

**The Children and Young People's
Workforce Strategy 2010 – 2013**

Newcastle Children's Trust

The Evidence Base



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Section 1 – the national evidence base

The 2020 Children and Young People's Workforce Strategy is founded on the substantial evidence base which the Expert Group considered – about what children and young people need, the nature and capacity of the workforce, what is known about excellent practice and what kind of help works best in helping people to achieve it (*2020 Children and Young People's Workforce Strategy: The evidence base, DCSF, December 2008*).

Progress

It takes account of a number of improvements in recent years in quality, capacity and support of the children and young people's workforce. There are more people working with children and young people; a Common Core of skills and knowledge for people working with children and young people has been introduced; the workforce is safer; and measures have been taken to strengthen leadership and management.

For many parts of the workforce, the elements of the Common Core have been mapped onto occupational or professional standards, or included in initial training – including for teaching, nursing, health visiting, early years and social care – as an important step towards establishing more shared language and understanding across the workforce.

Steps have been taken to improve the safety of the workforce, and in 2000 the government introduced the Protection of Children Act (PoCA) List of people who are unsuitable to work with children. It covers all regulated child care organisations, which have a duty to refer individuals who may be unsuitable to the list. Requirements have been strengthened for CRB disclosures in the school workforce, and the National College for School Leadership introduced safe recruitment training for school heads and governors.

Safeguards have been further strengthened by the Safeguarding Vulnerable Groups Act 2007. This ensures that any individuals who are convicted or cautioned for sex offences against children will be automatically included on List 99 and barred from working with children or young people. The Safeguarding Vulnerable Groups Act also sets the legislative framework for development of the new independent vetting and barring scheme which will cover the whole of the children and young people's workforce, as well as others who will have contact with children or vulnerable adults.

Integrated working between sectors and professions has improved, backed by national change programmes including the introduction of Youth Offending Teams, Targeted Youth Support, Sure Start Children's Centres and Extended Schools. These cultural and structural changes are also supported by national tools and resources including the Common Assessment Framework, the concept of a 'lead professional' role and guidance on information sharing.

The Integrated Qualifications Framework (IQF), which will be ready in 2010, will support the drive for a better qualified, more flexible workforce by bringing coherence, portability and common standards to the different qualifications and qualification routes currently available to people in different occupations within the

workforce. By providing a practical guide to sector approved qualifications for those working with children and young people, it will play a key role in achieving a more integrated workforce. When a qualification is included in the IQF, employers can be certain that it is nationally accredited, reflects the Common Core of skills and knowledge, and supports integrated working.

The IQF is a partnership project between: CWDC; Creative and Cultural Skills; General Social Care Council; General Teaching Council; Lifelong Learning UK; National College for Leadership of Schools and Children's Services; Nursing and Midwifery Council; Qualifications and Curriculum Development Agency; Skills Active; Skills for Health; Skills for Justice; and the Training and Development Agency for Schools. All qualifications on the IQF will be new or revised, and are also included on the Qualifications and Credit Framework or the Framework for Higher Education.

The Qualifications and Credit Framework (QCF) is a new framework for recognising and accrediting qualifications in England, Wales and Northern Ireland. The QCF will make units and qualifications easier to understand, more relevant to the needs of employers, and more flexible and accessible to learners.

The QCF will enable learners to build up credits at their own pace and combine units in a way that will support them in developing lifelong learning and career progression that is applicable right across the children and young people's workforce. These units (that will be the building blocks of qualifications) will be on the IQF, and will ensure transferability across the children and young people's workforce without having to repeat learning.

Challenges

The evidence reviewed identified a number of challenges faced by people on the frontline, by leaders and managers, and in the 'delivery system' which supports them. These need to be tackled to ensure that everyone who works with children, young people and their families is able to provide the best possible support, and to ensure that all children and young people are safe and are able to achieve their full potential.

Key issues from the evidence considered by the Expert Group include:

- the importance of placing children and young people – and their outcomes – at the heart of both practice and strategy;
- the challenges of creating a coherent framework for the future development of such a large and diverse workforce;
- although there have been a number of improvements in recent years in quality, capacity and support of the children and young people's workforce, this is not consistent;
- in some parts of the workforce, high vacancy rates and difficulties with recruitment and retention can make it harder for the people who are in post to do their jobs well;

- vacancy rates cause particular problems for social workers. The national vacancy rate in 2006 was 9.5% compared to only 0.6% in teaching (2007 figures). In the youth workforce, national evidence shows a very high turnover rate for youth support workers;
- training and development provision is not always of a consistently high quality and in some parts of the workforce training and professional development are not viewed as a high priority;
- people do not always work together as well as children and young people need them to: however successful integrated working arrangements (where people work effectively together across organisational and professional boundaries) can help practitioners to focus and prioritise how they work with children and young people, so that they have more impact, avoid duplication and use resources more effectively;
- it can be difficult to work in partnership with children, young people and their families or to support parents effectively;
- more needs to be done to ensure that the needs of the most disadvantaged children and young people are met successfully.

Research and data

A range of national research is planned or underway to support continued workforce reform and development. This includes:

Social Care

The Children's Workforce Development Council (CWDC) has commissioned a major new piece of research into children's social care which will look at the key roles being carried out to support some of the most vulnerable children and families in England.

The research, 'Understanding the Children's Social Care Workforce,' is being carried out for CWDC by the University of Salford and Action for Children. The research partnership will also find out how graduates currently contribute to the workforce and the roles they might provide in children's social care in the future. The research findings will be published by CWDC in June 2010.

Young People's Workforce

Three annual young people's workforce reports covering the years, 2008, 2009 and 2010 will be produced. These reports will establish the baseline data position and measure changes over the three year period in relation to the young people's workforce in England. LMW Research Ltd. was commissioned to carry out the 2008 State of the Youth Workforce Report. This report evaluates the current young people's workforce as at August 2008 and changes will be mapped over the next three years. Collation of existing data has finished. The first report was published in January 2010.

Section 2 – the local evidence base

In November 2009 the Workforce Reform Board undertook a review of progress across Newcastle Children’s Trust in developing and embedding integrated working practices as part of local review work linked to the One Children’s Workforce Framework and Tool. Learning and identification of priorities through this process directly informed the priorities and actions in the Newcastle Children and Young People’s Workforce Strategy 2010 – 2013.

This (national) self assessment focused on local progress in having the tools, processes and culture to let integrated working happen. This is characterised by a move from a fragmented approach where services are driven by the needs and perspectives of individual agencies and professions (though agencies may work together), to a fully integrated and high quality approach where new ways of working and new roles encourage comprehensive and consistent integrated working practices – and one where professional expertise is valued and drawn in appropriately.



Success from different viewpoints

Child and Young Person’s view

“I know that someone will bring together all the people I need to support me and my family/carers. They make sure we are getting this support.”

Practitioner

“I am able to bring together the right team of people depending on the need of each child. I am confident about using integrated working practices to deliver better outcomes.”

Team

“The appropriate team with the right combination of people and skills is well led and managed in meeting the needs of each child.”

Service

“Service design is informed by the opinions of children and young people and their families/carers. Excellent understanding of how organisations complement one another.”

Children’s Trust

Effective arrangements for early identification and intervention are in place, with all services contributing appropriate skills and resources.”

Our review drew on 3 strands of evidence to support our judgement of progress in relation to 5 areas: Common Assessment Framework (CAF); Team Around the Child; Lead Professional role; Information Sharing; and multi agency working.

Strand 1

A report from the Strategic Integrated Workforce Lead which included quantitative data and qualitative information in relation to relevant areas of work that had been taken forward as part of our existing Workforce Strategy. This included local progress in the following areas:

- CAF/Lead Professional Data 2006 – 2009
- CAF and Lead Professional training and support
- eCAF planning
- Local CAF Performance Management Framework that we have been trialling
- Information Sharing and ContactPoint progress
- Information Sharing Training (progress and evaluation information)
- Integrated Induction (progress and evaluation information)
- Integrated Working Training Framework 2009 – 2011
- Key Working
- Developments around local area working
- The experience of parents and carers (participation evidence/information for CAF and key working)
- Case studies

Strand 2

- Discussion/analysis from the on-line questionnaires

Strand 3

- Additional supporting evidence of progress/issues identified during the discussion by Board members.

Progress

Evidence showed that good progress has been made in Newcastle in embedding integrated working practices (Integrated Working Practices Progress Report November 2009):

- A target date was set by the Children and Young People's Strategic Partnership (now the Children's Trust Board) for CAF to be fully adopted in Newcastle by April 2009. Evidence showed that significant progress has been made with increasing and relatively high numbers of CAFs, and significant numbers of trained staff across a range of professional backgrounds and services.
- A progress report to the Partnership in January 2009 confirmed that there were 1100 CAFs (figures to January 2009). The figure to November 2009 was approximately 1900 CAFs, with 430 of these since the April 1st target date.

These 430 were logged by 189 different practitioners, with the average number of CAFs logged per practitioner in this group being 2.27. 107 logged 1 CAF, and 15 practitioners logged more than 5 CAFs. Data continues to show that practitioners and managers from all sectors, and with a broad range of roles and responsibilities, are logging CAFs.

- Since 1st April 2009 CAFs have been logged on our local eCAF system, and this has improved the quality of management information and reporting. Of the 430 CAFs logged between April and November 2009, 22 were from Education Welfare Officers (5%), 73 from Parent Support Advisers (17%), and 73 from Health Visitors (17%).
- For many CAFs there are 2 or 3 presenting issues, therefore there are 820 'reasons for CAFs', compared with 430 CAFs. For example they may show:
 - Relationship issues (family) and behaviour at school
 - Homelessness and transition (moving from tier 4 services)
 - Substance misuse and risk of involvement in crime/conflict with the law
 - Behaviour at home and behaviour at school

Of the presenting issues:

- 155 included behaviour (19%)
 - 84 included homelessness/housing issues (10%)
 - 99 included illness or disability (child/young person, parent/carer or sibling) (12%)
 - 66 included parenting issues (8%)
 - 16 included teenage parenthood (8%)
 - 31 included transition (4%)
 - 21 included substance misuse (2.5%)
- More than 1800 managers and practitioners had attended CAF and Lead Professional training since 2006. Multi agency CAF Practitioner Support Groups have provided a forum for practice sharing and problem solving.
 - The CAF Performance Management Framework being trialled is improving the coordination and availability of information to support planning, review and reporting for a range of purposes. It has improved our understanding of:
 - The distribution of responsibilities across and within organisations and teams
 - Current circumstances under which CAFs were undertaken
 - Current pathways and monitoring arrangements, so that over time we can continue to develop a more coordinated and consistent response to the prioritisation of available resources and expertise
 - Training, development and support available and required by practitioners and managers
 - Case studies provided evidence of impact on outcomes through effective partnership working for individual children and their families (appendix 2).

- Further developing the skills and capacity of Lead Professionals was identified as a key area for continued focus in our refreshed Workforce Strategy to underpin CAF and Team Around the Child/Family processes, and build on current progress. As a result we have reviewed the format of our CAF practitioner support groups, and from April 2010 will be providing monthly (1 in each of the 3 local areas) theme based workshops to enable support, learning and practice sharing in relation to:
 - Gaining consent
 - Assessment skills
 - Lead Professional skills and supporting the role (e.g. chairing meetings, managing the Team Around the Child process)
 - Sharing updates in national and local guidance

- ContactPoint preparation has continued, taking account of the revised national timescales. There has been positive engagement from all sectors, despite the challenges of the project and change in deployment slot to October 2009. All Local Authority Readiness Assessments and Traffic Light Reports have been submitted on time with planning on schedule. Effective links are in place with national and regional planning which is supporting local activity. At a local level, integrating the planning through the Workforce Strategy for CAF, e CAF and ContactPoint is helping us to manage the dependencies between these projects and training plans, and align resources to support implementation and avoid duplication of planning or allocation of resources. Key priorities during 2008/09 have included shielding, accreditation, and scoping a high level training plan for the currently estimated 4000 ContactPoint Users citywide:
 - Data quality reports have been produced for partners on a monthly basis and all partners are working to remove errors;
 - A citywide Workforce Analysis was completed, identifying broad numbers in the workforce who may be ContactPoint Users. This informed the Integrated Workforce Training Framework 2009 -2011 (to be updated for 2010 – 2013 in line with the Newcastle Children and Young People’s Workforce Strategy 2010 – 2013);
 - 3 lead trainers for ContactPoint have been identified and have completed mandatory DCSF training prior to local roll out;
 - Prioritisation of ContactPoint Users for training is being coordinated and taken forward through the Workforce Reform Board (taking account of organisational accreditation progress and local pre-requisite training requirements);
 - 26 ‘Early Testers’ are being trained and will have access to ContactPoint between February and March 2010, prior to roll out.

- Training and support provided through our Integrated Working Training Framework is coordinated by the Children’s Workforce Development Coordinator. This includes providing professional support to the multi agency pool of trainers who are contributing to training delivery for CAF, Information Sharing, ContactPoint and Integrated Induction.

