



Joint Children and Young People's Strategy 2017-2020

Foreword

The Joint Children and Young People's Strategy aims to bring together the partners and stakeholders in Hounslow to deliver our shared ambition for children, young people and families over the next 3 years. It provides a platform for us to advocate for children and young people, and a guide for how we will commission and deliver services.

Our ambition is for all children and young people in Hounslow to thrive, to stay safe, and to reach their full potential as they transition into adult life. In 2017, public services are facing unprecedented financial challenges, and to achieve these goals it is more important than ever that we pull together across public, voluntary and community sectors alike, and target our joint resources where it really matters most.

In order to do this we will need to develop our ability to work together, moving from a position of collaboration to one of greater integration, working across health, social care, education, the police, and the community to deliver on our shared outcomes. To achieve this vision we need to provide a robust universal offer to all children, young people and families in the borough, early and integrated support for families who need it, and targeted interventions for the most vulnerable children and young people in our community.

We will need to work with children, young people and families at all developmental phases, from working with parents ante-natally and in the early years, to working with children throughout school-age, and supporting young people in their transitions to adulthood. We will need to ensure that the voice of young people is at the heart of our work, and that we take a 'think family' approach to meeting the needs of children and young people. And finally, we will need to draw on best practice evidence as well as the resources within our local community, and use innovative approaches to strive towards the best possible outcomes for our residents, even in tough times.

The delivery of this strategy will be monitored by the Children's Delivery Group, which is chaired by myself and includes senior-level representation from all partner organisations as well as young people. It is, therefore, in the spirit of collaboration and with a sense of the urgency of work to be done, that I advocate moving forward, jointly and together.

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Hounslow South, Labour Group



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1. Summary

Since the production of the last Joint CYP strategy in 2015, partnership working across Hounslow has improved significantly, with Joint Commissioning now well embedded, and the multi-agency Children's Delivery Group functioning as a key forum to oversee the work of the partnership. This has enabled progress to be made in areas such as the Multi-Agency Safeguarding Hub and the Children's Integrated Resource Panel. However there is still a long way to go. Over the next 3 years we will aim to move from collaboration to integration on key programmes of work in order to fully realise the benefits of partnership working.

In developing this strategy we have reviewed key developments in national policy and analysed data about our local population. Whilst the majority of our children and young people are healthy, safe, achieving well at school, engaged in purposeful activities and have good prospects for the future, there is a significant minority for whom the predicted outcomes remain poor, with specific areas of the borough experiencing high levels of deprivation and child poverty, and some areas where we remain an outlier compared to London and national averages.

We have also consulted with children and young people and other local stakeholders to understand the issues that are most important to them. Young people have told us that they feel confident in their understanding of subjects like mental health, healthy relationships, and how to access support when they need it, but they also cited a number of barriers to engaging in as much physical activity as they need to, and the vast majority of respondents reported feeling stressed, anxious and worried about school and exams.

Delivering improvements in these areas within a challenging financial context will require partnership working as noted above, but will also require a new approach which focuses on prevention and early intervention. The impact of early intervention is notoriously difficult to measure, but there is a growing evidence base both nationally and locally that providing support at an early stage when needs first arise will enable us to improve outcomes for children and young people and achieve greater value for money in the system.

Detailed plans are already in place within individual organisations to improve outcomes for children and young people over the next 3 years. These include for example, the Physical Activity Plan within Public Health and the Neglect Strategy overseen by the Local Safeguarding Children Board. The Joint Children and Young People's Strategy focuses on the strategic priorities of developing partnership working and enhancing early intervention, as well as delivering plans in 5 additional priority areas which cut across organisations and require a joint approach:

- 1) Developing an early intervention offer for families in need of support.
- 2) Enhancing mental health and emotional wellbeing services for children and young people.
- 3) Improving pathways for children with learning disabilities and neurodevelopmental disorders.
- 4) Integrating services for children with Special Educational Needs and Disabilities.
- 5) Supporting Looked After Children and Care Leavers to thrive.

The delivery of this strategy will be monitored by the Children's Delivery Group, a sub-group of the Hounslow Health & Wellbeing Board, and we will continue to work closely with Hounslow Youth Council



to keep the voice of children and young people at its centre. This strategy sits alongside other key strategic documents including the Joint Strategic Needs Assessment and Health and Wellbeing Strategy for the borough and the North West London Sustainability and Transformation Plan, as well as the range of strategic documents that sit within individual organisations, but with the aim of providing a specific focus on the areas that require a joint approach if we are to improve outcomes for children and young people.

2. Our Vision and Approach

2.1 Our vision

Our vision is for all children and young people in Hounslow to thrive. In practice, this means:

- Keeping children and young people safe
- Enabling them to reach their potential
- Reducing inequalities across the borough
- Providing help at the right time before needs escalate
- Ensuring a seamless experience of care

Our approach to achieving this vision over the next 3 years will be underpinned by 2 key enablers:

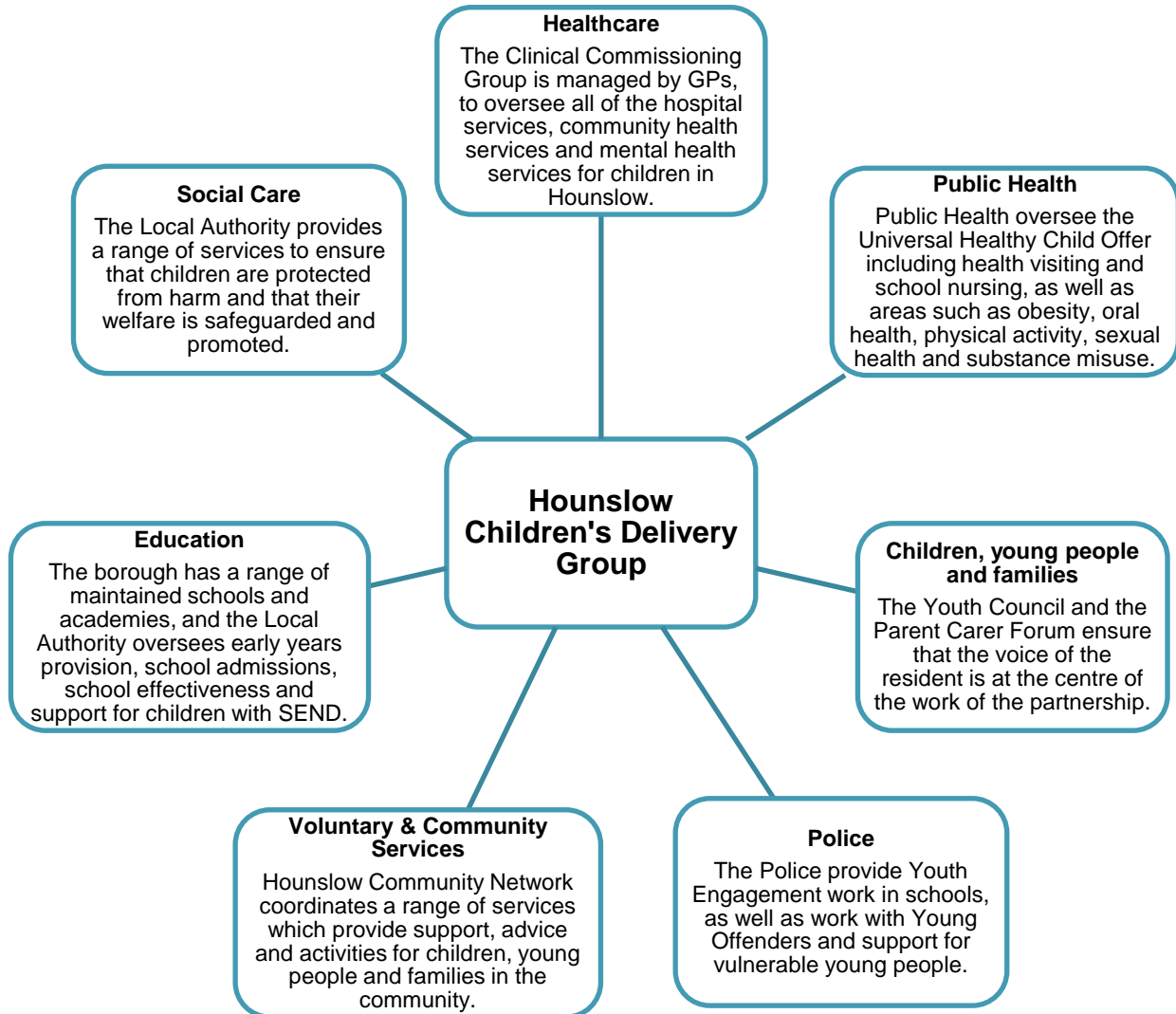
- ❖ Developing the partnership, and
- ❖ Focusing on prevention and early intervention.

