

OVERVIEW AND SCRUTINY BOARD

FINAL REPORT OF THE CHILDREN AND LEARNING SCRUTINY PANEL

Early Help
Improving Outcomes for Children, Young People and Families

6 JANUARY 2015

PURPOSE OF THE REPORT

1. To present the findings of the Children and Learning Scrutiny Panel's review of Early Help – Improving Outcomes for Children, Young People and Families.

BACKGROUND

2. Early help with children, young people and families has long been a concern of local authorities and continues to be a key area of statutory responsibility, albeit shared with partners¹. The aim of early help is to ensure problems do not escalate to become more acute and more costly, to the detriment of children and families, by investing in effective community services and multi-agency co-ordination².
3. As a consequence, the scrutiny panel's aim was to investigate local practices, which aim to improve outcomes for children, young people and their families in respect of early help, early intervention and prevention.

TERMS OF REFERENCE OF THE SCRUTINY INVESTIGATION

4. The agreed terms of reference for the review are outlined below:
 - a) To define the term 'early help' and establish its aims, principles and the key themes.
 - b) To determine how the Local Authority engages with its partners to ensure that problems for children, young people and families are identified early, and responded to effectively and as soon as possible.
 - c) To examine Middlesbrough's provision of preventative and early intervention targeted and specialised services.
 - d) To explore measures and strategies that could be implemented to further improve outcomes for children, young people and families.
 - e) To examine relevant guidance.

¹ Children Act 2004 Part II s11 - The responsibility to safeguard and promote the welfare of children

² Local Government Association 2013 - What you need to know about early help

METHODS OF INVESTIGATION

5. The scrutiny panel investigated this topic over the course of 4 meetings held on 27 August, 17 September, 8 October and 12 November. A Scrutiny Support Officer co-ordinated and arranged the submission of written and oral evidence and arranged witnesses for the investigation. Meetings administration, including preparation of agenda and minutes, was undertaken by a Governance Officer.
6. A record of discussions at scrutiny panel meetings, including agenda, minutes and reports, is available from the Council's Eagenda committee management system, which can be accessed via the Council's website at www.middlesbrough.gov.uk.
7. This report has been compiled on the basis of information submitted to the scrutiny panel by the 0-19 Service, the Public Health Team, the Troubled Families Team and the Centre for Excellence and Outcomes in Children and Young People's Services (C4EO).

MEMBERSHIP OF THE PANEL

8. The membership of the scrutiny panel was as detailed below:

Councillors J Walker (Chair), M B Williams (Vice-Chair), R Brady, H Pearson, G Purvis, B E Taylor, M Thompson and Fr G Holland.

THE SCRUTINY PANEL'S FINDINGS

9. The scrutiny panel's findings, in respect of background information and each term of reference, are detailed below.

BACKGROUND INFORMATION

Middlesbrough's Profile

10. In the first instance, the Department of Economic Development and Communities provided the scrutiny panel with an overview of Middlesbrough's profile.
11. It was conveyed that Middlesbrough has a population of 138,400, 36,256 of which are children and young people aged 0-19. This accounts for 26% of Middlesbrough's total population.
12. It was explained that Public Health England published Middlesbrough's health profile in March 2014. The profile provides a snapshot of child health in the Middlesbrough area and highlights the following key findings:
 - Children and young people under the age of 20 years make up 26.0% of the population of Middlesbrough.
 - 21.0% of school children are from a minority ethnic group.
 - The health and wellbeing of children in Middlesbrough is generally worse than the England average.
 - Infant and child mortality rates are similar to the England average.
 - The level of child poverty is worse than the England average with 34.3% of children aged under 16 years living in poverty. Middlesbrough has high levels of deprivation with 6 out of the 23 wards being amongst the most deprived 1% nationally.
 - The rate of family homelessness is better than the England average.
 - Children in Middlesbrough have worse than average levels of obesity: 11.9% of children aged 4-5 years and 22.9% of children aged 10-11 years are classified as obese.

- In 2012/13, children were admitted for mental health conditions at a similar rate to that in England as a whole. The rate of inpatient admissions during the same period because of self-harm was higher than the England average.
- There were 360 children in care at 31 March 2013, which is a higher rate than the England average.
- A higher percentage of children in care are up-to-date with their immunisations compared to the England average for this group of children.

13. It was explained that the profile also demonstrates poor health outcomes that begin before birth and continue through the childhood years.

14. In addition to the key findings detailed above, the scrutiny panel heard that:

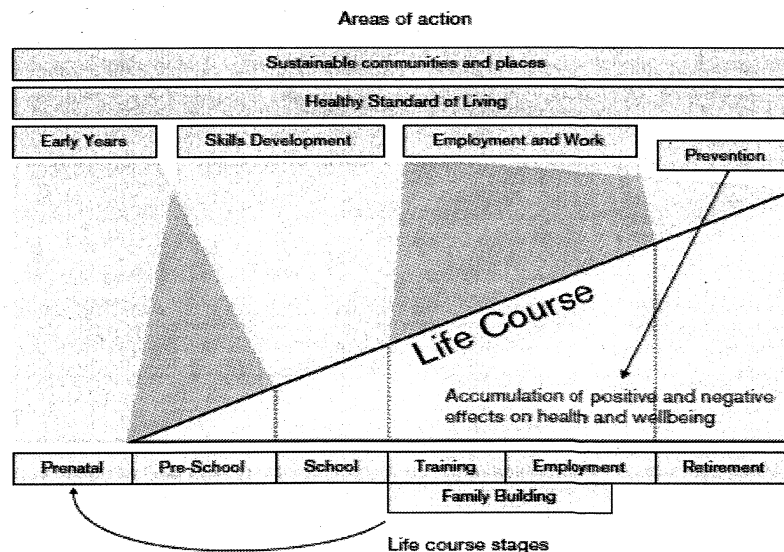
- 2013 examination results show 43% of Middlesbrough residents achieved 5+ GCSEs, grades A-C (including English and Mathematics), compared to 59.2% nationally³.
- Middlesbrough has the 4th worst NEET percentage in the country at 9.1%, statistical neighbours mean average is 7.2%, the regional figure is 7.7% and national is 5.5%. However, Members were advised that Middlesbrough has seen a reduction from 10.6% in June 2013.

Key Factors Influencing Outcomes for Children and Young People

15. It was highlighted that health inequalities for many children and young people, across Middlesbrough, begin from pre-conception and follow them throughout their lives.

16. The scrutiny panel was advised that evidence in the Marmot Review - Fair Society, Healthy Lives (2010) - shows that socially graded inequalities exist pre-natally (existing or occurring before birth) and increase throughout early childhood. Therefore, it was stressed that action to reduce health inequalities has to start before birth and be followed through from birth to retirement age. In response to the Marmot Review, Middlesbrough published a ten year Health and Wellbeing Strategy with a key priority being to give children the best start in life.

Figure 1. Lifecourse Approach - Marmot Review



³ https://www.teesvalleyunlimited.gov.uk/InstantAtlas/DISTRICTS/report_District_I101_2013.html
(Examination Results gained by Year 11 (aged 16) pupils resident in each ward whichever Tees Valley LEA school they attend)

17. Members were advised that the Marmot Review demonstrates that health and well-being can be affected significantly by the social conditions in which people are born, grow and develop.
18. It was highlighted to the scrutiny panel that there are approximately 2000 births in Middlesbrough every year and the health outcomes for the early years of life are below the England average for a number of indicators. Members heard how factors which increased a child's risk of poor health and well-being in adult years included social conditions, such as poverty, maternal smoking, poor maternal mental health, drug and substance misuse, low birth weight, low breastfeeding rates, poor nutrition and high rates of childhood injury.
19. The scrutiny panel heard that health outcomes for children and young people in Middlesbrough mirrored the patterns of deprivation across the town with worse outcomes in the deprived wards. Health outcomes in Middlesbrough were relatively poor compared to the national average. If the variations across the town could be reduced, this would go some way to addressing the national gap. Alongside this, low educational attainment and health inequalities across the different wards, demonstrate the significant challenges to ensuring children and young people have the best health and wellbeing.
20. The scrutiny panel received information on the key issues that impact on children and young people's outcomes in Middlesbrough - these included:

- **Child poverty is significantly high**

Members were advised that poverty and low socio-economic status have a profound effect on child health. Infants of poor women are at a disadvantage before they are born and are more likely to be stillborn or born too early or too small. They are more likely to die within the first week of life and in infancy. If they survive the first year of life, they are at increased risk of dying throughout childhood and adolescence. It was also explained that poor children are more likely to suffer disability and chronic illness and more likely to be admitted to hospital during childhood. They are also more susceptible to acute illnesses and more likely to experience mental health problems⁴.

The scrutiny panel heard that the impact of the welfare reforms, on Middlesbrough, is disproportionate, having a bigger impact on vulnerable and deprived families across the town.

- **Low educational attainment**

Levels of educational attainment are below the national average, affecting future life opportunities and creating a vicious cycle of disadvantage.

- **Troubled families**

The scrutiny panel was advised that chaotic and dysfunctional family lives are causing excessive pressure in the child protection system.

- **Health outcomes for babies and infants continue to be a challenge in relation to smoking during pregnancy, low birth weight and low rates of breastfeeding.**

It was highlighted that smoking during pregnancy poses significant risks to the unborn child increasing the chances of a premature birth or low birth weight baby, which can result in developmental issues, risk of childhood infections and cot death.

Members heard that breastfeeding helps to provide the best start in life for babies and also

⁴ Professor Nick Spencer, End Child Poverty: Health Consequences of Poverty for Children

has many benefits for mothers. It was conveyed that the World Health Organisation and Department of Health recommend that all babies should be exclusively breastfed for the first six months, yet this is rarely achieved in Middlesbrough.

- **Child injuries remains high**

Members heard how childhood injuries are a leading cause of death and illness in children, and one of the most common reasons for admission to hospital. It was stressed that many of these injuries are preventable.

- **Significantly high levels of obesity and maternal obesity.**

It was highlighted to the scrutiny panel that obesity prevalence rates in Middlesbrough adults and children continue to be significantly higher than the national average. Obesity is one of the most common causes of preventable death and is associated with increased health risks including type 2 diabetes; cardiovascular disease; some cancers; hypertension and stroke.

It was also advised that maternal obesity presents a series of significant health risks to the mother and child during pregnancy and childbirth. It was conveyed that obesity in pregnancy is associated with an increased risk of serious adverse outcomes including miscarriage, foetal congenital abnormality, thromboembolism, gestational diabetes, pre-eclampsia, post-partum haemorrhage, stillbirth and neonatal death. There is also a higher caesarean section rate and lower breastfeeding rate in this group of women compared with women with a healthy weight.

- **High levels of risk taking behaviours.**

Members were informed that whilst teenage pregnancy rates are showing some signs of reducing, they still remain higher than the national average. It was explained that children born to teenage mothers are at higher risk of low birth weight, living in poverty and poor housing, and experiencing poor nutrition, all of which can have significant health impact on their unborn child and subsequent growth and development.

- **High levels of substance misuse during pregnancy.**

It was highlighted to the scrutiny panel that drug and alcohol misuse and tobacco use before, and during, pregnancy are major risk factors for miscarriage, maternal and infant death, and health inequalities. It was conveyed to the scrutiny panel that some forms of substance use and misuse are more common among disadvantaged groups. Substance misuse can significantly harm a foetus, yet pregnancy can act as an equally strong incentive to make a positive change in behaviour and lifestyle.

- **Poor mental health**

Members were advised that there are key risk factors for children and young people, including poverty, poor early health outcomes, dysfunctional family life and poor educational achievement. These are all more prevalent locally than nationally.

The importance of improving maternal mental health was highlighted as this could lead to better outcomes in childhood. The scrutiny panel heard how maternal depression and anxiety in pregnancy and during a child's early life affects about 10–15% of pregnant women. Rates are nearly twice as high among mothers living in poverty and three times as high for teenage mothers, and are associated with low birth weight, emotional or conduct disorders and children's later intellectual development⁵.