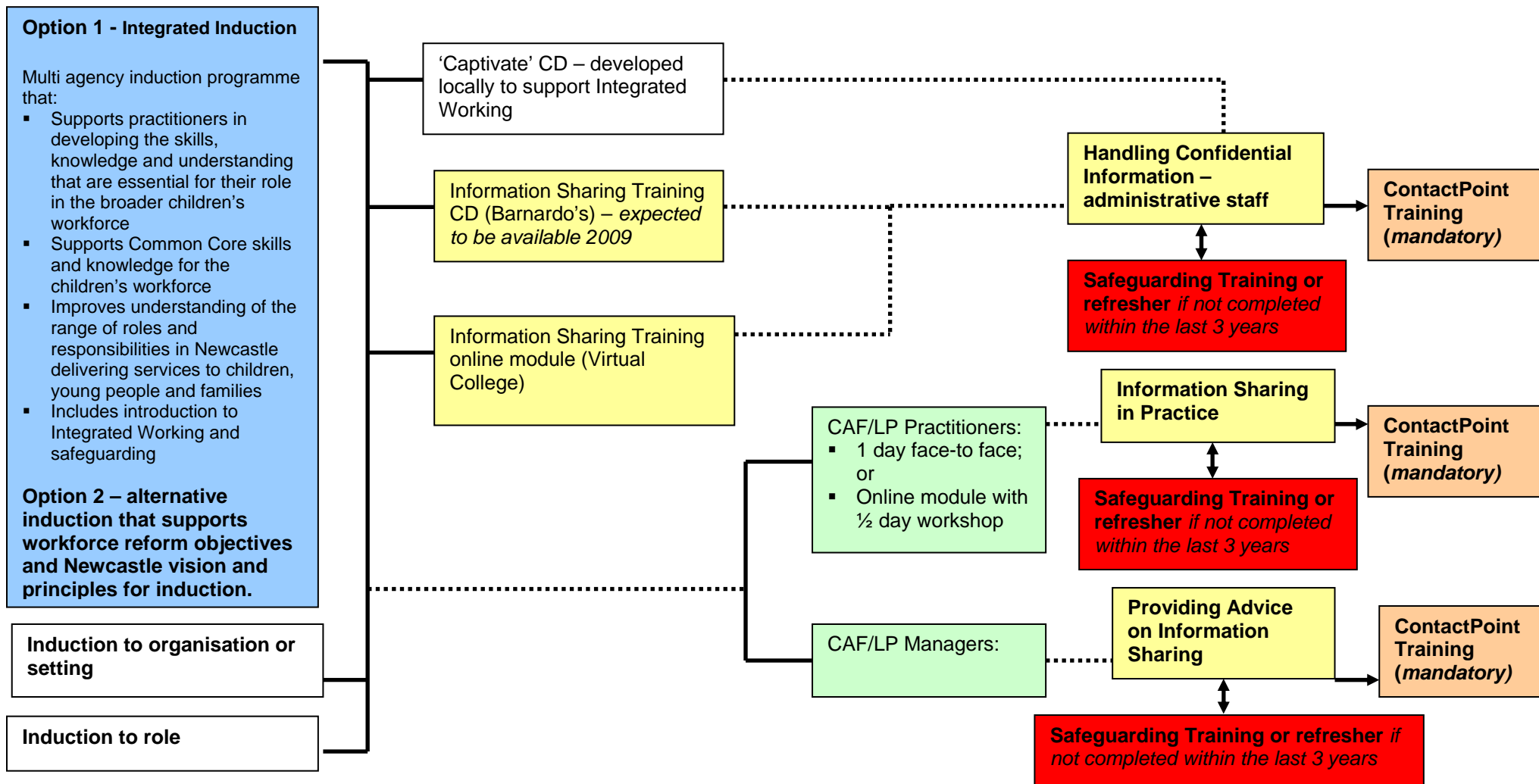
INTEGRATED WORKING TRAINING FRAMEWORK 2009 – 2011 (updated October 09)

Stage 1 – ‘package’ identified by managers’ to meet service/organisational requirements and needs of staff

Stage 2 – Improving understanding of Integrated Working (resources available for all practitioners, managers and volunteers)

Stage 3a – Targeted training for nominated CAF assessors/Lead Professional and their managers

Stage 3b – Targeted training for nominated ContactPoint Users



- Multi agency Information Sharing training is in place as part of our Integrated Working Training Framework, with evaluation processes in place. 835 multi agency managers, practitioners and administrative staff attended Information Sharing training in 2009. Content and delivery models take account of:
 - Laming Report, March 2009
 - Information Sharing Guidance, DCSF October 2008
 - Common Core skills and knowledge for the children's workforce
 - Local Workforce Strategy
 - Dependencies with ContactPoint training

Locally we have purchased an Integrated Working online module from the Virtual College (and contributed to the development of this training package), and contributed to the development of the Information Sharing element as a stand alone module. This will increase local flexibility in training delivery by offering a blended approach of taught programmes and e learning.

- A integrated induction programme is in place as part of our Integrated Working Training Framework. This supports Common Core skills and knowledge and CWDC induction standards (where applicable).

Additional benefits of this joint programme:

- Preparing and supporting staff to work in a multi-agency context by providing an early opportunity to meet and train with practitioners from other agencies and professional backgrounds - and improving understanding of the range of roles involved in delivering services to children, young people and families in Newcastle
- Pooling of resources/expertise to develop a citywide model will reduce the costs that would otherwise need to be met within services and organisations to develop individual approaches to induction which support practitioners in new ways of working and their role in the broader children and young people's workforce
- Providing a basis for ongoing professional development which may be role specific (linked to existing professional development pathways) or generic (for example training and development linked to Safeguarding, CAF, ContactPoint)

Evaluations continue to show a high level of positive feedback.

- A parent and carer CAF evaluation was undertaken by the Parent and Carer Participation Coordinator between December 2008 and February 2009, supported by the CAF coordinator. Just as CAF is a voluntary/consent based process, the evaluation was voluntary and confidential. The (30) participants all consented to their information being made available for training and publicity purposes. Strengths were identified, as were the opportunities for improvement and the actions needed to make those

improvements. Overwhelmingly the majority of parents and carers recognised and praised the high standards of service they received:

“It was like my prayers had been answered. I felt like I was getting nowhere before the meeting and after the meeting it felt like a weight had been lifted off my shoulders.”

“My daughter is a different person, happier at school and at home.”

“My Lead Professional is non-threatening, she is not an authority figure who makes you feel anxious but a calming lovely person.”

“Everything was out in the open, everyone knew where everyone stood, I feel I can go to the team if I have a problem.”

“I don’t feel alone, I no longer feel isolated.”

The majority of respondents said they were happy with the CAF and didn’t personally think there was anything that needed to be done differently. Some said the form could be shorter – as a help to the Lead Professional and not because they felt it had been too long. Some also said that if they had been introduced to the professionals prior to the CAF meeting, it would have helped them relax and been less intimidating.

- Evaluations of our pilot of Key Working with families of disabled children with complex needs has been positive from practitioners, managers and parents involved. Key Worker services have been developed (nationally) to overcome some of the barriers faced by families with disabled children. Where key working schemes have been set up there is research evidence that effective coordination of services available to families with disabled children with complex needs leads to positive outcomes for families using them.

Locally a steering group was established in March 2007 to consider developing Key Working with families of disabled children in Newcastle. The group was made up of workers and managers from Health, the Local Authority and parents. The pilot was established as a significant development within the Workforce Reform/Workforce Strategy to test out new ways of working. Progress has also been reported to the Children with Disabilities and Special Needs Management Partnership and Child Health Commissioning Group.

Policy Links

- National Service Framework for Children, Young People and Maternity Services
- Aiming High for Disabled Children
- Early Years Outcome Duties
- Every Child Matters – Narrowing the Gap

Key Working Progress

- 2 ½ day training was delivered to all members of the steering group (15), including managers, key workers and parents. This ensured a common understanding of the Key Worker Principles and provided information and guidance regarding the key worker role and its connections with CAF/Lead Professional.
 - The pilot phase involved 5 key workers from different professional backgrounds and agencies delivering a key worker service to 10 families, and focused on the delivery of services to families with disabled children under 4 years.
 - CAFs were completed with all families and CAF is an integral part of the model.
 - Comprehensive evaluations have been completed, including parent/carer feedback collated by an independent worker, and questionnaires have been completed by Key Workers, front line managers and strategic managers.
 - All parents interviewed said they felt they had benefited from having a Key Worker and the majority said it had helped join up services for their benefit:

“it’s very daunting as a parent with a child with additional needs with lots of different people coming in and out, having a person to arrange all these stops you feeling bombarded” (parent).

- Practitioners involved in the pilot were very positive about the benefits of this way of working and felt that key working leads to a better service for families. Roles and responsibilities are clearly set out and Family Service Plans ensure that everyone is aware of the agreed priorities.
- Practitioners felt they had benefited from training and meeting together, and all felt that they have a better understanding of different roles and responsibilities. Even on a small scale this has been seen to have a beneficial effect on communication across agencies.
- A further 13 practitioners and 2 parents attended key worker training in November 2008. The 13 practitioners also completed CAF training:
 - 2 Community Nurses
 - 2 Physiotherapists
 - 3 Speech and Language Therapists
 - 3 Social Workers
 - 3 SENTASS Young Children’s Team Teachers

The evaluations and learning have informed planning for 2010-2013. Coordination capacity is being increased, and we will increase the number of practitioners trained as Key Workers and the number of families receiving Key Worker services. This will be extended to families with disabled children with complex needs aged 0 – 7.

Priorities identified

Our review work during 2009 confirmed that there was evidence that significant progress has been made in Newcastle in developing and embedding Integrated Working practices. In order to build on this over the medium term, the following areas were identified for inclusion in our 2010 – 2013 Workforce Strategy:

- Supporting the development of leaders and managers with the skills, knowledge and expertise to deliver improved outcomes and to ensure the effective delivery of integrated provision for children, young people and their families. This will include the leadership role of partnerships.
- Providing continued support and opportunities for practitioners and managers to understand what it means to be part of the children and young people's workforce in Newcastle, and part of Children's Trust arrangements, including through induction when they first join.
- Continuing to provide support and opportunities for practitioners to acquire a core of skills that they share with others in the workforce.
- Building on our integrated induction programme, continuing to develop common approaches to induction, in the context of our shared vision and principles for induction.
- Identifying opportunities to embed our values for integrated working at a variety of levels and in a variety of contexts (for example commissioning, appraisals, training, team and service development, recruitment processes).
- To continue to support culture change and a shared identity and purpose as One Children and Young People's Workforce in Newcastle by continuing to provide opportunities for practitioners and managers from different services, organisations and backgrounds to meet, learn, share practice and problem solve together to support and enable our workforce to work effectively together in a multi agency context, and improve understanding of the range of roles and services supporting children, young people and their families.
- Continued development of a Performance Management Framework for CAF.
- To continue our work to embed the processes and tools which support integrated working and early intervention (CAF, Lead Professional, Team Around the Child/Family, Information Sharing, ContactPoint and eCAF).
- To further develop and embed local area working through the creation of area based integrated teams.
- To continue to develop the skills and capacity of Lead Professionals across partners as a central role in effective frontline delivery of integrated services for children and young people with a range of additional needs.

Supporting parent and carer participation

Review work during 2008 highlighted that more needed to be done to recruit parents and carers as volunteers in the workforce to empower them to have a greater role in local workforce reform.

Led by the Parent and Carer Participation Coordinator, our aims were to provide training for a pool of parent and carer volunteers which would:

- Build confidence and self-esteem to enable increased participation in decision making processes and in the development of services focused on the needs of children, young people and families;
- Provide opportunities for peer support
- Provide opportunities for parents and carers to reflect on the Parent and Carer Participation Strategy, and consider barriers and enablers to effective participation;
- Provide opportunities for them to reflect on the skills and knowledge needed to participate effectively in decision-making processes.

Parents and carers were actively involved in the design of the training, which was jointly funded through local Workforce Reform funding and Neighbourhood Learning in Deprived Communities funding.

Through this project more than 40 parents and carers have attended training, and the project has been supported by the following partners:

- Riverside Community Health Project – partnerships were established between professionals and carers in identifying training needs.
- West End Health Resource Centre – trainers identified course content and delivery with parents and carers and the Parent and Carer Participation Coordinator. Experienced community trainers were identified to deliver the training and provide support to participants through the modules.
- University of Northumbria at Newcastle (UNN) – course leaders have worked in partnership with parents and carers and the parent and carer participation coordinator to adapt a Participatory Appraisal training course.
- Parent and carers – have worked with Children's Services and partners in identifying their aspirations to engage in the Children's Services agenda.

What has been achieved?

As a result of the training, below are some of the areas of work that the parents and carers involved have already engaged with:

- Paid employment within Children's Services
- Interview panels for the recruitment of Children's Services staff
- Drug and Alcohol annual assessment consultation
- Dialogue with Families Information Service to develop a Good Practice Guide for parents and carers
- Volunteering with Nacro
- Engagement with Newcastle Futures

- Parent Governor Service
- Inter-generational work at local schools
- Further training on mental health
- Engaging with Children’s Services Executive Member and training for elected members
- Volunteering for Children’s Centres
- Parents and carers analysed the parents feedback for the Newcastle Plan for Children and Young People 2010 – 2013 and prioritised the views.

What parents and carers said

“The parent and carer participation training has opened my eyes to a whole new world of relationships; with my children, my family and our society. It has encouraged me to get involved and I would recommend other parents and carers to get involved. We can all make a valuable contribution to Children’s Services and this training will help encourage parents and carers to develop services for our families. I would say to any parent and carer who wants to make a difference in society to ‘get involved!’” (parent)

“The course was fantastic! It was a great way to meet with people from all backgrounds to learn about the community we live in. I totally recommend this course to other parents and carers who want to find out about services on their doorstep that they might not have known about and to get involved with organisations. The course also opened my eyes to new career opportunities.” (parent)

“I felt privileged to have participated in the parent and carer participation training offered by Newcastle Children’s Services. Participation is a great way to get parents and carers involved and I look forward to seeing how I can help Children’s Services develop their services for families in Newcastle.” (parent)

“What benefits us benefits our children, and ultimately the places we live in.” (parent)

Section 3 - Newcastle Workforce Profile and Data

Reference was made in our 2006 Workforce Strategy to the need to have information on our workforce to plan effectively in order that:

- The Children's Trust Board and Workforce Reform Board can prioritise and coordinate workforce planning activity;
- Service planners and those with responsibility for workforce development (across a range of services, sectors and roles) are able to locate their workforce issues within the wider context of Children's Trust arrangements;
- Stakeholders have an improved understanding of the workforce in Newcastle which supports planning, monitoring, evaluation and reporting for a range of purposes.

Challenges

Nationally there is recognition of the challenges in collecting reliable workforce data to inform planning. Advice from Children's Workforce Development Council (CWDC) in 2006 was that it was unrealistic for most areas to provide an in depth analysis of the composition of their workforce, given the lack of reliable and valid information and standard data collection tools. It was recommended that local Children's Trust areas begin to collect and analyse their own workforce data whilst recognising that eventually a national system could be introduced.

Since then a range of work has progressed at a national level with a range of partners to improve intelligence on the children and young people's workforce to support the development of the workforce, the provision of services and to inform workforce planning.

Work is currently taking place nationally to harmonise existing children's workforce data standards, so that data about the children and young people's workforce across the education, skills and social care sectors can be more easily collected, shared and used and to develop a revised Data Sharing Framework to support more effective and secure information sharing between public sector organisations and service providers.

However there are some parts of the workforce where only very limited information is collected at present. To further improve the understanding of issues affecting supply and capacity across the workforce, the *2020 Children and Young People's Workforce Strategy* confirmed that the Department for Children, Schools and Families (DCSF) will consult on plans to collect more accurate data about parts of the workforce for which there is not a current dataset, taking account of the burdens these would place on data providers.

