

Bromley Prevention and Early Intervention Strategy 2015 – 2018



**DRAFT FOR
COMMENT**



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Foreword

Bromley Council recognises that most families are able to cope with the challenges that face them with the help of their extended families and networks, if needed. However, some children, young people and families are not as resilient and self-sufficient as others and can require additional help and support at key moments.

When such situations begin to develop the right help at the right time can support the family and its members to overcome these challenges and prevent them from developing further or re-occurring in the future. Sometimes such support can be limited to a short term intervention, whilst others may need assistance over a longer period of time from several agencies.

This help and support can be provided in many ways: through services already well established in Bromley, such as the Bromley Children Project, continuing to respond to the needs of families and delivering on national initiatives such as the Tackling Troubled Families programme; through establishing new services, such as the Community Wellbeing Service, to provide young people with a range of services which may be needed to help them re-establish their emotional and mental wellbeing and through working more closely across the Council and with our partners such as schools and colleges, health services, the police, local housing providers and the voluntary sector.

These, and the other initiatives contained within this Strategy, form part of the Council's vision to see children and young people develop physically and emotionally within their family, whilst gaining the life skills to fulfil their potential.



Introduction

The purpose of Bromley's Prevention and Early Intervention Strategy is to set out our vision for the next three years that describes how we intend to help families to build resilience and overcome the challenges that face them in their lives.

Our main aim is to make the best use of all the resources available in the borough to improve outcomes for children, young people and their families.

In order to achieve this aim, it is intended that the following objectives should be met:

- To support the development of strong universal services that help all children, young people and families to help themselves to find their own solutions to problems or prevent problems developing through building resilience.
- To make best use of community provision, and volunteers whenever possible.
- To ensure parents are supported at the level they need, when they need it, to develop parenting capacity, using their own strengths to promote the best outcomes.
- To ensure our processes support timely and appropriate access to a multi-agency assessment and response to identified needs.
- To ensure the best match between workforce skills and capacity in the development of our new delivery model.
- To retain a focus on outcomes.
- To ensure the targeting of resources toward the most vulnerable families
- To prevent high cost spend wherever possible with a focus on the management of risk.
- To safeguard and promote the welfare of children and young people, strengthening our partnership approach to safeguarding.



Context

In Bromley the vast majority of children and young people are raised in safe, secure and loving families where the adults in the family care for their children and they in turn grow up to be successful in their adult lives making a full contribution as members of society. There are, however, a small number of children and young people who, for a range of reasons, do not experience the same opportunities. They may be born into families that are unable to meet their needs or life circumstances create additional challenges which family members struggle to deal with.

There are a number of factors which can create such situations affecting either the family as a whole, the parents or one or more children. These factors may relate to the home environment, levels of income or employment, lack of parenting skills, substance misuse, crime or illness or disability.

A number of services have already been developed within Bromley to support families in such circumstances and these services have been successfully used to prevent the need for the children and young people in these families being supported by social care.

Without prevention or early intervention these factors can lead to the need for intervention, often at a late stage, which may include child protection measures or removing the child from the family home. It is the aim of prevention and early intervention to address issues and concerns before they become significant enough to warrant intervention at such a high level and enable families to overcome the challenges which face them, resulting in positive outcomes for family members.

In the current climate of financial constraint it is ever more important that these services are employed efficiently and effectively as it is clearly indicated that such preventative measures are more cost-effective in the long term.

This Strategy builds on the information contained within the Bromley Joint Strategic Needs Assessment as well as principles and priorities outlined in a number of Bromley strategies and plans, some of which will be reviewed this year:

- Building a Better Bromley: 2020 Vision
- Children's Strategy for 2012 to 2015
- Health and Wellbeing Board's Strategy 2012 to 2015
- Community Safety Strategy 2014 – 2017
- Tackling Troubled Families Plan
- The Child's Journey in Bromley – A Partnership Model (2015)
- Young People Strategy (2015)
- Joint Carers Strategy

What is Prevention and Early Intervention?

Within the past decade research has supplied the evidence which demonstrates the need for effective early intervention services delivered in partnership to make best use of resources such as Children and Family Centres. Investment in Prevention and Early Intervention services has been strongly encouraged for some years and is supported by an increasing evidence base that demonstrates that it both works and is cost effective.

Prevention refers to services and interventions for the whole population or groups and individuals who may be at risk of poor outcomes. Preventative intervention aims to reduce the risk of needs becoming more severe and requiring intervention at a higher level.

Early intervention means intervening as soon as possible to tackle problems emerging for children, young people and their families or working with a population most at risk of developing problems. Early intervention reflects the widespread recognition that it is better to identify and deal with problems early rather than respond when difficulties have emerged and intervention can be less effective and often more expensive.

Although research shows that the greatest impact can be made during a child's early years, early intervention is not just for very young children, as problems may emerge at any point throughout childhood and adolescence and at particular times such as bereavement or homelessness.

Early intervention can give families the opportunity to regain control of their circumstances without formal statutory interventions such as social care. If help early on is not available this can, in the worst cases, result in children's social and emotional development being impaired with potential for family breakdown and children being taken into care.

Within Bromley prevention and early intervention is based on the four levels of need in the Bromley continuum of need and intervention which is outlined in *The Child's Journey in Bromley – A Partnership Model (June 2015)*.