⁵ HM Government: Healthy Lives, Healthy People

- **Immunisation rates remained low.**

Members heard how immunisation is the most important way of protecting people from vaccine preventable diseases. Despite this, immunisation rates in Middlesbrough, for some diseases, remain lower than the national average and in some cases the families not participating in the preventative programmes tend to have other issues that impact on the health and well-being of their children.

- **High rate of tooth decay**

It was highlighted that the rate of tooth decay in Middlesbrough's children is almost double the national average. There are also significant dental health inequalities between the most affluent and deprived wards.

TERM OF REFERENCE: TO DEFINE THE TERM 'EARLY HELP' AND ESTABLISH ITS AIMS, PRINCIPLES AND THE KEY THEMES.

21. The scrutiny panel was advised that early intervention and prevention have been at the heart of national and local change since the Children Act 2004. The act requires all partner agencies, delivering children's services, to work together within a local authority area.
22. It was highlighted that since 2004 there have been a number of national reviews commissioned by government including those from Graham Allen MP, Frank Field MP, Dame Clare Tickell, Professor Eileen Munro and Professor Sir Michael Marmot. These reviews identify early intervention and prevention as the approach to improving outcomes for children, young people and families - in the longer term.

What is Early Help?

23. Members heard that Early Help is about addressing the root causes of social disadvantage, ensuring that children, young people and families are able to realise their full potential by developing the range of skills that they need to thrive. It is about getting extra, effective and timely interventions to all babies, children and young people who need them, allowing them to flourish and preventing harmful and costly long-term consequences. For children, better social and emotional skills, communication, the ability to manage their own behaviour and mental health mean a stronger foundation for learning at school, an easier transition into adulthood, better job prospects, healthier relationships and improved mental and physical health⁶.
24. It was conveyed that Early Help means providing support as soon as needs are identified or a problem emerges, at any point in a child's life, from the foundation years through to the teenage years. The Middlesbrough Children & Young People's Trust has adopted a definition of Early Help, which is:

'Providing families with early help to prevent problems from getting worse'

(Developed by parents and carers in Middlesbrough and adopted by Middlesbrough Children & Young People's Plan (2011-14)

25. Early Help and intervention also helps identify issues long before they've become a problem to solve.

⁶ <http://www.eif.org.uk/what-is-ei/why-ei-and-why-now/>

26. It was highlighted to the scrutiny panel that effective Early Help relies upon local agencies working together to:
- Identify children and families who would benefit from Early Help.
 - Undertake an assessment of the need for Early Help.
 - Provide targeted Early Help services to address the assessed needs of a child and their family, which focuses on activity to significantly improve the outcomes for the child.
27. The revised 'Working Together to Safeguard Children' 2013 also places an emphasis on Early Help in promoting the welfare of children rather than reacting later.

Why Early Help and Why Now?

28. The growing interest in early intervention as a policy issue reflects the widespread recognition that it is better to identify problems early and intervene effectively, to prevent their escalation, than to respond only when the difficulty has become so acute as to demand action. It is better for the individuals concerned, their families and society more broadly; it avoids a lot of personal suffering, reduces social problems and generally, it costs less than remedial action – so early intervention is nothing new. What has changed is that knowledge and understanding of human development, especially in childhood, has grown to the point where many more problems can be identified earlier. Practice has also developed to enable local authorities to intervene more effectively to address many of these problems⁷.
29. The scrutiny panel heard that the continued pressure on statutory services to cut spending and the reduction in funding from central government all have an impact on the ability to meet the increased need and demand for services. It was conveyed that this will require a shift in service delivery, and the allocation of resources, by directing need away from high cost specialist services to more 'targeted' and universal services.
30. Members heard how Early Help has been repeatedly recognised as a way to achieve real cost savings. It was highlighted that there is a national consensus that preventative services will do more to reduce abuse and neglect than reactive services.
31. The scrutiny panel was advised that Early Help represents an intelligent approach to spending. It was conveyed that it requires small investments to deal with root causes, rather than the much greater costs of dealing with the after-effects. Members also heard that it allows local authorities to act in a less intrusive, more cost-effective way.
32. It was explained that if the Local Authority gets this right now, Middlesbrough's future can be different – saving individuals from damaging and sometimes traumatic experiences and society from incurring the costs of cleaning up the damage. Early Help results in a greater chance for individuals to flourish, a fairer society and better future parents. If, as a Local Authority, we improve the capabilities of our children, we improve the skills and assets of the next generation of parents.

Early Help Thresholds of Need

33. It was conveyed to the scrutiny panel that children, young people and their families have different levels of need depending on their individual circumstances and quite often these change over time, with families moving between universal, targeted and specialist services. Middlesbrough's approach to Early Help is to focus and invest in prevention and early

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http://archive.c4eo.org.uk/themes/earlyintervention/files/early_intervention_grasping_the_nettle_full_report.pdf

intervention to ensure children, young people and families received support in a timely way, tailored to their individual circumstances.

34. Children can be helped in three broad ways:

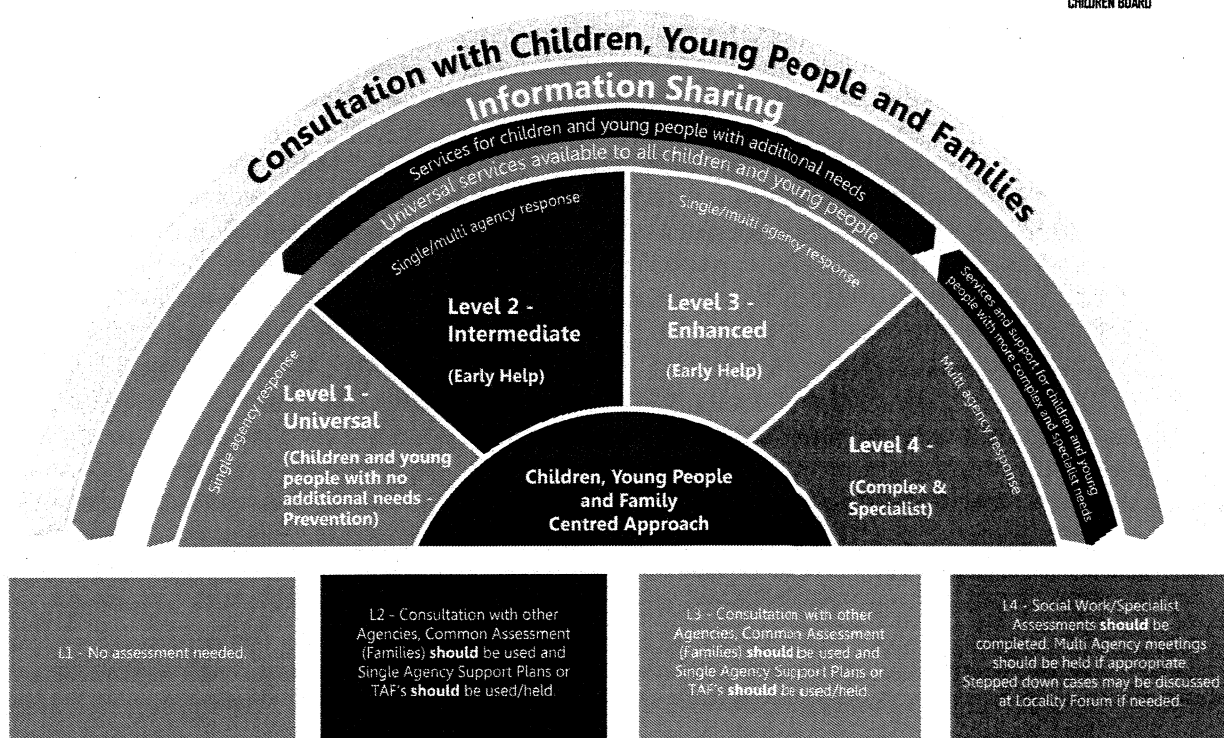
- Prevent the problems in the first place (prevention).
- Address the problem at the earliest opportunity/ 'Nip it in the bud' (early intervention).
- Respond to the complex needs or problems that are serious (treatment).

35. There will always be a need for some level of intervention at any or all three stages, which requires services to be equipped and able to respond to these changing needs and demands.

36. It was highlighted that as part of the targeted provision of the Early Help approach, with Middlesbrough Council, there is specific work to narrow the gap between socio-economic position and health inequalities within our most 'in-need' wards.

37. It was explained to the scrutiny panel that the delivery model for the 0-19 Service is based on the Thresholds of Need Model detailed below. Members were advised that the model has four levels. Level 1 encompasses all services that are readily available to a family, that are an entitlement and do not require referral, 2 and 3 are targeted interventions delivered within an Early Help approach, which try to prevent families and children going into social care and avoid going to Level 4.

Middlesbrough's Early Help - Thresholds of Need Model



Level 1 Universal

38. It was conveyed that universal provision is where the majority of families sit, this may include schools, GPs, health visitors, leisure centres etc. Universal provision is defined as services

that anyone can access and there are no pre-requisites. Members were advised that universal services and settings are often the places where:

- Emerging difficulties can be first spotted.
- Children, young people or their families will ask for help.
- Extra help can be sourced and delivered.

Level 2 Intermediate

39. It explained to the scrutiny panel that for emerging needs, or where the need of a family is relatively low level, individual services and universal services may be able to take swift action to help resolve the issues. This may include:

- Minor concerns regarding diet / hygiene / clothing.
- Child has some difficulties with social communication and interaction, but is able to express needs at some level most of the time.
- Can find managing change difficult.
- Poor punctuality.
- Parent requires advice on parenting issues.
- Child is not often exposed to new experiences / social opportunities.
- Has experienced loss of a significant adult e.g. through bereavement or separation.
- Difficulty managing on a low income.

Level 3 Early Help - Enhanced Needs

40. Members were advised that as needs increase or an escalation of risk is identified, a range of Early Help services may be required, coordinated through a Common Assessment – Families (further information can be found at paragraph 46). These needs will, in many cases, be crosscutting and might be associated with:

- Disruptive or anti-social behaviour.
- Overt parental conflict or lack of parental support/boundaries.
- Involvement in, or risk of, offending.
- Poor attendance or exclusion from school.
- Experiencing bullying.
- Moderate learning needs.
- Disabilities.
- Disengagement from education, training or employment post-16.
- Poor nutrition or inadequate clothing.
- Ill health.
- Substance misuse.
- Anxiety or depression.
- Experiencing domestic violence.
- Housing issues.

Level 4 Specialist & Complex Needs

41. It was explained to the scrutiny panel that within the group of children and young people with additional needs, a small proportion have more significant or complex needs, commonly known as Level 4, which meet the threshold for statutory involvement. These are:

- Children and young people who are the subject of a Child Protection Plan.

- Children and young people who are assessed as a Child in Need (Definition: a child unlikely to achieve or maintain a reasonable standard of health or development without provision or services from the Local Authority).
 - Looked-after children and young people.
 - Care leavers.
 - Children and young people for whom adoption is the plan.
 - Children and young people with severe and complex special educational needs.
 - Children and young people with complex disabilities or complex health needs.
 - Children and young people diagnosed with significant mental health problems.
 - Children and young people with significant substance misuse.
 - Young offenders involved with Youth Offending Service (community and custodial).
42. Members heard that the Common Assessment - Families would not ordinarily be used with children, young people and families working with Level 4 services. These children and young people would generally be subject to a specialist assessment.

TERM OF REFERENCE: TO DETERMINE HOW THE LOCAL AUTHORITY ENGAGES WITH ITS PARTNERS TO ENSURE THAT PROBLEMS FOR CHILDREN, YOUNG PEOPLE AND FAMILIES ARE IDENTIFIED EARLY, AND RESPONDED TO EFFECTIVELY AND AS SOON AS POSSIBLE.