2.2 Developing the partnership

There are a range of organisations and services working to improve outcomes for children and young people in Hounslow. These include health services, social care, schools, the police, and an array of voluntary and community services.



Figure 1. Hounslow’s Children and Young People’s Partnership



It is crucial to delivering our vision for children and young people that we work together across the partnership for a number of reasons. Firstly, children and young people do not exist in a vacuum. They live within families, they attend schools, they engage in activities within their community and they access support from a range of different services. When the different parts of the system work together we are able to see a holistic picture of the child’s needs which helps us to keep children safe, and we are able to ensure that children receive support in a joined-up and seamless way, with no child falling through the gaps between services.

Furthermore, in 2017 public services are facing unprecedented financial challenges, with rising demand for services, increasingly complex levels of need, and cuts to budgets putting huge amounts of pressure on individual organisations and services. As well as enabling us to keep children safe and provide a seamless experience of care, partnership working also provides an opportunity for us to improve efficiency and value for money within the system. When services join up we are able to reduce duplication and waste, share expertise, and work together towards common goals, rather than pulling



in different directions, enabling us to use the finite resource that we have within Hounslow to have the biggest impact for children and young people.

Over the last 2 years we have made some significant strides to improving collaboration across the partnership. Joint Commissioning is now well embedded, which enables us to take a joined-up approach to planning and buying services across the NHS and the Local Authority, and the Children's Delivery Group has been established as the key multi-agency strategic forum to oversee delivery of the children and young people's programme. As a result we've been able to make improvements in areas such as developing the Multi-Agency Safeguarding Hub (MASH), to ensure that information is shared from all relevant partner agencies at the first point of contact with social care to help keep children safe, and developing joint packages of care for children with complex needs in schools or placements, to ensure that children are able to reach their potential.

However, we are still early on in this journey, with more work required to ensure effective dialogue and joined-up decision making across organisations. This was highlighted as an area for development in the recent Joint Targeted Area Inspection, with particular reference to joint decision-making in the MASH and the use of shared patient records across primary care and community health teams.

To date partnership working in Hounslow has been limited to *collaboration*, with different organisations and services working together in specific areas but still ultimately accountable to the separate agendas, budgets and governance frameworks of their individual organisations. A typical example of this is Paediatric Therapies provision in Hounslow. Many children and young people require Speech and Language Therapy (SLT) to help them with difficulties in communication that will influence outcomes in all areas of their lives, however services for these children are divided according to individual organisational responsibilities. Hounslow Clinical Commissioning Group (CCG), through its intention to improve health outcomes for children, commissions a clinic-based SLT service, focussed on swallowing and communication difficulties in early years. London Borough of Hounslow meanwhile, through its objective of achieving positive educational outcomes for children with Special Educational Needs, commissions a school-based SLT service for children who have speech & language needs defined in their Education, Health and Care Plans. A significant amount of work has gone into improving *collaboration* between these two services, to ensure that the therapy provision for each child is coordinated and that no child falls through the gaps. But ultimately while each organisation commissions separate services to different agendas, the system remains difficult to navigate for families, and while demand rises and both CCGs and Local Authorities face unprecedented financial pressures, this remains an inefficient use of resource.

By 2020 we need to move beyond collaboration to work towards *integration* across the system. While some services may remain the 'core business' of health services or the Local Authority independently, there should be whole programmes of work linked to this strategy that are delivered in a fully integrated way if we are to fully realise the benefits of partnership working. We won't achieve this level of integration through joint protocols or steering groups alone, but through enablers including:

- Integrated governance structures to make decisions.
- Pooled budgets and robust financial management.
- Joint contracts and service specifications with common aims and outcome measures.

- Joint commissioning intentions which focus on the needs of the resident, rather than individual organisational responsibilities.

This approach will be implemented gradually and continually developed over the next 3 years through the delivery of individual projects described later in this strategy.

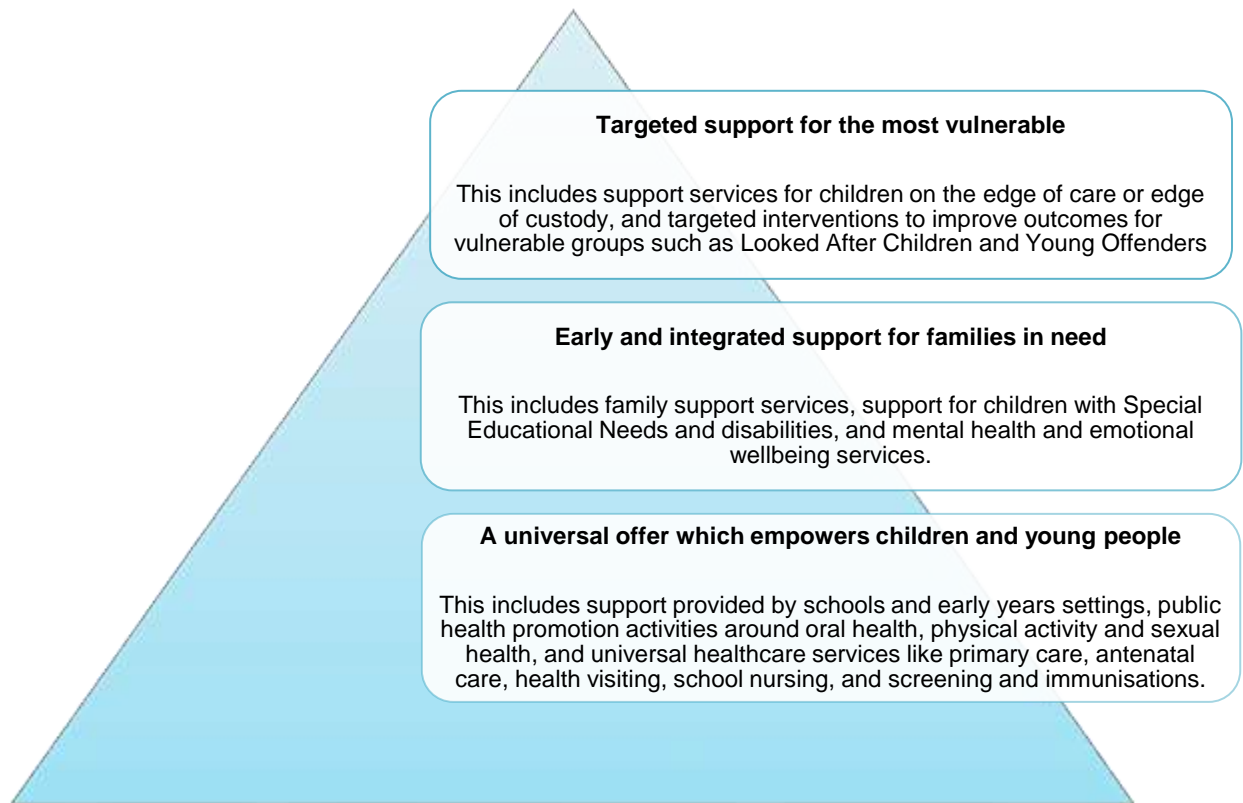
We will also need to put in place some fundamental enablers that cut across all programmes of work, such as robust information sharing arrangements between the partner organisations. The sharing of information between services in a timely way is crucial to providing a seamless experience of care and to safeguard children from harm, for example sharing safeguarding information with a child's GP, but the challenges of protecting the right to confidentiality and navigating the complexities of different IT systems mean that this is an ongoing challenge to effective partnership working. Such issues will need to be addressed at a system level by the Children's Delivery Group, and leads within individual organisations will need to escalate any barriers to partnership working to the Group for resolution.

