

Early Intervention Family Support Strategy



Improving outcomes for all children,
young people and families



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Introduction

Our Early Intervention Family Support Strategy refers to a way of working that means providing interventions early to support and build resilience amongst children, young people and their families - particularly those that may be vulnerable. In doing this, we aim to promote good outcomes and prevent the unnecessary development of complex needs in the future.

Whilst early intervention has been at the forefront of many services' thinking to date, we require an overarching strategy which focuses on Early Intervention across the piece. This strategy will guide the development of our own services and those services that we commission to ensure that the most vulnerable in our communities receive the assistance they need in order to achieve the very best they can in all areas of their lives. The Early Intervention Family Support Strategy is underpinned by the Calderdale Children and Young People's Partnership Strategic Planning Framework 2011-2015.



1. Context

1.1 Our Strategic Vision

All Children in Calderdale are Happy – Safe – Successful

We will achieve our vision by

- Using resources jointly for those in greatest need
- Delivering services early and locally
- Involving people in decision making
- Encouraging collaboration
- Developing innovative and creative ways of working
- Celebrating excellence

1.2 Our Strategic Aims

Working together we will ensure that children and young people in Calderdale

- Start healthy and stay healthy
- Are safe at home, in school and in the community
- Enjoy learning and achieve their best
- Make friends and take part in activities
- Stay in education and get a job

1.3 Our Values

We share these values as the basis for our work

- **Respect** value, regard and reliability
- **Inclusion** belonging and involvement
- **Integrity** honesty, trust and fairness
- **Commitment** tenacity and courage



1.4 Our Strategic Priorities

We will achieve our aims by focusing on the following priorities and specific objectives, so that children and young people in Calderdale:

Start healthy and stay healthy

We will

- Improve the health and wellbeing of the most vulnerable and deprived
- Reduce teenage conceptions and the harm caused by alcohol
- Reduce the number of children between the ages of 5 and 10 who are obese
- Reduce the number of children and young people who die

Are safe at home, in school and in the community

We will

- Increase the number of children and young people who feel safe at school and in the community
- Increase the support we provide for children and young people within their families
- Reduce the harm caused to children and young people through domestic violence, parental alcohol abuse and mental health

Enjoy learning and achieve their best

We will

- Raise attainment to narrow the gap in the early years and amongst specific groups
- Increase the number of good and outstanding schools
- Develop and embed collaborative practice across all phases of education

Make friends and take part in activities

We will

- Support children and young people to make informed decisions about their lives and relationships
- Involve children and young people in the design, delivery and improvement of our services
- Increase the number of vulnerable young people engaged in local activities

Stay in education and get a job

We will

- Increase the number of young people staying on in education and training
- Increase the number of apprenticeship places available
- Raise attainment to narrow the gap at age 19 for young people from low income families

In line with the Children and Young People's Partnership Strategic vision we will:

1. Ensure children receive the right type of support in their earliest years, when they should achieve their most rapid development;
2. Develop new ways of working, making sure appropriate response is given to a child, young person, or family at the time when a difficulty or increased vulnerability first arises;
3. Support parents to develop skills aspirations and self-esteem

1.5 Effectiveness in Service Delivery

Enhancing the effectiveness of local services to meet the needs of children, young people and families is one driver for the Strategy. This requires:

Strategic commitment to a 10 year Strategy - Cross party Cabinet agreement; support from the Calderdale Assembly and the Health & Wellbeing Board, together with financial commitment from all partners. Moving resources towards early intervention within mainstream budgets is a long term goal. Implementation and full delivery of the Strategy may take several years to achieve and is part of a wider process to mainstream prevention. The Strategy outlines a range of actions which need to be delivered incrementally. In all areas however, robust partnerships will be needed to shape, resource and deliver the Strategy.

Strong and consistent leadership - supported by simple and effective management structures to ensure objectives and responsibilities are clear, unambiguous and fully understood by partners at all levels of organisations.

An effective communications and consultation plan – using the Outcomes-Based Accountability (OBA) process, outcomes, measures and action plans will be determined and agreed at locality level by all stakeholders. Report cards will be produced quarterly to ensure communities are informed of progress against outcomes in a clear and transparent process.

Integrated working and performance management– utilising the OBA process we will promote an holistic approach where vulnerable children and groups can be identified quickly and outcomes achieved efficiently, taking full account of the area and community components of children's well-being. Stakeholder accountability for outcomes will be mutually agreed in localities and performance managed efficiently.