43. Members heard that an OFSTED inspection of safeguarding children in Middlesbrough, carried out in 2011, identified that the Council and its partners faced considerable challenges in tackling entrenched deprivation, high levels of domestic violence and substance and alcohol misuse. It was conveyed that the inspection also highlighted that early intervention and preventative services were insufficiently well co-ordinated or targeted, and partner agencies were not fully engaged in supporting children in need and their families. This included the use of the Common Assessment Framework (CAF).
44. The scrutiny panel was advised that the Council's resources were heavily committed to acute services in both children's and adults' social care. It was explained that if intervention measures were implemented earlier, when problems were just beginning, then families could turn themselves around and the pressure on acute services should ease. It was stressed that early intervention can also improve families' quality of life.
45. It was highlighted that since that inspection, considerable progress has been made to address the issues identified by OFSTED, with a Common Assessment for Families (CAF) being developed and embedded in all organisations and interventions with children, young people and families. This approach continues to be embedded in local practice.

Common Assessment – Families (CAF)

46. The scrutiny panel heard that the Common Assessment for Families (CAF) has replaced the Common Assessment Framework. It was explained to the scrutiny panel that the CAF is a standard intervention framework that can be used by all services working with children and young people.
47. The CAF is a standardised approach to conducting assessments of children's and families additional needs, and for developing and agreeing on a process through which agencies work together to meet those needs. It aims to enable early identification of needs, leading to planned and co-ordinated provision of services for children, young people or their families with additional needs. Children and families experience a range of needs at different times in their lives. However, while all children and young people require access to high-quality universal services, some of them also benefit from targeted support to address additional needs which may relate to education, health, social welfare or other areas.

48. It was highlighted that the CAF promotes more effective, earlier identification of additional needs, particularly in universal services. Members heard that the CAF aims to provide a simple process for a holistic assessment of children, young people and families needs and strengths; taking account of the roles of parents, carers and environmental factors on their development. The CAF considers the individual needs of the family, not just the role of the parents but their health, employment needs etc. As a result, practitioners are then better placed to agree with children and families appropriate modes of support. The CAF also aims to improve integrated working by promoting coordinated service provision and avoiding duplication.

Partnership Working

49. The role of health services, children's centres and schools in delivering and supporting effective early intervention cannot be underestimated – from early pregnancy and support for families with young children, throughout childhood and adolescence. In order to 'close the gap' for vulnerable children, young people and their families, the active engagement of local health commissioners, providers and schools in both identifying need at the earliest opportunity, and helping meet these needs, is crucial.
50. The importance of agencies working in partnership, to meet the needs of children and families, lies at the heart of recent changes to service development and delivery.

What Works

51. It was highlighted that Early Help is about addressing the issues at the earliest opportunity by provision of an assertive and challenging approach, a dedicated Lead Professional working with the family, whole-family working and an agreed plan and common purpose among services.
52. Key ingredients for success were conveyed to the scrutiny panel and these included:
- Whole family working: Members were advised that this means thinking about the whole family and the challenges facing any or all members in that family unit, dealing with problems as and when they arise and helping families to be resourceful and resilient.
 - A high quality workforce equipped to support families with complex needs: It was explained that a workforce development programme has been produced, which will further enhance the ability of operational staff to work with families.
 - Effective multi-agency relationships: It was stressed to the scrutiny panel that it is vital to ensure families gain access to the services and interventions needed and that a consistent message is given, thus reducing the opportunity for families to play agencies off against one another. This work locally is co-ordinated through the Early Help Locality Forums, the Team Around The Family meetings (TAF) and other partnership forums.
 - Lead Professional and Team Around the Family (TAF): Members were advised that working collaboratively with the whole family enables the Lead Professional to get to the root of problems and sustain the impact of their involvement. Team Around the Family (TAF) meetings are multi-agency meetings held in response to the assessment with the attendance of professionals, parent/carer and child/young person to formulate a plan for future support.
53. It was highlighted that while appropriate sanctions and consequences can be key motivators to encourage families to agree to work with agencies, the Council's programmes are based on consent. It was conveyed that it isn't only the Council's programmes that are based on consent, there are no statutory powers to 'encourage' families to engage with Early Help,

even when a child or young person is assessed as a Child in Need (see paragraph 41), family consent is required. Members were advised that the use of enforcement agencies to gain initial contact with the family, and motivate the willingness of the family to work with support agencies, has not been used - other than with families where it is already in place. It was stressed that the strength of the consent-based approach is that it provides a platform for more sustainable change. The approach is successful as it is not about assessing and telling parents they're doing it wrong, but showing and helping them do it right.

Service Delivery

54. It was explained to the scrutiny panel that Early Help services have aligned their resources to ensure that the most deprived areas of Middlesbrough have the most support, whilst ensuring that all families in need could access their services.
55. It was conveyed that Early Help is coordinated through the localities by co-location of services and Locality Forums in each of the localities of Middlesbrough. The partners involved in the delivery of these services are listed below:
- Early Help Hub Co-located Services: 0-19 Service, Early Years, CAMHS, VCS, Health.
 - Locality Forums: 0-19 Service, Early Years, CAMHS, VCS, Health, Schools, Troubled Families, Children's Social Care, Health Visiting and School Nursing, Youth Offending, Housing.
56. It was explained to the scrutiny panel that it is vital that key agencies involved, and support provided, is tailored to whatever the family's needs are. An example was given of a child not attending school regularly. On completion of the CAF and checks made with other agencies, it was ascertained that Dad was always drunk and the perpetrator of domestic violence, which the child had witnessed. Members heard how support needed to be offered to the family to resolve the issues rather than punishment for the child's truancy.
57. It was stressed to Members that each locality is required to adhere to the Early Help process to ensure a 'common offer' is made to the local community. These processes are listed below:
- Use of single assessment of need (Common Assessment for Families – CAF).
 - Panel to consider issues in complex cases, oversight of thresholds to ensure recognition of safeguarding issues.
 - Overview of all CAF cases in locality.
58. In addition, it was explained that:
- Assessments of need will be initiated whenever a family or professional identifies the need for the co-ordination of support for a child/young person and their family.
 - Family assessments will be undertaken, which will include focus on individual needs of all family members.
 - Assessment is consent-based – where consent is withheld, services may still be provided.
 - Where safeguarding issues are identified – this will not necessarily result in a referral to social care if it is assessed that the risk is being managed and there is a plan for reducing the issues of concern.
 - It will be expected that in all cases where there has been Child in Need/ YOS/ CAMHS intervention, there will be consideration given to a step down to Early Help services to

provide ongoing support through the CAF process to maintain change for children, young people and their families.

- It is expected that all specialist services will receive the CAF plan identifying what Early Help services have been provided and how effective this has been prior to the specialist referral; The only exception to this will be where there is an immediate significant risk of harm to a child or young person. The CAF plan would follow if a safeguarding referral was made.

59. It was also highlighted that universal prerequisites include:

- Common assessment of family need (CAF).
- Understanding of thresholds.
- Understanding of information sharing.
- Agreed outcomes.
- Fortnightly locality forums.

Ensuring Early Help is Successful in Middlesbrough

60. Members were advised that there are a number of areas, which need to be addressed in order to ensure Early Help is successful in Middlesbrough, these include:

- A high quality workforce – It was highlighted that the workforce needs to have the skills, knowledge and confidence to be able to identify any emerging or current issues at the earliest opportunity.
- Support and engagement with schools – Members heard that schools are a key partner and are one of the best placed organisations with an ability to identify the early signs of additional needs. Schools need continued support in order to fulfil this role.
- Co-ordination and integration of locality based services – It was conveyed that, wherever possible, services need to be delivered at a local level with easy access. There also needs to be a continuum of service provision with smooth transitions when moving from one service to another.
- Collecting, sharing and using information, intelligence and data – It was stressed to the scrutiny panel that one of the main issues is the effective collection, sharing and use of information, intelligence and data. There are some issues with regard to data protection, for example the children's centres have not been able to obtain information from the Health Authority about where children have been born. With regard to the Department of Work and Pensions (DWP), whilst there has been some progress in encouraging them to share information about benefit claimants, unfortunately that work has been put on hold, as someone within that organisation had interpreted the Data Protection Act differently than was previously the case. This has also happened with other public agencies. It was also highlighted that since many schools have converted to academies there has been some difficulties in obtaining data from them.
- Locality Forums – Members heard that mechanisms that bring partner organisations together, to determine the needs of children and families at the earliest opportunity, are key.
- Step down from specialist services – It was conveyed that when children and families no longer need an intervention from specialist services, there is a need to ensure that any targeted services or support are in place before the termination of specialist services. This ensures the need for further specialist interventions are prevented.

- Troubled Families – It was highlighted that the cost of trouble families to the public purse is significant with the vast majority spent on reacting to their problems that do not provide lasting results. Members were advised that if troubled families are ‘turned around’ this will not only help families to find long term solutions to their issues and needs but also enable scarce resources to be directed away from reactive services to Early Help.
- Whole-Family approach – The scrutiny panel heard that more often than not, when looking at the needs of children and young people, their issues can be traced back to parents. It is therefore necessary to look at the whole family, and not just the child or young person, by adopting a whole-family approach when identifying and addressing need.
- A consistent understanding of continuum of need (pathways / thresholds) – The importance of practitioners fully understanding thresholds, by ensuring that clear guidance and processes are in place, was highlighted.
- Invest in Early Help services – Members were assured that work will continue on investing in improving the range and availability of Early Help services to facilitate a move away from specialist services, which will not only support families in their ability to deal with family problems at an early stage but also ease the pressure on budgets by reducing the need for the more expensive specialist services.

TERM OF REFERENCE: TO EXAMINE MIDDLESBROUGH’S PROVISION OF PREVENTATIVE AND EARLY INTERVENTION TARGETED AND SPECIALISED SERVICES.

EVIDENCE: 0-19 SERVICE

61. It was explained to the scrutiny panel that the 0-19 Service staffing resource is split into three locality teams, which are based within the local communities in community hubs and children’s centres. Members were informed that the locality teams mirror the needs of the locality and take into account factors such as the size of the 0-19 population and the numbers living in areas of deprivation. In addition, there is a Townwide Team, based at Acklam Green Centre, which includes the two Local Authority nurseries and the Adventure in Middlesbrough Team (AIM).
62. It was highlighted that children’s centres aim to improve outcomes for young children and their families, with a particular focus on families in greatest need of support, in order to reduce inequalities in child development and school readiness.
63. Members were informed that there are currently 8 designated children’s centres, which are located in the areas of the town considered to be the most deprived. The scrutiny panel was advised that the centres comprise of purpose built buildings, or are housed within community hubs and schools. On-site day care is available at the majority of sites and each centre offers a range of easily accessible evidence-based universal and Early Help services.
64. Members were informed that all of Middlesbrough’s children’s centres have undergone one OFSTED inspection since 2010. It was explained that six of the centres had been rated ‘Good’, one was rated ‘Satisfactory’ and another was rated ‘Requires Improvement’. However, Members were advised that OFSTED’s Framework for Inspection changed in 2013 and more stringent guidelines and targets have been introduced. It was highlighted that one of the key targets is to demonstrate that children’s centres have contact with 80% or more of families within their reach area and engage in outcome-based support with 65% or more of the most vulnerable families, in order to achieve at least a ‘Good’ grade. It was advised that this has significant implications for partnership working, and outreach work, particularly to target families. There is a need to ensure that there is an integrated service offer for all families across the children’s centre reach areas.

65. It was conveyed that in respect of those children's centres that had been inspected based on the original framework, action plans have been implemented to ensure that improvements are made where required. In addition to this, the scrutiny panel was asked to note that the children's centre which 'Requires Improvement' will be re-inspected, due to its grading, before May 2015.

Universal (level 1) Children and Young People with No Additional Needs - Prevention

Children Centres

66. In relation to universal provision, it was explained that children's centres work in partnership with different agencies, including colleagues in health and post-natal baby clinics. It was highlighted that the universal offer aims to ensure prevention mechanisms are in place and that with access to appropriate services, problems do not arise in the first place. Members were advised that universal provision includes offering support and assessment, information, advice and guidance to parents and also to sign post people to more specialist services where required.
67. Members were advised that the first three years of a child's life are critical. Speech, language and communication skills are crucial to ensure good outcomes, as well as parental involvement.
68. Members were advised that early years activities, to improve school readiness for children, take place. It was explained that work is undertaken to develop early language and communication skills so that when children reach age 3, and start nursery, they are ready to thrive and learn. The universal offer includes activities such as open access youth provision, stay and play, access to health and midwifery services - although this element of the service has reduced significantly in the last few years as resources have moved towards targeted provision.
69. The scrutiny panel heard that the childcare sector, within Middlesbrough, is supported by the 0-19 Service - this includes providing advice and support to childminders, and to private, voluntary and independent childcare settings. By undertaking this role, the service can work to ensure quality provision is in place, which meets Ofsted guidance.