Local Progress

As part of our 2006 Workforce Strategy for Children's Services, work took place during 2007-08 to begin to identify existing sources of data collection that could

inform local workforce planning and understanding of the 'core' children's services workforce as a first step. Supported by a range of partners and coordinated through the Workforce Reform Board, this included:

- Identifying existing and future sources of data collection that could support local workforce planning and reporting;
- Incorporating relevant quantitative and qualitative data and information into the annual review process to support self evaluation and future planning;
- Preparing an initial profile of the children's services (mainly the 'core' workforce) in Newcastle, informed by existing data collection sources;
- Improving our understanding of work taking place regionally and nationally in relation to workforce analysis and data collection, to inform local planning and development work.

In March 2008 a local Summary Report was completed, based on this work. It was not intended to be conclusive or fully comprehensive, but to begin to illustrate the range of data collection tools currently available, and to draw together data and information from a range of sources in order to improve understanding of the children's services workforce in Newcastle as a first step.

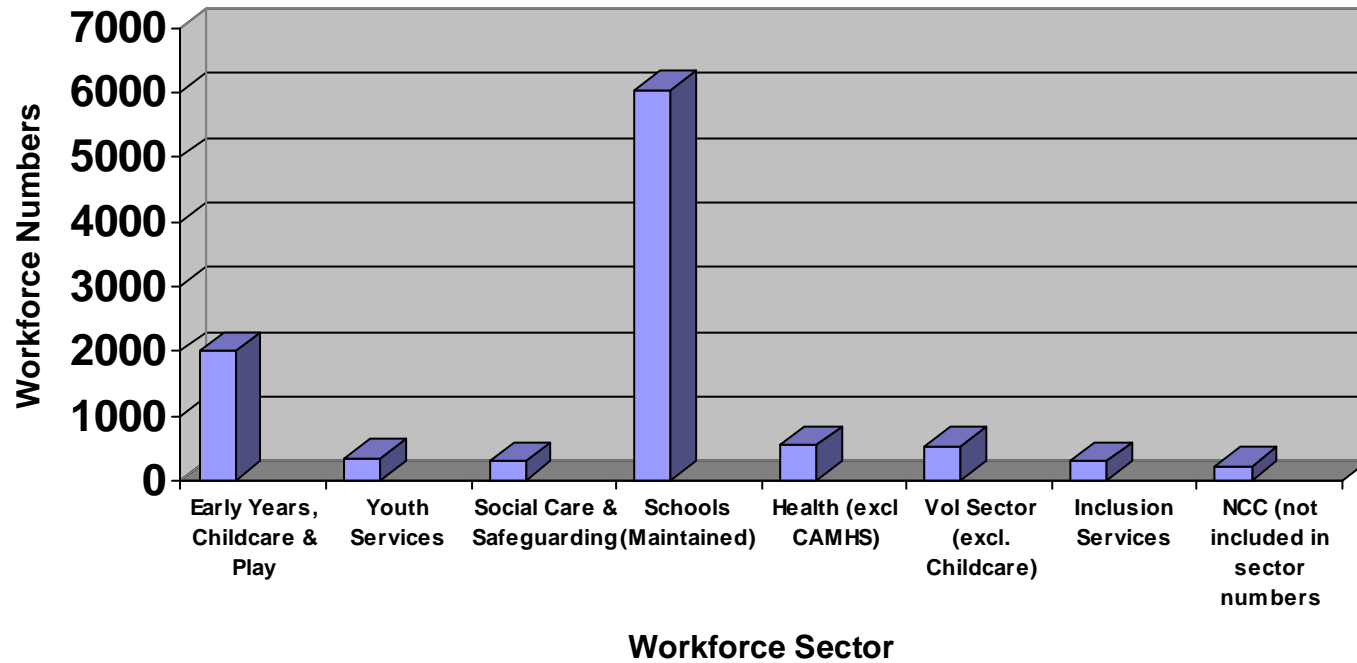
Local data sources identified which contributed to the Summary Report included:

- Children's Information Service (annual childcare audit, 2006)
- Early Years Training Team and Play and Youth Training Team
- Children's Services Mapping Pilot 2007
- Schools Workforce Equalities Monitoring Report LA Summary April 2006 – March 2007
- Youth Justice Board Annual return 2007/08
- Child Health and Maternity Mapping 2007
- CAMHS information provided by Consultant Child and Adolescent Psychotherapist
- ContactPoint Workforce Analysis
- NCVS/CWDC Partners Programme lead
- SAP (Newcastle City Council)

The report contained collated information about the: Early Years, Childcare and Play Workforce; Youth Services Workforce; Youth Offending Team; Inclusion Services; School Workforce (maintained schools); Health Workforce; Voluntary and Community Sector Workforce (excluding childcare providers); Children's Services Directorate (Newcastle City Council).

The graph on the following page summarises the known children's services workforce in 2007/08 of 10,263 people. Our estimate was that the actual children's services workforce may be 12 – 14,000. Work will continue during 2010 - 2013 to build on this to produce workforce data and intelligence for the core and wider children and young people's workforce in Newcastle (an estimated 20 – 25,000 people), to support workforce planning and reporting for a range of purposes.

Set out in the rest of this report is information that has since been collated to improve our knowledge and understanding of the workforce, and inform our Newcastle Children and Young People's Workforce Strategy 2010 – 2013.



Total Known Children's Services Workforce (2007/08)

10,263

Estimated children's services workforce (including volunteers)

12 – 14,000

3a. Early Years, Childcare Workforce and Play Workforce

As a result of the (national) 10 year childcare strategy and the Children’s Plan, a great deal has been achieved to develop the skills and capacity of people in the early years and childcare workforce. The Children’s plan restated the commitment to have a graduate leading practice in every full daycare setting, with two graduates in settings in the most disadvantaged areas, by 2015. Recent studies have drawn particular attention to the difference it makes to have skilled graduates leading practice. The effect is both direct – through the graduate’s contact with the child – and indirect – through transferring best practice to other professionals.

There has been significant investment through the Early Years Transformation Fund, and more recently through the Graduate Leader Fund (GLF) to help private, voluntary and independent sector providers to both recruit new graduates and ‘grow’ graduates from amongst experienced childcare workers. The GLF is designed to enable providers to access funding to help support increased salary costs on employing a graduate Early Years Professional (EYP). Funding for training is provided directly through CWDC.

A new graduate level track has been created – Early Years Professional Status (EYPS), delivered through CWDC. To be awarded EYPS, all candidates must demonstrate that they meet a set of 39 national professional standards, specifically covering child development for 0-5 year olds.

Steps have also been taken to strengthen the workforce as a whole, and the government has stated that it wants all supervisors in settings to have qualified at level 3 or higher. The Government and CWDC have been working to ensure that level 3 means a full and relevant level 3 by reviewing the qualifications held on the Early Years and Playwork Qualifications Database in order to develop a new Qualifications List for those delivering the Early Years Foundation Stage.

As part of the review, over 300 qualifications relating to early years, childcare and playwork have been assessed to determine whether or not they meet the new criteria. For each qualification the outcome will be one of the following:

Outcome	Action
The qualification meets both mandatory and non-mandatory criteria	Practitioners holding this qualification will not require any further training and/or development in respect of the qualification requirements. However they should be encouraged to develop their skills and knowledge through professional training and development and consider progression to a higher level qualification.
The qualification does not meet some or all of the mandatory criteria	Practitioners holding this qualification will require further accredited training to enable them to meet the criteria.
The qualification meets the mandatory criteria but does not meet some or all aspects of the non-mandatory criteria	For practitioners holding this qualification, further professional training and development is recommended to enable them to meet the non-mandatory criteria and/or encourage them to progress to a higher level qualification.

Timelines for completion of training and assessment pathways have been set to ensure that every practitioner is able to undertake a route that is right for them, taking account of their previous qualifications, experience and aspirations for future progression. Training and assessment to meet mandatory criteria should be completed by September 2012.

Responsibilities

It is the responsibility of **employers** to ensure that their staff hold 'full and relevant' qualifications as outlined in the *Statutory framework for the Early Years Foundation Stage*.

Many settings will already hold information about the qualifications held by their staff, but for those whose information is incomplete or out of date, a national audit tool has been developed. This is an on line database, which early years registered settings can use to record and store information about their setting and their staff. It is an easy way to record the qualifications that staff hold or are working towards and their additional training and development achievements.

It can be used by employers to create training and development plans for their employees. In addition to checking qualifications, the audit tool can create a broader profile of staff members by recording other information such as ethnicity, age and gender.

Once the information has been put into the audit tool it can be aggregated with all the other setting records to generate reports on the early years workforce. Some examples of information that could be obtained from the audit tool are;

- Number or % of men employed in registered settings.
- Total numbers of volunteers working in settings.
- Number or % of practitioners with a full and relevant level 3 qualification.
- Number of early years professionals (EYPs) employed in registered settings.
- Number or % of EYPs working in private, voluntary and independent (PVI) settings.
- Number or % of PVI settings with graduate.
- Number or % of practitioners working towards a qualification.

Through their duty under section 13 of the Childcare Act 2006 'to provide information, advice and training to those working in childcare', **local authorities** have a vital role in helping settings to implement a programme of staff training and development that will enable practitioners to gain the qualifications they need.

What we have achieved in Newcastle

An Early Years, Childcare and Play Workforce Strategy (2008 – 2012) was signed off by the Workforce Reform Board in September 2008, and is the area where greatest progress has been made in reshaping workforce planning to support the overarching Workforce Strategy.

Implementation is led by the Early Years, Childcare and Play Workforce Group (with membership including representatives from private, voluntary and independent childcare providers). It includes actions that relate specifically to the Early Years, Childcare and Play workforce, and actions which support integrated working practices. This takes account of:

- Local Workforce Strategy
- Childcare Act 2006
- Early Years Foundation Stage requirements
- Graduate Leader Fund requirements

The planning and implementation arrangements that are now in place are effectively enabling us to take forward sector specific workforce planning in a more integrated way. It takes account of the needs of practitioners working in a variety of roles and settings, and service delivery priorities (for example Childcare Sufficiency planning and Outcome Duties). Through the Early Years training budget, we have funded Level 3 – Level 6 courses for 55 childcare workers.

Chaired by the Integrated Services Manager (Childhood Services), this is a sector led group which is increasing ownership and understanding of the Workforce Reform agenda. Internal capacity was created to support the workforce agenda through a Graduate Leader Fund Officer post and Workforce Development Officer post.

High Level Priorities 2010 - 2013

- DCSF have set targets for Early Years Professionals in full day care settings by 2015, so we are prioritising this work with the Graduate Leader Fund. A local implementation plan and related guidance is in place, with mechanisms established to support progress monitoring and reporting.

Current progress towards 2015 targets:

Summary of settings (eligible playgroups and nurseries)

Settings requiring 2 EYPs	29
Settings requiring 1 EYP	<u>20</u>
Total Eligible Settings	<u>49</u>

Summary of Early Years Professionals

Required number of EYPs	78
Funding Summary:	
Supported through Graduate Development Incentive	26
Supported through Early Years Progression Award	5
Supported through EYPs Achievement Award	6
Total supported through Graduate Leader Fund	<u>37</u>
Towards 2015 target	47%

- CWDC are changing the qualification framework to a units/credit model. This will change the way that the workforce accesses training and ultimately the way it is funded. We will need to work carefully with the early years practitioners and training providers to ensure a smooth transition. As playworkers have a different Sector Skills Council (Skills Active) they will be revising the NVQ level 3 for playwork. We know that there are many workers who do play work and work in early years, so we will need to identify and support them to ensure that they have appropriate level 3 qualifications.
- Leadership and management are being raised as major areas for development and support. This has been heightened by demands of integrated working and the practices and processes which support this (CAF, ContactPoint and Information Sharing). The development of the Early Years Professional role has also meant that EYPs and their managers need support to implement and embed the new roles along with ensuring that there is support for the leadership skills required for their role.
- National Professional Qualification for Integrated Centre Leadership (NPQICL) – we have a number of managers who have achieved this and would like to provide some further support and development for them.
- Private, voluntary and independent sector (PVI) providers need particular support with accessing CAF and ContactPoint. We are working with them to identify their particular needs, but this will be an ongoing process which will shift from support in accessing training to support in delivery. This will be taken forward in collaboration with the Integrated Working Training Team, CAF Coordinator and ContactPoint lead.
- We are targeting Out of School Clubs for Early Years Foundation Stage (EYFS) support, and incorporating into planning work to raise basic standards of literacy and numeracy to ensure that all practitioners reach Ofsted requirements, and for those who are going on to graduate courses that they have 'O' level equivalents.

Recruitment and Retention

- A small number of settings have already experienced their EYPs gaining status and then moving on, and it is anticipated that this will continue. We will continue to work with settings to ensure plans are in place to help them to continue to meet their EYP target.
- Full daycare settings need to adjust their staffing structures and financial forecasting to accommodate the new EYP Status. The Childcare Sufficiency Team are aware of this and have built it into their business support package. However this will need to be kept under review.
- Flexible 3 and 4 year old funding and the single funding formula will have an impact on nursery settings, but the full extent of this is not yet clear.

Planning will be taken forward through a refreshed Early Years and Childcare Workforce Plan.

Workforce Data Collection

Moving forward, local workforce planning will be supported by the new Early Years Workforce Qualification Audit Tool, which will allow early years registered settings to record and store information about their staff. This on line database has been developed nationally to provide an easy way to record the qualifications that staff hold or are working towards, and their additional training achievements.

The Audit Tool will enable and help **early years settings** to:

- Have an electronic record of staff details and qualifications;
- Manage records when it is convenient;
- Check staff qualifications to meet the minimum qualification requirements in the Statutory Framework from the Early Years Foundation Stage (EYFS);
- Plan appropriate training and development of their staff;
- Check the setting meets minimum staff ratio requirements;
- Monitor training across the setting;
- Record workforce development in the setting;
- Set targets for increasing staff qualifications according to local and national aims and requirements;
- Respond to information requests from other agencies such as Local Authorities;
- Produce a report for Ofsted inspectors.

The Audit Tool will enable **local authorities** to:

- Target support for settings;
- Budget and plan for local training and development;
- Reduce the burden of auditing settings annually.