This strategy focuses on the first three levels of need with the aim of preventing a child or young person from needing specialist services such as children and young people's social care or in-patient treatment for mental ill-health.



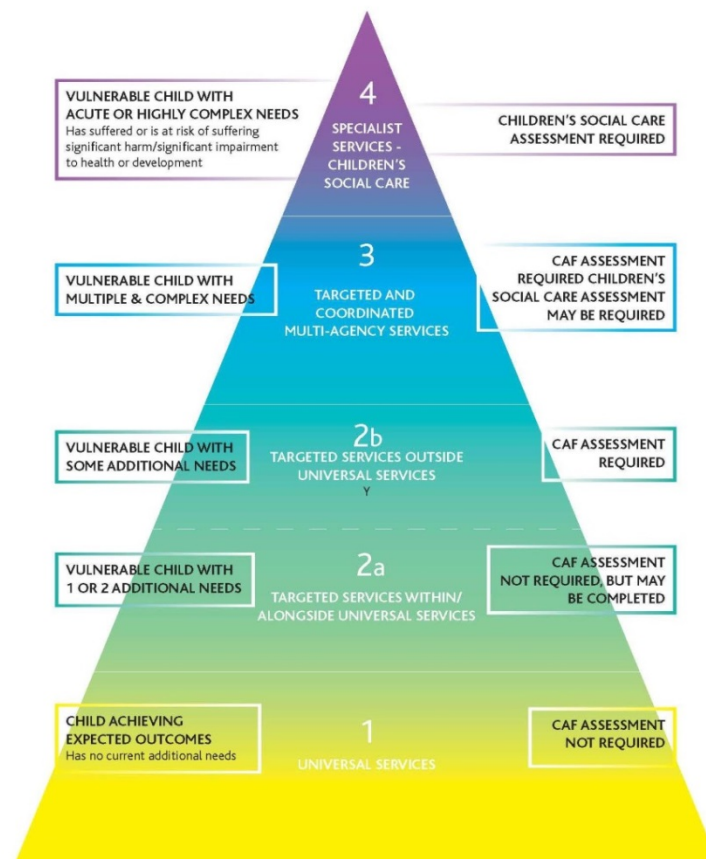
Universal Services (Level 1)

Most children's and young people's needs will be met at this point with support from within the family, friendship, and community networks supported by universal services such as GP practices, health visitors, school nurses and education. Other services or activities may be provided within the community for children, young people and families. These may be self-selecting such as uniformed and non-uniformed groups or for a particular group of residents such as activities based around community centres or faith groups. As well as providing their own services, universal services also have a role in identifying needs, sign-posting to early intervention services to assist the family in dealing with challenges that arise or referring to more specialised services if appropriate.

Targeted and Co-ordinated Multi-Agency Services (Level 2 and 3)

These services are for those families who may be struggling to cope with situations affecting individuals within the family or the family as a whole. These services offer a range of interventions which may deal with a single issue such as limited parental capacity or working within a multi-disciplinary service such as the Tackling Troubled Families programme. These services can be offered as and when needs arise within a family.

There are also groups of children, young people or families who are recognised as being in particular need of support above that provided by universal services. For such groups, such as those living in areas of deprivation or first time teenage mothers, targeted services may seek to intervene at an early stage to prevent recognised problems developing which may endanger the integrity of the family or endanger those within it.



Indicators of Vulnerability

There are a number of groups of children, young people and families whose life circumstances indicate that they are more likely to experience difficulties in their lives and may need support to overcome them. Some of these may impact individual members of the family, but impact all of them. These include:

- Families with limited parenting capacity
- Families experiencing low income or poverty
- Families experiencing long term unemployment
- Families experiencing temporary homelessness
- Asylum seekers and refugees
- Single parents
- Bullying
- Domestic abuse
- Being a victim of crime
- Anti-social behaviour
- Being a perpetrator of crime
- Mental ill-health
- Substance misuse
- Self-harm
- Disability or special educational need
- Teenage parenthood
- Having a low birth weight
- A&E attendances of 0-4 year olds
- Unintentional and intentional injuries
- Long-term illness
- Obesity
- Limited educational participation and attainment
- Being a young carer
- Risk of entering or re-entering children's social care