Youth Provision

70. The scrutiny panel was informed that youth provision is delivered around a range of curriculum topics, which meet youth work standards. Provision is inspected for quality by young people themselves, as well as by 0-19 Service staff. Delivery of youth provision involves a range of partners such as schools, Private Voluntary and Independent childcare settings (PVI), voluntary and community partners, employment support agencies and health. It was advised that youth provision is delivered from a range of community hubs and children's centres across the town.
71. Members were notified that the universal element of the 0-19 Service also includes open access for families, children and young people to information, advice and guidance, which is delivered within the locality venues and at Myplace. The scrutiny panel heard that support is available in relation to childcare, parenting, careers, benefits, sexual health issues and relationships, homelessness, or any other issues that young people might have. It was advised that support is also available via the Family Information Service, which is based in First Contact and via the Family Service Directory. The directory is online and families can check what services or classes that they would like to access.

Careers Guidance

72. The scrutiny panel was advised that the Education Act 2011 places a duty on schools to secure access to independent careers guidance for their pupils in schools years 8 to 13. It was conveyed that the 0-19 Service offer a careers guidance service to schools on a commissioned basis. It was highlighted that there are currently three schools in Middlesbrough, and also Middlesbrough College, who purchase careers guidance from the 0-19 Service. Careers guidance is provided to pupils on a universal basis.
73. Members were advised that the 0-19 Service holds an annual careers event - The Big Skills Event. The daytime audience is year 10, year 11 and 6th form students from Middlesbrough schools; the evening is for parents and young people. The event hosts 50 exhibitors, which includes training providers, colleges, universities and employers. It was highlighted that there is a market place theme and interactive demonstrations to provide a taste of different occupations. It was explained that the events involves 0-19 staff providing impartial information, advice and guidance. It was highlighted that this early intervention, open to young people and their families, is preventative and offers the opportunity to see and discover different occupations and pathways to prevent young people becoming NEET (Not in Education, Employment or Training).

Services for Children and Young People with additional needs - Intermediate and Advanced Early Help

74. As previously stipulated in paragraph 46, the 0-19 Service uses the Common Assessment for Families (CAF). With CAF, practitioners are then better placed to agree with children and families appropriate models of support.

Early Language and Communication Interventions

75. The ability to communicate is an essential life skill, which underpins a child's future development. There is a strong correlation between communication difficulties and low attainment, mental health issues, poor employment or training prospects and youth crime.
76. A skilled and confident workforce is critical, with the ability to identify communication problems at an early age, and distinguish between transient and persistent difficulties so that appropriate interventions can be put in place.
77. The scrutiny panel was advised that a key performance measure, for the 0-19 Service, is school readiness. Agreements have been developed with schools and other child care providers, which set out a shared understanding, and focus, for measureable outcomes of children's centre activities. Such activities include:
- Bookstart Corner
 - Early Words Together
 - Stay & Play Sessions
 - Fun with Food
 - Tiny Tumbles
 - Messy Play

Parenting Support

78. It was explained to Members that the Early Help offer includes targeted family support. This support helps to ensure that the children live in an environment, which will enable them to be ready for nursery by supporting parents with a range of issues that can impact on this - such as debt, inadequate housing, substance misuse, domestic violence and poor mental health.

The scrutiny panel was advised that parenting support is a key part of the Early Help offer and is delivered through parenting programmes and one-to-one work as part of a larger support plan. Parents are supported to help and understand their children's learning. Raising awareness of the importance of language and communication skills, and creating language rich environments, is of the utmost importance.

79. Parents are the most significant influence on children, and parenting has profound consequences for their future lives. Therefore, it is important to persuade parents that engaging in their child's development can make a difference, and to build positively on their existing strengths and actively involve them in decisions.

Early Learning

80. The scrutiny panel heard that the 0-19 Service is also responsible for ensuring that all eligible families apply for, and take up, the offer of free early learning for two year olds under the Achieving Two Year Olds programme. Members were advised that this provides 15 hours free child care and nursery education and is available for low income working and non-working families. It was highlighted that approximately 1200 children in Middlesbrough are eligible. It was also explained that the service is working with child minders to encourage them to expand their provision and include some of these children. It was confirmed that the agreed cost in Middlesbrough for this provision was £4.85 per hour.

NEETS

81. It was highlighted that young people who are not in education, employment or training (NEET), between the ages of 16 and 18, have significantly reduced life chances into adulthood. The scrutiny panel was advised that the 0-19 Service provides additional support to those young people who are NEET.
82. It was highlighted that the NEET cohort consists of a number of vulnerable groups and resources within the service are focused on the support needs of these groups. In addition to the support provided to young people who are NEET, Members were advised that support is also provided to parents who access the children's centres to enhance employability skills. Community learning courses, training and volunteering opportunities are offered across the service, with the aim of reducing the numbers of 0-5 year olds living in poverty.
83. Members were advised that one option to help reduce numbers, was for the Council to offer more apprenticeships. It was explained that the Executive has agreed that an additional 44 apprenticeships will be offered in partnership with Tees Valley Unlimited. It was explained that for a Level 2 apprenticeship, a young person needs to have 5 GCSEs at grades A to C (including Mathematics and English). It was highlighted that many young people leaving school in Middlesbrough do not achieve those qualifications and therefore, apprenticeships need to be tailored to suit individuals' capabilities in order to ensure that every young person can be offered that opportunity.

Risk of NEET Indicator (RONI)

84. Members were advised that the service has developed a Risk of NEET Indicator (RONI) as an early identification system for young people at risk of disengaging and becoming NEET, once they left compulsory education. It was explained that the RONI takes into account a number of risk factors that could lead to a young person becoming NEET, including free school meals, special educational needs, exclusions, absence, looked after children and GCSE attainment. Once a pupil is identified, the CAF approach is used with additional support to try and improve outcomes and prevent the young person from becoming NEET. The Service is also developing a Child Profiling Tool for use with younger age groups.

85. With regards to Looked After Children, the scrutiny panel was informed that a 0-19 practitioner works in conjunction with the Pathways worker to provide support. In addition to this, Members were advised that specialised support is available, for 2 days a week, for any care leaver accessing the Pathways Team and requiring careers advice and guidance.

September Guarantee

86. It was explained that the 0-19 Service monitors the September Guarantee, which is the guarantee to all young people of a suitable offer of learning as they progress from year 11 and from year 12. It was highlighted that this involves data sharing arrangements with schools and colleges and rigorous tracking and follow up mechanisms to contact and support all young people without an offer. It was conveyed that this also involves providing additional support to those who require it.

Youth Engagement and Support

87. Members were informed that a European Social Fund (ESF) funded project, Youth Engagement and Support 'YES', is running from 2013 to 2015. It was explained that the project offers support to young people who are NEET. With this project, all young people receive an individual assessment to identify barriers, one-to-one guidance to enable progression and ongoing support for the lifetime of the project. The scrutiny panel was advised that this is delivered town-wide from dedicated staff in the three locality hubs, north, east and south west. It was highlighted that each young person is allocated a practitioner. Members were advised that reported outcomes include the achievement of accredited qualifications and progressions into learning, employment and voluntary opportunities.

Youth Employment Strategy

88. It was highlighted that a Youth Employment Strategy is being developed, which aims to increase links with local businesses, increase the numbers of apprenticeships and develop an enabling model with partners such as Pertemps, the Princes Trust and Job Centre Plus.

Teenage Pregnancies

89. Historically, the scrutiny panel heard that teenage pregnancy rates have been very high in the Middlesbrough area. It was explained that in 2010, a steering group was set up of professionals working with young people as risk of pregnancy in Middlesbrough. Initially, it was set up for the East of Middlesbrough, due to this area accounting for approximately 50% of all conceptions. However, this has now been extended to cover the whole town due to the positive progress made in reducing the number of conceptions.
90. Members were advised that the 0-19 Service provides additional support to young people who are pregnant, young parents and also their partners and family through the CAF approach. Support includes independent parenting skills, education and re-engaging with learning where necessary, financial independence skills and budgeting skills, in addition to housing advice. The 0-19 Service also works with Sexual Health Teesside to provide support and advice.

Safeguarding Young People

91. Members were advised of the importance of working closely with safeguarding services to develop innovative ways of providing enhanced Early Help to improving outcomes. For example, Operation Stay Safe is delivered through a multi-agency approach between 0-19 Service, Barnardos, Police and Social Workers. It was highlighted to the scrutiny panel that vulnerable children and young people are identified and relevant support is then put in place

to ensure that children and young people are safeguarded and where required, support is put in place via CAF. In addition, Linx staff carry out detached work identifying vulnerable young people. Members heard that once engaged, the young people attend a 12 week intensive programme based on the needs identified via assessments.

Adventure in Middlesbrough (AiM)

92. Members were advised that Adventure in Middlesbrough (AiM) provides urban-based non-residential outdoor adventurous activity provision using equipment recovered from decommissioned centres. Under-utilised Council buildings are used, in addition to the green spaces throughout the town and its surrounding area.
93. The scrutiny panel heard that AiM has been awarded the nationally recognised Adventure Activity License (ALA) for a further two years, which allows the delivery of hill-walking, mountaineering, rock climbing, abseiling, gorge scrambling, open canoeing, kayaking, improvised rafting, sailing, off-road cycling. Members were advised that these activities, as well as others - including the Duke of Edinburgh Award, are offered to targeted vulnerable children, young people and families. It was explained that the activity programme is being developed to cover the full 0-19 age range particularly during holiday periods. It was conveyed that family activities include teddy bear picnics, farmyard fun, and pirate parties etc. The scrutiny panel heard how the activities are used as a platform to deliver Early Help and the approach is a positive mechanism to build relationships, and identify opportunities for support, with often challenging families who have proved difficult to engage in the past. These positive activities also allow opportunities for staff to maintain contact with families during what can be very stressful times and thereby prevent escalation of problems.

Performance Management

94. The scrutiny panel was advised that a robust multi-layered performance management framework exists at service level, locality level and locality operational level - to ensure a high quality of delivery. It was explained that the frameworks include service objectives, key operational targets, performance clinics, performance against statutory returns and measurable outcomes, appraisals and supervisions all linking in to the Middlesbrough Manager framework.
95. Members heard that governance models exist within children's centres to provide support and challenge around performance monitoring. It was explained to the scrutiny panel that a key tool within this process is the Self Evaluation Form (SEF). This is used by Ofsted as part of the inspection process and by the Local Authority to support the target setting process. Members also heard how SEF helps the development of children's centre delivery improvement plans.

Communication

96. It was highlighted that Youth Unite, Facebook and Twitter are all used by the 0-19 Service to communicate with the local community and provide information pertaining to the services on offer.

EVIDENCE: STRONGER FAMILIES

97. The scrutiny panel was informed that across Middlesbrough, and the whole country, there are families where prolific involvement with agencies such as the Police, Social Services and Youth Offending Service, is the norm. The cost of these families to the public purse is significant, with the vast majority being spent on reacting to their problems. Members heard that most of the money being spent is not providing lasting results and changing lives.

98. It was conveyed that these families often have:

- A history of physical violence and sexual abuse (often going back generations).
- Involvement of the care system in the lives of both parents and their children.
- Parents starting to have children very young and unable to deal with them.
- Parents in violent relationships.
- Children with behavioural problems.
- Exclusion from school, anti-social behaviour and crime.

99. These are the families where:

- Parents are not 'engaging' with services.
- A multiplicity of agencies all involved with the family.
- The parents know how to play the system.
- There is a significant lack of information sharing.
- There is a significant lack of a '*whole-family*' working.

100. Members heard that, at a national level, £8 billion will be spent on reacting to the problems of 'troubled families' in England up to 2015, rather than addressing them proactively. It was advised that the government will spend an estimated £9 billion a year on 120,000 troubled families over the Spending Review period (2010–2015), with only £1 billion of this going on targeted interventions intended to improve outcomes – as a result it is spending eight times more reacting to problems than on targeted interventions to turn around families' lives.

