

AGENDA ITEM

REPORT TO HEALTH AND WELLBEING BOARD

26 JANUARY 2016

REPORT OF DIRECTOR OF CHILDREN'S SERVICES

EARLY HELP: UPDATE ON PROGRESS AND NEXT STEPS

SUMMARY

The report provides Health and Wellbeing Board members with an update on the implementation of early help, including an initial analysis of impact, and outlines a series of actions to strengthen the approach, and to provide the basis of an action plan for 2016/17.

RECOMMENDATIONS

Health and Wellbeing Board members are invited to comment on the current progress in implementation of early help and to the proposed future actions. The report will also be considered at the Children and Young People's partnership on 21 January, and at the Local Safeguarding Children's Board on 18 February.

PURPOSE

1. This report provides an update on the implementation of the approach to early help across all partners in Stockton, and identifies further actions to further embed the approach.

BACKGROUND

2. Early help is used to describe involves taking action as soon as possible to tackle problems that have already emerged in working with children, young people and families. Although an early intervention approach could be used at any time of life, it is usually adopted by services from conception to early adulthood, and is usually referred to as 'early help' in this context.
3. A variety of national research in recent years has established the basis for early help in delivering better outcomes for children, young people and families. There are also significant costs associated with 'late intervention', estimated nationally:
 - a. £5bn is spent each year on children in care
 - b. £4bn on benefits for 18- to 24-year-olds who are NEET

- c. £900m on helping young people with mental health issues or drug and alcohol problems
 - d. Local authorities bear the largest share of these costs at £6.5bn
 - e. Welfare spending is £3.7bn.
 - f. The NHS, schools, police and the criminal justice system also share the bill.
4. The Early Help and Prevention Strategy was adopted in 2014. It includes the following strategic priorities:
- a. Improve the use of intelligence and information to inform targeting
 - b. Integrated approaches to commissioning
 - c. Well-coordinated and accessible services
 - d. An effective workforce
 - e. Improving the voice of children, young people and families
 - f. Increasing awareness of the approach and offer
5. The strategy was linked to a range of existing activity around the theme of early help, and was designed to embed an approach which is long term and transformative, both to ensure that children, young people and families have better outcomes, and also to address the challenges and costs of late intervention, including the Council. It was developed in part from previous Ofsted inspection in 2013 which identified that whilst children are supported effectively by a range of Early Help services in Stockton, there is a need to develop a co-ordinated Early Help offer overall.

CURRENT POSITION

6. Since the adoption of the strategy, there has been a range of activity undertaken to deliver the priorities across partners. This has been supported by a consolidation of roles within the Council's Children, Education and Social Care Department to create a new Service for Early Help, Partnership and Planning.
7. A peer review of early help was undertaken across Tees in 2015 as a means of identifying opportunities for collaboration, as well as identifying areas where there is inconsistency in current approaches. The key findings in Stockton were:
- a. Evidence of good approaches and some excellent services
 - b. A commitment from partners to the broad approach
 - c. A need for clarity in some areas, especially the interface between social care and early help services in the First Contact service
 - d. The opportunity for further rationalisation across Tees around service thresholds, training, performance management.
2. The Stockton report is attached at Annex 1.
8. A range of current actions are already underway or planned to implement the strategy and further develop the approach to early help:

- a. There has been a strong focus on Common Assessment Framework (CAF) and Team Around the Family (TAF) for some time in Stockton and this continues to be the way in which we identify issues and provide support, though we are signalling a change in our approach by replacing 'CAF' with Early Help Assessment (EHA).
- b. We have steadily increased the numbers of CAFs/EHAs being undertaken, and have had a major focus on this with our partners in recent months. We have also invested further in the Team to be able to provide additional guidance and support to partners to ensure EHA are completed and to improve their quality.
- c. There are a range of additional services working with and as part of the Early Help Team, including a domestic abuse resource from Harbour; advice and guidance from the CAB; and Child and Adolescent Mental Health support will soon commence with a dedicated resource from Tees Esk and Wear Valleys NHS Trust.
- d. Early years early help panels have been established in children's centres to act as a hub for the identification and allocation of lead practitioner roles for EHA where there is no obvious lead organisation, or where there is some concern about capacity.
- e. The development of Fairer Start in central Stockton which is developing a community focused approach to early help and prevention, including the recruitment of volunteers to work with families.
- f. The development of the Graded Care Profile 2 as a tool to enable better assessments of the capacity of families to provide effective care, as well as the roll out of the signs of safety model which assesses the protective factors in families, and therefore supports an early help approach.
- g. The start of reviews looking at the options for 0-5 commissioning, and in particular the development of new approaches for health visiting, alongside the further review of children's centres.
- h. The approach to panels will be streamlined to establish a single point of entry, and bring together existing mechanisms to coordinate early help and troubled families for example
- i. We have set up a Family Hub in a shop front in Stockton and will be formally launching this in February, as well as a complete refresh of the Information Directory for Families as a means of providing easy to understand information about what is offered in Stockton around early years, parenting, health and wellbeing, transitions, staying safe and activities.