Examples of information that could be obtained from the audit tool are:

- Number or % of men employed in registered settings
- Total number of volunteers working in settings
- Number or % of practitioners with a full and relevant level 3 qualification
- Number of Early Years Professionals (EYPs) employed in registered settings
- Number or % of EYPs working in private, voluntary or independent (PVI) settings
- Number or % of PVI settings with a graduate
- Number or % of practitioners working towards a qualification

Early Years, Childcare and Play Workforce – estimated numbers

This section provides (approximate) information relating to the following types of settings at February 2010:

- Early years and childcare workforce (working with 0-5s) in a range of settings excluding school settings
- The play workforce (working primarily with 5-13s)
- Staff in children’s centres

Setting	Number of settings	Staff Numbers
Registered Childminders	273	275
Playgroups (including 2 Newcastle City Council)	48	165
Out of School Clubs (NCC)	5	16
Out of School Clubs (PVI)	18	65
Play schemes, holiday schemes and open access	3	9
Registered holiday schemes Newcastle City Council	1	25 (sessional workers)
Community Nurseries	5	78
Other Day Nurseries	36	364
TOTAL	389	997

Children’s Centre	Team Leaders	Clerical & Admin	Support, outreach workers	Early Years Practitioners	Play Workers	Speech & Language Therapists	Speech & Language assistants	Other	Total
Sure Start Central Children’s Centres									
Cowgate and Blakelaw	4	4	4	4		1	1	4	22
Fenham	1	2						1	4
North Fenham	1	2			1			1	5
Phase 3 areas									

Children's Centre	Team Leaders	Clerical & Admin	Support, outreach workers	Early Years Practitioners	Play Workers	Speech & Language Therapists	Speech & Language assistants	Other	Total
Sure Start East Children's Centres									
East	5	4	6.5 wte 2 x 0.60 1 term time only = 0.78			1	1	9	28.48
Walkergate	1		2					QT 0.5	3.5
South Heaton & Ouseburn	1	1	1					1.5	4.5
Phase 3 areas									
Sure Start Outer West Children's Centres									
Newbiggin Hall	6	6	4	4	1	1	7		29
Denton & Westerhope									
Newburn									
Lemington									
Sure Start North Children's Centres									
North Moor	4	6	12	5		1		2	32
Northern Villages		2							
Phase 3 areas									
Sure Start West Riverside Children's Centres									
Westgate	7	4	5 plus 0.5x part time community involvement	7		1	1	6	31.5
Armstrong									
TOTAL	30	31	36.98	21		5	4	32	160

Other: East, South Heaton and Ouseburn

Qualified Teacher (QT) 1.0

Information and Marketing Worker 1.0

Literacy Worker 0.59

Participation Worker 1.0

Child Care Officer 1.0

Centre Co-ordinator 1.0

Volunteer Co-ordinator 1.0

NAPI Workers 0.9

NB – most staff work across the whole of the east.

Other: West Riverside

1 x citywide midwife

1 x citywide breastfeeding peer support worker

1 x Sure Start Teacher

1 x part time Sure Start Teacher

1 x Childcare Officer

1 x Childcare access worker

3b. Children and Young People's Workforce in maintained schools

The School Workforce Census is being piloted and developed in schools to be ready for January 2010 where the first comprehensive set of data will be available giving more detailed information than was previously available profiles school staff (support staff as well as teachers), including information on pay, qualifications, gender, ethnicity and sickness.

This will enable local authorities and schools to benefit from having access to much more data to help with planning. It will also enable local authorities and schools to meet obligations around monitoring of equal opportunities and to measure themselves against national and regional comparators.

Analysis of key issues

1. 2007/8 monitoring data highlighted that the age profile of current **Primary Heads** predicted almost 50% turn over in the next 5 years. The table below shows data on how this has been managed successfully:

2007/8-	First	3	Total: 40 predicted vacancies over next 5 years	
	Primary	32		
	Middle	1		
	Secondary	4		
2008/9	Primary	8	10 vacancies	All appointed
	Secondary	1		
	Special	1		
2009/10	Primary	9	12 vacancies (& 4 more predicted)	10 appointed & 2 Acting HTs (due to secondments to LA)
	Secondary	3		

- Vacancies are in line with 2007/8 predictions, and all vacancies very effectively recruited and filled, albeit sometimes from small fields. Succession planning work has resulted in a good field of future Head Teacher and Senior Leaders for the next 2 years. This is no longer identified as a priority, although monitoring will continue.
- In **Secondary**, recruitment to headship has not proved particularly problematic, possibly as a result of our wider partnership working and local intelligence: Benfield and Walbottle have appointed from 2 strong Local Authority based deputies, All Saints College attracted a small but strong field and only Heaton Manor was a re-advertisement.

2. Retention of Newly Qualified Teachers (NQTs)

- 100% of NQTs successfully finished their first year last year. Of the 128 NQTs last year we retained approximately 68%.
- Of the 118 NQTs retained in Newcastle schools in 2007-8, 108 are still in employment, i.e. 91.5%, a significant improvement.

3. Equalities and Diversity

The data on equalities and diversity remains largely in line with previous monitoring data:

Ethnic Origin:

	2009	2007
All- White British or White Irish	95.6%	95.92%

76% of staff who are not white Irish or British are non- teaching staff. The ethnicity of staff in schools is still not representative of the city population.

Sickness:

	2009 days per FTE	2007 days per FTE
Teaching & Leadership	6.62	6.47
Support Staff	10.81	11.27

Support staff have a higher rate of absence than other school staff.

Disability:

	2009	2007
All Staff (Disabled)	3.12%	3%

The majority of the workforce reports they do not have a disability.

Gender:

	Female 2009	Female 2007
Teaching -Leadership	64%	64.2%
Teaching – other	74%	73.7%
Support Assistants	94%	94.7%
Support Staff – other	78%	79%

The school workforce is largely female. The percentage of females in the teaching workforce is less than the percentage female leadership posts. Recruitment of men into teaching and support staff roles is still an issue.

3c. The Young People's Workforce

The 2020 Children and Young People Workforce Strategy (DCSF, 2008) describes how the Government will work with partners to ensure that everyone in the workforce receives the support and development they need to achieve the vision in Every Child Matters and the Children's Plan. It identified reforms needed across the workforce but also priorities for development in each part of it. Youth work together with social work, social care and early years were identified as priority areas to improve quality and capacity.

For the young people's workforce, a programme of work has already begun based on based on commitments in Aiming High for Young People (DCSF, 2007). This includes support and development for workers and the large number of volunteers in the third sector. A long term comprehensive plan will be developed, building on this work, to ensure that the workforce can support the challenges facing young people in and out of learning, including raising the participation age and new 14-19 pathways.

Who is in the Young People's Workforce?

The scope of the young people's workforce is complex, and work with young people is undertaken in a wide range of settings by people with diverse roles. The Lifelong Learning UK (LLUK) Sector Skills Agreement (LLUK, 2008b) describes work with young people as focusing on their personal and social development, and the promotion of their inclusion, 'voice' and influence. The young people's workforce works with young people individually and in groups in a variety of settings - youth centres, sports centres and youth clubs; detached (street-base) projects; information, advice and counselling centres; health centres; and in partnership with schools, Youth Offending Teams (YOTs) and other children and young people's services. Youth work includes local authority, health, youth justice, private and voluntary provision. The Youth Justice Board's workforce strategy reflects the same priorities and goals as Aiming High for Young People. Further education, health, sport and culture, crime and justice workforces also have strong commitments to children and young people.

Workforce Challenges

Those in the young people's workforce are now working in the context of a system wide reshaping of services for all young people, with more intensive support for those who need it. There is a shift from intervention to prevention services, with practitioners working together more effectively across organisational and professional boundaries to respond earlier to the problems that young people face, to prevent problems escalating. The intention is that all young people will be able to benefit from high quality, integrated support services delivered by a wide range of statutory, third and private sector partners. This requires a skilled and confident workforce to commission and deliver the most effective practice known to improve young people's outcomes.

The 2020 Children and Young People's Workforce Strategy identifies the need to work with the wide range of relevant partners to improve capacity to respond to the

needs of young people through integrated working, developing leaders and managers of more integrated services and to provide support to those who work with children and young people.

On the front line, key challenges and concerns have been identified nationally which include:

- Continuing high levels of vacancies in some areas and regions;
- Quality of initial training;
- Low status of some professional groups;
- Clarity of purpose of some professions;
- Quality of management and leadership;
- Challenges to effective integrated working between professionals from different backgrounds and services

How is the development and integration of this Workforce being supported?

DCSF has asked the Children's Workforce Network (CWN) to implement a programme for developing the young people's workforce. This programme is being led by Children's Workforce Development Council (CWDC) on behalf of the CWN. The aim is to develop a flexible and integrated Youth Support Workforce that shares a common set of skills, competencies and values, and retains present specialisms and expertise.

Priorities

National priorities for improvement include:

- Third sector training should be made more available and coordinated with statutory and private sector training wherever possible;
- Specific training needs have been identified for leaders and managers working in the Integrated Youth Support Services to better help them meet the challenges of their wider roles;
- There are disparities in training, qualifications and outcomes across the youth workforce that need to be addressed and, overall, the data held on those in the youth workforce is inconsistent, unspecific and incomplete;
- There are concerns over medium-term recruitment, staff retention and job mobility that threaten how effective the workforce will be in the future.

Young People's Workforce Development Programme

This (national) programme will help the workforce in their delivery of Integrated Youth Support Services (IYSS). It sets out a clear vision for the future of the young

people's workforce and gives access to funding for additional training and development. It will raise aspirations and seeks to bring greater consistency throughout the workforce. All of this will create a stronger sense of identity and put the workforce more on a par with other professions.

The programme is designed to include those workers, voluntary and paid, in the statutory, private and Third Sector (including leaders and managers) who work with young people aged 13 – 19 and up to 25 for young people with learning difficulties or disability, and whose primary role is to:

- Enable and support young people in their holistic development;
- Work with them to facilitate their personal, social and educational development;
- Enable them to develop their voice, influence and place in society;
- Support them to reach their full potential;
- Help to remove barriers to young people's progression and to achieve positive outcomes and a successful transition to adult life.

Those covered by this programme are:

- Connexions Personal Advisers;
- Youth Workers (paid and unpaid)
- Education Welfare Officers and Attendance Workers
- School and College-based Learning Mentors
- Youth Justice
- Various youth support workers and a wide range of other jobs in relation to substance misuse and drugs rehabilitation, housing, health (including mental health) and emotional well-being; Leaving Care workers; outdoor sports leaders and many other staff who contribute in some recognised way to the young people's workforce.

The following are not covered:

- Staff in schools, further education settings; work-based and adult and community learning settings who directly deliver or directly assist the delivery of formal compulsory education or post-16 education or training;
- Social workers and social care workers.

This is because such workers benefit from other programmes and funds to equip them to work with young people.

While specialist skills are essential for improving outcomes for young people and need to be maintained, it is also important that existing staff develop skills that are shared by all who work with young people. A range of measures are being developed nationally including a workforce wide skills development framework, common apprenticeship routes, work towards a common foundation degree, youth professional status and a new graduate recruitment scheme:

▪ **Strengthening leadership and management.**

- A **Leadership Enhancement Programme** is being delivered to nearly 300 strategic leaders. 2 places were made available to each Children's Trust. The first was for the person in the Local Authority leading Integrated Youth Support Services: the second was for a current strategic manager working in a third sector organisation which delivers significant services to young people in partnership with the Local Authority and/or plays a strategic role in the development of services for children and young people across the local area.

Newcastle response

Both available places were taken up on behalf of Newcastle Children's Trust, the first by the Head of Integrated Youth Services, and the second by the manager of Fairbridge (a third sector organisation working with some of the hardest to reach young people aged between 13 and 25 who are out of education, employment and training).

- A **Leadership Development Programme** for aspiring senior leaders will be offered by March 2010 to at least a further 150 new and emerging leaders. Modules include: the context for leading integrated services for young people; self as a leader; leading for positive outcomes. Leading change will be a major theme running throughout the programme.

Newcastle response

The Newcastle place is being taken up by a newly appointed Integrated Services Manager. The role purpose is to provide strategic leadership that ensures effective and integrated targeted services are delivered, monitored and reviewed across a designated geographical area, in order to improve outcomes for children, young people and their families.

The programme provides an opportunity for supporting a new and key leadership role in Newcastle to support continued development of Integrated Youth Support Services.

- A **Management Development Programme** is being offered to up to 5,000 frontline managers over the next two years, and is designed to build relevant knowledge, skills and behaviours among front line managers of services for young people. This fully funded programme is contextualised to work with young people, and has been designed and developed by specialists from across the whole of the Young People's Workforce and is not a generic management development programme. At least 30% of places allocated should be from the Third Sector

Newcastle response

External timescales for taking up Newcastle places meant that it was not possible to wait until new management structures at Newcastle City

Council were finalised. Therefore as further places become available, future participants will be identified to support new and emerging roles, for example team leaders of integrated teams.

Identification of voluntary sector participants was coordinated by the CWDC Workforce Strategy Partners Programme (WSPP) lead from Newcastle Council for Voluntary Service, in conjunction with the Voluntary Youth Sector Forum.

Participant Name	Role/organisation
1	Workforce development (School Improvement Service) and Walbottle Campus
2	Newcastle YMCA
3	Education Welfare Service
4	Youth Service
5	Youth Offending Team
6	Youth Service
7	The National Trust Inner City Project
8	Your Homes Newcastle
9	Walbottle Campus
10	Kids Kabin
11	Youth Offending Team
12	NHS North of Tyne
13	Connexions
14	Youth Inclusion Support Panel
15	Connexions
16	Connexions
17	Senior Youth Worker

▪ **Building the capacity of the third sector**

- An estimated 70% of all youth support work nationally is undertaken by the third sector. Whilst courses and training are available to equip front-line workers for *Every Child Matters* and integrated working, the Third Sector's capacity to deliver, fund or enable training of front line workers is uneven. A need has been identified to support the management capacity of workers in small organisations who simultaneously lead and deliver youth support services.
- Initial work is identifying the top priorities to support integrated working and *Every Child Matters* outcomes, covering both frontline delivery and organisational capacity building. This work will also recommend the best routes for delivering the support, and the feasibility of an accreditation system for the voluntary young people's workforce is also being explored.
- Staged delivery of co-funded training is expected to begin in early 2010.

Newcastle response

As further information becomes available and requirements finalised, local planning will be taken forward through the recently established (multi agency)

Youth Support Workforce Group as part of local integrated workforce strategy implementation arrangements.

▪ **Developing a common platform of skills and competences**

While specialist skills are essential for improving outcomes for young people and need to be maintained, it is also important that existing staff develop skills that are shared by all who work with young people. Children's Trust areas are increasingly moving towards integrated youth support services delivery where workers are increasingly being asked to work in integrated teams as a way of supporting better outcomes for young people. But while day-to-day planning takes account of moves towards integrated working, there is no single professional framework showing the skills, knowledge and competences required for successful integrated working with young people.

Following a national consultation, work is progressing to develop a young people's workforce-wide skills development framework. The central purpose of such a framework would be to:

- Define what workers need to develop to engage successfully with colleagues and with young people;
- Help foster an energised, skilled and informed workforce that can readily adapt to meet the diverse needs of young people;
- Recognise talent, innovation and excellence in supporting young people.