Finally we will need to improve our partnership working with parents and carers as key stakeholders in our work with children and young people. This includes engagement with existing groups like the Parent Carer Forum, but also engagement with a much wider group of parent carers in all service developments. We need to provide information to parents about our local offer, as well as enabling them to connect with other parent carers through peer support networks and forums, and ensuring access to a targeted offer of parenting support for those who need it.

2.3 A focus on prevention and early intervention

The other key enabler to deliver our vision for children and young people over the next 3 years is a strategic focus on prevention and early intervention. This can mean different things to different partners, but fundamentally is about supporting children, young people and families at the right time, before their needs escalate.

Figure 2. Hounslow's Prevention and Early Intervention Offer for Children and Young People



The case for a greater strategic focus on prevention and early intervention is again clear both in terms of improving outcomes for individual children and young people, and improving efficiency and value for money in the system. Children and young people are better able to thrive if they are able to access universal and preventative services to keep them well; they are more likely to reach their potential if support is provided at an early stage when needs first arise; and we will be more effective in reducing inequalities across the borough if we provide targeted support to the most vulnerable children, young people and families in our community.

Furthermore, there is a strong economic rationale for focusing on prevention and early intervention. Research published by the *Early Intervention Foundation* in February 2016 estimates that we spend approximately £17 billion per year across England and Wales on 'late intervention':

"Picking up the pieces from damaging social problems affecting young people such as mental health problems, going into care, unemployment and youth crime costs the Government almost £17 billion a year... Local authorities bear the largest share at £6.5 billion, followed by welfare costs of £3.7 billion and NHS costs of £3 billion... This is only the immediate fiscal cost in a single year and although it is substantial, it does not capture the longer term impact of these poor outcomes (which can last into adult life and sometimes into the next generation), nor the wider social and economic costs. Late Intervention is not just expensive, it is also difficult to argue it is money spent well. It rarely turns lives around..." (Spending on Late Intervention: How we can do better for less, *Early Intervention Foundation*, Feb 2016)



While early intervention services were under-funded even in 2009 at the peak of children's services funding, it is only now in the time of austerity that there is a real driver to reengineer the way we deliver services.

Over the last 2 years we have seen the start of this strategic shift in Hounslow and some progress has already been made within individual services to intervene early and reduce the need for higher cost, intensive interventions. For example, a strategic focus on supporting children and young people on the edge of care has enabled a steady decline in the number of Looked After Children in the borough, and increased investment in mental health services has enabled more young people to be supported in the community rather than in hospital. Since the disaggregation of the Local Authority's Early Intervention Service in 2016/17, work has begun to clearly locate early intervention as 'everybody's business' and a Strategic Management Oversight Group has been established to monitor this on behalf of the Local Safeguarding Children's Board. There is also an ongoing comprehensive offer of universal services for children and young people in Hounslow, including Health Visiting, School Nursing, and physical activity programmes.

However there is still a long way to go to embed the focus on prevention and early intervention across the partnership, with the major obstacle being the difficulty of measuring the impact of prevention and early intervention, and therefore the difficulty of justifying investment. While some preventative services have a clear and tangible outcome which creates an immediate cashable return for the service, such as avoiding a hospital admission or a residential placement, in the majority of cases the impact of early intervention will be long-term, complex and system-wide, and therefore more difficult to quantify. This can be seen for example in the support provided to families of children with neurodevelopmental disorders such as Autism Spectrum Disorder and challenging behaviour. If support is not provided to the child and family in a timely way it is likely that there will be an impact on the child's long-term outcomes in terms of education, employment, health and welfare, as well as potentially on the long-term health and welfare of family members undertaking a caring role. However, in the absence of a statutory responsibility or an immediate return on investment there is no clear imperative for any one organisation to provide support.

By 2020 we will ensure that prevention and early intervention is prioritised across the partnership, even where the impact is long-term, system-wide and therefore more difficult to measure. We will achieve this by:

- Mapping the current prevention and early intervention offer, including community resources, and evaluating the effectiveness against agreed outcome measures.
- Using existing needs analysis data to identify the priority areas for early intervention locally, and best practice evidence of what works to enhance our local offer.
- Optimising the total resource in the system, by improving links with community and voluntary sector partners, to build up community supports and reduce the demand on statutory services.
- Taking a system-wide approach to measuring outcomes, where the quality impact and return on investment is measured across the system rather than to individual organisations.



As with the development of more integrated services, this approach will be implemented gradually and continually developed over the next 3 years through the delivery of individual projects described later in the strategy.

3. Our Local Context

3.1 Demographics

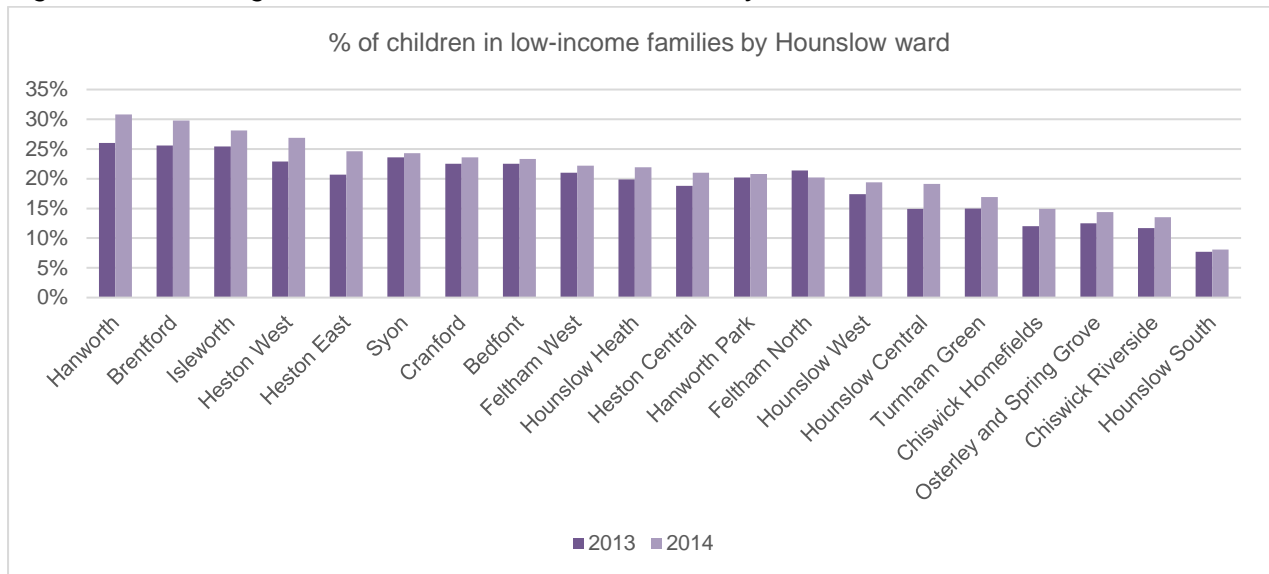
There are 68,500 children and young people aged 0-19 in Hounslow, making up 25.5% of the population. We have 4,455 live births per year, which gives a birth rate well above the London and England averages, and the life expectancy at birth is 79.8 for boys and 84.1 for girls. As a result of the high birth rate and a highly mobile population with net inward migration from overseas, Hounslow is one of the most rapidly growing boroughs in London, with a 20% population increase between the 2001 and 2011 Census. By 2025 the CYP population is projected to increase to 77,900.

The borough is home to families from a diverse range of ethnic backgrounds, with 79.1% of school children being from a minority ethnic group. The school roll census shows that while White British pupils form the largest ethnic group in schools (25%), this has decreased significantly since the last census where they made up 50% of Hounslow's young population. The second largest group are Asian-Indian (18%) followed by Other Ethnic groups (12%). Black-African and Asian-Pakistani pupils make up 10% and 8% of the population respectively which has almost doubled in numbers since the figures in 2001. GLA projections forecast that diversity in the borough will continue to increase, with a number of emerging populations including Afghan, Bulgarian, and Nepalese communities developing in the borough.