Co-location - continue the commitment to the co-location of services, as a priority within communities with high levels of need and existing low levels of access to services.



1.6 Delivering Improved Outcomes

To successfully deliver improved outcomes for children, young people and families, the Strategy will be underpinned by the following principles:

- strategic adoption of the OBA process;
- delivering excellent customer service;
- the need to adopt a whole family approach, giving recognition to the complex nature of children and young people's and families' lives;
- the need for all practitioners to develop integrated working practices;
- a gradual shift to preventative and early intervention approaches without compromising those children and young people who are, currently, most in need of services;
- a recognition that some services will need to support young people in the transition from childhood to adulthood, and will be geared to their needs;
- the need to develop a culture where the views of children, young people and families are routinely sought in matters which impact on their lives;
- the need to ensure the needs of children are fully assessed, using agreed frameworks and common language, and the services they receive are based on identified needs and evidence about what works;
- there is 'no wrong door' and contact with any service gives an open door into a system of joined-up support;
- practitioners work in partnerships with families recognising and promoting resilience and helping them to build their capabilities;
- providers and commissioners of children's services will work in partnership securing and harnessing the support of parents, carers and the communities in which children and young people live;
- responding appropriately to the challenges faced by particular communities and recognising children and young people are key to securing a more stronger and stable future for all;
- the need to decommission some existing services;
- driving forward a shared culture that respects and progresses the rights of the child and young person
- support for communities to become resilient, healthy, inclusive and sustainable;
- support for parents to develop skills and confidence in raising their children and young people;
- the need for services to work together to remove barriers to opportunity faced by some children and young people. Thus acknowledging that the welfare of children and young people is a shared responsibility.
- the need to develop a consistent partnership approach to implementing restorative practices in directly delivered and commissioned services.



1.7 Strategic Analysis

The Strategy has been developed in the context of significant legal and financial change, these include:

1.7.1 National Context

- Significant reductions in funding allocations to Local Authorities as outlined in the Comprehensive Spending Review and confirmed in the Revenue Support Grant Settlement for 2011-2012.
- The removal of ring fencing and reduction in number, and total value, of grant allocations.
- Redefining of the Children's Centre Core Offer in the Core Purpose
- The publication of crucial policy documents, including: The Munro Review of Child Protection; The Foundation Years, Preventing Poor Children Becoming Poor Adults (Field, 2010); Early Intervention, The Next Steps (Allen, 2011); Review of the Early Years Foundation Stage (Tickell); A New Approach to Child Poverty: Tackling the Causes of Disadvantage and Transforming Families' Lives, (DWP, DfE 2011) Positive for Youth (DFE, 2011); Localism Act 2012.
- Voluntary and community sector (VCS) providers of commissioned and grant aided services currently provide a range of services to vulnerable and 'hard to reach' children and young people. The sector also represents opportunities for developing value for money provider markets.
- Developments, outlined in the Schools White Paper 2010 *The Importance of Teaching* and the Education Bill, in funding to schools, the development of more independent models of school provision and the emergence of schools as significant local commissioners.
- Proposals for significant changes to the provision of support for children and young people with special educational needs and disabilities outlined in the Green Paper *Support and aspiration: a new approach to special educational needs and disability*.
- The Health and Social Care Bill, the NHS White Paper *Equity and Excellence: Liberating the NHS* and changes to the responsibility to commission health care which will move from Primary Care Trusts to GP consortia as well as changing the role of the Local Authority in overseeing local health services.
- Changes to the provision of Public Health, outlined in the Public Health White Paper, *Healthy Lives, Healthy People*.
- The removal of the statutory requirement for local areas to have a Children's Trust Board or a Children and Young People's Plan.
- Local and national arrangements for Health Watch that would mean that children and young people's voices "are fed into local commissioning" and that the internet and evidence-based tools for engagement are used to gather the views of children, young people and their parents, drawing on the expertise of local authorities.



- A potential radical change in the function of Children and Young People's Services from being a significant provider to being mainly a commissioner of services.
- The DfE Children's Centres Payment by Results trial (in which Calderdale's Children's Centres are participating)
- The Legal Aid, Sentencing and Punishment of Offenders Bill 2010-12
- Police reform and social responsibility act 2011, introduction of police and crime commissioners and police and crime panels.
- Ministry of Justice drive in increased use of Restorative Practices, establishing the setting up of neighbourhood restorative panels.

Within this complex and changing environment our continuing priority is to ensure children, young people and families are supported to achieve their potential, have access to high quality, value for money services that meet their needs, and we continue to close the gap in health and other inequalities experienced by and between our populations.