The aim is to put a framework around the existing professional arrangements, not to supersede existing specialist skills sets.

Newcastle response

As further information becomes available and requirements finalised, local planning will be taken forward through the recently established (multi agency) Youth Support Workforce Group as part of local integrated workforce strategy implementation arrangements.

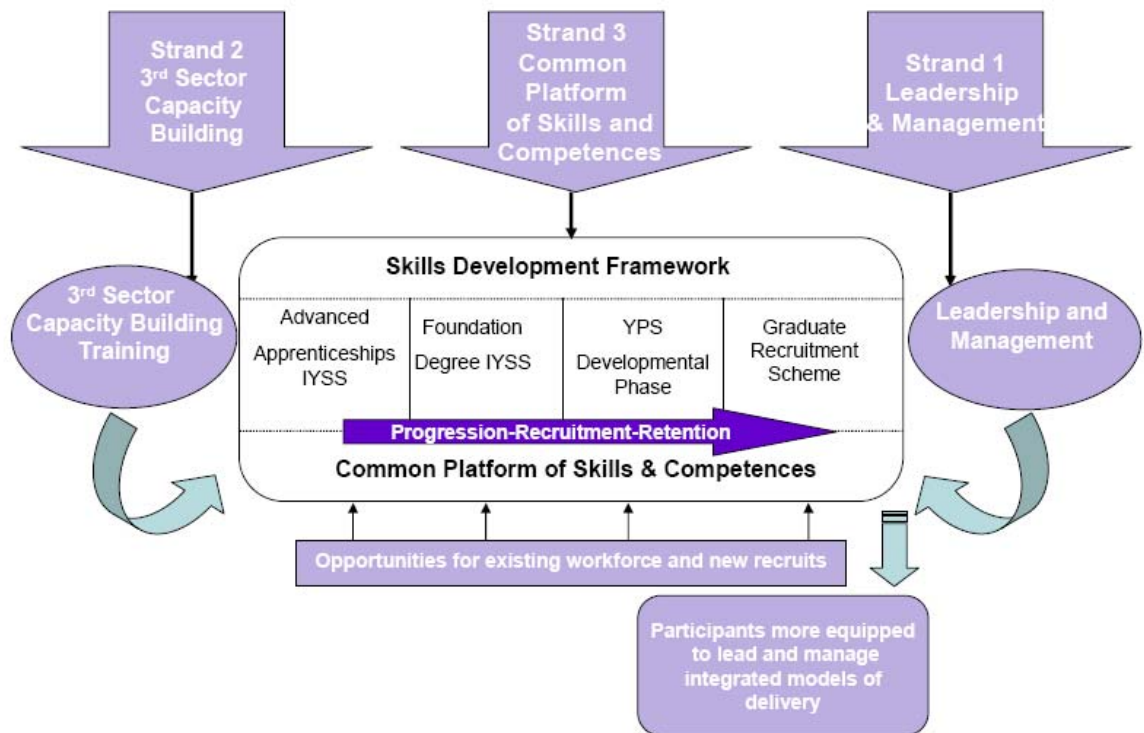
▪ **Youth Professional Status (YPS)**

- The Children's Workforce Development Council (CWDC) has consulted on the introduction of a new status of youth professional. This will enable excellent and experienced practitioners to be recognised as 'leaders of practice' in the young people's workforce. CWDC has been working with partner organisations to describe and define this status, including the development of a set of standards for those wishing to gain Youth Professional Status.
- YPS will identify the skills, knowledge and experience needed by experienced practitioners from any profession in the workforce to be a 'Leader of Practice' within Integrated Youth Support Services. Designed to 'raise the bar' in how professionals work together and with young people, it will not be a qualification nor will it be a new type of role or worker.

- It is intended that YPS will contribute to the commitment made in *Building Brighter Futures* (2007) to 'ensure that the children [*and young people's*] workforce unites around a common purpose, language and identity, while keeping the strong and distinctive professional ethos of different practitioners in the workforce' (paragraph 7.37).

Newcastle response

As further information becomes available and requirements finalised, local planning will be taken forward through the recently established (multi agency) Youth Support Workforce Group as part of our Workforce Strategy implementation arrangements (see Appendix 1).



Overview of the young people's workforce

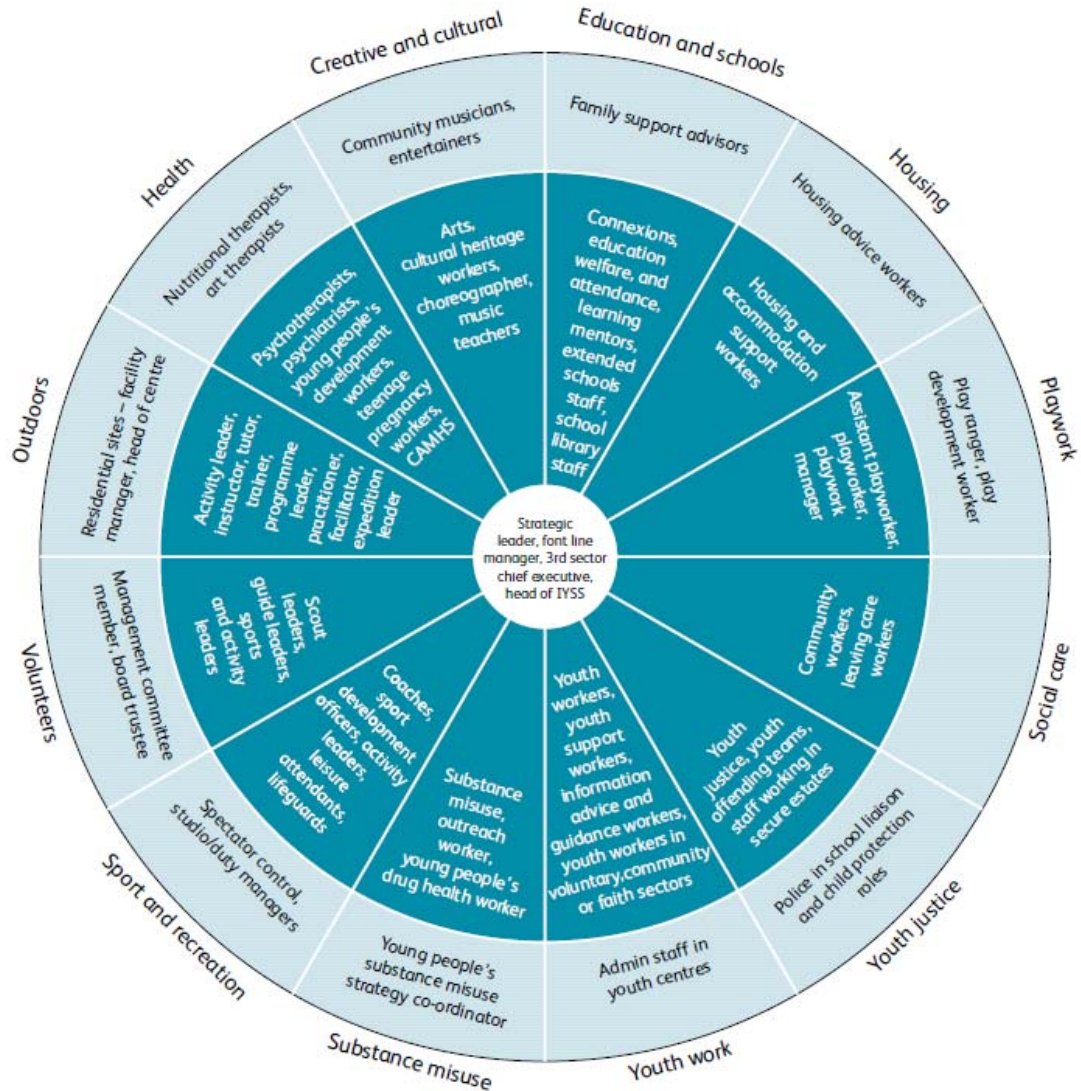


Diagram taken from “A picture worth millions – State of the young people’s workforce” CWDC (January 2010)

- Leaders and managers of front line services for young people.
- Core young people's workforce – involved in the holistic development with young people. Their role mainly involves face-to-face contact with young people.
- Wider young people's workforce – work which sometimes involves young people.

3d. Health Workforce

In addition to the 12 PCTs, NHS North East comprises eight Hospital Trusts, two mental health specialist trusts and the North East Ambulance Service.

Statutory Organisations

Local Authority	Primary Care Trust (PCT)	PCT Cluster
Darlington	Darlington PCT	County Durham and Darlington
Durham	County Durham PCT	
Hartlepool	Hartlepool PCT	PCTs of Teesside
Middlesbrough	Middlesbrough PCT	
Redcar and Cleveland	Redcar & Cleveland PCT	
Stockton	North Tees Teaching PCT	
Newcastle	Newcastle PCT	North of Tyne
North Tyneside	North Tyneside PCT	
Northumberland	Northumberland Care Trust	
Gateshead	Gateshead PCT	South of Tyne
South Tyneside	South Tyneside PCT	
Sunderland	Sunderland Teaching PCT	

(i) The Regional Picture

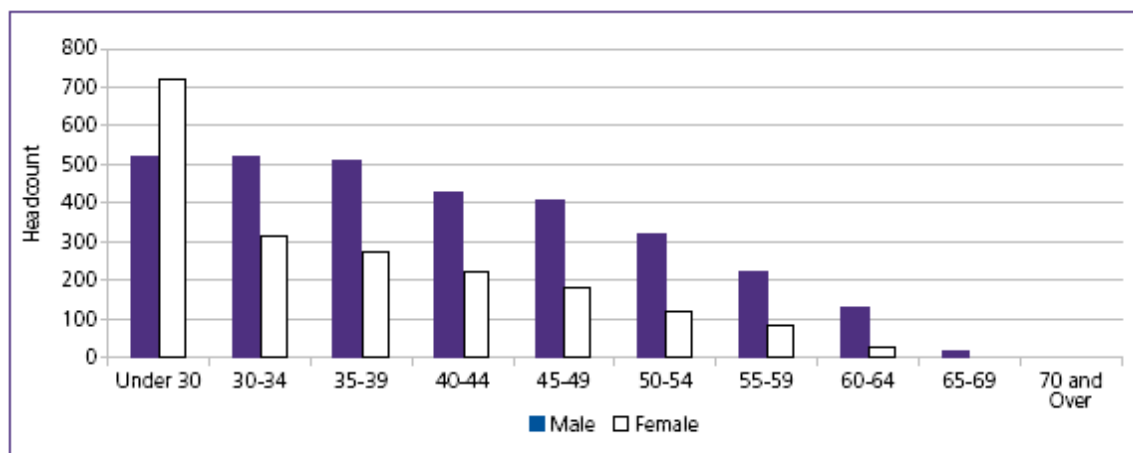
The 2008 portrait of the health and social care workforce in the North East (published by the Strategic Health Authority) presents the most recent information collated to describe the health and social care workforce in the North East. The Report contains details of the known 149,000 people who provide health and social care (almost 9% of the entire working population of the North East). Just over half (52%) of these people work for the NHS, Social Services employs 12% and the independent care sector 36%.

The health and social care workforce is made up of a number of different staff groups. Each group has a range of skills, and is subject to varying degrees of regulation and minimum standards.

All babies and children are 'vulnerable', but those who work with healthy children are not included in this analysis (childminders, nursery staff etc). Maternity staff and those who work with children who are ill or at risk are included.

The NHS workforce is recorded each year in a number of censuses, and the NHS has recently completed implementation of a standard IT system to record staff information (the Electronic Record). According to the 2007 census, there are currently over 76,900 people (64,900 whole time equivalent) employed by and for NHS organisations in the North East. They are a mixture of doctors, nurses, allied health professionals and health care scientists who are supported by a variety of support staff such as healthcare and nursing assistants, scientists, therapists and technical assistants. The workforce is highly qualified, the majority to degree level.

Chart 1: Medical Staff by gender

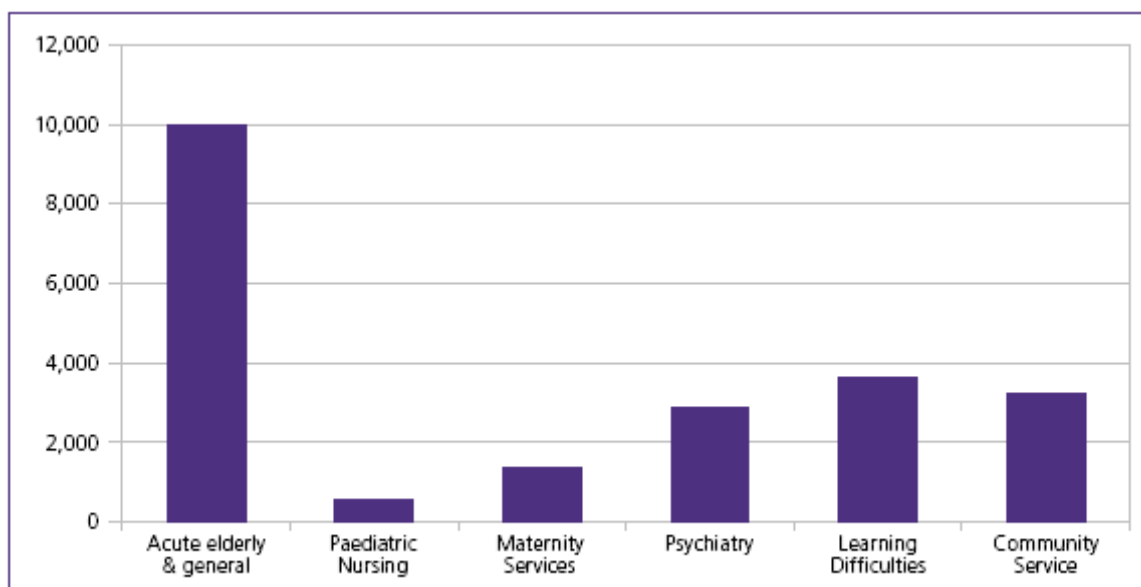


Hospital and Community Health Service

Over 65,000 staff work in the region’s hospitals, PCTs and the North East Ambulance Service. These staff fall into the main ‘clinical’ staff groups – medical, nursing, scientific, technical and therapeutic. However over 21% of the workforce supports the infrastructure of organisations. This is a reduction of 1% since 2006.