Whilst the majority of our children and young people are healthy, safe, achieving well at school, engaged in purposeful activities and have good prospects for the future, there is a significant minority for whom the predicted outcomes remain poor. Overall the level of child poverty in Hounslow is lower than the London average but worse than the England average, with 21.4% of children aged under 16 years living in poverty. The indicator includes children living in families in receipt of out of work benefits or tax credits. In 2014 Hanworth was the ward with the highest rate of child poverty in the borough (30.8%), while Hounslow South had the lowest (8.1%). Figure 3 shows the full ward breakdown for Hounslow. The rate of family homelessness is also worse than the England average, and 19% of all households are considered to be overcrowded.



Figure 3. Percentage of children in low-income families by Hounslow ward, 2013 & 2014



Source: HMRC Children in low-income families 2014

The increasing population further highlights the need to focus on prevention and early intervention across the partnership if we are to meet the challenge of rising demand for services with finite resources. The high levels of child poverty, particularly in certain areas of the borough, also highlight the need to provide targeted support to the most vulnerable children and young people within the community who may lack the stable home environment to support them to thrive in the early years. There is a significant amount of research to indicate that children growing up in poverty in the UK experience a wide range of adverse child health and developmental outcomes and are more likely to develop chronic conditions than children from affluent backgrounds.

3.2 Health & wellbeing

The health and wellbeing of children and young people in Hounslow is a mixed picture. Our Child Health Profile suggests that generally children and young people have a healthy start to life, with infant and child mortality rates similar to the national and London averages, low rates of smoking in pregnancy, average birth weights and high levels of breastfeeding initiation. MMR vaccination rates at 2 years are lower than the national and London averages at 86.5%, however rates for other vaccinations are comparable. In 2016 just under half of all children had the two and a half year check undertaken by a health visitor.

There are 3 key areas of concern though regarding the health of children and young people in Hounslow. Firstly, whilst 10.3% of children aged 4-5 years are classified as obese, a rate similar to the national average, by age 10-11 years this has increased to 24.3% compared to a national average of 19.8%. Oral health is another area for concern, with the rates of children with decayed, missing or filled teeth and the rate of hospital admissions for dental caries in under 5s both significantly exceeding the national and London averages. Thirdly the high levels of A&E attendances and hospital admissions



compared to London averages are a growing concern. In 2015/16 there were 21,490 A&E attendances for under 5s, which has been a significant issue over the last 4 years of records, but there has also been an increasing number of admissions of young people age 0-24 for injuries and for self-harm which, though lower than national averages, place Hounslow as an outlier compared to the rest of London.

Estimated prevalence rates for mental health disorders including emotional disorders, conduct disorders and hyperkinetic disorders are comparable to Hounslow's statistical neighbours, with just under 10% of children and young people expected to experience mental health difficulties (Public Health England, 2014). Of these, 4,305 are expected to require support from 'Tier 2' mental health services in the community, 1,140 are expected to require support from psychiatry-led 'Tier 3' mental health services, and 50 are expected to require admission to hospital for their mental health needs. Analysis completed by the Anna Freud Centre in 2016 indicates that broadly the uptake of services correlates with expected prevalence rates, but that notably there is a higher than expected incidence of emergency admissions for mental health disorders in Hounslow, when many of the common risk factors such as parental mental health and substance misuse are lower than average, indicating that more work is needed to provide support at an earlier stage before needs escalate to crisis.

Furthermore as noted later in the strategy, the demand for health services continues to rise, with ongoing pressure on acute paediatric services, growing numbers of children with complex health needs and life-limiting conditions, and increasing waiting times for mental health services and neurodevelopmental assessments.

3.3 Education & employment

Education and employment outcomes for children and young people in Hounslow can fluctuate but at the time of writing in April 2017 outcomes are overall very good, with 69.4% of children achieving a good level of development at the end of reception, 60.2% of GCSEs achieved at 5 Grade A*-C including English and Maths, and just 2.5% of 16-18 year olds not in education, employment or training.

These levels of attainment are underpinned by improving levels of school readiness achieved in the early years. The percentage of children achieving a 'Good Level of Development' at the Early Years Foundation Stage has improved by 5%, so that the rate for Hounslow is now above the national average although 1.6% lower than the London average. The take up of free childcare places for disadvantaged 2 year olds has also improved significantly and was at 88% in December 2016, which has contributed to 57% of this vulnerable cohort achieving a 'Good Level of Development' in 2016, compared to 44% in 2014. Whilst this is positive there is still an attainment gap from the rest of the cohort of 13%, indicating that there is more work to be done to reduce this inequality further.

Hounslow has over 43,000 children attending its schools and each year over 7,000 are allocated new places. Young people achieve their potential at Key Stage 4, measured using Progress 8, a new indicator for 2016 which reflects progress made across 8 subjects from Key Stage 2. Hounslow's Progress 8 score for 2016 was +0.29. This means that across each of 8 subjects, Hounslow pupils outperformed their peers nationally by almost one third of a grade. This ranks Hounslow 8th nationally and 8th in London. Attainment is also positive for children and young people with Special Educational



Needs and Disabilities, with an attainment gap at GCSE level significantly better than national and London averages, and a Progress 8 score of +0.05 for this cohort which ranks Hounslow as the 2nd highest performing borough nationally. Similarly attainment levels for Looked After Children are comparatively high, with 28.6% of GCSEs achieved at 5 Grade A*-C including English and Maths compared to a national average of 17.5%, and a Progress 8 score of -0.18 compared to -1.14 nationally.

Overall the engagement of young people aged 16 -25 in training, apprenticeships and employment is good, with just 2.1% NEET at December 2016. However there is a need to support young people in specific areas of the borough to take up the challenge of higher education in order to obtain higher salaried positions. The National Outreach programme has identified Feltham West as one of 13 wards in London that has the lowest uptake of teenagers in higher education and a programme of work is underway in partnership with Rivers Academy to address this gap. Apprenticeship uptake also remains low in the borough at 2%, with more work needed to encourage appropriate students to follow this progression route. The borough as a whole has above average levels of employment and economic activity, although there is evidence that young people, women and those from vulnerable groups (particularly children leaving care) still face barriers into employment.

The number and proportion of children identified as having Special Educational Needs has increased significantly. In 2017 there are 1,826 children with an Education, Health and Care Plan or Statement of Special Educational Needs, which is a 51% increase since 2012 and is the third highest increase in London, where the average increase was 28%. This increase, combined with extension of the statutory responsibility to the age of 25, has put limited resources under serious pressure and restricted the ability to build capacity in schools and other settings. Anecdotal evidence from schools in the borough indicates that despite maintaining good levels of attainment, schools are experiencing unprecedented pressure in terms of meeting therapy needs, mental health and emotional wellbeing needs, and managing challenging behaviour within their pupil cohorts, with limited resources to commit to this kind of holistic provision.

3.4 Vulnerable groups

There are a smaller number of children and young people in Hounslow who require additional targeted support to keep them safe from harm and enable them to thrive. Factors such as parental mental health issues, substance misuse, domestic violence, criminality and learning disabilities are considered to be 'parental vulnerability factors' which may expose children to greater risk of harm. Limited data is available to capture the prevalence of these factors amongst parents specifically, although service activity data indicates slightly lower rates of parents in treatment for mental health, alcohol or substance misuse than national averages.

Hounslow also has a significantly lower number of teenage mothers than the London and national averages, although this group are still vulnerable to escalating risk factors. 18% of the young mums known to the Family Nurse Partnership programme in 2016 were under 16 at the time of enrolment, the youngest cohort to date, and approximately 80% of all the young mums enrolled have risk factors for safeguarding, with 43% reporting having been abused by someone close to them. 21% of the estimated



number of 16-18 female NEETs are teenage mothers; teenage mothers are at higher risk of missing out on further education, and young fathers are also more likely to have poor education and have a greater risk of being unemployed in adult life.

There are high numbers of contacts to the children's social care 'front door' in Hounslow, with approximately 2500 contacts per month, resulting in an average of 224 referrals to social care. At March 2017 there are 260 children on Child Protection Plans, with emotional abuse and neglect representing the main reasons for referral. This figure has increased steadily over the last 2 years and is attributed to a number of factors including an increase in large sibling group families, more low income households in the borough, welfare reform, a rising population and some children now being kept at home with their families who previously might have been admitted to care. Children's social care data indicates that 50% of children known to social care have a marker indicating that they are living with, or have lived with, domestic abuse at some point in their lives.