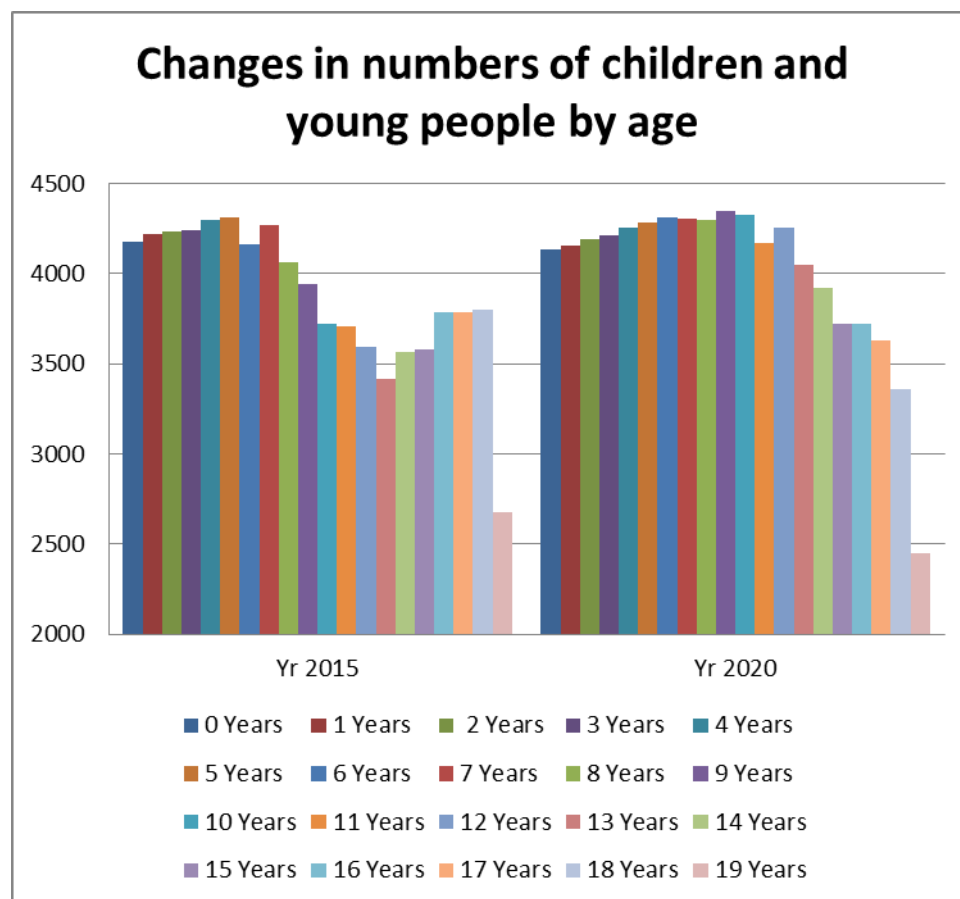


What do we know about Children, Young People and Families in Bromley?

Numbers of children and young people in Bromley

The number of children and young people in Bromley is estimated to rise by 2,500 in the period from 2015 – 2020 which is a 3% increase.

From the chart below it can be seen that the numbers of children and young people of different ages will change as the impact of the increase in births over the past few years affects those of primary school age and, to a lesser extent, those of secondary school age. Numbers of those under 4 years are now plateauing after 10 years. For young people aged 16 years and above numbers will actually decrease.



There is also some variability in these figures between wards, in that some wards will experience an overall increase in the number of those 19 years and under and some will have a decline in this age group. Additionally this will also vary by age group.

Overall, it is estimated that the following wards will have the highest percentage increase of those 19 years and under: Darwin (23%), Copers Cope (14%), Bromley Town (10%) and Chislehurst (8%). However as Darwin ward has less young people than the other wards it has the lowest numerical increase of these 4 wards – only 276 compared to the additional 476 in Bromley Town. West Wickham is the ward with the greatest decrease at 8% which represents 293 children and young people.

Darwin and Copers Cope wards will see an increase in all age groups and Bromley Town in all age groups but 0-4 years. West Wickham, conversely, will only see an increase in the 0-4 years.

Bromley will see the largest rise in the 10-14 years age group. It is estimated that this will be a rise of 2,700 (15%). A number of wards will see an increase of over 20% in this age group. These wards are contained in the table below:

Ward	Increase %	Increase n
Clock House	37%	291
Copers Cope	32%	162
Bromley Town	30%	280
Darwin	29%	82
Plaistow and Sundridge	27%	216
Crystal Palace	26%	154
Cray Valley East	26%	247
Petts Wood and Knoll	25%	182
Penge and Cator	23%	216

Ethnic Minorities – 31.8% of school children in Bromley in 2014 were from an ethnic minority which is slightly higher than the national average (27.8%) and more than half that of London as a whole (70.3%). This includes pupils who live outside the borough.

Children in Poverty – In 2012 16.2% of children under 16 lived in families in receipt of out of work benefits or tax credits where their reported income was less than 60% of national median income. This is significantly better than the England average and the London average. In 2010 wards that had the greater number of families in this situation are: Cray Valley East, Cray Valley West, Crystal Palace, Mottingham and Chislehurst North and Penge and Cator.

Family homelessness – In 2013/14 392 households with dependent children or pregnant women in Bromley were classified as statutory homeless households. This is significantly worse than the England average, but slightly better than the London average.

Single parent households – The wards which had the greatest percentage of single parent households in 2011 are: Cray Valley East, Cray Valley West, Crystal Palace, Mottingham and Chislehurst North and Penge and Cator.

Bullying – At the end of 2010 school councils were asked about bullying by the Council: 9 schools responded. The majority of the responses indicated that bullying was not a particular problem in Bromley schools. However, a significant number of children and young people indicated that bullying is a particular problem. In spring 2014 470 Year 9 pupils from 4 schools completed the RU Different? Survey sponsored by Public Health. 72% said they were never or rarely bullied with 8% saying they were often bullied.

Domestic Abuse – During 2014/15 over 330 children and young people were affected by domestic abuse. 118 accessed refuges and 17 received support as victims of abuse.

Victims of Crime – The number of young people receiving help from Victim Support has increased over the past two years due to a pan-London initiative to improve referral pathways. In quarter 1 of 2014/15, 49 referrals were received, this increased to 77 referrals in the same quarter 2015/16. A total of 179 referrals were received in 2014/15. Not all victims will want support or even report a crime.

Perpetrators of Crime – In 2013 there were 83 young people between 10-17 years who entered the youth criminal justice system for the first time. This is an improvement on previous year's figures. This number is significantly better than the England and London average.