32% of HCHS staff are qualified nursing or midwifery staff. The majority of these nurses are female (85%) and they work in a variety of clinical areas, but the greater part are hospital based working in general, adult or elderly wards. As a group 9% are over 55 years of age. However within the community nursing group, 37% (more than 220) of community nurses, 16% (95) district nurses and 18% (111) health visitors are over 55.

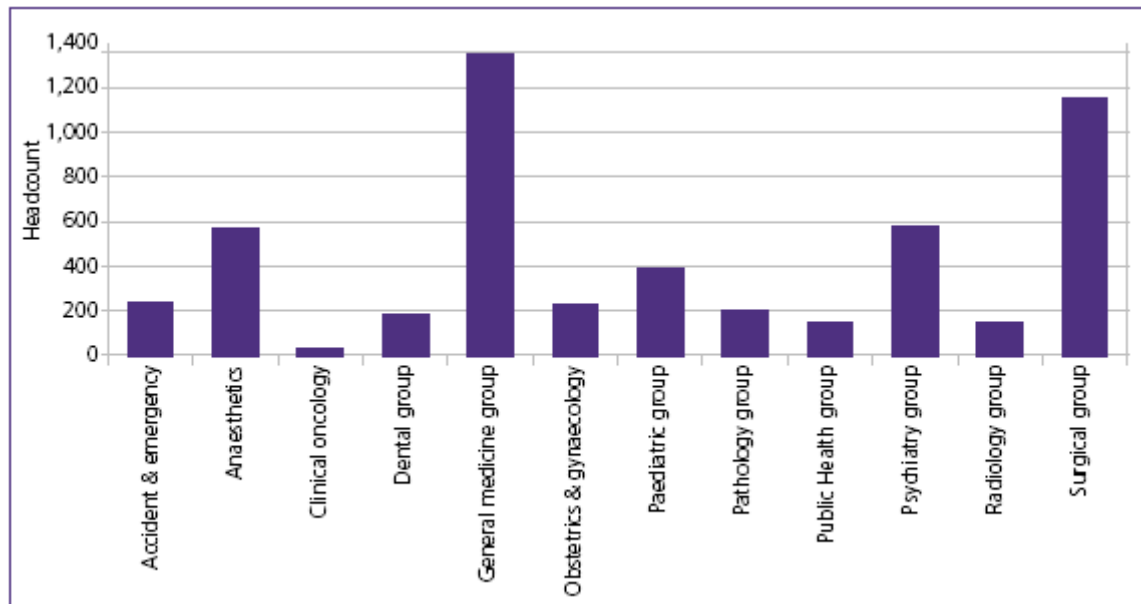
Chart 2: Area of work for nurses and midwives



There are over 5,200 qualified doctors working in NHS organisations. This represents an increase of just under 200 over 2006. Of these over 1,000 are in pre-

specialist training (foundation and senior house officer posts), almost 1,500 are specialist registrars in training and over 2,000 are consultants. Chart 3 shows that the majority of staff work in the general medicine group.

Chart 3: Medical staff by area of work



Qualifications and training

As has already been mentioned, over 50% of the NHS workforce is qualified to degree level (at least). The North East Strategic Health Authority commissions pre-registration degree and diploma courses from the universities of Teesside, Newcastle, Northumbria, Sunderland and New College Durham. The number of students entering the first year of the courses is revised year on year according to the expected demand for newly qualified staff by the health and social care employing organisations.

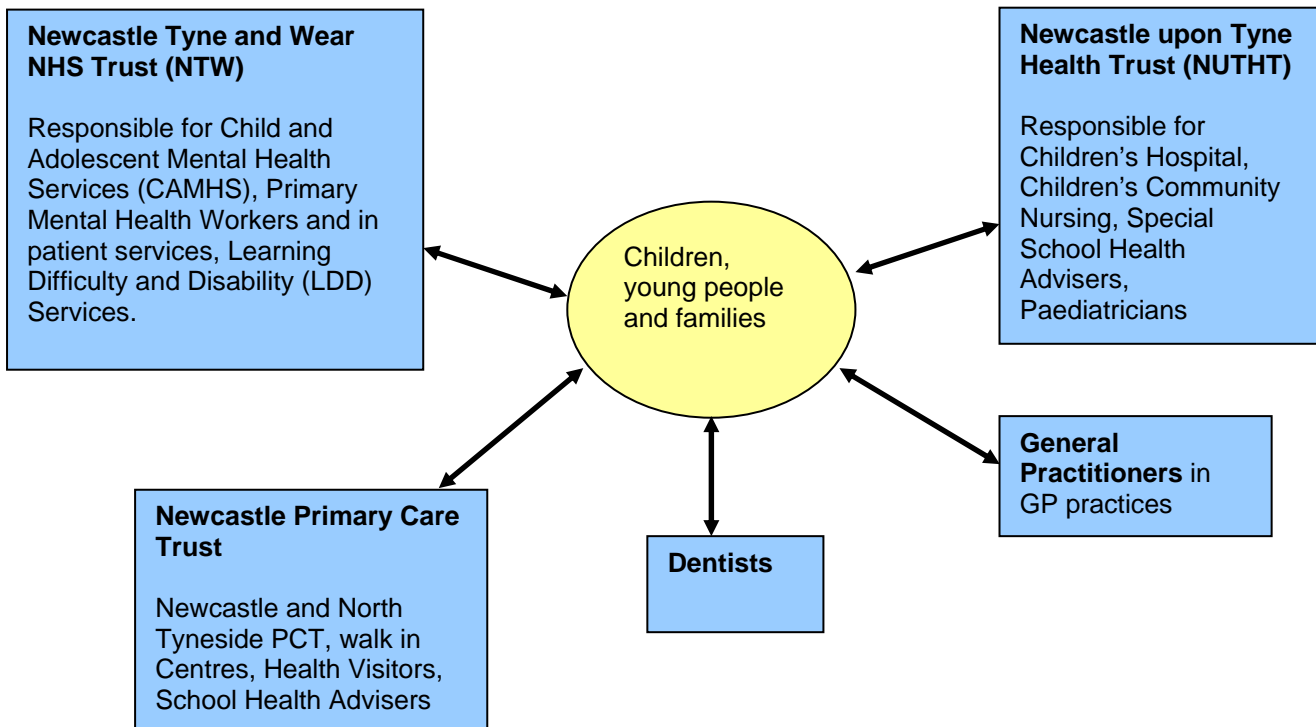
The expected number of newly qualified staff from these courses is shown below:

Chart 4: Expected student output by academic year

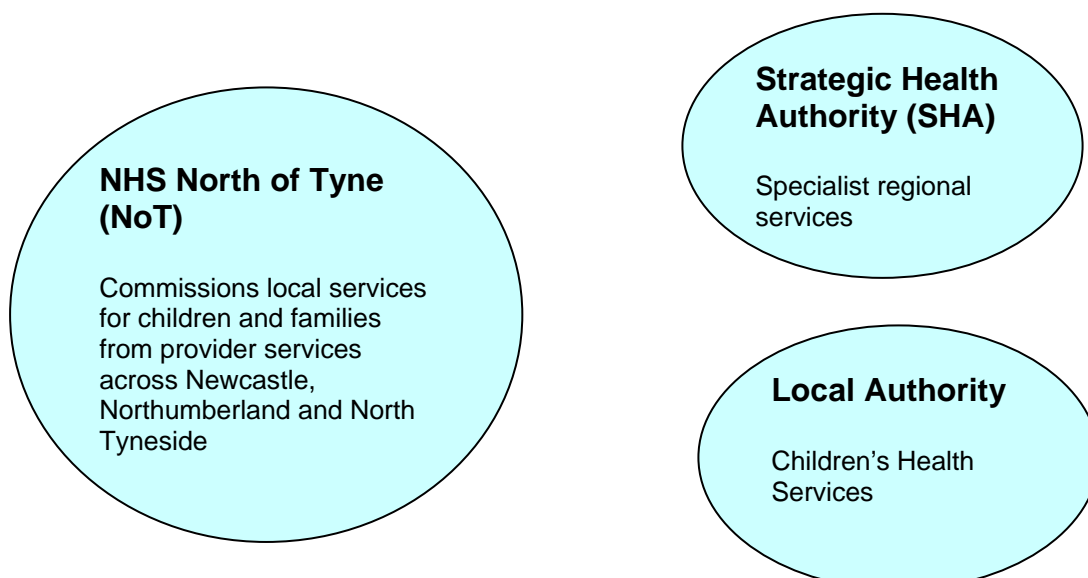
	2007 2008	2008 2009	2009 2010	2010 2011
Nursing & Midwifery	1,077	1,200	1,143	1,152
Allied Health Professionals	354	405	396	382
Scientists	36	22	35	36
Technicians	108	113	114	117

(ii) The Local Picture - Health Children's Services Structure in March 2009

Providers of Services



Commissioners of services



Information about the local Health Workforce was collated in 2008 as part of our Workforce Analysis Report, and drew on information from the Child Health CAMHS and Maternity Mapping 2007. It illustrates the broad range of numbers of staff and roles, and settings:

1. Universal Services

Service	Service type	Total staff whole time equivalent (wte) in post
School Health	School health service	26

2. Targeted Services

Service	Service type	Total staff wte in post
Asylum Seekers Health Team	Service for children in special circumstances	2
Child Protection Team	Safeguarding children service	4
Children's Community Therapy Service	Children's therapy service	37
Other Paediatric Community Services	Other paediatric services managed in the community	3
Podiatry	Children's therapy service	1
Special Circumstances	Service for children in special circumstances	2
Total	-	49

3. Hospital Services

Service	Service type	Total staff wte in post
Dermatology Specialised Paediatric Services	Specialist paediatric service	8
Paediatric Metabolic Service	Specialist paediatric service	0
Paediatric Ophthalmology Surgery	Children's surgery	1
Paediatric Plastic Surgery	Children's surgery	6
Ward 1, Royal Victoria Infirmary	Specialist paediatric service	21
Ward 11, Freeman Hospital	Specialist paediatric service	15
Ward 24, Newcastle General Hospital	Specialist paediatric service	19
Ward 26, Newcastle General Hospital	Specialist paediatric service	18
Ward 4, Royal Victoria Infirmary	Specialist paediatric service	21
Ward 5, Royal Victoria Infirmary	Specialist paediatric service	20
Ward 6, Royal Victoria Infirmary	Specialist paediatric service	23
Ward 7, Royal Victoria Infirmary	Specialist paediatric service	24
Ward 9, Royal Victoria Infirmary	Specialist paediatric service	25
Total	-	201

4. Maternity Services

Service	Service type	Total staff wte in post
Maternity Service	Maternity service	271

Health Visiting

There is a national shortage of Health Visitors. Locally we are working with Northumbria University to review the recruitment of students to the course to ensure that opportunities are maximised.

The development of a skill mix team approach is also being implemented to ensure that there is a career pathway for those registered nurses interested in working within the children and family community services and training as Health Visitors in the future. Additional nursery nurses have been recruited to support the Health Visitor Service.

Specialist CAMHS

Newcastle Specialist Child and Adolescent Mental Health Service (CAMHS) is located in Northumberland, Tyne and Wear Mental Health Trust (NTW), which is a large NHS Foundation Trust stretching from the Scottish Borders down to Yorkshire. The Trust is divided into 5 Directorates, which includes Children, Young People and Specialist Services.

Children and Young People's Services is further divided into 4 service areas including Newcastle. There are various clinical teams making up Newcastle CAMHS, but staff can be in more than one team. The main teams are the West, North and East Locality Teams (all of which are multi disciplinary) and include Primary Mental Health Workers, Clinical Psychologists, Community Nurses, Child Psychiatrists, Child Psychotherapists, Occupational Therapy, Social Workers and trainees from various professions.

Other teams in Newcastle Specialist CAMHS currently include Deliberate Self Harm, ADHD (Attention Deficit Hyperactivity Disorder), Unaccompanied Minors, Early Intervention in Psychosis, Eating Disorders and Autistic Spectrum Disorder (ASD).

The work that we will be taking forward during 2010 – 2013 to develop a CAMHS workforce plan will enable us to continue to develop our understanding of who is in the specialist and non specialist CAMHS workforce.

3e. Voluntary and Community Sector (VCS) Workforce

In 2007 a survey asked the 638 voluntary and community organisations on NCVS database if they work directly with children and young people. Of the 188 organisations that replied (29.4%) 166 said they worked directly with children and young people. Organisations use staff and/or volunteers to carry out activities directly with children and young people, some of whom are part of the Core Children's Workforce. All of the organisations have volunteer management committees or trustees who are part of the Wider Children's Workforce.

Work was undertaken (coordinated by Newcastle CVS) as part of the first ContactPoint Workforce Analysis during 2007 to collate workforce information for 22 VCS organisations in Newcastle. This is in addition to voluntary sector providers of childcare included in the Early Years, Childcare and Play Workforce information. While this information is not comprehensive as there are many other organisations in Newcastle working with children, young people and families, it illustrates the diversity of settings and roles.

Organisation	Total Paid Staff	Practitioners	Manager, Supervisor, Adviser	Administrators	Others	Number of volunteers	Total
NCVS	26	8	2	3	13	25	77
The National Trust Inner City Project	7	3	2	1	1	0	14
Denton Young People's Project	6	3	1	1	1	10	22
Depaul Trust	11	5	1	1	4	4	26
Kids' Cafe	2	1	1	0	0	3	7
Kids Kabin	9	7	1	1	0	20	38
West End Women & Girls Centre	9	6	2	1	0	3	21
Scotswood Area Strategy	30	16	2	3	9	30	90
Depaul Trust	11	5	1	0	5	4	26
Newcastle Women's Aid	8	5	2	1	0	3	19
NCH	75	47	16	12	0	80	230
Them Wifies	7	5	1	1	0	0	14
Heaton Community Centre	19	15	3	1	0	1	39
Fairbridge	13	9	3	1	0	5	31
Heaton Adult Association	6	3	1	2	0	0	12
John Boste Youth Centre	4	0	1	0	3	3	11
Newcastle PROPS	7	5	1	1	0	12	26
NECA	21	0	3	2	16	2	44
Newcastle ACHIMO Club	9	7	1	1	0	12	30
First Step	14	8	4	2	0	6	34
Newcastle Action for Parent and Toddler Groups Initiative	6	4	1	1	0	6	18
Totals	304	164	51	37	52	229	829

3f. Parenting and Family Support Workforce

Developing the skills and capacity of our Parenting and Family Support workforce is vital in supporting implementation of our Parenting Support Strategy and Think Family approach.

This includes those practitioners delivering Parenting Programmes, practitioners whose main role is working with parents and carers, and those working with parents and carers as part of a role which mainly involves working with children and young people.