Despite an increasing population and a high number of contacts to children's social care there are relatively low numbers of children in care in Hounslow with 266 at March 2017, a rate of 42.5 per 10,000 population. This has been achieved through a strategic focus on supporting young people to stay with their families wherever possible, with intensive support services successfully avoiding admissions to care in 93% of cases. Of the 266 Looked After Children, 91% of those aged under 16 are in foster care or placed for adoption, and 69% have remained in a stable placement for over 2 years. There are however a number of new pressures including the rising number of Unaccompanied Asylum Seeking Children (UASC) placed within the borough, and high numbers of entrants to care in the 16-18 age group, both of which will require additional support to thrive through their transition to independence as Care Leavers, including support towards accessing employment opportunities and housing, and support to promote positive health outcomes.

Offences committed by young people in Hounslow are on a downward trend, though they still represent about 20% of all crimes. The most common offences committed by young people are Violence against the Person followed by Drugs and Theft and Handling. 84% of youth offences in Hounslow are committed by men and 41% by young people living in the Central area. The rate of First Time Entrants to the youth justice system and the rate of reoffending have both been worse than the London averages but both have fallen substantially during 2016. However the sustained volume of offending provides evidence of the need for a greater emphasis on prevention and early intervention before statutory services are required.

4 What Children and Young People Have Told Us

As part of the development of this strategy, Hounslow Youth Council led a consultation exercise with young people in the borough to understand what they need from public services in their own words, and to highlight the issues that are most important to them. This consultation included 2 parts; an online survey which was sent initially to 270 young people in the borough and then disseminated more widely using social media; and targeted focus groups with existing young people's groups including the Children in Care Council. The key findings from the consultation are summarised below.



4.1 Leisure and Physical Activity

YOUNG PEOPLE HAVE TOLD US: That they understand the importance of regular exercise – in relation to both physical and mental health - and that nearly half of them are getting a sufficient amount. However, some groups of young people find it harder, in particular A Level students, girls and young women, and those with ongoing health problems and disabilities.

This is in line with previous surveys undertaken by the Youth Council, with Hounslow's young people reporting being slightly "sportier" than the national average. Those who did take part in sport and exercise listed a wide variety of activities with Swimming, Running, Dance and Football being the most popular. Of those that said they do not regularly exercise, their reasons can broadly be fitted into six categories

- Lack of time (often in reference to exams and study).
- Lack of suitable provision (e.g. girls only groups, facilities for young people with disabilities)
- Little or no physical exercise in school (either because the responder was in Sixth Form or as a comment on school PE).
- Pre-existing health problem.
- Cost
- Lack of inclination or motivation.

4.2 Education

YOUNG PEOPLE HAVE TOLD US: That their schools provide them with healthy food options and many of them provide additional support where necessary. However, coursework and exams continue to be young people's main source of anxiety.

41 % of young people claimed to have a healthy school lunch every day and 36% said "Sometimes". Only one respondent failed to answer the question, which implies that regardless of take-up, virtually all young people are aware of what constitutes a healthy meal.

49% of young people said that they had an adult to talk to other than a teacher. Counsellors were most frequently named.

Just 5% of young people claimed to not currently be worried about exams or coursework. This reflects the importance of this area in the other sections of the survey.



Family and Relationships

YOUNG PEOPLE HAVE TOLD US: That they have a mature understanding of healthy relationships and have strong bonds with their families. However, there are areas about which young people would like more support and education around relationships, including Child Sexual Exploitation, Online Safety and LGBT.

Less than 1% of young people said that they did not get on with their families and 99% said that they felt they know what a healthy relationship is.

Only 21% however, said that they learnt enough about relationships at school. We will use focus groups to look deeper into what young people think of as a healthy relationship and where they get their Sex and Relationships Education from.

Mental Health

YOUNG PEOPLE HAVE TOLD US: That they have a sophisticated understanding of mental health and emotional well-being – it is part of young people’s dialogue in a way that it hasn’t been for previous generations. Young people’s anxieties are diverse, but school and exams are far and away the most prominent which means that we need to make sure that our interventions around mental health take education into account.

Reflecting what we know to be young people’s concerns, this section predictably provided the longest answers and the most material to digest.

Roughly a third each of the answers defined Emotional Well-being as mental *stability*, as mental *happiness and positivity* or as *understanding one’s own feelings and emotions*.

When asked what makes them stressed, anxious or unhappy, there were a wide range of answers but more than three-quarters of the young people who answered the question referred to school or exams in some form.

When asked what they do personally to look after their mental health, again there were a very wide range of answers, both ‘positive’ – exercise, music, meditation and ‘negative’ – avoiding social media, ‘Cut people out of my life who cause me too much unhappiness’.



Other Worries

YOUNG PEOPLE HAVE TOLD US: In this survey, and in previous ones, that Hounslow is a safe place to live and study. There appear to be significant gaps in young people's knowledge about local services, particularly health services.

5% of young people reported feeling unsafe in their local area and only 5% reported being worried about bullying – both of which are surprising and need to be investigated further in focus groups.

Most young people said that they know how to get help with health and other problems but again, this needs to be investigated further – whilst some young people mentioned their local Youth Centre or the Heart of Hounslow, quite a few said “hospital”, one said “call helplines and stuff” and a large majority just said “yes”.

Hounslow Youth Council will continue dialogue with the Children's Delivery Group throughout the life of the strategy to ensure that the emerging findings from further consultations and focus groups feed into the strategy and that the work is underpinned by the voice of young people.

5 What Our Stakeholders Have Told Us

The purpose of the Joint Children and Young People's Strategy is to bring together the different stakeholders supporting children and young people in Hounslow to focus on the areas that require a concerted effort across the partnership in order to effect change. This may include support for children with disabilities for example, which will require input from a range of partners including health, education and social care if we are to drive improvements.

It is important to note however that there is also a significant amount of work taking place within individual services to improve outcomes for children and young people. As part of the development of this strategy, a range of stakeholders were consulted to understand the key developments in their service area since the 2015 Strategy, and the key priorities for their individual service areas for 2017-2020. These areas of work will not be covered in detail in this strategy as they are covered within existing strategic documents and sit within distinct governance structures, but some of them are referenced here for completeness.

5.3 Public Health

The Public Health service sits within Hounslow Council, and aims to work with the community to improve the health and wellbeing of Hounslow's residents. For children and young people, Public Health focuses on areas such as physical activity and obesity, oral health, health visiting, school nursing, sexual health and substance misuse.



Key developments since the 2015 strategy	Priorities for 2017-20
A number of successful programmes have been implemented to improve oral health through early intervention, including the schools dental outreach programme, and the Now You Have Teeth Project.	Implement plans to reduce childhood obesity. This work is being delivered by a multi-agency Childhood Obesity Taskforce and is overseen by the Health and Wellbeing Board.
The Family Nurse Partnership programme has provided intensive early intervention support to 194 young first time parents. With 100% uptake of all childhood immunisations, 100% uptake of the free 2 year nursery places for eligible families and 53% of mothers returning to education, employment or training by their child's 2 nd birthday.	Deliver the 10 year Physical Activity Plan to address sedentary lifestyles and embed physical activity in the lives of children, young people and families.
A number of programmes have been implemented to tackle obesity, including multi-agency UNICEF breastfeeding training; development of an obesity prevention service for families with children under 5; procurement of a Child Weight Management service for children age 5-19 years; establishment of a multi-agency Obesity Task Force; and an ongoing focus on getting children more active.	Reprocure the Health Visiting Service following transformation to improve integration across services for 0-5 years, and reprocure the School Nursing Service with a focus on partnership working and providing a modern visible service.
A multi-agency Hounslow Immunisation Group has been established to try and improve uptake of childhood immunisations.	Recommission the young people's substance misuse service.

5.2 Children's Social Care

Children's Social Care provides services and interventions to ensure that children and young people are protected from harm, that their welfare is safeguarded and promoted and that their long term outcomes are improved. This includes managing risk at the 'Front Door', supporting children on Child Protection and Child in Need Plans, working intensively with families on the 'edge of care', providing support and placements to Looked After Children and Care Leavers, and providing a statutory Youth Offending Service to reduce reoffending and anti-social behaviour.

