

CABINET

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EARLY HELP STRATEGY FOR MEDWAY

Portfolio Holder: Councillor O'Brien, Children's Services (Lead Member)
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Summary:

The Early Help Strategy articulates what Medway wants to achieve through early help and what it needs to do to make that a reality. The Strategy acknowledges that current practice requires some improvement and proposes actions to ensure that access to early help and monitoring of outcomes improve immediately. In addition, the strategy proposes a single point of access for all early help services to ensure a more effectively managed and collaborative approach in the future. The successful implementation of the Strategy will depend on support from senior leaders across all partner organisations.

1. Budget and Policy Framework

- 1.1 The new framework for the inspection of services for children in need of help and protection, children looked after and care leavers (Ofsted December 2013) requires Local Authorities to submit an Early Help Strategy as part of its evidence.
- 1.2 The Munro review of child protection (2012) emphasised the importance of inter-agency working to provide early help to families to prevent escalation to an intervention from specialist services.
- 1.3 The Better Start for Medway bid is focused on developing further effective early intervention and prevention services and therefore has a close link with this Strategy.
- 1.4 Approval of the Strategy will assist with the delivery of the following Council priority; "Children and young people have the best start in life in Medway Council". The aims and objectives of the Strategy can be met from within existing resources, therefore, this will be a matter for Cabinet.

2. Background

- 2.1 The Strategy which is attached at Appendix 1 highlights the need for greater coordination, information sharing and coherence in Medway's approach to early help. The analysis is based on existing strategies and reviews as well as conversations with key managers in children's services. It advocates strengthening the systems on which an effective early help system relies (clear access, single system for recording, proactive practitioners taking responsibility for issues they encounter, a multi agency approach, outcomes focussed working and continual analysis of impact).
- 2.2 Two significant areas of work: Children's Centres and Medway Action for Families (MAFF) already model these processes. They each operate within a tightly managed, multi agency environment that is proving successful and the Strategy recommends that all early help services should be managed in this way. It would mean developing a robust single system for handling all requests for service, primarily the Common Assessment Framework (CAF); a way of working that is responsive to both families and universal services because it listens to both; and which commissions additional support on the basis of a deep understanding of what will deliver the improvements children, young people, families and practitioners want to see.

Achieving this objective will entail:

- (i) a strategic approach to decision making about the services that need to be delivered at this level, using good information about needs, informed by practitioners, children and families, local data and national best practice;
 - (ii) a single point of access for all early help services;
 - (iii) sharing information about what is available and willingness to join teams around the child and family; and performance monitoring of all activities.
- 2.3 Further work is taking place to develop both the model and outcomes for early help services.

3. Advice and analysis

- 3.1 There is a general caution against haste in the Strategy. There is a lot of activity at the targeted or early help level of support, both in terms of services available and new ideas being implemented in an effort to improve individual services. Continuing to tweak a system, which is not functioning properly, is exacerbating the situation and frustrating managers and front line workers alike, who can see that links have not been made and that opportunities are being missed. While the necessary thinking is taking place to plan for the future, a lot of progress can be made in building the processes that support effective early help.
- 3.2 The Prevention Service (formerly Integrated Prevention Service), now part of MAFF, has a methodology for identifying need, mobilising the right support quickly and closely monitoring results. It is also already linked at strategic and working levels to all of the agencies working with children, young people and families and well placed therefore to involve them in joint working both at team around the family level and in operational discussions about, for example, the nature of the support schools require and what they already provide

themselves. The Strategy proposes that the Prevention Service takes the lead in implementing the single point of access for referrals, information sharing and performance monitoring processes.

3.3 In adopting the Early Help Strategy, the Council is exercising a public function and must therefore comply with the duties in section 149 Equality Act 2010 to have 'due regard' to the matters set out in relation to equalities. Accordingly due regard to the need to eliminate discrimination, advance equality, and foster good relations between those with a protected characteristic (pregnancy and maternity, age discrimination, disability, gender reassignment, marriage and civil partnerships, race, religion or belief, sex and sexual orientation) and those who do not share it must form an integral part of the decision making process in relation to the formulation and adoption of the Strategy. A Diversity Impact Assessment screening form is attached at Appendix 2 and this indicates that a fuller Diversity Impact Assessment on the strategy is not necessary. A Diversity Impact Assessment will be completed to support the detailed action plan, which is being developed to take forward the Strategy.