Actions:

- ❖ [Homelessness – see page 22](#)
- ❖ [Domestic Violence – see page 26](#)
- ❖ [Gangs – see pages 22 & 26](#)
- ❖ [Youth Justice System – see pages 22 & 26](#)



Mental ill-health - During the first three months of operation the newly commissioned Community Wellbeing Service has had 786 referrals requiring a triage assessment of whom 45% have been measured at the highest range of need. 45 young people under 17 years were admitted to hospital for treatment for mental ill-health in 2013/14.

Substance Misuse – Hospital admissions for substance misuse for those between 15-24 years have increased and were significantly worse than England between 2011/12 to 2013/14.

Alcohol Misuse – Numbers of young people admitted to hospital for alcohol specific conditions have remained fairly steady for under 18 years and figures for 2011/12 to 2013/14 are significantly better than England figures.

Self-harm and suicide –13% of the 786 young people assessed by the Community Wellbeing Service in its first 3 months were self-harming, 11% indicated they have thought about or planned suicide and 3% have attempted suicide. There were 122 admissions for self-harm in 2013/14 for those aged 10-24 years. In 2012 18% of admissions for self-harm from all ages were those aged 15-19 years. The vast majority of these were female.

Disability or special educational need – the percentage of pupils with special educational needs in Bromley schools was 16.5% (7,956) in January 2014, down from 9,485 in 2011. 1,691 of these had a statement of special educational need.

Actions:

- ❖ Emotional Wellbeing and Mental Health – see page 20
- ❖ Special Educational Need and Disabilities – see pages 19 & 25



Teenage pregnancy – the number of conceptions for young women under 18 in 2013 and births to mothers under 18 years in 2013/14 were significantly better than the England average which is an improvement over previous years. There were 108 conceptions and 23 births. In 2012 of the 137 under 18 conceptions, 70% were terminated significantly higher than London and national figures. However, between 2010 and 2012 there were 113 conceptions in those aged 13-15 years which is higher than London or England rates. The highest percentages of teenage conception rates in 2009-11 were found in: Cray Valley East, Cray Valley West, Crystal Palace, Mottingham and Chislehurst North and Plaistow and Sundridge.

Low Birth Weight – In 2013 the percentage of births weighing less than 2.5kg (7.1%) was less than the English and regional average putting them at greater risk of health problems. The same is true of babies who are large for their gestational age of whom there were 11%.

A&E attendances 0-4 years – In 2013/14, there were 12,144 A&E attendances by children aged 4 years and under, which is a reduction on the previous year. This rate is significantly worse than the England average, but lower than London. In 2012/13, of all those registered with a Bromley GP attending A&E three or more times, the under five years were the largest group. Of this number, 481 (41% of under five years) were under 1 year. Over 100 of these patients came from the two Cray Valley wards. However, many of these visits are made by worried parents who do not feel confident in accessing other sources of information and help for their child and this is supported by the admission rate which is below the national average.

Hospital admissions caused by injuries – Emergency admission rates for injuries in 2013/14 for those aged 0-14 years and 15-24 years are significantly better than the England average.

Actions:

- ❖ [Teenage Pregnancy – see page 20](#)



Diabetes – In 2013 there were 115 children and young people aged 17 years and under with Type 1 diabetes in Bromley, this was 20 less than the predicted number. However, whilst there were significantly fewer among those aged 10-14 years (45 actual children compared to 79 predicted), for older young people actual numbers were 36 compared to 13 predicted.

Epilepsy – there were 377 children and young people with epilepsy on GP databases.

Childhood Obesity – in 2013/14 the percentage of children in Reception Year classified as obese was 8.1% which is significantly better than the national and London average. When those measured as overweight are included, the figures increase to 21.4%. For children in Year 6 the percentage of those classified as obese is 15.4% although again it is significantly better than the national and London average. When those who are overweight are included this rises to 32%.

In figures from 2009/10 to 2011/12 children in Reception classes in Crystal Palace and Mottingham and Chislehurst North had the highest percentage of obesity, followed by those in Cray Valley East, Penge and Cator and Plaistow and Sundridge. In Year 6 the highest percentages of obesity were found in the top four wards for Reception class obesity levels, although Cray Valley West replaced Plaistow and Sundridge.

Actions:

- ❖ **Childhood Obesity – see pages 20 & 25**



Good level of development aged 5 – In 2013/14 children in Bromley were significantly above the English and regional level for good level of development within the Early Years Foundation Stage with 67% reaching this level. Those wards with the lowest level of development in 2012/13 were: Crystal Palace, Darwin, Mottingham and Chislehurst North, Penge and Cator and Plaistow and Sundridge.

In 2013/14 the gap between those attaining this level who were eligible for free school meals and those not eligible was 19%, the same as the national gap, this is 5% better than the previous year.

Key Stage 1 – In 2014 Bromley pupils exceeded national averages at all levels. However, the gap between those eligible for free school meals and those not eligible is greater than that found nationally, although the gap in Bromley has improved since 2013.

Key Stage 2 – In 2014 Bromley pupils exceeded national levels of attainment. The gap between those eligible for free school meals and those not eligible has been on a downward trend between 2009 and 2014 and equalled national levels in 2014.