CAN WE SEE EVIDENCE OF PROGRESS?

9. The development of an early help approach forms part of a more fundamental change in ways of working and signals a significant shift in approach towards a more coherent and assertive way of reducing the pressure on social care services
10. As such, it will take some time to see evidence of impact in a complex system. Our approach is based on an proactive focus on ensuring early help services are sufficiently embedded in our work with families that we should see a reduction in the number of referrals into social care over the next 12 months, and that of those referred we should see increasing evidence that early help assessments have been undertaken.

11. Clearly, the long term impact of any significant changes to the way to plan and deliver early years interventions will take much longer to be evidenced.
12. There are some signs that the use of the early help assessment approach is resulting in more issues being identified early and plans being put in place. This is evidenced by the significant increase in CAF/EHA activity over the past 6 months. Annex 2 provides an update on the current position.
13. However, it is too soon to see any evidence of an improvement in the quality of assessments and plans leading to better outcomes for children, young people and families, which remains the crucial focus: increasing numbers are a proxy for activity, but the key focus is on the outcomes for families and signs that the activity may be reducing pressure elsewhere in the system.
14. Although the outputs from the Troubled Families programme have been impressive, and have met national targets in terms of claims made and outputs delivered, it is not yet possible to state with any confidence (locally or nationally) that this was resulted in savings to agencies. The development of the Phase 2 programme provides the opportunity to focus on those children, young people and families of most concern. Stockton has previously identified both 'children who need help' and 'families affected by domestic abuse' as the two main priorities of the Phase 2 programme, reflecting our experience of need and neglect.

FUTURE PRIORITIES AND ACTIONS

15. The range of future actions set out below have been identified as the basis for the further evolution of early help in 2016. Elements of this approach were discussed in detail at the LSCB Board session on 18 December, and will be further refined through a refocused Early Help Partnership Group, reporting into the Children and Young People's Partnership and the Health and Wellbeing Board. A detailed implementation plan for the Early Help and Prevention Strategy will be developed for 2016/17.
16. The future priorities and proposals are based around the priorities in the strategy:
 - a. Improve the use of intelligence and information to inform targeting**
 - a. There needs to be a bigger focus on the development of a clearer approach to targeting which identifies children, young people and families 'of concern' and ensures that effective work is being undertaken to reduce risks. Some aspects of this are in place through the troubled families programme, but there is more to do to embed this approach across all organisations.
 - b. The development of a more systematic approach to targeting, which is based on a more rigorous assessment of those children, young people and families of concern and the identification of services and leads work with them, even where they may not be hitting a social care or other existing threshold. This methodology is based on that employed in the first phase of Troubled Families which was built on a data and analysis function around ASB, school attendance and unemployment. Phase 2 of the programme provides the opportunity to extend this approach which is more closely related to the concept of 'high impact families' across services – those of most concern to Police, repeat attendees at A&E, and those on the edge of care.

b. Integrated approaches to commissioning

- a. An integrated approach to the commissioning of services for 0-5s, which includes the further evolution of children's centres and the opportunities afforded by the review of the 0-5 Healthy Child Programme, and the links to health visitors and the future of the Family Nurse Partnership in particular.
- b. Redesigning and ensuring CAMHS services are more focused on early help and intervention through the current activity on the transformation plan.
- c. Evaluation of the quality of current CAF/EAF assessments to inform the future commissioning of services with a more explicit focus on neglect, especially linked to parental mental health, drugs and alcohol and domestic abuse. This may require some changes in the way services are configured and / or commissioned.