4. Risk management

4.1 The following risks have been identified.

| Risk | Description | Action to avoid or mitigate risk | Risk rating |
|--|---|---|-------------|
| The Strategy is not recognised by partner agencies | The Strategy needs to be endorsed by partner organisations and not just the Council to ensure its effective implementation. | The Strategy has been endorsed by Medway CAN and External Improvement Board. Further work will be undertaken to ensure the Strategy is communicated widely. | C3 |

5. Consultation

5.1 This Strategy has been endorsed by the External Improvement Board and Medway Can. These groups include representation from:

- Health (CCG and Public Health)
- Schools
- Youth Parliament
- Voluntary and Community Sector
- DfE
- Faith Groups
- Ethnic Minority Groups

5.2 The Assistant Director Partnership Commissioning has also met with the Youth Parliament and CVS Medway to discuss the Strategy.

6. Children and Young People Overview and Scrutiny Committee

- 6.1 The Children and Young People Overview and Scrutiny Committee considered this report on 14 January 2014.
- 6.2 Following a presentation by officers, Members asked a number of questions and commented on the report. This included:

Partnership working and including the family in decision making –

Officers confirmed the importance of the assessment processes, the involvement of the child and their family/carers and the need to ensure processes are not burdensome on schools or individuals.

Commissioning – Members queried contract mobilisation and the need to ensure it is a fit for purpose process in order that services are available at the outset of any new contract. Officers advised that intelligent commissioning underpins the strategy and that outcomes focused working and impact assessment are key elements.

Use of information and technology – it was confirmed that existing systems would be used to ensure effective use of information.

- 6.3 The Committee noted the report and agreed to forward it to Cabinet for consideration.

7. Financial implications

- 7.1 There is no additional financial cost to implementing these proposals. A very small amount of reorganisation and reallocation of staff is likely to be required to move resource from running disparate panels and referral mechanisms to the Prevention Service in order to support the use of CAF.
- 7.2 The main input required would be senior management support to reinforce the benefits of coordinating early help and support the introduction of the key mechanisms to make it work.
- 7.3 Ultimately, establishing effective early help services will save all partners money, both in the short term through reducing duplication of effort trying to access services and (if successful) having unnecessary and unhelpful multiple meeting with the same family; and by ensuring that we are not, as a service, commissioning too much of one intervention and too little of another. In the longer term, more effective early help will significantly reduce the need for more expensive specialist services by, for example, building in earlier support to placements or vulnerable parents to prevent breakdown.

8. Legal implications

- 8.1 There are none.

9. Recommendation

- 9.1 The Cabinet is requested to approve the Early Help Strategy for Medway as set out at Appendix 1.

10. Suggested Reasons for Decisions

- 10.1 The new framework for the inspection of services for children in need of help and protection, children looked after and care leavers (Ofsted December 2013) requires the Council to submit an Early Help Strategy as part of its evidence.

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Background papers

None



Medway Council Children's Services

Early Help Strategy 2013-2015

Contents

| | | |
|----|---|----|
| 1 | Introduction | 3 |
| 2 | Early Help in Medway | 5 |
| 3 | Vision for the Future | 6 |
| 4 | How we will work together | 7 |
| 5 | Links with Universal Services and Referral Pathways | 8 |
| 6 | Early Help Assessments | 9 |
| 7 | Access and Decision Making | 10 |
| 8 | Commitments | 12 |
| 9 | Joint Delivery of Services | 13 |
| 10 | Change processes required | 14 |
| 11 | Governance and Monitoring | 15 |
| | Appendix A – What we know about children and young people in Medway | 17 |

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Medway Early Help Strategy

1. Introduction

This Strategy establishes early help as a crucial element of service provision to all children, young people and families in Medway. Early help encompasses a broad set of activities and services that build resilience and prevent children's and families' difficulties escalating. It is carried out by teams, services and individual practitioners working in and around our universal and specialist offers. It includes, but is not solely about, the early years of a child's life. Early help is about the way we work together to prevent difficulties escalating and this strategy sets out how we will do that systematically in Medway and what we expect to achieve as a result.

In Medway we recognise the fundamental importance of ensuring that every child and young person has the best start in life. The only way we can achieve this is to invest in our most valuable asset - its families.

Engaging with families early and involving them in addressing areas of need ensures they stay empowered to take responsibility for their own situations, to build resilience, and enable them to regain control and become independent of services.