Key Stage 4 – In 2014 Bromley pupils attaining 5+A*-C GCSEs (including English and Maths) was above the national average. However, it was an 8% decrease from the previous year while national figures decreased by 4%. The gap between those eligible for free school meals and those not eligible was 31%. This is a rise of 3% on 2013 figures and compares to a national gap in 2014 of 26%.

Actions:

- ❖ Education – see pages 21 & 26



School Absence – From 2005/06 until 2009/10 Bromley’s absence percentage was generally higher than national, London and statistical neighbour rates. Since then the percentage of Bromley’s pupils being absent has been lower than national rates and lower or equal to those of London and statistical neighbours.

Persistent Absentees – Since 2010/11 Bromley has seen a persistent reduction in the percentage of pupils with attendance below 85% within state funded primary, secondary and special schools. This is in line with reductions at national, London and statistical neighbour level. However, although lower than the national level, it is above London and statistical neighbour level.

Children Missing Education – Overall the number of Children Missing Education referrals have increased from 124 in 2013/14 to 189 in 2014/15. Comparing these two years there has been a rise in the number of pupils being excluded from 40 to 56. This increase is being seen particularly in primary schools and is being investigated. There has also been a rise in those receiving home tuition from 59 pupils to 74 pupils. A decrease has been seen in those using alternative provision from 74 in 2013/14 to 29 in 2014/15 which may be attributable to the introduction of Key Stage 4 courses at Bromley College.

Education, Employment and Training - 4.5% (439) of young people 16-18 years were not in education, employment or training in January 2015. As a result of work done to reduce the number of young people whose status is not known this figure has fallen from 15.3% (1,671) in 2014 to 8.6% (904) in 2015.

Young Carers – There were 909 young carers known to Carers Bromley during the last quarter of 2014/15: 433 are 11 years or under and 473 are 12 – 18 years.

Actions:

- ❖ **Education – see page 21**



Number of children, young people and families using early intervention services

Users of Children and Family Centres – The number of adults and 0-5 years registering with and using Children and Family Centres has shown a consistent rise over the past 3 years. 3,236 individuals used the Centres in April 2015.

Family Support – The trend for the number of referrals to Family Support services has remained fairly consistent since mid-2014 with an average of 50 referrals per month.

Tackling Troubled Families – The trend for the number of young people referred to the Tackling Troubled Families programme has generally been rising, with some monthly variations.

Common Assessment Framework – Over 700 children and young people have had a Common Assessment Framework carried out in 2015.

Number of children and young people needing social care intervention

Referrals to Children's Social Care – during 2014-15 over 10,000 initial contacts were received by Children's Social Care. There has been an overall decline in the average number going to referral per month from 200 in April 2011 to 150 in April 2015.

Child Protection Plan - 220 children and young people had a child protection plan at the end of January 2015, of whom 42% were from a minority ethnic background.

Children Looked After – 276 children and young people were in care at the end of March 2015. The number on 31 March for the past seven years has been between 250 and 286. The rate per 10,000 is lower in Bromley than London and England averages.

Fostering – Of the 270 children and young people looked after at the end of 2013/14, 75% lived with foster carers which is a 10% increase since 2011/12. This figure is similar to other comparator authorities.

Adoption – Numbers of children and young people being adopted between 2007/08 and 2014/15 varies between 9 and 17 each year.

Other Holistic Actions:

- ❖ **Whole Family Approach** – see pages 18, 23 & 24
- ❖ **Tackling Troubled Families** – see pages 18 & 23
- ❖ **Children and Family Centres** – page 19

What has Bromley done so far?

During recent years a number of initiatives have been introduced in Bromley which support prevention and early intervention as well as promoting existing services. These include:

Social Care

- Establishing the Bromley Multi Agency Safeguarding Hub (MASH), initially in July 2011. Since then it has developed to include professionals from Children's Social Care, Police, Health, Education, Probation, Housing and Youth Services. The MASH manages all referrals made to Children's Social Care and ensures children, young people and families receive targeted support where necessary.
- Introduced a dedicated practitioner to undertake return home interviews for child reported as going missing in the community in order to strengthen early support.
- Increasing the profile and number of Common Assessment Framework (CAFs) being completed over the last 3 years from 335 to 700 in 2015. A CAF is a holistic assessment of a child's need for support in addition to universal services, but below the need to be referred to Children's Social Care. Co-ordinated support can then be provided with a lead professional for the family to work with. This increase was achieved alongside the launch of a new CAF tool following consultation with partners
- Strengthened the established Bromley Children Project which provides family support and parenting services to families including the introduction of an assessment tool that reflects the Signs of Safety model and a robust reporting system.
- Participation in the national Tackling Troubled Families Initiative, a three year programme which is consistent with and contributes to the Prevention and Early Intervention Strategy. The aim of the programme is to target families, including young people of secondary school age, which have multiple problems and provide support and services at an earlier level of need. By February 2014 Bromley had successfully turned around 94% of the 490 families identified as needing support under the initial national criteria and are anticipating 100% results by the final claim. As a result of this success Bromley were invited to be an early starter for phase two of the programme which will expand the criteria for participation to families with children of all ages.