101. Progress has been made in respect of Early Help in Middlesbrough and its contribution to reshaping the response to families with complex needs.

102. It was conveyed to the scrutiny panel that Early Help offers the opportunity to alter the imbalance between reactive and proactive spending and realign service provision to prevent future troubled families from being a pressure on the system. Early Help also offers an opportunity to tackle those families in Middlesbrough who were a significant drain on resources.

Middlesbrough's Stronger Families

103. It was highlighted that the Government's Troubled Families Programme was known as 'Stronger Families' in Middlesbrough. Paragraphs 51-59 provide an outline of how the programme is delivered in Middlesbrough.

104. From August 2012 to March 2013 the Troubled Families programme in Middlesbrough has achieved a 78% reduction in youth offending, a 69% reduction in anti-social behaviour, prevented truancy across 85 families, improved employment prospects and ensured families gained employment.

105. Members were advised that there are currently 570 Stronger Families identified in Middlesbrough and this will increase to approximately 2000 during the next phase of the programme. These families often have a history of physical violence and sexual abuse, involvement in the care system, parents having children when they are very young, parents in violent relationships, children with behavioural problems, exclusion from school, anti-social behaviour and crime.

106. It was highlighted that in total, over the first seven months, the programme has avoided estimated costs of £519,000 via its successful interventions.

EVIDENCE: PUBLIC HEALTH

107. The scrutiny panel was provided with an overview of Public Health's early help, prevention and intervention approaches to improving the health and well-being of children and young people in Middlesbrough.
108. The scrutiny panel was advised that what happens to children before they are born, and in their early years, can affect their health and opportunities later in life. With that in mind, Public Health aim to:
- Do more to help children who grow up in the most at-risk families and to help parents give their children the best possible care.
 - Help children be as healthy as possible by preventing illness, and encouraging healthy behaviours from pregnancy onwards.⁸
109. It was highlighted that there is national recognition of the importance of health, well-being and lifestyle during pregnancy, on the early years of life and the importance of early experiences, responsive parenting and secure attachment.
110. Members heard how children's development is crucial for their future health and wellbeing and early years support can make a big difference. It was also conveyed that good parent-child relationships help build children's self-esteem and confidence and reduce the risk of children adopting unhealthy lifestyles.
111. Members were advised that there is strong evidence that investing in early intervention, prevention and support as early as possible leads to improved health outcomes and significant savings across public services. The Public Health White Paper highlighted the importance of early interventions to improve health and reduce health inequalities across the life course.

Early Years 0-5

112. The scrutiny panel was notified that from 1 October 2015, local authorities will take over responsibility from NHS England for planning and paying for public health services for babies and children up to 5 years old. It was highlighted that these services include health visiting and the Family Nurse Partnership programme. It was conveyed that local authorities know the needs of their local communities best, so they will be able to bring together a range of different services for children and families and have more opportunities to reduce the health inequalities in their areas.
113. Members were informed that the transfer of the 0-5 commissioning will join up the work already done by local authorities for public health services for children and young people aged 5 to 19 (and up to age 25 for young people with Special Educational Needs and Disability [SEND]). It was explained that this will enable joined up commissioning from 0 to 19 years old, improving continuity for children and their families. It is hoped that the focus on the early years will have an impact further down the line on health and social care.

The South Tees, Maternal, Infant and Child Health Strategic Partnership

114. The scrutiny panel was advised that the NHS reforms and re-structuring has resulted in quite fragmented maternal and infant health services. Members heard that the South Tees Maternal, Infant and Child Health Strategic Partnership has been established across Middlesbrough and Redcar and Cleveland. The Partnership aims to develop a strategic,

⁸ <https://www.gov.uk/government/policies/giving-all-children-a-healthy-start-in-life>

overarching vision and delivery plan for the commissioning and delivery of public health services, which impact on maternal, infant and child health outcomes to ensure a co-ordinated approach across organisations and commissioning structures focussed on public outcomes for 0-5 age groups.

115. It was highlighted to the scrutiny panel that as the transition to parenthood and the first 1001 days from conception to age 2, is widely recognised as a crucial period, impacting and influencing the rest of the life course, the strategic partnership arranged a Maternal, Infant and Child Health Conference, which took place in October.
116. Members heard that the event aimed for participants to gain a greater understanding and awareness of maternal, infant and child health in Middlesbrough and Redcar & Cleveland and how this impacts on local health outcomes. The event also involved engaging a variety of partner organisations and agencies to demonstrate how they can support this agenda.

Healthy Child Programme

117. Members were informed that the Healthy Child Programme (HCP) is the national public health programme, based on best knowledge/evidence to achieve good outcomes for all children. It was highlighted that the Healthy Child Programme is available to all families and aims to:
- Help parents develop a strong bond with children.
 - Encourage care that keeps children healthy and safe.
 - Protect children from serious diseases, through screening and immunisation.
 - Reduce childhood obesity by promoting healthy eating and physical activity.
 - Encourage mothers to breastfeed.
 - Identify problems in children's health and development (for example learning difficulties) and safety (for example parental neglect), so that they can get help with their problems as early as possible.
 - Make sure children are prepared for school.
 - Identify and help children with problems that might affect their chances later in life.
118. As previously stipulated, local authorities are well placed to identify health needs and commission services for local people to improve health. Members were advised that the main aim of this transition is to enable local services to be shaped to meet local needs. It was highlighted that subject to parliamentary approval, the Government now intends to mandate certain universal elements of the 0-5 Healthy Child Programme namely: antenatal health promoting visits; new baby review; 6-8 week assessment; 1 year assessment and 2-2½ review. The scrutiny panel was informed that evidence shows these are key times to ensure that parents are supported to give their baby/child the best start in life, and to identify early, those families who need extra help (early interventions). These elements are delivered by health visitors or (less often) through Family Nurse Partnership as part of an ongoing relationship with families and communities.
119. The scrutiny panel was informed that the aims of the Healthy Child Programme will be embedded into the Maternal, Infant and Child Health Strategic action plan to ensure consistency and a joined up approach between all agencies, organisations and Council departments.

5-19 Years

120. The scrutiny panel was advised that the Public Health Team have identified gaps within the 5-19 age group in relation to Early Help and prevention, however, it has also been recognised

that there are numerous opportunities for Public Health to strengthen support by increasing access to preventative / Early Help programmes and interventions.

121. Members were informed that numerous consultation events have been held with schools and relevant partners to identify needs and to assist with the development of a Public Health core offer for schools, alongside informing future service provision. It was conveyed that plans are also now underway to commission and undertake a pupil wellbeing survey. The scrutiny panel was advised that although surveys have been utilised previously to collect health behaviour data this has been ad hoc with a poor return rate and with no allowance for analysis on a ward level or benchmarking with other local authorities. Members noted that understanding the health behaviours of children and young people and being able to benchmark with other local authorities is central to the development of relevant and effective health improvement programmes and informing local commissioning intentions.
122. The scrutiny panel was reminded that the commissioning responsibility for 5-19 public health services transferred to the local authorities in April 2013. Members were informed that, following this transition, Public Health has undertaken a robust service review and consultation period with key stakeholders, teaching staff, pupils and the current provider to identify needs and inform the future school nursing service model.
123. It was highlighted that the new school nurse service would be in place from 1 June 2015 and would be known as a Health and Wellbeing Service for 5-19. Members heard how the service would cover educational establishments, other than schools and colleges, and would focus on the provision of public health services to ensure children, young people and their families had access to a core programme of preventative health, with additional care based on need.

12-19 Years

124. The scrutiny panel noted that there are commissioned services to support young people aged 12-19, specifically in relation to smoking cessation, sexual health, risk and resilience, and weight management.

Smoking Cessation

125. It was highlighted that young people, from 12 years, can access Nicotine Replacement Therapy and behavioural support through local stop smoking services, which are commissioned through Public Health. Members heard that these services are available from selected GP practices, community pharmacy and specialist community drop-in clinics. Alongside this, stop smoking services will also be piloting school based drop-ins in the autumn school term. All primary and secondary schools have also received free educational toolkits for preventing the uptake of smoking and signposting those in need.

Sexual Health

126. The scrutiny panel was informed that Public Health commission Sexual Health Teesside to provide an integrated contraception, sexual health and GUM service operating a hub and spoke model of service delivery. In Middlesbrough, the central hub is in North Ormesby with spoke clinics provided in central Middlesbrough. In addition, chlamydia screening, pregnancy testing and c-card distribution is available within a variety of youth settings including schools.
127. It was highlighted to Members that support is also available to all primary and secondary schools to develop and implement sexual health and relationship education. At the end of September, Public Health England is leading out a conference on Teenage Conceptions which is being held in Middlesbrough. Members were informed that an initial meeting with key

stakeholders will be held prior to this to identify and plan future strategies to reduce the under 18 conception rate.

Alcohol and Substance Misuse

128. It was conveyed that Middlesbrough Council's Public Health Team commissions young peoples' alcohol and substance misuse treatment and prevention services. This includes substance misuse education, which is delivered in schools, colleges and other settings and is linked with risk taking behaviours and targeted interventions to small groups of vulnerable young people.

Commissioned Research and Services

129. It was explained to the scrutiny panel that Hemlington LINX has been commissioned to undertake research to better understand the health needs of 13-25 year old young people in Hemlington, University and Gresham wards. The objectives of the research include:

- Understanding the impact of health inequalities on young people.
- Exploring the reasons behind young people's risk taking behaviours and how services could be redesigned from a young people's perspective.

130. Members were advised that emotional well-being and mental health were identified as an area of concern where further resources need to be targeted both for general awareness but also with regards to young people friendly and appropriate service provision. It was explained that the study's findings will help inform future service design and commissioning intentions.

131. It was highlighted that the Public Health Team has also commissioned a Health Advocate within Know Your Money project (KYM) who supports and signposts young people into appropriate mental health and information and advice services.

132. It was also conveyed that Public Health commissions a family weight management service for children and young people aged 5-17 years.

Improving Physical and Mental Health

133. The scrutiny panel was informed that maternal mental health referral pathway is now in place within South Tees, endorsed by both the Foundation Trust teams of Health Visitors and Midwives, as well as by-in from the South Tees CCG. This enables easier referral between professionals as well as primary and specialist mental health services. Members were advised that other joint pathways that have been developed, to improve physical and mental health, include maternal obesity pathways and maternal substance misuse pathways.

134. Members were advised that in addition to pathway development and implementation, Public Health commission a number of services to improve physical and mental health including weight management services, substance misuse services, sexual health services, stop smoking services, domestic violence services amongst many others.

Improving Relationships

135. The scrutiny panel was advised that the Big Lottery's Better Start programme aims to achieve 'systems change' in the delivery of local statutory and voluntary sector prevention strategies for babies and young children, moving early intervention to centre-stage in commissioning and providing relevant services. Members heard how over a period of 10 years, investment of £215m aims to improve the life chances of 60,000 children through facilitating improved social and emotional development, nutrition, language and communication.

136. It was stressed that, unfortunately, and despite all the hard work that went into developing a proposal, Middlesbrough was unsuccessful at securing the Big Lottery Funding. However, it was explained that work is underway to discuss how the programme can be taken forward in Middlesbrough and a partnership event was held in mid-September.
137. It was conveyed to Members that the main focus within the proposal was to improve 'attachment' given the impact of insecure attachments in early years on health and well-being throughout the life stages. It was highlighted that in adulthood the evidence suggests that those who experience poor attachments, parenting and early relationships are at a greater risk of experiencing problems in important areas of their lives, such as quality and duration of relationships and being more likely to suffer from anxiety, low self-esteem, irrational beliefs and depression.