Key developments since the 2015 strategy	Priorities for 2017-20
The number of Looked After Children has steadily decreased (266 at March 2017) in contrast to national trends; fewer young people are placed in independent fostering or residential care, and placement stability has improved.	Implement improvements to the Multi-Agency Safeguarding Hub (MASH) to ensure effective management of risk at the Front Door, including improved communication between partners. An action plan is in place which is being overseen by Hounslow Safeguarding Children Board.
More young people are being supported to remain with their families; the intensive support services for young people on the 'edge of care' have been redesigned, and admission to care has been avoided in 93% of cases (March 2017).	Develop joint pathways with Housing to support Care Leavers, homeless young people and families at risk of homelessness. Several workstreams are in place which are overseen by the Placement Demand Board.



<p>People at risk of domestic violence have been supported to seek help and keep safe, through the introduction of Independent Domestic Violence Advocates, and the Domestic Violence Intervention Project to support young people affected by domestic violence.</p>	<p>Reduce youth crime and reoffending through enhanced early intervention and implementation of the Youth Crime Prevention Strategy. This is overseen by the Youth Crime Management Board.</p>
<p>Fewer young people are entering the youth justice system, and the rate of reoffending has reduced; targeted mental health and speech & language support for young offenders has been introduced to address unmet needs which can impact on offending behaviour.</p>	<p>Improve early identification and effective interventions to prevent neglect. A comprehensive multi-agency Neglect Strategy has been developed and will be overseen by Hounslow Safeguarding Children Board.</p>

5.4 Education

Hounslow has 54 primary schools, 14 secondary schools, and 5 specialist schools, providing school places to 43,000 children and young people, as well as a range of provisions for under 5s and over 16s. The Council’s Education service oversees all of the borough’s early years and childcare provision, the availability of school places and the admissions process, the effectiveness of schools including support provided to vulnerable groups, and the services for children with Special Educational Needs and Disabilities.

Key developments since the 2015 strategy	Priorities for 2017-20
<p>The Brighter Futures for Under 5s programme has led to improved coordination of the service offer for under 5s, and school readiness has improved by 5% and is now better than the national average.</p>	<p>Continue to develop sufficiency and uptake of early years provision for eligible 2, 3 and 4 year olds, to continue to improve school readiness, particularly for the most vulnerable, and to narrow attainment gaps.</p>
<p>The growing demand for school places has been consistently met through expansion of existing schools and new Free Schools.</p>	<p>Deliver strategic developments within Special Educational Needs and Disabilities (SEND) Services, including the statutory assessment process and the 0-25 offer. This is overseen by the SEND Programme Board.</p>
<p>Educational attainment is high, with a Progress 8 score of +0.29, measuring progress from KS2 to KS4, which ranks Hounslow 8th nationally.</p>	<p>Implement the School Expansion Programme and School Place Planning Programme to ensure sufficiency of school places, including for children with ASD and social, emotional and mental health needs.</p>
<p>The Virtual College has been redesigned, supporting Looked After Children and other vulnerable groups to access Education, Employment and Training.</p>	<p>Support the development of a school-led, partnership system of school improvement, and develop evidence-based support for young people with complex needs through the Virtual College.</p>

5.5 Hounslow Safeguarding Children’s Board



Key developments since the 2015 strategy	Priorities for 2017-20
<p>In 2015/16 the HSCB FGM Prevention Subgroup has included significant training and awareness raising and identification of gaps within the local area. The work included increasing public awareness on FGM among key communities and the general public by delivering community events.</p>	<p>Reach communities affected by FGM and to support them to feel empowered to change their attitude and behaviour in order to eliminate the harmful practice. This includes improving the health and wellbeing of communities, safeguarding the rights of girls and women at risk of FGM and to support those affected</p>
<p>The strategy to address child sexual exploitation was reviewed and updated in 2016 and disseminated to all partner agencies. This strategy is based on four key themes:</p> <ul style="list-style-type: none"> • Prevention • Disruption • Protection and Support • Prosecution <p>A 79 point action plan, named the Partnership Improvement Plan which consolidated the learning from the Rotherham CSE Case Review report and the peer review held in Hounslow in 2014 was implemented. A multi-agency audit was completed to ascertain if the practice has improved across partner agencies in regards to CSE.</p> <p>The Exploitation and Vulnerabilities Coordinator developed a method of information sharing and learning in relation to sexual exploitation. This has resulted in the development of CSE champions from each partner agency within the Hounslow Borough.</p> <p>The NSPCC school service and campaign service put together the PANTS campaign proposal, which will be offered to primary schools and launched in 2017. This campaign is a key element in the prevention of child sexual abuse.</p> <p>The programme Chelsea's Choice which is a drama performance was delivered to secondary school children to help raise the awareness of CSE to Secondary School Children in Hounslow.</p>	<p>Implement improvement to MASE to incorporate a strategic and intelligence model.</p> <p>Develop a targeted action plan to continue to seek assurance from the partner agencies about their response to CSE.</p> <p>To launch the PANTS campaign in January 2017 in Hounslow.</p> <p>To revise the CSE strategy in line with the new CSE Operating Protocol published in July 2017.</p> <p>Develop CSE data reporting across the partnership and strengthen analysis of data to identify trends and improve prevention of CSE in Hounslow.</p> <p>Continue raising the awareness of CSE through training. This includes a HSCB CSE seminar in 2018.</p> <p>PANTS – a week raising awareness event planned for 2018.</p> <p>To revise the CSE strategy.</p>
<ul style="list-style-type: none"> • A conference on child sexual abuse helped raise awareness and identified gaps within the local area. • A CSA prevention Plan was developed • A safeguarding week was arranged with partners from School Nursing, Health Visiting, Social Work, police, domestic 	<ul style="list-style-type: none"> • The CSA Prevention Plan to be signed off by the HSCB in 2017 • Due to the popularity of the CSA safeguarding week event the offer will be repeated in 2017-18 to secondary schools.



<p>violence services and the youth service. A total of 17 schools were visited throughout the week and 604 parents were engaged with encouraging them to talk to their children to protect them from sexual abuse including online risks.</p> <p>Work around CSA Transformation programme (CSA Hubs/Child House), in place from 2015-2017.</p>	<ul style="list-style-type: none"> • Development and commissioning of two NWL CSA Hubs which will be funded for final year by NHSE (London) Safeguarding and the refreshed programme was is to be hosted by Health London Partnership. The programme plan was to take forward the work of the CSA earlier Using the CSA Toolkit the programme will have a stated aim of developing CSA hubs in the three remaining geographical areas of London (NWL, NE and SE) to ensure equity of service for children and young people across London for sexual abuse. This will bring together medical and emotional support services, offering a holistic package of care to support children, young people and their families in the first few months after disclosure of child sexual abuse. Having access to a range of services, including brief therapeutic intervention and advocacy, and ensuring appropriate onward referral into long-term support services when necessary, the CSA hubs are intended to provide appropriate care at the right time. Through a multiagency team of health professionals with established relationships with police, social care, education, housing, CPS, and independent sector providers, the CSA hubs are intended to better support victims with the most complex needs and ensure the appropriate support is given to address the most pressing needs. • HSCB are to develop training around CSA with the Lucy Faithful Foundation to help raise awareness and prevention.
<p>The HSCB had Neglect as one of its Key priorities during this period and this included work on;</p> <ul style="list-style-type: none"> • Development of a Neglect Strategy. • Implement and review relevant training • Complete multi-agency audits to review the work completed on relevant cases and share the learning. <p>The Quality of Care (QoC) Tool which helps professionals to assess for Neglect with their safeguarding families was re-launched.</p>	<ul style="list-style-type: none"> • The HSCB to re-launch the QoC assessment along with ratification of the Neglect Strategy. This will help support professionals in identifying and working with families affected by neglect. • Improve early identification and effective interventions to prevent Neglect. Partner agencies to provide the HSCB with a position statement around this for their individual agencies.