Social Care

- Promoting the use of Bromley's six Children and Family Centres. This has led to an increase from 11,994 unique users in 2012/13 to an expected 15,000 in 2015. It is anticipated that footfall will also increase from 80,751 in 2012/13 to 120,000 in 2015.
- Providing a range of evidence based parenting programmes for families with children from pre-birth to 18, including courses with a targeted focus, for example a course which support parents with children who have an ADHD diagnosis or similar behavioural traits.
- Developed a focused and targeted Parenting Plus model for parents who are known to children's social care and struggling with their parenting responsibilities.
- A review of the Youth Service has been taking place in order to consider the way in which services have been delivered to young people and identify if these could be delivered in a way that enhances prevention and early intervention, and provides appropriate targeted support to young people. This work is ongoing and is an important strand of our approach to prevention and early intervention.
- As young people with learning and/or physical disabilities and complex needs approach adulthood, multi-disciplinary meetings are held, which include adult care management, to help them prepare for adulthood and assess what support and training each person needs to ensure their wellbeing and maximise their independence as they get older. This may include the involvement of the reablement and occupational therapy teams.



Health

- Established the Joint Bromley/Bexley Family Nurse Partnership in April 2014. Intensive support is provided to teenage first time mothers and fathers by providing specialist health support during pregnancy until the child is two years old.
- The development of the Bromley Community Wellbeing Service to support the emotional health and mental well-being of children and young people in Bromley. Since December 2014 the service acts as the single point of access to Bromley's Children and Adolescents Mental Health Service. It provides a triage system to ensure children, young people and their families receive the support they need to enable them to cope with mental ill-health whether through the Wellbeing Service itself or through referrals to other appropriate services.
- Public Health has been working with secondary schools to improve the emotional wellbeing of young people through enabling training in mindfulness and suicide awareness. This allows staff to offer low level support to young people and also to recognise early signs of need and refer, where appropriate, to services. Schools in the borough have also formed a Wellbeing Group to promote the emotional wellbeing of young people.
- Reviewed Speech and Language Therapy service for pre-school age children to identify how early intervention can result in better outcomes for children and prevent the need for more costly interventions later in school lives.
- As part of Pro-Active Bromley, officers in public health, leisure and road safety have worked with partners to deliver the five aims of the Strategic Framework 2011-2016 including: engaging more young people in sport and physical activity; removing barriers to participation and seeking external funding and grants.
- Public Health has been supporting Bromley schools to join the Healthy Schools London programme which began in 2013. The programme promotes healthy eating, encourages participation in additional physical activity and promotes emotional health and wellbeing. Currently 69 Bromley schools have joined the scheme with 45 reaching the bronze award standard and 17 the silver award.
- Encouraging healthy lifestyles to prevent obesity, the HENRY programme works with families of pre-school age children through courses for parents and training for health and social care professionals to support families. For children who are already overweight the MEND programme offers exercise and nutrition support for those aged 4-14 years and can include parents and siblings.
- Bromley Clinical Commissioning Group is part of the Our Healthier South East London initiative which is planning to improve health services in the area. Work with partners and the public has identified six areas of healthcare where improvements are needed. These include maternity services and those for children and young people as well as urgent and emergency care.



Education

- Over the next two years the Government is introducing the Early Years Pupil Premium for disadvantaged 2-4 year olds to fund early education opportunities to counteract educational attainment gaps that may emerge at this age. There is already a thriving early years' sector in Bromley to support children to make a successful start in life. The Council supports the opportunity of free early education for two to four year olds by encouraging families to take up the offer and providing them with information. The Council also offers training and resources to providers and works with those requiring improvement.
- The launch of the Bromley Trust Alternative Provision Academy in September 2014 has provided an enhanced opportunity for children and young people unable to attend mainstream school to receive the support they need to achieve a good education.
- As part of the new Behaviour Strategy, the multi-professional Core Panel role has been revised to offer advice to schools to help young people at risk of permanent exclusion as well as considering school referrals for home tuition and placement at alternative provision schools. An advisory teacher with appropriate Social, Emotional and Mental Health experience has been appointed to support early interventions in schools and link with Core Panel.
- The Core Panel, as well as the Children Out of Mainstream Education (COOME) Panel, identify children who are at risk of, or are missing from, education and require a multi-agency approach to remove the barriers for accessing education where parents are unable to do so.
- Pupil Resource Agreements have been developed in Bromley to provide additional targeted funding to mainstream schools over and above the notional Special Educational Need funding allocated to schools. This has enabled schools to be able to include children with special educational needs more easily.
- The Schools Standards Team works in partnerships with maintained schools and academies to support the promotion of quality improvement in schools, including helping them to meet their duties to safeguard children and young people. Universal schools provision is a spine of effective prevention and early intervention, enhanced by strong local partnerships working together to improve children's outcomes.
- Our Adult Education provides opportunities for vulnerable families and individuals to engage in positive learning opportunities including family learning in schools. This supports inclusion and the development of protective factors in families, for example by enhancing employability through learning English.



Housing

- Closer working between Housing and Children's Social Care to enable better outcomes for homeless young people.
- Provide expertise to Children's Social Care to keep children and young people with their families when at risk of homelessness when there is a duty of care to the child.
- Work with families at risk of needing temporary accommodation to find alternative local solutions and increase temporary accommodation within the borough so that children and young people can stay in current educational provision and maintain social networks.