1.7.2 Local Context

Early Intervention and prevention services in Calderdale are currently delivering some high quality, effective work across the Borough through both centrally-based provision (Early Years Consultants, Early Years teachers, Families' Information Service, Family Intervention Team, Young People's Service, various private and voluntary sector organisations etc) and area-based provision (Children's Centres, Childcare Quality and Development team, Family Support, Young People's Service, Youth Offending Team).

However, from consultation workshops it has become apparent:

- There is a lack of shared understanding about what different services contribute to prevention;
- Inter-agency co-ordination can be further improved to ensure resources are used most effectively to deliver shared objectives;
- That parents are being asked the same questions over and over again, and sometimes feel judged rather than supported;
- That agencies, rather than families, determine the right time for support;
- There are too many box-ticking style performance indicators;
- There is too little one-to-one support for children with complex needs;
- There is too great a focus on higher tier services;
- There is a long waiting list for Family Support;
- There is uncertainty about future funding.



1.8 Key Partners

Key partners who will need to be involved as this Strategy is developed and implemented include:

- Calderdale MBC:
 - Elected Members
 - Children and Young People's Services (both as commissioner and provider)
 - Adult Health and Social Care
 - Housing, Safer and Stronger, Finance and Legal Services
- Calderdale College
- Schools
- Calderdale GP Consortium
- Calderdale Local Safeguarding Children Board
- Children and young people, parents and carers Schools
- Director of Public Health/Public Health
- NHS Calderdale
- NHS Providers
- Private and independent sector providers
- The voluntary and community sector (VCS)
- West Yorkshire Police and criminal justice system.
- Calderdale Youth Offending Team

1.9 Governance

Following removal of the statutory requirement for a Children's Trust Board, revised governance arrangements have been developed incorporating the role of the Health and Wellbeing Board, its oversight of service commissioning, and any joint commissioning arrangements. In addition, the current structure of strategic sub groups, many of which reflect previous grant based funding streams, will need to be revised and streamlined.

As these structures are developed we will need to retain and develop arrangements for ensuring children, young people, parents, carers and other stakeholders, such as the VCS, continue to be appropriately involved in the development and oversight of strategic plans.

1.10 Current expenditure

Taking into account the Council's budget proposals for 2012-2013 it is estimated that at least £255m will be spent across schools, children and young people's services and the NHS. This includes grant funding from the NHS and Children and Young People's Services (CYPS) in the Council to VCS organisations but does not include other Council directorates or expenditure by services which are delivered to the whole community including children and young people, such as, for example, the Police or GPs.

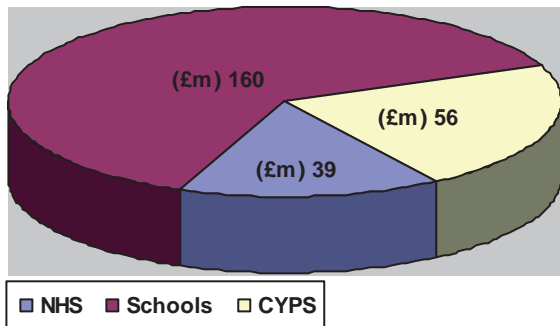


Figure: Estimated expenditure on services for children and young people 2012 – 2013

