This makes it challenging for areas that have a high transient population (high student population, high numbers of rental properties).
- Implementation of Troubled Families – **because** we know families have multiple problems and many are already know to a number of agencies. The DCLG Troubled Families Programme will provide a platform within which the range of health, education, social care, employment and community based agencies that work with families with multiple problems can build on the opportunities for pooling of budgets and re-alignment of services. It will avoid duplication and reduce fragmentation to maximise the effectiveness of the interventions. Wolverhampton is improving on its Payment by Results (PBR) rate. In April 2014, this was 18%, in August 2014 this increased to 41%. The target is to have 100% of PBR claims.
- Responding to early indicators to reduce the likelihood of continuing anti-social behaviour and criminal activity- **because**, those offending are more likely to be a NEET. It is reassuring that the rate of first time entrants in the criminal justice system is reducing. For this downward trend to continue, focus needs to be on working with those young people on the cusps of criminal behaviour.
- Responding to early indicators to reduce the number of young people at risk of becoming NEET- **because** of the negative impact on the wider family of economic deprivation and poverty. Young people who are NEET also have low self-esteem and self-confidence causing them to become engaged in a negative downward spiral at risk to a number of additional pressures and consequences which often leads to long term economic inactivity.
- Focus on supporting children to attend and achieve in school – **because** as at June 2014, Wolverhampton has the highest youth unemployment claimant rate, at 9.1%, of all 326 English local authorities.

6.0 HOW WILL SUCCESS BE CAPTURED?

We believe that our success should be directly measured against the outcomes experienced by children, young and families. We will expect to see that more families are supported to take control of their lives, and they are supported in their local communities avoiding the need for statutory intervention. We will use the following measures as proxy indicators of success, and will agree key performance indicators against each measure. We will set targets for improvement for 2015-16, 2016-17 and 2017-18. These measures will be reported on an Early Help Scorecard.

7.0 GOVERNANCE

The Children's Trust Board has overarching responsibility. Performance will be managed through the Early Help Board which is accountable to the Children's Trust Board. Individual agencies will be responsible for meeting their own performance management arrangements which the Partnership expects will incorporate targets for delivering the wider strategy and meeting shared key performance indicators and outcomes.

Action Plan**Early Help Outcomes Measures**

Information about each of the measures will be collected and reported quarterly to Early Help Board and other relevant groups. The priority measures below are included in the broader suite of measures in relation to the Children & Young People's Plan. The reference relates to the Children and Young People's Plan outcomes.

CYPFP Priority : FAMILY STRENGTH

- ❖ Increase parenting skills & resilience
- ❖ Reduce domestic violence
- ❖ Reduce neglect
- ❖ Support parents with mental health
- ❖ Reduce parental substance misuse

Ref	Measure	Information Source
FS1	Embedding the Early Help approach across the workforce. <ul style="list-style-type: none"> - Number of practitioners trained in Share care (Early Assessment) - To establish a baseline for the number of Early Assessment completed - To establish a baseline for the number of organisations completing early help assessments 	Early Help (0-5) (5-18)
FS2	To establish a baseline for the number of early assessments escalated to CIN/CP	Early Help (0-5) (5-18)
FS3	To establish a baseline for CIN/CP de-escalated to Early Help	Early Help (0-5) (5-18)
FS4	Number of children 0-4 who live in the area that are registered with a children centre <ul style="list-style-type: none"> - Tracker of new registrations Engagement with priority groups <ul style="list-style-type: none"> - Teenage parent - Lone Parents - Unemployed Parents - BME groups - Ante Natal and New Birth engagement 	Early Help (0-5)
FS5	Achieve the targets set out in the national DCLG Troubled Families programme locally known as 'Families in Focus' (details to follow)	Early Help (5-18)