	<ul style="list-style-type: none"> • HSCB to undertake a follow up neglect multi-agency audit to ensure outcomes from previous audit have been adopted and resulted in service improvement.
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5.6 Health

The Clinical Commissioning Group oversees the delivery of health services within Hounslow in partnership with local NHS Trusts. For children and young people this includes community health services such as community nursing, audiology and physiotherapy; mental health services; and acute paediatric services at West Middlesex University Hospital.

Key developments since the 2015 strategy	Priorities for 2017-20
Capacity for acute paediatric care has been expanded at West Middlesex Hospital, with increased consultant time and a new Paediatric Assessment Unit enabling children to remain in hospital for a short period of treatment and observation before being discharged home, without the need to be admitted to the ward.	Integrate the children’s community nursing services to enable improved continuity of care and extended hours of service delivery.
A Community Asthma and Wheeze Service for children and young people has been established in order to improve outcomes for children, increase confidence of parents in managing their child’s asthma, and reduce acute attendances.	Continue to deliver the CAMHS Transformation Programme including an enhanced early help offer, a comprehensive pathway for young people in crisis, and improved support for young people with ASD and learning disabilities.
A programme of work is underway to develop child & adolescent mental health services; to date a specialist Eating Disorders Service has been established and an Out of Hours Service is in operation to enable 24/7 access to support.	Further develop acute paediatric pathways to ensure compliance with A&E waiting time targets and improved patient experience.
Pathways have been established for children with complex medical needs in schools and placements to access appropriate support from health services.	Develop a children’s continence service.

6 Strategic Priorities for the Partnership

As described in Section 5, there are already detailed plans in place within individual organisations to improve outcomes for children and young people in Hounslow over the next 3 years. This section of the strategy will set out the additional areas of work that we will be prioritising as a partnership – the



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complex areas of work that require partners across health, education, social care, and the wider community to work together if we are going to effect change. These priority projects will be monitored by the Children's Delivery Group to ensure senior-level oversight across organisations.



6.3 Early intervention for families in need

Background

As noted throughout this strategy, early intervention to support families when needs first emerge is fundamental to achieving positive outcomes and to delivering efficiency in public services. In Hounslow, the Local Authority's Early Intervention Service was disaggregated in 2016, and the component parts were aligned with different service areas to embed the principle that early intervention is 'everyone's business'. At the same time, innovative models for early intervention are being developed at a grass roots level across the borough, such as the model provided by the Reach Academy for families in Feltham. Early intervention is a broad agenda ranging from preparing children for school and supporting families when needs first emerge, to providing intensive support to vulnerable children and young people on the 'edge of care' or the 'edge of custody'.

Key challenges

- There is a lack of clarity about the full range of the early intervention offer in Hounslow, outside of the formal services provided by the Local Authority.
- It is not clear that universal services always reach the most vulnerable groups in order to promote resilience and identify risk factors earlier.
- There is limited strategic ownership across the partnership of early intervention being 'everyone's business'.
- The shift in focus of Local Authority Family Support Services towards young people on the edge of care has revealed a gap in support provided to families at an earlier stage.
- It is difficult to measure the outcomes of early intervention services, and therefore to justify investment in the current economic climate.
- There is limited scope for sharing good practice models across the borough.

Plan for 2017-20

- 1) We will map the current early intervention offer across the borough, including voluntary and community services.
- 2) We will work with partners to understand the full picture of early intervention and ensure shared ownership at a strategic level.
- 3) We will develop a set of outcome measures and a dataset to evaluate the impact of early intervention services across the partnership.
- 4) We will evaluate the impact of existing early intervention services and address gaps in provision using local data and best practice research.
- 5) We will establish a forum for sharing good practice within the wider community such as the Reach Academy Hub model in Feltham.



6.4 Enhancing mental health and emotional wellbeing services

Background

It is estimated that 10% of children and young people will experience mental health difficulties. Many will be able to manage with support and advice from their family and peers, school, and other universal services, but some will require support from specialist mental health services which may range from a brief intervention to long-term support and in some cases a brief period in hospital. The national Future in Mind Strategy (2015) and the Five Year Forward View (2016) outline how local areas must develop child and adolescent mental health services to manage increasing demand and improve access, to build resilience and intervene earlier, to develop the workforce, and to establish 24/7 crisis support and other specialist services. Plans for Hounslow are captured in The North West London CAMHS Transformation Plan.

Key challenges

- There are high levels of mental health need being managed in universal settings including schools, GP practices and voluntary services, with varying levels of skills to identify needs and provide support.
- There are long and increasing waiting times for specialist mental health services (CAMHS), especially for early help and for autism assessments, as demand continues to exceed capacity.
- There is limited resource invested in prevention and early intervention, and reductions in some universal services, meaning that needs are more likely to escalate before they are addressed, and services can seem difficult to access.
- There is pressure on crisis care services, with limited capacity for intensive community work and an ongoing shortage of inpatient beds for young people who require admission to hospital.

Plan for 2017-20

- 1) We will work in partnership with the voluntary sector and universal services to ensure that a coordinated prevention offer is in place and that staff have access to appropriate training in order to promote resilience and positive wellbeing.
- 2) We will evaluate the Mental Health in Schools pilot and establish a link worker model and a core offer to all schools in the borough, as well as considering how the link worker model could be expanded to primary care.
- 3) We will establish a service specification for 'Tier 2' specialist CAMHS with a clear remit and specific outcome measures.
- 4) We will review the neurodevelopmental assessment pathway to identify opportunities for reducing waiting times.
- 5) We will extend out of hours provision and community crisis support as part of a 24/7 care pathway for young people in crisis.



6.5 Improving pathways for children with learning disabilities and ASD

Background

In Hounslow and across the country there is an increasing number of children and young people diagnosed with a learning disability or neurodevelopmental disorder such as Autism Spectrum Disorder (ASD) or Attention Deficit Hyperactivity Disorder (ADHD). These children require timely assessments of their needs to ensure that they are able to access the right education provision and health and care services, and their families may require support to manage social communication difficulties and challenging behaviour. Furthermore, the national Transforming Care Programme and the Lenehan Review (2017) place a clear mandate on local areas to review the support provided to people with learning disabilities and ASD of all ages to enable them to remain in their communities, and avoid long-term placements in residential institutions.

Key challenges

- The number of young people referred for assessment has increased significantly over the last 5 years in Hounslow and nationally, and as a result the waiting time for assessment continues to increase.
- There is a limited offer available to support families post-diagnosis, and there is no specific support available for families waiting for assessment.
- With changes to behaviour support and other school-based services, some schools are struggling to assess and meet needs.
- There are no clear protocols in place for a multi-agency response to these children and families when in crisis, for monitoring those at risk of requiring residential care, or for developing bespoke packages to provide support in the community.
- Underpinning all of this is the fundamental challenge that these young people often fall through the gaps between services, with a lack of clear roles and responsibilities across the partnership.

Plan for 2017-20

- 1) We will establish a multi-agency steering group, reporting to the Children's Delivery Group, to establish joint ownership and oversee service developments in this area.
- 2) We will map the current assessment pathways and review the demand and capacity to identify opportunities for reducing waiting times.
- 3) We will review the services available to provide support pre- and post-diagnosis at home and in school, drawing on community resources and specialist training.
- 4) We will mobilise an intensive community service to support children and young people at risk of hospital admission or residential care.
- 5) We will develop a multi-agency protocol for managing crises including monitoring those 'at risk' of admission and developing bespoke packages of support in the community.



6.6 Special Educational Needs & Disabilities

Background

The Children and Families Act 2014 seeks to improve outcomes for vulnerable children and young people age 0-25 with Special Educational Needs and Disabilities and the support provided to their families. The reforms place an increased imperative on education, health and care services to work together to identify needs early, provide an integrated assessment in a timely way, and jointly commission services to ensure a seamless experience of care for young people and families. Plans should be focussed on outcomes and the transition to adulthood and greater independence, and children, young people and their parents/carers must be fully involved in the decisions that affect them. A Joint SEND Programme Board has been established and a self-evaluation has been completed to inform the way forward.