Improving Children's Development, Achievement, Behavioural and Emotional Outcomes

138. Members were advised that with commissioning responsibility of children's 0-5 public health services transferring to local authorities, one element of this transfer is the Family Nurse Partnership programme (FNP). The scrutiny panel heard how the FNP is offered to first time mothers (and fathers / partners) aged 19 and under. It was highlighted that research shows it is this group of mothers who tend to have higher support needs and whose children are less likely to reach their full life potential. Trials of the programme have shown that it is young, vulnerable first-time mothers who benefit most from it⁹.
139. The scrutiny panel heard that the programme is a targeted service that has been shown to improve outcomes for mothers and children in the short, medium and long-term. It was conveyed that these outcomes include improved health and behaviours in pregnancy; reduced child abuse and neglect; improved school readiness for the child; and improved economic prospects for mothers. Structured home visits, delivered by specially trained family nurses, are offered from early pregnancy until the child is two.
140. Members were advised that the FNP has a strong body of research evidence, developed over 30 years in the USA, consistently identifying it as the most effective preventive early childhood programme for improving the health and development of vulnerable young mothers and their children.

Mental Health and Emotional Well-Being of Children

Headstart Programme - Mental Health and Emotional Resilience in 10-14 year olds

141. It was highlighted to the scrutiny panel that for some young people, mental health problems increase in adolescence. It was explained that half of all lifetime cases of mental ill health start by the age of 14. Members were informed that Middlesbrough Council has been successful in securing Big Lottery funding for a programme called Headstart, which is aimed at 10 to 14 year olds. Headstart is a new invest programme worth approximately £61 million.
142. It was conveyed that the aims of the Headstart Programme are:
- To equip young people to cope better with difficult circumstances, preventing them from experiencing common mental health problems before they become serious issues.
 - To give young people the knowledge and skills to cope with periods of depression and anxiety.
143. The scrutiny panel was advised that the main outcomes for the programme are:

⁹ <http://www.fnp.nhs.uk/about/who-is-fnp-for>

- Young people are better able to cope in difficult circumstances and do well in school and in life.
 - Building resilience that helps to prevent the onset of common mental health problems.
 - Learning from different approaches and contribute to an evidence base for investment in prevention and early intervention.
144. It was explained that Big Lottery funding expect the programme development and implementation to be led by a 'strong and united partnership', made up of both the voluntary and community sector and the public sector, and could include health and well-being boards, local authorities, schools, NHS clinical commissioning groups, community organisations, and mental health.
145. It was conveyed to the scrutiny panel that mental health and emotional resilience for children and young people is one of the priorities within the health and wellbeing strategy. Members were advised that a number of mental health and emotional well-being programmes and initiatives are underway, which the programme will need to be aligned to. These include the child and adolescent mental health services (CAHMS) transformation programme, VCS REACH partnership (Resilience, Early Intervention, Achievement, Co-ordination, Help and Advice), the BOND project, the Bungalow project and the primary health workers working within schools.
146. It was also highlighted that Public Health has invested £1.2 million for a two year programme to be delivered through the Middlesbrough Achievement Partnership to improve mental health and emotional well-being outcomes within schools.

MEASURING OUTCOMES

147. The scrutiny panel was advised that in order to determine whether Early Help was successful in Middlesbrough, specific outcomes will be measured by the Supporting Communities Department throughout 2014-2015 as follows:
- Reduction in the number of young people not in education, employment or training (NEET).
 - Reduced number of Troubled Families in Middlesbrough (achieve sustained improvement with 570 Troubled Families in 2012-2015 and approximately 2000 families during 2015-2020).
 - Reduction in the number of children requiring intervention from statutory services.
 - Reduction in the number of young people engaging in risk taking behaviours.
 - Increase in the number of children and young people who achieve at school.
 - Reduction in children and young people who experience significant emotional or behavioural problems.
 - Increase in the capacity and resilience of vulnerable families to support their children effectively in achieving positive outcomes.
148. Members were advised that another indicator of success was a concept called "school readiness". Children's centres are working with families to ensure children are ready to cope with school in areas such as toilet training and speech.

JOINT WORKING

149. The scrutiny panel was informed that multiagency work is key to the delivery of joint targets, particularly in relation to increasing breastfeeding rates, reducing teenage pregnancies and reducing obesity. Delivery through joint activities such as breastfeeding support groups, baby and me courses for teenagers, weaning advice and healthy eating and physical activity sessions support the achievement of shared targets and priorities.

150. The scrutiny panel heard that the Public Health Team has plans to improve the alignment between the commissioned services and the 0-19 service. Key to the troubled families approach is the need to engage with families and shift the demand from complex, costly and least effective services to prevention and early intervention. It was conveyed that the two services will be holding joint planning sessions and already have worked closely on the school nursing review. This will also include developing robust links with PHE, NHS England, NHS commissioners and providers. Members were also advised that local voluntary and community sector providers and other statutory agencies can strengthen service provision and improve the outcomes for children and young people in Middlesbrough.

TERM OF REFERENCE: TO EXPLORE MEASURES AND STRATEGIES THAT COULD BE IMPLEMENTED TO FURTHER IMPROVE OUTCOMES FOR CHILDREN, YOUNG PEOPLE AND FAMILIES.

TERM OF REFERENCE: TO EXAMINE RELEVANT GUIDANCE.

151. Members were advised that of all the potential areas for intervention, it is in the combination of early years development, including language and communication skills, and parenting support that the most significant impact could be made.
152. It was explained that due to its strategic importance and building on a wealth of evidence from the national programme on 'Narrowing the Gap' (led by the Local Government Association), early intervention became the latest cross-cutting theme in the C4EO's (Centre for Excellence and Outcomes in Children's and Young People's Services) programme of work to support local areas in improving outcomes for children, young people and families.
153. Members heard that the C4EO is renowned as a best practice hub for 'what works' in children's services. It was conveyed that the C4EO works with local areas and services (across the public, private, voluntary and community sectors) to gather examples of excellent local practice, which have led to significantly improved outcomes for children, young people and their families.
154. From C4EO's analysis of effective practice, which is supported by research findings and experience of what works, a document was produced entitled – Grasping the nettle: early intervention for children, families and communities. The document conveys five 'golden threads' of essential practice, which are outlined below:

The Best Start in Life

155. It was highlighted that far more is known now than even a few years ago about the extent to which a child's early development, including before birth, lays the foundation for their future life.
156. It was explained that there is now compelling evidence to show that what a child experiences during the early years (starting in the womb) lays down a foundation for the whole of their life, which needs to be reflected in policy and practice, both at a national and local level.
157. Members heard that universal services, such as children's centres and schools, are more important in transmitting the knowledge and information to ensure a good early start – but many of the most vulnerable don't even make it to children's centres without significant encouragement.
158. Children's centres lie at the 'hub' of a continuum of support for children, families and communities with additional needs, but require an effective outreach strategy to ensure that interventions target and support the most vulnerable in the community.

Effective Local Practice: Early Notification of Pregnancy, Lancashire

Overview

159. Following Sure Start Early Years and Childcare Service representation on the Serious Case Review Panel, and the identification of high numbers of infant deaths or injuries, a task group was organised to look at how professionals could work together with parents-to-be (especially those deemed to be vulnerable) in the early stages of pregnancy.
160. The idea was to implement a process whereby midwives notify children's centres of all local pregnancies by completing an Early Notification Form with the mother at the booking appointment, which gives the children's centre permission to contact the mother.

Outcomes

161. The process has promoted the work of children's centres and enables staff to work with families earlier in the pregnancy. It also helps to engage more hard-to-reach families with children's centres, and therefore has an impact on narrowing the gap in outcomes for all young children. Vulnerable families now receive more support, as they have earlier access to services.
162. As a result of the process, there is now a consistent approach to Early Notification to children's centre services across Lancashire. Families are being contacted earlier in the mothers' pregnancy so that they can be introduced to the children's centre, allowing an increased window of opportunity to deliver support and provide additional help where necessary.
163. In the period April – August 2009, 430 Early Notifications were received in one locality, which were distributed to 16 different children's centres.
164. Families report feeling better supported and able to access services available in the children's centres as a result of children's centre contact, following receipt of Early Notification forms.
165. Service heads' commitment to the Early Notification process has resulted in better communication between NHS services and Sure Start Early Years and Childcare Service.

Cost Implications

166. Not applicable, the process depends upon effective communication and a joint working ethic between partner agencies.

Effective Local Practice: Breastfeeding Initiative, Blackpool

Overview

167. In Blackpool, a partnership between children's centres and PCTs was established to reach out to young mothers from disadvantaged areas who are less likely to breastfeed. The aim was to achieve improved standards within the 12 children's centres across Blackpool that would support breastfeeding, and ensure that parents are given the correct health information and support to encourage breastfeeding. The partnership embarked on the Children's Centre Baby Friendly Accreditation as a vehicle for achieving and sustaining these improved outcomes for young mothers and their babies.

Outcomes

168. As a result of the initiative, the breastfeeding initiation rates in Blackpool increased from 42% in 2006/07 to 49.4% in 2007/08 and 56% during 2008/09, far exceeding the set target of a 2% rise in breastfeeding rates per year. Blackpool is one of a small number of local areas in the country to have achieved stage 1 of the Children's Centre Baby Friendly Accreditation, and is aiming to achieve full accreditation by 2011.

Cost Implications

169. Overall, 903 vulnerable young mothers received targeted support at a cost of £29,811 or £33 per mother per year. This indicates a social return on investment of £1.56 for every £1 invested, and estimated savings to the Department of Health of £57,500 over a two-year period.

Language for Life

170. The scrutiny panel heard that research cited in the I CAN report shows that up to 10% of children have a long-term, persistent communication disability, and approximately 50% in socially disadvantaged areas have significant language delay on entry to school. It was highlighted that there is a strong correlation between communication difficulties and low attainment, mental health issues, poor employment or training prospects and youth crime.

171. Members were advised, however, that with the right support, many children with language delay go on to catch up with their peers, and those with a pre-school history of persistent disorders that can be resolved by the age of 5½, go on to perform within normal limits.

Effective Local Practice: Every Child a Talker (ECAT), Barking and Dagenham

Overview

172. The aims of the programme were to:

- Improve early language development, initially for children in targeted settings, but eventually across the whole local authority.
- Establish Early Language Lead Practitioners (ELLPs) in 32 targeted settings, providing expertise and support to other practitioners in their own and linked settings, and to parents to develop their skills in the development of early language.
- Increase practitioner knowledge and understanding of children's early language development and how to support it.
- Increase parental understanding of and involvement in their children's language development.

173. Two Early Language Consultants (ELCs) delivered an intensive, innovative, well-researched training programme to develop 32 Early Language Lead Practitioners (ELLPs) in school nursery and reception classes, children's centres, day nurseries and pre-schools.

174. The ELLPs later delivered training and support to their Early Years Foundation Stage (EYFS) teams (341 practitioners). Training and support was also extended to parents/carers, childminding development officers, childminders, play and communication workers and newly qualified teachers.

Outcomes

175. A monitoring tool has been used consistently and effectively across all 30 targeted settings with data being collected on 100% of children. ECAT shows significant improvements across cohorts.

176. Summer Term 2010 monitoring data shows:

In Cohort One:

Children either falling behind or at risk of falling behind down to:

- 14% in Attention and Listening (from 22% in Nov 2009)
- 20% in Understanding (from 30 % in Nov 2009)
- 22% in Speech and Talk (from 37% in Nov 2009)
- 17% in Social Skills (from 26% in Nov 2009)

Children moving from as expected to above has increased term on term, up this term to:

- 39% in Attention (from 25% in Nov 2009)
- 31% in Understanding (from 15% in Nov 2009)
- 32% in Speech and Talk (from 17% in Nov 2009)
- 41% in Social Skills (from 20% in Nov 2009)

In Cohort 2:

Children either falling behind or at risk of falling behind down to:

- 7% in Attention (from 15% in Nov 2009)
- 9% in Understanding (from 20% in Nov 2009)
- 16% in Speech and Talk (from 26% in Nov 2009)
- 12% in Social Skills (from 20% in Nov 2009)

Children moving from as expected to above has increased term on term up this term to:

- 42 % in Attention (from 28% in Nov 2009)
- 37% in Understanding (from 33% in Nov 2009)
- 36% Speech and Talk (from 22% in Nov 2009)
- 37% in Social Skills (from 26% in Nov 2009)

Cost Implications

177. 1,390 children were assessed through the programme during the period September 2008 to July 2010. The total programme cost for this period was £295,505, equating to a cost per child of £212.27.