FS6	<p>NEW PROJECT</p> <p>No of people accessing 'New Arrivals Health and Social Care Support' programme (Public Health Transformation funding)</p> <ul style="list-style-type: none"> - Fewer families living in sub-standard overcrowded private rental properties - A reduction in interpretation costs and less pressure on section 17 funding (221) - The numbers accessing schools, housing, health and social care services in timely manner is increased - The numbers in inappropriate accommodation is reduced - The numbers accessing mainstream education services is increased - As more register with GPs/dentists, they will be able to access advice/support at an early stage improving health outcomes. - Caseworkers and volunteers are trained in the assessment, guidance and support of clients with health issues. 	Public Health / Education & Enterprise (Homelessness Strategy & External provider)
FS7	<p>NEW PROJECT</p> <p>Number of parents engaged with Family Nurse Partnership (target group under 19's who are first time mothers).</p> <ul style="list-style-type: none"> - improvements in antenatal health - reductions in children's injuries, neglect and abuse - improved parenting practices and behaviour - fewer subsequent pregnancies and greater intervals between births - improved early language development, school readiness - increased maternal employment and reduced welfare use - increases in fathers' involvement - Increase uptake in long acting contraception 	Public Health/ RWT
FS8	NEW PROJECT	Public Health

	To establish baseline for long acting contraception in vulnerable women Focus on women who have had child/ children taken into care.	
FS9	NEW PROJECT Number of families engaged with Intensive Family Support Teams - Number successfully achieving outcomes identified in the social care plan - Number of vulnerable women given sexual health and contraception advice - Number of women taking up long acting contraception	Public Health
FS10	Number of young people where homelessness is prevented through family mediation	Housing
FS11	Number of young people where homelessness is prevented though Joint Protocol	Housing Options

Current activity in place to impact:

- ❖ Implementation of troubled families programme, locally known as families in focus. Project team in place to oversee PbR (payment by result)
- ❖ Implementation of Family Nurse Partnership. FNP is a voluntary, preventive programme for vulnerable young first time mothers. It offers intensive and structured home visiting, delivered by specially trained nurses, from early pregnancy until age two. Staff has been appointed and training is due to start. Referrals to the project will commence in Nov 2014.
- ❖ Intensive family support team in place.
- ❖ Re-structure of Children Centres and MASTs into Children & Families Support Centres/ Early Help Teams
- ❖ Launch of Share-care & workforce training
- ❖ Continuation of Night stop – This provides safe, emergency accommodation for homeless young people aged 16-25 in the homes of approved volunteer hosts.
- ❖ Family mediation service provides family mediation to young people aged 16 – 25 and their families to enable them to remain or return to the family home where it is safe

CYPFP Priority : Improve the health of children, young people and families

- ❖ Fewer children are obese
- ❖ More children survive infancy
- ❖ More children and young people are resilient.
- ❖ Fewer children and young people misuse substances
- ❖

Ref	Measure	Information Source
H1	Number of Children referred from CAMHS into Tier 2	Adult Commissioning (Mental Health)
H2	Number of Children referred from Tier 2 into CAMHS	Adult Commissioning (Mental Health)
H3	Decrease in the length of time in accessing CAMHS support - Triage system to go live October 2014	Adult Commissioning (Mental Health)
H4	NEW PROJECT – HEAD START <ul style="list-style-type: none"> • Numbers of children and young people aged 10-14 years and their mentors, staff, peer mentors, parents and parent mentors accessing resilience training to support whole system change (in schools, special schools and alternative provision). • Numbers of children and young people aged 10-14 years and their mentors, staff, peer mentors, parents and parent mentors reporting increased use of coping skills and strategies, achievement motivation, and self-efficacy. • Numbers of children and young people aged 10-14 years and their mentors, parents, staff and parent mentors reporting increased ability to access early intervention, prevention and support. • Numbers of children and young people aged 10-14 years who have received the resilience training accessing community resilience clubs, groups and activities • Numbers of children and young people aged 10-14 years, and their parents, carers, peers and mentors and teachers accessing on-line and APP based resources (Mi-Life). 	Head Start Adult Commissioning (Mental Health)
H5	No of assessments completed where Adult services in accepting referrals ask about the children (Ofsted, What about the children)	Adult Commissioning (Mental Health)

H6	<p>Number of young people in drug treatment</p> <p>Number of young people exiting</p> <p>Number of young people re-admitted within 12 months</p> <p>Number of young people identified in early help assessment with a substance misuse issue</p>	Public Health
H7	The rate of alcohol specific hospital admissions for under-18s was 28.4 per 100,000 under 18 populations.	Public Health
H8	<p>Reduce the number of people obese in Wolverhampton</p> <p>% of children overweight/ obese at reception age</p> <ul style="list-style-type: none"> - Families supported with exercise and nutrition - Increase uptake of the Healthy Start scheme <p>Number of families part of the Hearty Lives programme</p> <ul style="list-style-type: none"> - Families supported with cooking healthy meals - Families supported with food and physical activity budgeting - Families increasing time on physical activities 	Public Health
H9	Reduction in the rate of under 18 teenage pregnancies	Public Health