The Government describes parenting support services as ‘any activity or facility aimed at providing information, advice and support to parents and carers to help them in bringing up their children’. This will include activity targeted at those parents with the most severe, long term, parenting issues that have their roots in poverty, unemployment, poor living conditions and contribute to crime and anti social behaviour.

When we use the word ‘parent’ we are including mothers, fathers and carers, grandparents and other people who care for children, such as foster parents. So ‘parenting support’ means activities that allow anyone carrying out this role to develop the knowledge, skills and experience they need to do this to the best of their ability. It also forms an integral part of the shift to prevention and early intervention in Newcastle.

Workforce development is taken forward through the Parenting Support Workforce Group.

What has been achieved?

A Virtual Team of multi agency Parenting Practitioners is delivery evidence based Parenting Programmes across the city: Incredible Years (8 – 11, delivered to parents only); Triple P (8 – 13 years, delivered 1:1); and Strengthening Families (10 – 13 years, delivered to parents and young person). Impact of these programmes on outcomes is monitored through the Parenting Support/Think Family Commissioning Group.

To support this, a Parenting Workforce Training Pathway is in place, coordinated and led by the Parenting Support Team. The Pathway aims to address the training needs of parenting practitioners by providing the essential and foundational knowledge and skills for working effectively with parents.

Strand 1: Training to deliver parenting programmes

This training is intended to give practitioners the expertise needed to deliver Parenting Programmes, and focuses on training practitioners to use the programme itself. The training is not designed or intended to provide practitioners with the foundation skills of working with parents. Practitioners who undertake training in a parenting programme must have experience in working with parents to implement the programme. It assumes a knowledge base in child development, and knowledge

of what constitutes positive parenting, the effects of negative parenting, and key aspects of child and parent relationships. This theoretical knowledge is necessary because without understanding why and how parents function, practitioners are less likely to make full use of the Parenting Programmes and reduce the potential outcomes for children and parents.

Strand 2: Level 3 Parenting Core Curriculum

The Level 3 Parenting Core Curriculum qualification is based on National Occupational Standards for working with parents. It is aimed at those working at a preventative or universal level with parents, and provides core knowledge and skills for working effectively with parents.

Accredited through Open College Network (OCN), the course can be delivered as one course or as stand alone modules:

Unit 1: Working with parents Delivered over 4 days	Recognise factors that impact on work with parents
	Understand working with parents
	Understand the changes that parenthood brings
	Understand factors that affect the parent/child relationship
	Work effectively with parents as adult learners
Unit 2: Lifespan Development Delivered over 3 days	Understand the concept of family diversity
	Understand theories of human development
	Recognise features of human development
	Understand the relationships between the different phases of human development
Unit 3: Group work skills Delivered over 4 days	Understand the main principles of group dynamics
	Recognise the qualities and responsibilities of an effective parenting group facilitator
	Understand the importance of self disclosure
	Understand the importance of confidentiality
	Facilitate group discussion
Unit 4: The developing parent and the developing child Delivered over 3 days	Understand the inter-dependent nature of the parent-child relationship
	Recognise influences on parent-child relationships
	Understand practical aspects of parenting
	Understand the principles of behaviour management
	Understand the importance of effective communication skills
	Know and understand the long term effects on children arising from their early experiences
Unit 5: The developing parent and the developing young person Delivered over 3 days	Understand developmental needs and milestones in the life of a young person
	Understand key strategies for building relationships with young people
	Understand how the role of the parent changes during young people's teenage years
	Know how to give support to young people
	Know how to deal with challenging behaviour
	Understand the importance of setting ground rules and boundaries
	Recognise some influences on the parent/young person relationship
	Recognise key aspects of young person behaviour
Unit 6: Supporting parents Delivered over 3 days	Understand the role of assessment in identifying parent/family support needs
	Recognise transition stages in parenting/family life which provide opportunities for intervention and support
	Understand the role of voluntary/statutory support in the lives of parents and families

CWDC role

From 20th March 2010 CWDC will be taking over responsibility for support to those who work with parents from the National Academy for Parenting Practitioners (the Parenting Academy).

The Parenting Academy's work will be established as a new programme within the Children's Workforce Development Council (CWDC) – Support to Work with Parents and Families – and will have 3 distinct threads:

1. Qualifications and training development and delivery
2. Communication and strategic change
3. Promotion of evidence-based practice throughout the workforce.

The aim of the 'Support to work with Parents and Families' Programme will be to provide support for updating the Work with Parents (WWP) national occupational standards (NOS) and qualifications and link it to the agreed strategy of the children and young people's workforce.

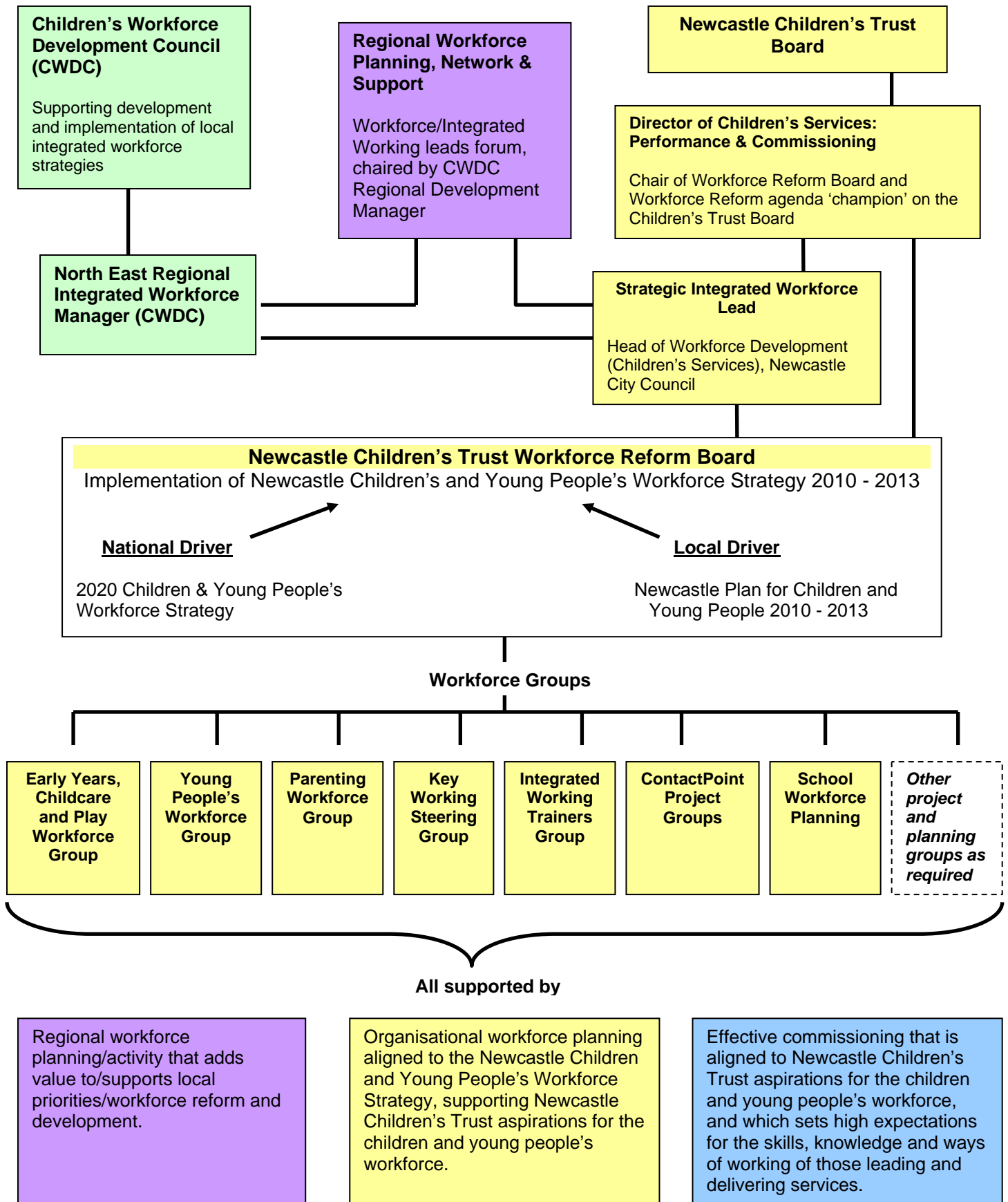
The programme, agreed with the Department for Children, Schools and Families is very much a continuation of work previously carried out by the Academy. It is also characterised by partnership working, and 'Think Family' and 'Think Father' will remain key parts of the message.

To achieve this, CWDC plan to make available 600 places for the Level 3 WWP qualification and 5,000 places for practitioners engaged in outreach work from children's centres. They will also be making 2,000 places available on training to deliver evidence-based parenting programmes, including a project to make more training available for the third sector.

CWDC will also be working with King's College, London to promote use of the Commissioning Toolkit. This resource provides information and guidance on the quality and effectiveness of different parenting programmes.

Future plans involve working with parenting commissioners and local authorities to ensure parenting strategies are effective and sustainable through appropriate management and supervisory support to practitioners.

**Appendix 1:
Implementation and reporting arrangements for Newcastle Children and Young People's Workforce Strategy 2010 – 2013**



Appendix 1: Case Studies

CASE STUDY 1 - Improving Outcomes through effective partnership working

Service	Newcastle School
Background	<p>School staff were becoming increasingly concerned about Andrew's (14years) attendance at school and when he was in school his behaviour was difficult to manage. Andrew did not cope within the classroom environment. Andrew would be confrontational with male teachers. Most days Andrew said that he wanted to go home and see his mum. Andrew often presented in school in a highly emotional state saying that he was poorly and wanted to go home. His behaviour in school appeared extreme. Andrew has had attendance issues and behavioural issues in school since Year 7. Andrew lives at home with his mum and older brother and sister, who had both left school. Andrew's dad lives in Gateshead.</p> <p>Andrew's father has had an alcohol dependency for approx 18 years and has previously received support for a mental illness.</p> <p>Andrew has witnessed Domestic Violence in the family home. Children's Social Care have previously been involved due to police referrals of domestic violence and Andrew being involved in the incidents. Core assessment was carried out. Andrew's father moved out of the family home and now resides in Gateshead. At this time Andrew had contact with his dad by telephone. Children's Social Care closed the case.</p> <p>Parent Support referral was made for support for Andrew's mum as she was struggling with Andrew's behaviour at home. A CAF was completed for a further assessment of Andrew's needs especially around home circumstances and family relationships. Andrew had previously been referred to CAMHS for support with his mental health needs; however the family had disengaged from this service.</p>
Outline of intervention	<p>Through the CAF assessment it was established that;</p> <p>Andrew wanted to be at home to make sure that his mum was ok and it was clear that Andrew witnessing the domestic violence had had a significant impact on his mental health and emotional well being. Andrew said that he found it difficult to be with male teachers. Andrew shared that he felt anxious and often had panic attacks when he thought about school.</p> <p>Andrew's mum is a carer for her mum who has Parkinson's Disease.</p> <p>Andrew's mum had ongoing support from her GP for Depression and Anxiety.</p> <p>Andrew's behaviour was difficult to manage at home. Andrew would have angry outbursts towards his siblings and his mum.</p> <p><u>Actions of the Team around the Child/Review Meetings</u></p> <p>Andrew was re-referred to CAMHS. A Connors assessment was completed and Andrew was diagnosed with ADHD.</p> <p>Andrew's dad's Social Worker was part of the Team around the Child, although did not attend the meeting as it was felt that it was not appropriate. As Lead Professional PSA would share information with social worker and inform the social worker of progress and concerns.</p> <p>Referral to Educational Psychology – Interventions carried out to support Andrew with his attendance in school</p> <p>Referral to Connexions- Explore alternative curriculum for Andrew such as Fairbridge, virtual learning.</p> <p>Referral to Re-engagement Team. Andrew started an engagement package to complete Maths, English and ASDAN.</p> <p>Andrew has been referred to a Training Programme to complete a qualification in Motor Mechanics.</p> <p>Andrew would spend weekends at a Family member scrap yard. Andrew has a keen interest in auto</p>

Service	Newcastle School
	<p>mechanics. A learning log diary was completed so that Andrew could include this in his ASDAN course.</p> <p>Andrew's mum referred to Parenting Factor ADHD Course.</p> <p>Andrew's mum signposted to Carer's support group for support with caring role of her mum.</p> <p>Andrew's mum invited to Parent Support Groups at School.</p> <p>Andrew's mum signposted to Women's Aid Website.</p>
Evidence of impact on outcomes	<p>Following the interventions throughout the CAF process, the CAF closed in 20.10.09 due to the outcomes being met.</p> <p><u>Be Healthy</u></p> <p>Through work with CAMHS, Andrew has been able to explore his feelings and relationship with his father. Andrew has improved mental health and no longer suffers from panic attacks.</p> <p>Andrew's ADHD is now well managed through his medication and interventions through CAMHS.</p> <p><u>Stay Safe</u></p> <p>A Safety Plan was discussed with Andrew and his mum so that Andrew understood that his mum knew what to do if Andrew's dad came to the home address to help to alleviate some of his worry about his leaving his mum.</p> <p>Andrew feels safer at home and in school.</p> <p><u>Positive Contribution</u></p> <p>Andrew is enjoying working with the re-engagement team. There are no reports of behavioural issues in school and Andrew interacts positively with the other young people in the group.</p> <p>Andrew is more settled at home and his behaviour has improved dramatically. Andrew's relationship with his siblings has also improved.</p> <p><u>Enjoy and Achieve</u></p> <p>Andrew's attendance has significantly improved.</p> <p>Andrew sees friends outside of school</p> <p><u>Economic Well- Being</u></p> <p>Andrew's mum has completed courses in IT and is now in the process of applying for work.</p> <p>Andrew has visited his work placement and is very focused on becoming a qualified mechanic. Connexions are supporting Andrew so that he can prepare for when he leaves school and support him to look for an apprenticeship.</p> <p>Young Person Well Being Scale at Initial Assessment 4</p> <p>Parent Well Being Scale at Initial Assessment 3</p> <p>Young Person Well Being Scale at last review 9</p> <p>Parent Well Being Scale at last review 9</p>