Engaging Parents

178. The scrutiny panel heard that it is generally accepted that parents, and parenting, are the primary – both in the sense of the first, and the most significant – influence on children, with profound consequences for their future lives.

179. It was explained that according to the classic review of research literature on the impact of parental involvement by Professor Charles Desforges “the most important finding is that parental involvement in the form of ‘at home good parenting’ has the most significant positive effect on children’s achievement. In the primary age range, the impact of different levels of parental involvement is more significant than differences associated with variations in the quality of schools... Differences between parents in their level of involvement are associated with social class, poverty, health and also with parental perception of their role and their levels of confidence in fulfilling it” (Desforges 2003).

180. Members were informed that parents are the most significant influence on children, and parenting has profound consequences for their future lives, so it is important to persuade parents that engaging in their child’s development can make a difference, and to build positively on their existing strengths and actively involve them in decisions.

Effective Local Practice: Early Home Learning, Trafford

Overview

181. The Trafford Early Home Learning (EHL) Programme was devised in order to address the issue of how to better support parents to develop a positive home learning environment and promote understanding of the impact that this can have on child outcomes. It was recognised that some parents would not access children’s centre services where information on developing the home learning environment was available.

182. The starting point was to acknowledge that parents are children's first educators and that, in order to meet children's centre priorities, there was a need to identify families whose children were at risk of low achievement.
183. The children's centre teachers worked together to plan a programme which would meet the following key aims:
- Support parents to develop a positive home learning environment.
 - Support parents as they begin to understand how their children develop through fun play and learning activities.
 - Encourage parents to practise and develop their own skills, enabling them to continue to support their children's learning and development at home.
184. The overarching aim of the programme is to raise parental awareness that certain activities are crucial and timely intervention can give a child the best start.

Outcomes

185. Case study evidence shows that parental awareness of their child's development has improved. More time is spent on crucial activities and parents have made some significant changes that have the potential to improve outcomes for their child, for example:
- Providing daily activities such as reading stories, looking at books and singing nursery rhymes and songs, and opportunities to make, draw and count.
 - Spending time on the floor each day playing and interacting together.
 - Joining the local library and visiting regularly.
 - Playing outdoors and visiting the local park regularly.
 - Visiting places of interest in the community.
 - Accessing funding for two-year-olds.
 - Accessing universal services, for example stay & play, toddler gym.
 - Making first steps towards accessing adult learning.

Cost Implications

186. Initial costs involved purchase of key resources for the programme. However, this could be replicated with minimal cost using household objects and shared resources from the children's centre.

Effective Local Practice: Parent Child Game, Nottinghamshire

Overview

187. The aim of the Parent Child Game (PCG) is to train the parent to use positive child-centred strategies to influence their child's behaviour. The programme is used for families where the difficulties are severe and / or longstanding. It offers intensive support to parents and combines live parent skills training work, which is undertaken during 10-minute play sessions, with interventions using a range of therapeutic methods, such as behaviour management advice, supportive counselling and home-based outreach support alongside the play sessions.

Outcomes

188. In sum, in a 2007 evaluation, the Parent Child Game had been successful in facilitating change with an increase in child-centred behaviours in over 40 per cent of the cases referred, and in 95 per cent of those cases where the intervention was completed. Excluding those who did not attend any sessions, the Parent Child Game was successful in 53 per cent of cases.
189. Current evidence relating to the families and children that have received support includes:
- Improved perceptions by parents/carers of their child/ren.
 - Older children providing positive individual feedback, highlighting an improvement in their relationships and understanding.
 - Positive evidence regarding improved relationships and behaviour.

- Improved behaviour in school, leading to improved attainment.
- Prevention of family breakdown.

Cost Implications

190. Set-up costs

- Introductory training (up to 14 trainees): £5,000
- Advanced training: £1,000 - £2,000
- Equipment and room hire: £20 per hour

191. Charging costs

- Staff time and resources, £49.50 per hour (based on three staff)
- Consultation sessions 12 x half days, £6,000
- DVDs, earpieces, batteries, antiseptic wipes, £2 per hourly session.

192. The maximum cost for a session is £50 per hour. The average number of sessions per family is eight, which amounts to a cost of £400 per family.

193. When considering the positive impact and outcomes of providing this intervention to individual children and families – at an early stage - this average cost of £400 is minimal, compared with the cost of the family having to receive more intensive support.

Smarter Working, Better Services

194. The scrutiny panel heard that effective commissioning applies evidence of ‘what works’ to improve outcomes for local people and will become increasingly important as budgets are reduced.

195. Members were advised that continuum of services is needed to identify the most appropriate intervention to match specific needs at a particular point.

196. It was highlighted that children’s centres in particular lie at the ‘hub’ of a continuum of support: often where emerging difficulties can be first spotted, or where children, young people and their families will themselves first ask for help, and often the most appropriate setting within which extra help can be delivered.

Effective Local Practice: Helping Families Programme (HFP), South London and Maudlsey

Overview

197. The Helping Families Programme is an intervention which improves the outcomes of children who live in some of the most complex and disadvantaged families in the UK. The Helping Families Programme aims to help multi-stressed parents to address their children’s immediate behavioural and school attendance difficulties and in doing so help parents to bring up their children safely, lovingly and with confidence that they are doing the best by their children.

198. A snapshot of the Helping Families Programme in practice:

- An intensive 20 session programme delivered over a maximum of 6 months.
- Assertive and proactive outreach – Reaching Out.
- Individualised, working in partnership with the family.
- Addresses risk factors inhibiting effective parenting.
- Goal driven, strengths-based, future-focused.
- Supports change in the context of chaotic family environments.
- Empowers parents to help themselves and look after their families.
- Parent tool kit to help parents sustain changes.

199. The Helping Families Programme is organised into core practice modules and intervention modules.

Outcomes

200. Summary of year two findings - In standard interventions with complex families, 33% improve with 66% staying the same or deteriorating. Preliminary findings indicate that in the Helping Families Programme 70-100% of parents and teachers show improvements in children's behaviour, emotional wellbeing, parents' goals and overall sense of wellbeing. It also demonstrated very high levels of genuine engagement and retention with no parents failing to attend arranged appointments over a six month period.

Cost Implications

201. Total cost is approximately £1,642 per family to receive the HFP with improved outcomes across family life.

Effective Local Practice: Early Learning with Families Project (ELF), Blackpool

Overview

202. This project aimed to work with 90 of the most disadvantaged children and their parents on developing the partnership and relationship between the child and family and take up of the two and three year old grants. This was done through a dialogic reading project and using the Leuven well-being and involvement scales. With parents being very influential in their child's learning and development, the aim of ELF was to work with a number of families to develop the relationship between the child and parents which would influence the involvement of the parents in their child's learning. The objective being to stop the intergenerational transmission of disadvantage and close the gap in achievement by working with children in their earliest years and their families.

203. The home sessions consisted of

- Nursery practitioner training.
- Dialogic reading.
- Child observation, attachment and solution-focused training.

Outcomes

204. Major successes of the programme, so far, can be summarised as:

- Significant increases for cohort 1 (started programme in April 2009 – 18 children) and 2 (started the programme in September 2009 – 18 children) in child development progress on all measures of child behaviour (physical skills, self-help, eye-hand co-ordination, play, listening and understanding, receptive and expressive skills and Involvement).
- Low programme attrition rates.
- Reduction in parent reported child behaviour difficulties over the duration of the programme.
- High concordance of parents reported usage of skills in areas of learning and behaviour strategies and noticing of child development and learning within these areas.

Cost Implications

205. The on-going running costs for 90 children each year are around £1,500 per child. This project was expensive as it is very intensive in terms of staff time. However, indicative results show that in the long-term the costs will be negligible compared to the savings made in interventions for the children at a later stage.

Knowledge is Power

206. It was explained that in order to be successful, interventions need to be targeted to meet local needs. Critically, each intervention needs to be tracked at key stages, to measure the extent to which it is delivering its stated aims and making a significant impact on outcomes.

207. the case for early intervention rests on the growing body of evidence demonstrating what happens when children and young people's emerging difficulties are not spotted and addressed, coupled with promising evidence about the difference that programmes and approaches can make if delivered well.

Other Examples of Effective Local Practice

208. The scrutiny panel also received a brief outline of other local practices, which have been validated by the C4EO as leading to improved outcomes in respect of early help, early intervention and prevention.

Title **Chance UK**

Overview Chance UK aims to improve children's lives through early intervention by offering tailored mentoring for 5-11 year-olds at risk of criminal offending behaviour later on in life.

The Chance UK mentoring programme is based on solution-focused brief therapy. Solution-focused brief therapy is an approach to counselling that, as its name suggests, is brief and effective. It is future-focused and it works with the strengths of those who use it by making the best use of their resources. It can bring about lasting change precisely because it aims to build solutions rather than solve problems. Instead of asking about the problem, Chance UK mentors tell the child what he or she is doing well, encourage them to take part in activities they enjoy and help them discover their own strengths and resources. Various research, including an independent evaluation of Chance UK, proves that working in this way helps to reduce the children's risk factors.

Outcomes Comparative data found:

- 98% of children have a reduction in behavioural difficulties at the end of the mentoring year.
- 51% of children have no behavioural difficulties by the end of the mentoring year.
- A 'Substantial Improvement in SDQ scores'.
- All 4 subscales on the SDQ decrease (conduct problems, emotional- social, hyperactivity, peer problems).
- Pro-social (PS) scores increase.

SDQ = Strengths and Difficulties Questionnaire.

Cost Implications The cost of the programme is £4,000 per child, per year. The Chance UK programme is more cost effective than other interventions.£9.60 saving to society for every £1 spent on early intervention.

Title **The Community Alcohol Service**

Overview The Community Alcohol Service was set up in October 2008 for dependant drinkers aged 18 years and over living in County Durham. This is the first dedicated service in the area and it uses a public health approach to prevention, treatment and control.

The Early Intervention Team is part of the Community Alcohol Service but works specifically with the families of the alcohol users providing support, education, signposting and assessment of children's needs. The focus of the service is on the health, wellbeing and safeguarding needs of children and young people who are affected by familial alcohol use. The Early Intervention Team is a unique service that aims to identify and address needs at an earlier stage, preventing the need for

safeguarding interventions.

Outcomes

The service was reviewed and a report into its effectiveness was published in October 2010. Children are now routinely and centrally considered as part of an assessment of a parent's alcohol use. The use of home visits, rather than asking the family to attend a centre appointment, was highlighted by the review as helping some families to feel safer. The review also pointed out the speedy reaction of the Early Intervention Team to referrals.

The voice of the child is central to the Early Intervention Team. Workers have been trained to put the action plan in the words of the youngest child. This ensures that all members of the family are able to understand the intervention.

The review also reported that the service provided the following positive effects:

- Developing coping skills in the family.
- Improving self-esteem (particularly in female family members).
- Allowing the family to access further support from mainstream and specialist services.
- Emotional support to families.
- Increasing alcohol education.
- Improving positive parenting skills.
- Improving boundary setting.
- Addressing practical needs, especially around housing and benefit issues.

Cost Implications

Not applicable, however, a conceptual shift for workers is required to support the aims of early intervention, focusing on the family rather than individuals.

Title

Operation Encompass

Overview

Operation Encompass was created so that by 9.00 a.m. on the next school day, a nominated person (Key Adult) will be informed that the child or young person has been involved in a domestic incident. This knowledge, given to schools through Operation Encompass, allows the provision of immediate early intervention through 'silent' or 'overt' support, depending upon the needs and wishes of the child.

Outcomes

As at 12 June 2012, 891 children had received support from Key Adults.

By 3 July 2012, 1000 children had been supported.

As a direct result of Operation Encompass, the Association of Chief Police Officers (ACPO) has committed to promoting effective working partnerships between the police and schools where children are at risk of domestic violence, using the model provided by Operation Encompass.

Cost Implications

Initial funding was provided by Plymouth Crime and Disorder Reduction Panel.

£10,000 was available and this was used to develop and deliver the Key Adult training.