Community Safety

- A multi-agency Gangs Unit has been established and, under Operation Crystal, undertakes visits to the relatively few fully affiliated members who live in the borough. For young people who may be in danger of becoming a full gang member, a multi-agency unit has been established to carry out targeted intelligence work around their activities.
- A strategic review has been carried out investigating how to prevent young people living in Bromley from becoming influenced by gangs or who may be at risk from gang related activity.
- The Youth Offending Service works with partners in the Metropolitan Police and London Fire Brigade to help young people understand the consequences of crime for perpetrators and victims and to receive support to leave the Youth Justice System.
- Officers in Community safety, Trading Standards and the Police are working together to tackle the supply of "legal highs". Enforcement action taken in 2015 resulted in "legal highs" being seized from a shop in Orpington. This has resulted in the shop no longer selling "legal highs".
- To prevent the sale of alcohol and tobacco to under age young people Trading Standards works with under age volunteers who try to buy such products in shops throughout Bromley. Where purchases are successfully made officers take appropriate action against these businesses.



What else is Bromley planning to do?

During the next three years the focus of the Strategy will concentrate on the following areas:

Social Care

Support a whole family approach to early intervention and prevention

A vital part of *whole family* practices are the steps taken by children's, young people's and adults' services to identify child and wider family needs which extend beyond the individual they are supporting. Intervening early with a *whole family* approach can help avoid problems escalating to crisis level and reduce the number of families and individuals who need intensive support in the future.

Targeted *whole family* services involve systematic contact with families. One consequence of this close involvement, and in many cases of visiting the home frequently, is that for children who are suffering, or are likely to suffer, harm can be identified and safeguarded earlier than might have otherwise occurred. This should be supported through the CAF and Troubled Families programme and will support a whole family approach.

Implement Phase Two of the Troubled Families Programme

The expanded Troubled Families Programme will retain the current programme's focus on families with multiple high cost problems and continue to include families affected by poor school attendance, youth crime, anti-social behaviour and unemployment. However, it will also reach out to families with a broader range of problems including:

- those affected by domestic violence and abuse;
- families with younger children who need help;
- where crime and anti-social behaviour problems may become intergenerational and
- families with a range of physical and mental health problems.

A model of keyworking has been developed in which a keyworker from a range of services can work directly with the family in a holistic way to coordinate effectively any additional support which they need. Additionally consideration is being given to what represents significant and sustained progress and how this can be measured. All key partners have been invited to be involved in the development of these measures.

Social Care

Ensure children, young people and families get the right help at the right time

There is agreement at strategic level and among practitioners that a “whole family” approach should be used where support is needed. Therefore the use of the Common Assessment Framework will continue to be used within a Team Around the Family approach. This will be supported by:

- Easy to complete CAF form
- Advice, assistance and training from the CAF team
- Co-ordinated and integrated approach to commissioning services
- We will value partnership working by aligning and designing services that offer effective and ‘visible’ Early Help services and support across relevant organisations. We will:-
 - a. Continue to work together and build trust and partnership working such as between local authorities, public health, NHS commissioners and providers, police, schools and local communities.
 - b. Develop a ‘family focused’ approach across different organisations and agencies that is assertive and ‘child centred’.
- Prioritise and focus on supporting our workforce so that they have a shared understanding of what Early Help means and the implications for their role.
- We will deliver a programme of skills development and training across the early help workforce regarding early intervention practice that:-
 - a. Encourages and promotes robust, supportive management capacity and networks that enable staff from across different agencies to confidently manage anxiety.
 - b. Roll out the Signs of Safety approach across the whole system, supporting a consistent approach in our conversation and engagement with families.
 - c. Ensures that thresholds relating to risk are clearly communicated and understood between professionals so that families can move between early help and specialist statutory intervention at the right time.
 - d. Continues to evaluate the impact of whole family keyworker services and join them more effectively with existing services.

Social Care

Support families of disabled children to delay or prevent the need for long term statutory services

For families including children or young people with a disability using universal services or a short term intervention can delay or prevent the need for more intensive support. The Council is trialling new projects to assess how effective they can be in supporting this aim.

- Funded by the Department for Education, the disabled children's service will develop and trial a 'triage' system so that families can be provided with information, advice and guidance about universal services before being referred and/or assessed for statutory services.
- Trial a pilot project for targeted and time limited intervention for families of disabled children who are identified as needing short term support to enable the family to function cohesively. (subject to approval)

Implement the Bromley Young People Strategy

This strategy, for young people aged 11 – 19 years, has been developed over the past year and will focus on the following priorities:

- Young people to have a voice that is heard and makes a difference.
- Make information easy to find for young people their parents/carers and those working with them.
- Supporting young people to participate and succeed in education, training and employment
- Supporting young people and their families to get the right help at the right time
- Supporting young people and their families to be healthy and active
- Supporting young people to participate in their community

Health

Develop closer links between providers of health and social care

The GP Clinical Lead for children will work with public health to enhance links between health visitors, Children's Centres and primary care. Through the establishment of such links and the identification of communication channels children, young people and families will be supported better.

Increase numbers of children and young people participating and continuing in sport and physical activity

Bromley Council, with its partners, will be working to increase participation in exercise for individuals and their families through:

- an increase in activities such as cycling, running and organised sports
- linking with schools and colleges, youth centres, housing associations etc to promote healthy lifestyles including exercise and sport
- targeting groups with lower participation in exercise and sports such those with disabilities, from disadvantaged communities and girls to increase their participation
- encouraging young people to join volunteering schemes which promote opportunities such as coaching and refereeing.

Increasing participation by families will help to avoid or delay the development of long-term health conditions, improve emotional wellbeing, increase self-esteem and provide diversionary activities from anti-social behaviour and crime.