c. Well-coordinated and accessible services

- a. Continued focus on the use of Early Help Assessment as the tool for assessing early help needs. This includes both a focus on the development of more assessments and support plans, and also a stronger focus on the quality of plans to ensure they are resulting in effective evidence based interventions, working with a strong assertive key worker approach.
- b. Streamlining and simplifying access to services through the development of an early help hub approach, which is linked to the Multi Agency Children's Hub proposal and ensures that there is a single mechanisms to manage early help referrals not meeting thresholds for social care assessment.
- c. The development of an early help case management system as part of the project to replace RAISE, which includes both a case management system, and an ability to collate other information about what is known about children, young people and families through other systems.

d. An effective workforce

- a. A focus on skills and training for the workforce both in the development of good assessments, and also in the development and oversight of support plans which are focused on the route causes rather than solely on the implementation of more practical support measures. This is an issue of specific opportunity for a Tees wide approach.
- b. A focus on improving the quality of assessments. This will be achieved through the development of an audit process, based on the initial work undertaken by the LGA to ensure a multi-agency focus on the quality of assessment and planning

e. Improving the voice of children, young people and families

- a. The development of a more sophisticated approach to performance management, which seeks to draw on the intelligence across all agencies, and in particular the qualitative evidence about what is being identified and what works in planning and support. We currently have some excellent practice working with families for them to measure their own outcomes from project work, but we are not systematically applying this.

f. Increasing awareness of the approach and offer

- a. There is more work to do both to increase the awareness of the current offer and the overall approach, but also to ensure that the offer is coherent and effective, including considering reshaping services where necessary.
- b. Two proposals for additional or reshaped services have been considered to date:
 - i. The development of an intensive support service for young people on the edge of care, or who would benefit from a dedicated approach to prevent family breakdown, and the requirement for coming into care. This approach mirrors approaches elsewhere which are designed to target older young people, who are often at risk of poorer outcomes from coming into care, and where their likely ultimate outcome and permanence plan will ultimately be to return home. Such an approach could be established through the remodelling of existing services, and could be a specific focus of a reshaped Troubled Families programme.
 - ii. The development of a specialist service or function to support the return home of young people from periods of care. Such an approach would require a multi-agency approach and may have a stronger focus for example on the implementation of a therapeutic intervention approach. This support would be designed to ensure that there is effective support for children and young people returning home to prevent further periods of care or safeguarding concerns. There is scope to consider remodelling existing services to provide
- c. Given the high proportion of social care cases as a result of neglect, work is also underway to develop options for how services could be reconfigured to include the development of a flexible response approach to neglect, which is able to work with families from low levels of need through to more intensive support to prevent issues escalating. This could include a stronger focus on the potential role of volunteers and the community and voluntary sector, such as the model being developed in A Fairer Start, or those developed through, for example, Safe Families for Children, which seek to match skilled volunteers to work with families and provide support.

THE FUTURE OF THE TROUBLED FAMILIES PROGRAMME

- 17. The further implementation of early help provides the opportunity to consider the future of the troubled families programme and to ensure it is more clearly aligned to reducing the need for social care involvement.
- 18. The key aspects of a proposed approach are:
 - a. To embed troubled families approaches into wider ways of working instead of operating as a separate programme;

- b. To implement a new approach when current contracts expire in May 2016 – there may be a need to consider a short term extension in view of timescales;
- c. To consider the commissioning of a more limited set of services externally which are capable of responding flexibly to address gaps in provision;
- d. To use the remaining funding to ensure a greater focus on young people and families who are most at risk both for children in need, for those not meeting thresholds and for those considered high cost / high impact by partners.
- e. To have a specific focus on neglect, domestic abuse, mental health and drugs and alcohol as a means of targeting the root causes. Domestic abuse and children in need of help have been identified as the key priority outcomes for phase 2 of the programme.
- f. To ensure there is a stronger focus on a more coherent offer, which moves away from narrow referral criteria.
- g. To rename Troubled Families to a less stigmatising label. 'Stockton Families First' is a working title to be tested further with partners.

DEVELOPMENT AND IMPLEMENTATION

- 19. Subject to the views of the Health and Wellbeing Board, the actions above will be translated into an implementation plan for early help for 2016/17.
- 20. The reconfigured multi agency Early Help Partnership Group will operate as a mechanism to drive forward implementation. The terms of reference and membership of this group will be reviewed.
- 21. Regular reports on progress and impacts will be brought to the Board, as well as the Children and Young People Partnership and Local Safeguarding Children Board.

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