	£m
Schools	160
Health Spending (approx)	39
CYPS	56.31
TOTAL Spend	255.31

2. Children and Young People Needs Analysis – Calderdale in 2011

<ul style="list-style-type: none"> • There are about 50,000 children and young people aged 0 – 18 and 61,000 aged 0-25. • About 2,500 births per year and the under 15 population is projected to increase rapidly in both 2014 and 2019. • There are over 33,000 children enrolled in 101 Calderdale Maintained Schools of which there are 87 Primary and 14 Secondary (Including Special Schools). • 18.5% of the school population are from a minority ethnic group. • 76.5% (1997) of students achieved 5 A*-C GCSE's, in 2010 • In 2009-10 the obesity rate for children in reception was 7.7%, however for children in year 6 it increases to 17.4% and this rate is increasing. 	<ul style="list-style-type: none"> • Approximately 8000 children live in households with no-one in employment. • 5046 children are eligible for Free School Meals. • As of 31st January 2012 there were 463 (6.7%) 16 and 17 year olds who were not in education, employment or training, down from 524 (8.6%) in 2009. • There are an estimated 1500 young carers, of which 280 are known to the Young Carers service. • Approximately 3000 children and young people aged 5-16 will have an identifiable mental health problem • 48% of young people in the electronic health needs assessment indicated that they had experience of being bullied. • For 2006/08 Calderdale had an Infant Mortality Rate of 5.8 compared to an England rate of 4.8. • In 2010 2238 children were present at 1251 Domestic Violence incidents (WY police). 	<ul style="list-style-type: none"> • The quarterly teenage conception rate for quarter 3, 2009 was 48.3, per thousand females aged 15-17. This is a drop of 9.6% from the 1998 baseline. • 918 pupils have a Statement of Educational Need. • Approximately 156 Children have a Child Protection Plan • There are approximately 775 Disabled Children with a range of needs (based on a census in November 2008). • As of 31 March 2010 there were 270 Looked after Children. • For the period 2006-10 over 130 young people were referred to the child sexual exploitation co-ordinator.
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Ref: Calderdale Commissioning Strategy 2011

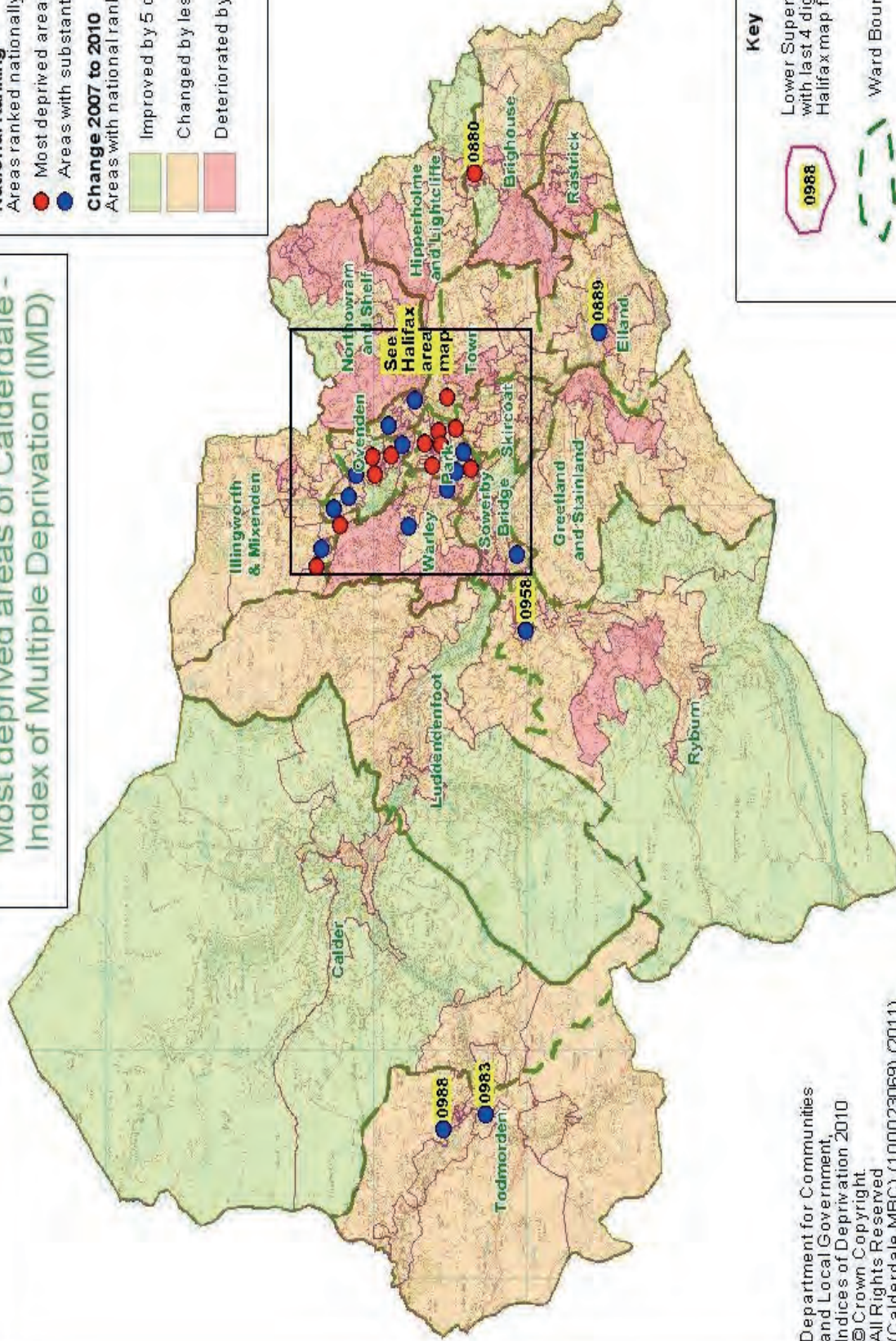
(See also the Calderdale Child Poverty Needs Assessment: www.calderdale.gov.uk)

The map overleaf shows the most deprived areas of Calderdale and indicates where the concentration of resources for early intervention need to be deployed to ensure we close the gap and, in doing so, address exclusion and inequality.