There are no ongoing costs for Operation Encompass.

Title

Perinatal Support Project

Overview

Maternal depression can turn into a lifelong illness if not responded to and it is proven to increase risks to the unborn child and the safe development of the new baby.

The Perinatal Support Service (PSS) is based on a model whereby a professional perinatal co-ordinator recruits, trains and supervises a network of volunteers to

befriend women at risk of mild to moderate perinatal depression who have been referred to the service; or where risk factors have been identified that may mean a woman is vulnerable and more at risk of developing perinatal mental health problems. The support is available during pregnancy and for up to a year after the birth. (The service is not intended for women with severe and enduring mental health problems or for cases involving child protection issues where specialist services would be more suitable.)

Outcomes

The Tirril Harris randomised controlled trial study, together with a 2009 evaluation of Family Action's perinatal service by Lederer (available at www.family-action.org.uk), show the befriending service is moving in the right direction in terms of i) an approach focussed on tackling social isolation as a factor or main cause in perinatal depression and ii) supervised volunteering being an appropriate method of delivery.

In 2012 Professor Jane Barlow of Warwick Medical School carried out an independent evaluation of Family Action's Perinatal Support Services across the country. She reported:

- 88% of service users, who have been followed up, show a reduced score for anxiety and 59% show a reduced score for depression on the HAD (Hospital Anxiety and Depression) scale.
- 47% of service users, who have been followed up, show a higher level of social support on the MSSl (Maternal Social Support Index) scale.
- There is a significant improvement in mother-baby warmth.
- Befrienders report that they have gained in confidence from volunteering. A significant number of volunteers, on leaving the project, are going on to employment, education or training.

Cost Implications

When the project is replicated most costs will be due to the employment of a perinatal co-ordinator, training, monitoring and evaluation.

There is potential for very low unit cost per service user given delivery via volunteers, i.e. below £5k.

Title

The SafeBase Parenting Programme

Overview

The SafeBase Parenting Programme aims to increase availability and longevity of adoptive placements by educating and empowering parents to make a positive and sustained change to their family relationships. The programme achieves this by:

- Informing the adoptive parent(s) about attachment theory and child development.
- Outlining research on brain development and explaining how early trauma impacts a child's development and behaviour.
- Teaching the adoptive parent(s) practical techniques to build positive attachments with their children and modify negative behaviour.
- Enabling parents to exchange ideas and obtain mutual support.
- Providing a resource pack for adoptive parents.
- Strengthening overall family well-being.

Outcomes

National Disruption Rates (data provided by CVAA (Consortium of Voluntary Adoption Agencies, 2010)

All adoptions in UK - breakdown rate 20%

Voluntary adoption agencies - breakdown rate 6%

Families attending SafeBase (After Adoption, 2012) - breakdown rate 2.5%

A three-year External Evaluation Assessment was undertaken from 2004 to 2007. Analysis indicates that the SafeBase Parenting Programme exhibits characteristics which have been found to be key to providing effective support to adoptive families. These include: focusing primarily on parenting by promoting resilience in their abilities to parent effectively; providing real, hands on strategies for parents to adapt and use; providing parents with a far greater understanding of attachment theory

and its day-to-day implications; and making the training unique to each family by conducting a Family Observation with feedback which provides a platform from which the parents can learn.

A further evaluation was undertaken to look at the long term impact of the programme (between 2005 and 2010) in July/August 2011. A survey of 113 families was undertaken; 35 completed survey forms were received representing a 29% return rate. In total 31 parents identified that, at least several years later, the course still influences and informs their parenting.

Findings showed this sustained change to be attributed to:

- Parents taking control.
- Creating structure.
- Using play.
- Changed responses from parents as a result of understanding attachment difficulties.
- Coping strategies to support children through times of change.
- Showing empathy.
- Reinforcing positive behaviour.

A permanent change was reported in the parenting skills of participants with parents selecting, adapting and using the techniques to fit their family situation.

Parents commented on the following:

- Children developed the ability to control their behaviour.
- A calmer child can talk about their feelings.
- Children started to feel safe.
- The ability to concentrate grew.

Cost Implications

The programme costs £1,995 (£2,195 in London) for one family to attend. The saving stands at approximately £30,000 - £50,000 for every year that the child is in care, plus the incalculable costs of a disrupted adoption (such as crime, mental health issues, academic performance and the risk of repeating the cycle). For the average local authority placing 20 children, there could be an average reduction in costs of £1.5 million per year.

CONCLUSIONS

209. Based on the evidence, given throughout the investigation, the scrutiny panel concluded that:

Early Help

- a) Early Help is about addressing the root causes of social disadvantage, it ensures that children, young people and families are able to realise their full potential by developing the range of skills that they need to thrive. The most striking message is that early intervention clearly works – when it is an appropriate intervention, applied well, following timely identification of a problem (as early in the child's life as possible and/or as soon as possible after a difficulty becomes apparent). It is better to identify problems early and intervene effectively, to prevent their escalation, than to respond only when the difficulty has become so acute as to demand action.

Early Help in Middlesbrough

- b) Early Help services have aligned their resources to ensure that the most deprived areas of Middlesbrough have the most support, whilst ensuring that all families can access their services. Considerable progress has been made in recent years, with a Common Assessment for Families (CAF) being developed and embedded in all organisations and

interventions. Middlesbrough's approach to Early Help is to focus and invest in prevention and early intervention to ensure that children, young people and families receive support in a timely way, tailored to their individual circumstances.

- c) The 0-19 Service, Public Health and the Stronger Families Programme provide crucial support to children, young people and their families. The outstanding achievements of the Stronger Families Programme evidence this and the planned future measurement of specific outcomes, pertaining to Early Help - including school readiness, will demonstrate the impact of these services.

Partnership Working

- d) The importance of agencies working in partnership, to meet the needs of children and families, lies at the heart of recent changes to service development and delivery. However, the Local Authority would benefit from developing an information sharing protocol to ensure the effective collection, sharing and use of information, intelligence and data. Effective information sharing is crucial in identifying those children, young people and families who may be in need of vital support.
- e) With commissioning responsibility of children's 0-5 public health services transferring to local authorities, further work is required to improve the alignment between Public Health, the 0-19 Service and the Troubled Families Programme. Currently, partnership work is key to the delivery of joint targets, including increasing breastfeeding rates. Breastfeeding groups support the achievement of this shared target, however, Middlesbrough would benefit from a local breastfeeding initiative in order to achieve and sustain significant improvements. In addition to this, the Local Authority would value receiving notification of local pregnancies to promote the work of children's centres and enable staff to work with families earlier in the pregnancy.
- f) To 'close the gap' for vulnerable children, young people and their families, the active engagement of key partners in both identifying need at the earliest opportunity, and helping meet these needs, is crucial.

Early Years Development

- g) Children's centres are extremely important in transmitting knowledge and information to ensure a good start – but many of the most vulnerable do not even make it to children's centres without significant encouragement. Children's centres lie at the 'hub' of a continuum of support for children, families and communities with additional needs. Children's centres are often where emerging difficulties can be first spotted, or where children, young people and their families will themselves first ask for help. Children's centres are also the most appropriate setting where extra help for children can be sourced and delivered. An effective outreach strategy is required to ensure that interventions target and support the most vulnerable in the community.
- h) A skilled and confident workforce is critical, with the ability to identify any emerging issues at an early age so that appropriate interventions can be put in place.
- i) As parents are the most significant influence on children, and parenting has profound consequences for their future lives, it is important to persuade parents that engaging in their child's development can make a difference. Although parenting support is a key part of the Early Help offer in Middlesbrough, this work could be further developed by offering one-to-one intensive home-based outreach support, combining parenting skills, speech, language and communication skills, and play sessions.

Investing in Early Help

- j) The temptation to cut back on investment in early intervention in times of austerity needs to be resisted, as the Local Authority may regret, with hindsight, the long-term costs of making such short-term savings. Early Help represents an intelligent approach to spending, making small investments to deal with root causes, rather than the much greater costs of dealing with the after-effects. Spending should be prioritised on children's centres and early years; speech, language and communication needs; parenting programmes; targeted family support; and young people on the edge of care. Of all the potential areas for intervention, it is the combination of early years development, including language and communication skills, and parenting support that the most significant impact could be made.

RECOMMENDATIONS

210. The Children and Learning Scrutiny Panel recommends to the Executive:

- a) That the Local Authority, in consultation with partners (including schools) defines a more effective, and inclusive process for assessing school readiness - to be reported upon by the Supporting Communities Service.
- b) That specific outcomes pertaining to Early Help, and measured throughout 2014/15, be reported to the Children and Learning Scrutiny Panel.
- c) That the approach taken by the Stronger Families Programme is commended and embedded within the service area, to ensure it is not wholly dependent upon fixed-term funding.
- d) That an Overarching Information Sharing Protocol is devised that conveys agreed guidance for sharing personalised information between agencies. All partners to be asked to sign up to the protocol at the event referred to in recommendation i) – this includes the health service, the police, the Department of Work and Pensions (DWP) and schools.
- e) With commissioning responsibility of children's 0-5 public health services transferring to local authorities, that the Local Authority holds joint planning meetings with the health service to:
 - Agree a process whereby children's centres receive earlier notification of all local pregnancies. This could involve midwives completing a form with the mother, at the booking appointment, which gives the children's centre permission to contact the mother.
 - Establish a breastfeeding initiative, like Blackpool's, to increase breastfeeding rates and promote the benefits to the baby - which go on into later life. The initiative should reach out to young mothers from disadvantaged areas, who are less likely to breastfeed.
- f) That children's centres develop an effective outreach strategy, including measureable targets and outcomes that reflect OFSTED's framework for inspection, to draw in isolated and 'hard to reach' families.
- g) That workforce development plans be further developed to ensure that everyone working with children and families, especially disadvantaged groups, receive appropriate training on language development, in addition to engaging and working with parents. The importance of language skills needs to be more actively promoted. This will ensure that every member of staff is equipped with:
 - The knowledge and skills required to make an assessment of need.

- Knowledge and understanding of children's early language development and how to support it.
- h) That there is an increase in capacity with regards to early language and development specialists. The purpose being to enable the delivery of one-to-one intensive home-based outreach support to disadvantaged families - combining parenting skills, speech, language and communication skills, and play sessions. This outreach work will focus on the crucial importance of the early stages of child development and support will be planned and tailored to meet individual circumstances.
- i) Alongside the partnership meetings already taking place - That the Local Authority organises an event, and the Mayor be invited to host, whereby all key partners – including schools, are invited. The purpose of the event being to specifically focus on:
- Discussing how Early Help services can be improved and developed.
 - Signing up to the Overarching Information Sharing Protocol (see recommendation d) - The event will provide the most appropriate platform to convey that information sharing is essential to enable early intervention and preventative work, for safeguarding and promoting the welfare of children, young people and families.
 - Discussing and agreeing new ways of working, referring to examples of local practice validated by the Centre for Excellence and Outcomes (C4EO). For example, Operation Encompass - a protocol whereby schools are informed of when a child or young person had been involved in a domestic incident, this allows for the provision of immediate early intervention support.
- j) That the Local Authority continues to be committed to identifying problems early and intervening effectively in order to improve outcomes for children, young people and families.

ACRONYMS

211. A-Z listing of common acronyms used in the report:

- AiM – Adventure in Middlesbrough
- C4EO – Centre for Excellence and Outcomes for Children's and Young People's Services
- CAF – Common Assessment for Families
- CAMHS - Child and Adolescent Mental Health Services
- DWP – Department for Work and Pensions
- NEET – Not in Education, Employment or Training
- NHS – National Health Service
- PHE – Public Health England
- RONI – Risk of NEET Indicator
- TAF – Team Around the Family
- VCS – Voluntary Community Sector

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Edward Kunonga – Assistant Director Improving Public Health and Director of Public Health
Joanne Tickle - Acting East Locality Manager
David Wood – C4EO Programme Manager

BACKGROUND PAPERS

213. The following Council documents were referred to in preparing this report:

- Agenda papers and minutes of the Children and Learning Scrutiny Panel meetings held on 27 August, 17 September, 8 October and 12 November 2014.

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