Key challenges

- A process has been established for developing integrated Education, Health and Care Plans but quality and timeliness needs to be improved.
- Paediatric Therapy services are separately commissioned by Education and Health which creates complexity for families and referrers and is an inefficient use of resource.
- A Local Offer has been published but requires more detail in a user-friendly format to provide comprehensive information for families.
- There is limited engagement with young people and parent carers in individual plans and in service design and delivery.
- There is very limited data available about the holistic needs of children and young people with SEND and projected trends.

Plan for 2017-20

- 1) We will jointly commission paediatric therapy services across Health and Education to ensure a seamless experience of care and value for money services.
- 2) We will improve the quality and timeliness of Education, Health and Care Plans by reviewing processes, engaging with stakeholders and continually auditing improvement.
- 3) We will refresh the Local Offer to ensure that a comprehensive range of information is available from all partner agencies in a user-friendly format.
- 4) We will work in partnership with Hounslow Youth Council and Hounslow Parent Carer Forum to improve engagement of young people and families with SEND.
- 5) We will review the available data on SEND across organisations and implement an action plan to improve data collection and quality.



6.7 Looked After Children & Care Leavers

Background

The Local Authority holds Corporate Parenting responsibility for approximately 270 children and young people in its care, and maintains this responsibility as the young person transitions to adulthood, up to the age of 21 or 25 if the young person has Special Educational Needs. There is a significant statutory framework which governs the Local Authority's responsibilities for meeting the needs of Looked After Children and Care Leavers, but there is also a crucial role for partners as most children become looked after as a result of abuse or neglect, and so are more vulnerable than their peers to poor health outcomes, poor education and employment outcomes, and difficulties in transitioning to independence.

Key challenges

- There can be difficulties in obtaining appropriate housing for Care Leavers transitioning to independence, due to the limited available housing in the borough and the need for supported accommodation options to meet a range of needs.
- Compliance with targets for Looked After Children accessing medical checks and dental checks are consistently not met, particularly for those placed out of borough, and targeted support is needed in areas such as mental health and substance misuse.
- There are a high number of young people entering care in older adolescence (49 over 16s were admitted into care in 2016/17), including Unaccompanied Asylum Seeking Children, who may require a holistic approach from services to support their mental health, emotional wellbeing and behaviour, in order to ensure placement stability.
- Looked After Children, particularly those with Special Educational Needs, are reaching lower educational attainment than their peers, and Care Leavers are less likely to be in Education, Employment or Training (EET).

Plan for 2017-20

- 1) We will aim to commission more supported accommodation options within the borough to support Care Leavers with a range of needs.
- 2) We will implement processes across Social Care and Housing to improve access to appropriate housing for Care Leavers.
- 3) We will work with the Virtual College to improve educational outcomes for Looked After Children and EET outcomes for Care Leavers, including those with SEND.
- 4) We will review pathways to access health assessments for Looked After Children, including those placed out of borough, to improve quality and timeliness.
- 5) We will identify the training and support required to enable placement stability for adolescents with mental health, emotional wellbeing and behavioural needs, and we will review case studies to identify what support could have been provided at an earlier stage to deliver different outcomes for these young people.



7 Monitoring and Review

As described in Section 5, there is lots of work taking place within individual services over the next 3 years to improve outcomes for children and young people. Through these individual workplans we will expect to see an impact for children and young people in a number of areas, including:

- Increased physical activity and a reduction in the rate of childhood obesity.
- Children are effectively safeguarded from harm, with targeted support in areas such as neglect and domestic violence.
- Reduced rates of youth crime and reoffending.
- Improved school readiness and increased uptake of childcare places for eligible families.
- Sufficient school places, including specialist places for children with ASD, or social, emotional and mental health needs.
- Access to 7 day support and improved continuity of care for children with complex health needs who access community nursing services.
- Improved flow through A&E for children who require care in an emergency.

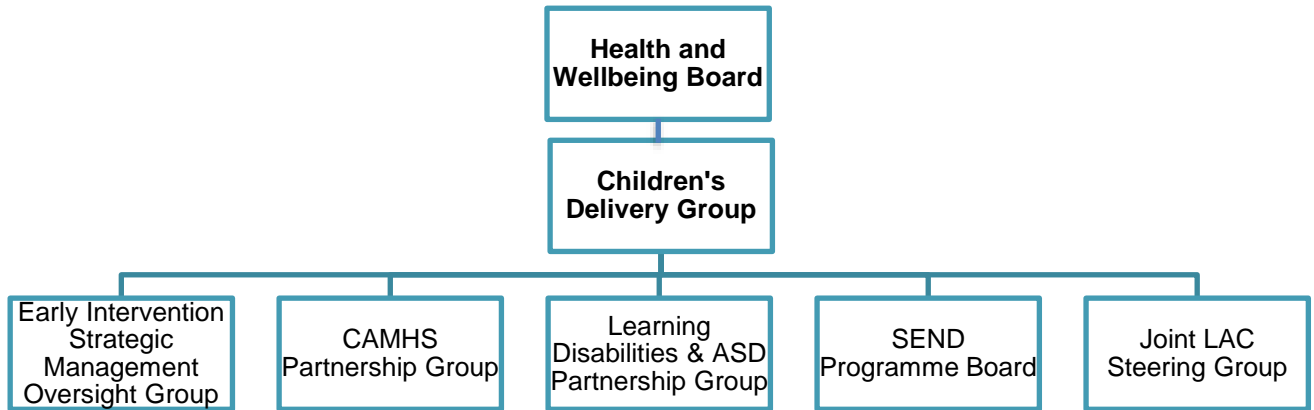
In addition, by embedding more effective partnership working and a greater strategic focus on prevention and early intervention through the 5 priority projects described in Section 6, we will expect to see the following impact:

What will look different for children and young people?

- There will be a clear offer of early intervention services available to children, young people and families within the borough, so that they are able to access support when needs first arise. This will include voluntary and community services, health services and a range of other provision in addition to Council services.
- There will be a range of services on offer to promote resilience and emotional wellbeing, and improved capacity within schools to identify mental health needs, provide advice and support, and signpost to specialist mental health services when needed.
 - Young people experiencing mental health crisis will be able to access emergency support from a specialist mental health worker 24/7.
- Waiting times for neurodevelopmental assessments will be maintained at acceptable levels, and support will be available to families before and after diagnosis.
- There will be a clear pathway to support young people with ASD, learning disabilities and/or challenging behaviour when in crisis, to enable them to remain at home where possible with a bespoke package of support.
- Education, Health and Care Plans will be completed in a timely way and focussed on outcomes. Where therapy needs are identified, children and young people will experience a seamless service to meet their needs.
- Young people with SEND and their families will be able to access information from a comprehensive Local Offer, and will be routinely involved in decision-making.
- Looked After Children will receive quality and timely health assessments, and support for their mental health and emotional wellbeing, and will be supported to achieve educational attainment levels closer to that of their peers.
 - Care Leavers will be able to access appropriate accommodation and employment opportunities in their transition to adult independence.



The delivery of this strategy will be monitored by the Children’s Delivery Group, which is chaired by the Lead Council Member for Children and Young People and includes senior-level representation from all of the partner organisations, as well as young people.



Each of the priority projects will be delivered by a partnership working group which will provide highlight reports to the CDG to outline progress, risks and next steps. Some of these partnership groups are already well established, others will need to be set up or Terms of Reference will need to be reviewed to ensure delivery of the plan as outlined in this strategy.

The strategy itself will be reviewed in September 2018, halfway through its 3 year cycle, to ensure that it is still fit for purpose and to update the priority plans as required.



Appendix 1: Contributors

Hounslow Youth Council, facilitated by Catriona Cheek, Member of Youth Parliament, and Stephen Hutchinson, Senior Youth Worker – Citizenship and Participation.

Hounslow Children's Delivery Group

Hounslow Joint Commissioning Team

London Borough of Hounslow Children, Housing and Adults Services

London Borough of Hounslow Safeguarding and Specialist Services

London Borough of Hounslow Education & Early Intervention

London Borough of Hounslow Public Health

London Borough of Hounslow Councillors

Hounslow Clinical Commissioning Group

Chelsea and Westminster NHS Foundation Trust

West London Mental Health NHS Trust

Hounslow and Richmond Community Healthcare NHS Trust

Central London Community Healthcare NHS Trust

Metropolitan Police Service

Hounslow schools via the Education Improvement Partnership