CASE STUDY 2 -Improving Outcomes through effective partnership working

Service	Kenton School
Background	<p>Steven, a Year 7 pupil, was referred to the Strengthening Families programme, following a referral for Parent Support as Steven's mum had requested support with Steven's behaviour at home and in school.</p> <p>There were no previous attendance issues. However Steven was refusing to come to school in a morning and his mum had to struggle to get him to school. Steven was socially isolated, did not have friends. Teaching staff had noticed changes in behaviour; in class Steven was becoming disruptive. Steven reported to school staff that he was being bullied all the time in school. Steven had low confidence and low self esteem.</p> <p>There was existing involvement with CAMHS, as Steven has a diagnosis of ADHD and a growth disorder.</p> <p>Mum was unemployed but had aspirations to work.</p> <p>Steven's mum struggled to cope with Steven's behavioural issues Steven's mum is separated from biological father Steven has no contact with his biological father. Steven lives at home with his mum, step father and two younger half sisters 11 years and 7years</p>
Outline of Intervention	<p>In May 2008 a CAF Assessment was completed as part of the Strengthening Families parenting programme in school that Mum and Steven were involved in.</p> <p>Through the CAF it was established that Steven had witnessed Domestic Violence (DV) when he was younger. Steven's biological dad was the perpetrator. It became apparent the exposure to DV had a significant impact on Steven's emotional well being and behaviour. Although Steven had no contact with his biological father he was very scared that he could return one day. This impacted on his sleep and behaviour.</p> <p><u>Team around the Child Action Plan.</u></p> <ul style="list-style-type: none"> ▪ Steven and his mum completed the Strengthening Families Programme in school. ▪ Learning Mentor in school to support Steven to engage in positive activities as part of lunch time and after school clubs, especially to support Steven to make friends. ▪ Steven was included in the Summer Transition Programme run by the Parent Support Advisors (PSAs). This included Steven attending the Outer West Bounce Summer Activities programme at All Saints Secondary School. Steven helped to support Year 7's that were going to be attending Kenton School who attended the Summer Transition Programme. ▪ Steven was included in the Children's Fund U Decide consultation programme ▪ A referral was made to Barnardo's DV Programme but subsequent support offered through Streetwise Counselling Service at school due to the waiting list. ▪ Steven's Mum to complete NVQ to support search for job opportunities. <p>In July 2008 it was agreed by the Team Around the Child that the agreed outcomes had been met for the family needs and case logged as closed with CAF Team. There were no bullying issues in school and Steven was enjoying coming to school. Steven was making good progress with the school counsellor on the focused piece of work around DV. Steven was attending after school clubs. Steven's mum felt that Steven's behaviour had improved at home.</p> <p>However in Nov / Dec 2008 the CAF was reopened and the Team Around the Child was reconvened due to the issues of bullying reoccurring for Steven. Steven was presenting as emotional and distressed in school. There were concerns about Steven's relationship with peers as Steven was finding it difficult to sustain friendships. Steven had stopped attending after school clubs. There had been a breakdown in relationship and communication with Steven and his mum. Steven felt that his mum was not spending time with him or listening to him. Steven had become withdrawn at home and school.</p> <p><u>TAC Action Plan</u></p> <p>Steven really wanted to attend uniformed cadets group but felt that he could not talk to his mum.</p>

Service	Kenton School
	<p>Lead professional with Steven's consent supported Steven to talk to his mum and share his feelings.</p> <p>Appointments arranged with CAMHS for support with Mental Health Concerns</p> <p>Steven is attending Cadets. Steven's mum is fully supportive of this</p> <p>Steven and his mum attended family trip at School to Cragside. Family time set aside each week for shared activities, enabling more time for talking.</p>
Evidence of impact on outcomes	<p>Steven is attending and really enjoying cadets</p> <p>Behaviour and bullying issues resolved and monitored in school</p> <p>Steven's Mum has returned to work</p> <p>Steven feels listened to at home and is really enjoying spending time at home</p> <p>Steven indicated 9.99999 on a well being scale at the last review.</p> <p>Steven's mum was a 9.</p> <p>There has been a significant improvement in Steven's emotional well being at home and school.</p>

CASE STUDY 3 - Improving Outcomes through effective partnership working

Service	Newcastle PROPS (VCS)
Background	<p>I began supporting Tommy's grandmother, Mary, in May 2008, as a result of a self referral. Mary had been caring for Tommy for almost 2 years, as a result of his mum's chronic alcohol dependency. Tommy was 8 yrs old when Social Care placed him with his gran. She has a residency order.</p> <p>Mary was concerned about her daughter, Lyn's, alcohol use. Her health was deteriorating, and she was also facing a custodial sentence within the next few months. Lyn had her own tenancy, close to her mum and son. Tommy was able to spend time with his mum, Lyn, when she was stable, and Lyn visited her mum's house regularly, so she could spend time with her son. Lyn's tenancy was at risk (due to anti social behaviour and as a result of the incident which took place there, for which Lyn was due to appear in court for).</p> <p>I felt that as a result of Tommy being able to spend time with his mum, he fit the criteria for the "Young Carers" support, so I put in a referral, and a support worker for Tommy was put in place. Tommy engaged well with the Young Carers worker, and she was able to work with him around his emotional wellbeing, as well as looking at outside activities.</p> <p>In November 2008, whilst in court for her sentencing, Lyn asked for a custodial sentence. This was against the wishes of her probation officer, who felt a custodial sentence would not be right for Lyn (her report had requested a Community Sentence). Nevertheless, the judge listened to Lyn's request, and a 6 month custodial sentence was given. Lyn's reasons for a custodial sentence, were that she felt she could not overcome her alcohol addiction, and she felt she needed to "go to prison" to become alcohol free.</p> <p>Mary explained to Tommy that his mum had gone to prison (his support worker had also been doing work around this, to try and prepare him). As a result of his mum's custodial sentence, Tommy's behaviour became increasingly concerning. Mary felt he was displaying more challenging, aggressive behaviour. He was also telling his gran that he was worried about his mum, and at times, he became quite tearful. Mary felt Tommy was struggling to cope with his anger and frustration, around his mum's drinking.</p>
Outline of Intervention	<p>After to speaking to the Young Carers worker, I decided that a CAF assessment would be beneficial, in supporting the additional needs that this family were now faced with.</p> <p>After speaking to Mary about the CAF assessment, she agreed that it would be the best way forward. A Parent Support Advisor (PSA) from Tommy's school was invited to join the Team Around the Family, along with Lyn's Probation Officer, and the Tenancy Enforcement Officer (who was dealing with Lyn's housing issues).</p> <p>I wanted to be sure Lyn understood the reasons I was carrying out this assessment (I did not need Lyn's permission as her mother had Parental Responsibility for Tommy, but I did not want to isolate her any further, by not keeping her involved in the whole process). Mary visited her daughter in prison, so she was able to explain what we were doing, and why we were doing it. I had given Mary the CAF leaflets, so when Lyn rang her, she was able to read the information to her daughter. I had also put in a referral to Addaction, so Lyn would have support upon her release. I invited her key worker from Addaction to the Team around the Family meeting.</p> <p><u>Action Plan</u></p> <p>We began by looking at the best way to meet Tommy's needs around his emotional health and wellbeing. It was decided that as well as the Young Carers support worker, continuing her work, school would also make a referral to Kids n Us. School reported that Tommy was doing well at school, and he presented with none of the behavioural issues which he was displaying at home. Tommy had a small group of friends whilst in school. School were also going to look at some after school activities, such as football.</p> <p>We were able to discuss Lyn's housing issues, and explain to the Tenancy Enforcement Officer and Housing Manager that Lyn had, in fact been a victim of domestic violence. The reports of anti</p>

Service	Newcastle PROPS (VCS)
	<p>social behaviour did not reflect this, and in fact, the crime for which she had been sent to custody for, was as a result of her defending herself, when she was being attacked by her previous partner. I explained that had Lyn have reported these incidents of domestic violence, she would have in fact been offered support, rather than have been made out to have been the instigator of these unfortunate events. Lyn's Probation Officer, was able to explain that Lyn was in fact an extremely vulnerable woman, who needed support, and not someone who should be looking at losing her home. We were also able to inform housing, that when Lyn was released from custody, we would have support in place for her. I was able to explain my role, and stated I would continue to support Mary, Lyn and Tommy.</p> <p>I also mentioned that, if Lyn agreed, we could look at her and Tommy starting the Strengthening Families programme, when she was released from custody, and if she remained stable. We put this as an action for discussion with Lyn, when the time was right.</p> <p>Housing reconsidered the eviction notice, and put in a notice of "suspended possession". This was to remain in place for 12 months, and as long as there were no further incidents of anti social/criminal behaviour, then Lyn could remain in her home. If there were no further reports within the 12 months, then housing would close off the enforcement order, altogether. The Tenancy Enforcement Officer stated that due to the fact there was a "Team around the Family" and Lyn now had extra support in place, they felt they could give her another chance with her tenancy.</p> <p>Lyn was able to attend the final Review meeting. Prior to this I was able to visit her on a couple of occasions, and explain the work we had been doing whilst she was in prison. I was able to explain why I had used the CAF assessment in the first place, and more importantly, the fact that we had been able to justify why she should keep her tenancy. Lyn now had a key worker from Addaction, and we were putting in a referral to NECA (counselling), Lyn was also attending a Women's Group (with support from her key worker) I explored with Lyn the possibility of her attending the Strengthening Families Programme.</p>
Evidence of impact on outcomes	<p>Lyn has cut down on her alcohol intake considerably, and she is working well with treatment agencies. Her relationship with her son is improving and Tommy now spends much more quality time with his mum. Although it's still early days, Mary feels her daughter is trying extremely hard, and in fact, has told me she hasn't seen Lyn looking this well for a number of years. Mother and daughter's relationship is back on track. Mary now supports Lyn with her appointments and they are spending more time together.</p> <p>The multi agency approach, bringing both children's and adult services together has helped to ensure this family's needs were met.</p>

CASE STUDY 4 -Improving Outcomes through effective partnership working

Service	Newcastle PCT
Background	<p>Billy is a 14 month old child who is the 3rd child for his mother Susan and 4th child for his father Jimmy.</p> <p>Susan has a learning disability and her previous 2 children were removed from her care due to neglect as she was a lone parent and was unable to provide basic care. Both children have been adopted. Jimmy is 20 years older than Susan and his children are now adults. Social care had been involved with Jimmy's children when they were young following allegations of sexual abuse. However, the allegation was withdrawn several years later.</p> <p>For the first 8 months of Billy's life he was cared for by Jimmy's sister who acted as a kinship carer. This was until a full sexual risk assessment was completed on Jimmy, and following this Billy was placed in the care of his parents with Jimmy being the main carer.</p> <p>The community learning disabilities team have been involved with Susan for several years and have completed several parenting assessments. They have concluded that Susan is unable to parent independently and needs supervision. Therefore Jimmy is the main carer and cannot leave Billy alone with Susan. Susan also needs prompting and some supervision with household tasks.</p>
Outline of Intervention	<p>Social care were involved for the first year of Billy's life then withdrew when he was back at home with his parents.</p> <p>There were several agencies working with this family.</p> <p>A CAF was complete by the Health Visitor to ensure integrated working and prompt intervention if any concerns from professionals arose. A CAF would allow the parents to highlight any of their concerns.</p> <p>A Health Visitor, Community Learning Disabilities Team (CLDT) and a family support worker from a local Sure Start Children's Centre have been part of the Team Around the Child meetings.</p> <p>Susan needs support with dealing with each milestone in Billy's development and coping with 'toddler tantrums' proved to be difficult for her. The CLDT provide 1:1 support for Susan to discuss her personal feelings and difficulties. The family support worker provides practical support around any parenting issues and followed up advice given in the CAF review meetings by Health Visitor around establishing a night time routine and healthy diet.</p> <p>Jimmy as the main carer cannot work and has found it difficult having 'no space'. The family support worker secured a local playgroup place which has been beneficial to both Billy and his parents.</p> <p>Integrated working and the CAF review meetings has allowed the parents to voice their needs and concerns. A good example of this is that Billy was beginning to find it difficult not having any 'space' and caring for both Billy and Susan was affecting his relationship with Susan. The CAF review meeting highlighted this and a playgroup place was secured.</p> <p>Each professional has identified their role and input into this family.</p>
Evidence of impact on outcomes	<ul style="list-style-type: none"> ▪ It has been possible to ensure a safe environment for Billy in his family home by providing support for both of his parents both practically and emotionally. ▪ Billy is a health little boy in established routines. ▪ Billy has reached all of his developmental milestones and is thriving in play group. Susan enjoys playing with Billy and is aware of age appropriate play. ▪ Susan has been able to parent to the best of her ability with support from the all professionals involved. Billy has a secure attachment with both of his parents. ▪ As Susan's confidence is growing she is starting to take some responsibility for finances.

CASE STUDY 5 -Improving Outcomes through effective partnership working

Service	Newcastle PROPS (VCS)
Background	<p>I met with Tracey as a result of a referral from Addaction. Tracey's partner, Lee, was receiving support from Addaction around his substance misuse. Lee was also in treatment from Bridge View.</p> <p>Tracey was 7 months pregnant with her first child, and feeling 'anxious and stressed' because Lee was not attending appointments, and she wondered how she would cope when baby arrived. Tracey informed me that she hadn't shared these concerns with her midwife as she was afraid that Social Care would be informed of her partners' drug use. Tracey was currently on maternity leave. After completing a Carers assessment with Tracey it became clear that the family needed support around housing and finances, as well as emotional and practical support.</p>
Outline of Intervention	<p>Working with Tracey and Lee, although nervous, they agreed to a CAF. Tracey's midwife, a SureStart Family Support Worker, and Lee's keyworker from Addaction were invited.</p> <p>As a result of the CAF assessment the family are now receiving both emotional and practical support from SureStart. Tracey accesses their 'Baby Café' with her son, and also attends a breastfeeding support group. They have also received support from a Sure Start Benefits Advisor. Both I and the Sure Start Children's Centre Family Support Worker have written letters of support for the family in order to help them in securing a council tenancy.</p> <p>The Health Visitor has now taken over from the midwife, and Tracey and Lee both regularly baby clinics. Lee continues to engage with Addaction, and is looking at daytime structure. He is currently engaging in training to help him gain skills to seek employment.</p>
Evidence of impact on outcomes	<p>Both Tracey and Lee have told me that they initially had concerns around me using the CAF assessment; however they now both feel that it has been extremely beneficial to them. For Tracey, the involvement of Lee's key worker in Team Around the Child gave her the reassurance that Lee is engaging with treatment services. It has also given her the opportunity to know and understand the support that Lee is receiving from these services. Tracey also knows that if Lee does lapse, then support is in place for the two of them to be able to deal with this. Both parents stated "we feel the CAF has been very positive and beneficial."</p> <p>CAF has enable adult and children's services to come together to support this family. The key to Tracey feeling much stronger, less stressed and therefore able to focus on becoming a new mum was that I was able to bring together a very small team of the right practitioners.</p>