Current activity in place to impact:

- ❖ Successful bid to National Lottery for phase 2 of Head start
- ❖ Re-design/ commissioning of CAMHS
- ❖ Continued funding to support Hospital youth team
- ❖ In tackling obesity, the implementation of the Hearty Lives Programme, an innovative 3 year scheme to support around 380 of Wolverhampton's most vulnerable families. Hearty Lives will target parents with a child who is subject to either a Child in Need or Child Protection Plan and also has weight management issues after it was found that children on the child protection register generally have worse health than the wider population.
- ❖ The Healthy Start scheme provides a nutritional safety net for pregnant mothers, new mothers and young children (under 4 years) living on low incomes across the UK and aims to improve access to a healthy diet for these vulnerable families. It does this by giving families

food vouchers and access to Healthy Start-branded vitamins. Food vouchers can be used in neighbourhood shops to buy fresh cow's milk, infant formula milk, and plain fruit and vegetables (fresh or frozen). Each voucher is worth £3.10, and families receive two vouchers each week for babies less than 1 year old, and one voucher each week for pregnant women and 1-4 year olds. Vitamin coupons entitle families to free vitamins for children and new mothers, usually accessed from health or Children's Centres. The Department of Health is legally responsible for the Healthy Start scheme in Great Britain, but it is the statutory responsibility of the local trust or board to make Healthy Start vitamins available.

CYPFP Outcome : Increase achievement and involvement in education, training and employment

- ❖ Improve attainment
- ❖ Improve school attendance
- ❖ Increase participation of 16-18 year olds in EET

Ref	Measure	Information Source
EET1	<p>To increase participation in learning of young people aged 16-20 (up to 25 years for those with learning difficulties and/or disabilities)</p> <ul style="list-style-type: none"> - September Offer is communicated to all young people in the year they reach compulsory education age - All young people in schools at risk of being NEET likely to enter the labour market are identified by the end of April - Provide retention support for young people in post 16 learning at more risk of dropping out 	Education & Enterprise (Tony O'Callaghan)
EET2	<p>To prevent disengagement and support retention in learning</p> <ul style="list-style-type: none"> - The number of targeted young people provided with information, advice, guidance and support - 100% of targeted young people have an identified lead Personal Adviser - To increase the engagement of parents/carers of targeted NEET young people in supporting them to participate in learning 	Education and Enterprise (Tony O'Callaghan)
EET3	<p>To decrease the number of young people not in education, training, employment (NEET) Reduction in Not Known 16-18</p> <ul style="list-style-type: none"> - Identify NEET hotspots and focus PA resources on young people in these locations - Deliver a programme of impartial independent guidance to targeted young people who are NEET focussing on advocacy and successful progression, increasing participation and raising aspirations specifically prioritising those who have SEN but also targeting: LAC, young offenders, teenage parents, homeless, substance misuse, new arrivals, asylum seekers and those at risk of gang related behaviour. 	Education and Enterprise (Tony O'Callaghan)

Current activity in place to impact:

- ❖ consistent & appropriate career Information, advice and guidance for young people
- ❖ intensive and focussed support e.g. to support the development of speech, language and communication skills, demonstrated through provision management for SEN pupils

**CYPFP Priority : Increase achievement and involvement in education, training and employment
Youth crime prevention**

Ref	Measure	Information Source
CP1	Reduction in the number of first time entrants to the Youth Justice System <ul style="list-style-type: none"> - Improve services for out of court disposals particularly community resolution - The number of families supported through the Youth Inclusion Support Programme (YISP) 	YOT
CP2	Reduce re-offending by young people	YOT
CP3	Reduction in the number of young people known to anti- social behaviour team <ul style="list-style-type: none"> - To establish a baseline for number of young people supported via the School and Police Panels - No of acceptable behaviour contracts (abc) - No families complying with abc 	SWP WMP
CP4	Reduction in young people involved in gangs and youth violence. No of commissioned services	SWP

Current activity in place to impact:

Targeted support for vulnerable groups such as those involved in crime, ASB, substance misuse, risky behaviour.