Most deprived areas of Calderdale - Index of Multiple Deprivation (IMD)

- National Ranking**
Areas ranked nationally within
- Most deprived areas (worst 10%)
 - Areas with substantial deprivation (next 10%)
- Change 2007 to 2010**
Areas with national ranking position:
- Improved by 5 or more %
 - Changed by less than 5%
 - Deteriorated by 5 or more %



Key

- Lower Super Output Area (LSOA) with last 4 digits of identifier - see Halifax map for identifiers in that area.
- Ward Boundary.

Department for Communities and Local Government, Indices of Deprivation 2010
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(Calderdale MBC) (100023069) (2011)

3. Strategic Objectives

1. Children receive the right type of support in their earliest years, when they should achieve their most rapid development
2. Develop new ways of working, making sure appropriate response is given to a child, young person or family at the time when a difficulty or increased vulnerability first arises
3. Support parents to develop skills aspirations and self-esteem

Objective 1 - Children receive the right type of support in their earliest years, when they should achieve their most rapid development.

'The earliest years in a child's life are absolutely critical, providing the essential foundations for healthy development. If these foundations are not secure, children can experience long-term problems which often present wider social consequences. Children's attainment, wellbeing, happiness and resilience are profoundly affected by the quality of the guidance, love and care they receive during the first years of their lives' (Tickell, 2011).

Early Education:

- By providing an infrastructure of support to deliver high quality early education and childcare to all children 0-5 years through private, voluntary, independent settings
- Ensuring the effective commissioning of Children's Centre and early help provision, and the robust monitoring and evaluation through stringent performance management processes
- Continuing to support the universal offer of high quality childcare and early education (0-5) across the Borough
- Continuing to offer high quality childcare and early education to vulnerable/disadvantaged 2 year olds
- To continue to offer high quality childcare and early education to all 3 year olds through Nursery Education Funding

Locality-based Early Help Teams

- We will create Locality-based Early Intervention Teams so all families, with children in the Borough, will have access to support from a dedicated Key Worker together with an infrastructure of support from professionals from the public, private and voluntary sectors.
- In Tier 1 (universal) services, this will be provided by a re-focused Health Visitor (HV) role. These HV Key Workers will provide specialist health support and early intervention referrals to specialist agencies and professionals.



- In higher Tier (2/3) cases, HV Key Workers will continue to provide universal services, and will work alongside other specialists (such as Family Support Workers). These interventions will be triggered by HV Key Workers at the first signs of difficulties arising. The CAF process will continue to be used.
- In higher Tier (4) cases HV Key Workers will continue to work alongside other specialists (such as Family Intervention Key Workers).
- In the highest Tier (5) cases HV Key Workers will continue to support where appropriate alongside other specialists.

For young people, the following will apply;

- Tier 1 services are provided by schools, community based activities and Connexions/IAG
- Tier 2/3 services are currently provided by open access youth provision (95% of Council funded youth provision is in the 30% most disadvantaged areas), through specialist services such as EIS key workers, Branching Out and sexual health services
- Tier 2/3 services are, and will be, provided by both statutory and voluntary sector providers
- In higher tier, key workers continue to offer support

Objective 2 - Develop new ways of working, to make sure appropriate responses are given to a child, young person or family at the time when a difficulty or increased vulnerability first arises

- We will build on the existing good practice of area-based working so the new Locality-based Early Intervention Teams will provide the co-ordination of Keyworkers and Health and Voluntary Sector professionals, alongside Children's Social Care, working to Tier 2/3 on the Continuum of Need.
- We will build on the work carried out through YPS and YOT to create a single Early Intervention and Support Service for young people, using a single database and targeted Youth Support Panels at a locality level in order to create a partnership approach.
- We will develop systems, through OBA and integrated commissioning, for locality planning which will build on existing partnership structures and good practice between the Local Authority, Health, public, private and voluntary sectors, parents, carers, children, and young people.
- We will reduce the number of 16/17 year olds becoming homeless.