Improve maternity services and those for children and young people

The Our Healthier South East London Strategy plans to improve services in the following areas:

- Maternity services – by improving the experience of pregnancy and child birth through enabling informed choices, providing better support from an early stage and addressing mental or physical health issues throughout pregnancy and after childbirth.
- Children and young people services – families are supported to keep physically and mentally well; when services are needed they should be available in the community and easily accessible; specialist support can be accessed more quickly and effectively; young people with long term conditions have a better experience moving to adult services.

Education

Support education providers to deliver good quality education to all, especially the vulnerable

Bromley will adapt and develop its education services for children and providers to continue to deliver its statutory duties. This includes responding to the changing provider context of a predominantly Academy School landscape and ensuring that the education needs of our most vulnerable, for example those with special educational needs, those who are looked after or who are disadvantaged, are met.

Community Safety

Protect young people from the influence of gangs in neighbouring boroughs

Youth diversionary work will be commissioned from an accredited intervention and support organisation to provide help for children in the Gangs Areas who have been identified as being at risk of gang influence. Additionally, better co-operation with surrounding boroughs and other agencies working with gang members and young people who may be influenced or at risk from gang followers will be instigated. *(Note – funding to be confirmed)*

Work with young people to prevent them entering the Youth Justice System and re-offending

The Youth Offending Service is currently reviewing the support it provides to young people committing minor offences and re-offenders and will implement improvements as identified to support young people away from a criminal future.

Work with victims and perpetrators of domestic violence

A number of initiatives are being started or expanded to identify and support victims of domestic abuse and ensure that professionals are fully trained to identify and support such victims. This will help children and young people who may be either witnesses to or victims of domestic abuse with its subsequent impact on education and physical and emotional wellbeing and the need for child protection interventions. These initiatives focus on:

- Ensuring that domestic abuse training in all partner agencies in Bromley is of a high standard and can identify domestic abuse at an early stage
- Partnership working with Children's Social Care to enable professionals to work with perpetrators and reduce children protection involvement.
- Work in primary schools introducing respectful and supportive behaviour and also helping children who are witnessing abuse.
- Settling families in safe accommodation more quickly
- Working with perpetrators who want to change their abusive behaviour
- Ensuring there is a consistent and robust response to female genital mutilation across agencies.

Prevent the availability of “legal highs” in Bromley

- Trading Standards is looking at ways to stop the supply of all “legal highs” in the borough, and further work is planned when the Government introduces new legislation later in 2015.

What will be the impact of the Strategy?

What will increase

- a. The number of children, young people and families who can cope independently with adversity and challenge.
- b. The number of vulnerable families who are successful in looking for and finding work.
- c. The engagement and capacity of communities so they can solve their own local problems.
- d. Children, young people and families engaged and enabled to have a voice as fully as possible in all aspects of their lives.
- e. Effective partnership working and multi-agency approaches to sharing information, professional practice and safeguarding children.
- f. Numbers of disabled children using universal services.
- g. Number of families experiencing safe and positive pregnancies and childbirth
- h. Number of children and young people accessing early emotional and mental wellbeing support
- i. Number of children and young people easily accessing health services when needed
- j. Number of children, young people and families participating in healthy lifestyles.
- k. Number of people receiving support in situations of domestic abuse at an earlier stage.

What will reduce

- a. Demand on intensive and 'crisis' services such as taking children into care, non-mainstream education or needing more intensive mental health interventions.
- b. Families moving into crisis when it could have been averted through earlier support, such as emergency housing or unmet needs for adolescent mental health support.
- c. Barriers for families with emerging problems so they are no longer 'hidden' and can be dealt with effectively.
- d. Unnecessary expenditure on uncoordinated or inefficient early help services.
- e. The intergenerational negative patterns of behaviour that children inherit and go on to mirror and repeat in their own lives e.g. anti-social behaviour, truancy and exclusion from school, worklessness, poor lifestyles choices impacting on weight and fitness.
- f. Families who fall through the gaps between services e.g. if they do not meet 'criteria' or 'thresholds' for help.
- g. Number of young people joining or under the influence of gangs based in surrounding boroughs.
- h. Number of young people using illegal drugs, alcohol and tobacco

Selected research of evidence supporting Prevention and Early Intervention

- Early Intervention: The next steps (Graham Allen MP, 2011)
- The Munro Review of Child Protection (Prof E Munro, 2011, 2012)
- A child-centred system; The Government's response to the Munro review of child protection (DfE, 2011)
- Grasping the Nettle: early intervention for children, families and communities (C4EO, 2010)
- Early Intervention, good parents, great kids, better citizens (Rt Hon Iain Duncan Smith MP and Graham Allen MP, Centre for Social Justice and the Smith Institute, 2008)
- An Equal Start: Improving Outcomes in Children's Centres. The Evidence Review. (UCL Institute of Health Equality, 2012).
- The 1001 Critical Days; The importance of the conception to Age 2 period. A cross-party manifesto (Andrea Leadsom MP, Frank Field MP, Paul Burstow MP, Caroline Lucas MP, 2013)
- Troubled Families Programme, Lessons for future public service reform (London Councils, 2014)
- Framework and evaluation schedule for inspections of services for children in need of help and protection, children looked after and care leavers. Reviews of Local Safeguarding Children Boards. (Ofsted, ref 130216, 2014)