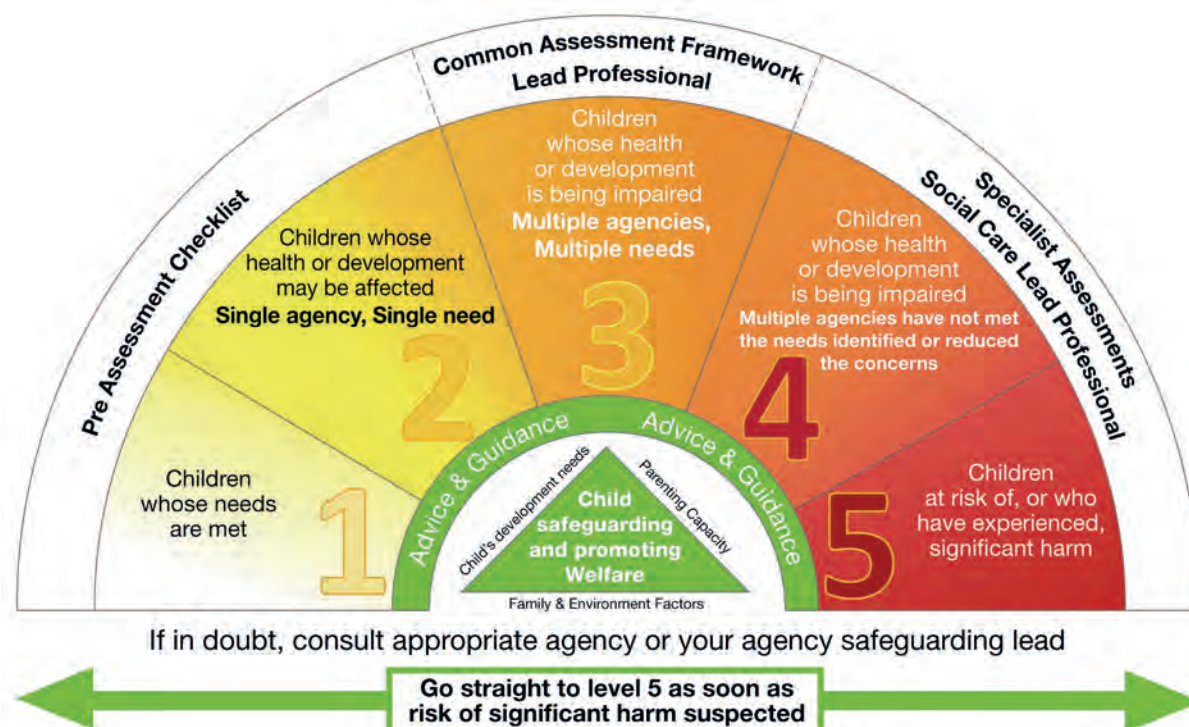
Objective 3 – Support parents to develop skills aspirations and self-esteem

‘What parents do is more important than who they are. Especially in a child’s earliest years, the right kind of parenting is a bigger influence on their future than wealth, class, education or any other common social factor.’ (Allen 2011)

- We will co-ordinate, monitor, and evaluate all parenting provision across the Borough, through integrated commissioning, to ensure high quality, cost-effective programmes are delivered to achieve desired outcomes.
- We will acknowledge that some specific groups e.g. young parents, need differentiated support from suitably experienced staff.

3.1 Developing a shared language and common understanding of the Calderdale Continuum of Need and the Common Assessment Framework

In order to ensure a shared language and common understanding amongst partner agencies, the Early Intervention Family Support Strategy has been developed around the Continuum of Need, alongside the Common Assessment Framework, to provide a consistent approach to children and young people who are or may be vulnerable/or at risk.



4. Challenges and Risks

To support the delivery of the Strategy in full, the following challenges and risks will need to be considered and faced:

- cultural change across organisations;
- jointly commissioning effectively across organisations and moving financial and human resources towards early help;
- decommissioning services and the potential development of other services;
- identifying which resources could be re-aligned;
- identifying the scale of new resources required to deliver the Strategy and the savings through early help preventing escalation to higher tier, more expensive services that may accrue in the longer term;
- the aligning and pooling of resources to deliver on shared and agreed objectives;
- multi agency professional development and training opportunities for staff
- ensuring that staff in all agencies use CAF, and that this integrates other existing assessments.