This approach is consistent with Medway's vision for all its children¹ which strives to support them to have the best start in life, become confident and resilient individuals, successful learners, effective contributors and responsible citizens. Early Help services will focus on supporting children and families in Medway to overcome challenges in their lives and, where necessary, seek to prevent a further escalation of concerns.

Most children, young people and families thrive with the support of the early years, health, education, leisure and cultural activities provided by our universal services. All of these services and organisations provide early help as a matter of course, varying their offer so that all children and young people can access it.

However, there are always circumstances in which additional support is required. Early help is the term for services that are more personalised and more focussed on particular children, young people's or families' individual circumstances and needs, to enable them to build the protective factors that make them more resilient, able to overcome crisis and thrive without further additional support.

¹ Moving on Medway – getting it right for every child (September 2013)

A fundamental principle of early help is that needs to operate effectively as a multi agency response. If a child, young person or family is not thriving despite the best efforts of universal and possibly specialist services acting alone, it is likely that they are experiencing difficulties that require a broader approach and we need to be able to quickly mobilise the right groups of practitioners to get to the bottom of the problem and work with the child, family or young person to resolve it.

There are also circumstances in which this approach is not appropriate and children, young people and families need more specialist help. In order to provide the quickest and most effective response to families and children, and for early help to work, it is therefore important to have good processes for identification and escalation of issues.

And finally, early help is most effective (and efficient) when delivered at the earliest possible opportunity. Being proactive is part of the new way of working we envisage. This will happen at the front line, with practitioners vigilant for indications that children and young people may be experiencing difficulties that require a multi agency response; and in the design and commissioning of services, where we will use information about need and what works to make all of our services more responsive and effective at improving outcomes.

As Graham Allen stated²:

'Many of the costly and damaging social problems in society are created because we are not giving children the right type of support in their earliest years, when they should achieve their most rapid development Early intervention to promote social and emotional development can significantly improve mental and physical health, educational attainment and employment opportunities. Early intervention can also help prevent criminal behaviour (especially violent behaviour), drug and alcohol misuse and teenage pregnancy'.

If identified at a very early stage, a fairly straightforward and inexpensive intervention may be all that is required to resolve the difficulties the family, child or young person is facing. Left to escalate, problems will become more intractable and complex to resolve. Early help services work at both ends of this spectrum, but we need, over time, to ensure as many cases as possible are dealt with early.

This Strategy sets out:

1. A clear purpose for early help in Medway that is common to all children's services
2. How we will work together to deliver effective and responsive early help
3. Commitments about access to early help and the outcomes we will deliver.

² Early Intervention: the next steps Graham Allen 2011

Appendix A summarises what we know about children, young people and their families in Medway. This and other evidence based information including the JSNA, should underpin decisions about where to focus our activities, and make sure resources are targeted where they are most needed, on services which will help achieve the outcomes we want for children and their families.

2. Early help in Medway

A lot of good work is being done and early intervention and prevention is understood and having a positive impact right across children's services in Medway. Children's Centres host multi agency teams and design their programmes of work around needs identified at the Foundation Stage; the Targeted Youth Support Panel works alongside schools to put in place Common Assessment Framework (CAFs) to support pupils with challenging behaviour and their families; and Medway Action for Families is providing targeted multi agency support for families with the highest level of need. In addition to this, numerous projects and teams of practitioners provide targeted support to vulnerable families and young people through services such as family support, support for young people at risk of offending and mediation.

There are however a number of areas where more attention and focus is required, including:

- ❑ The importance of accessing additional support through a single process;
- ❑ Publicising available services, the criteria in place, and how to access them;
- ❑ Monitoring commissioned services and recording outcomes in a way which enables us to share information about who has benefited from support and what difference it has made for them;
- ❑ Better co-ordination of early help services, with referral and assessment processes in place which involve the right people.

This strategy recognises the need to create a culture of entitlement to early help for all those who need it in Medway – and to do so by ensuring:

- ❑ That all early help services are available to all children, young people and families, on the basis of need;
- ❑ The activities and services available are the services and activities that are required and that they are having the desired impact;
- ❑ That a single shared early help assessment is essential;
- ❑ Teams around the child are supported and coordinated and that we learn from the outcomes they deliver for families, young people and children.

This will be achieved through joint working at strategic, operational and front line levels, so that systems and information are shared and there is a strong focus on achieving results with children, young people and families.

We also need to put in place the skills and processes for identifying and responding quickly to additional needs and create a culture where, across the system and in each individual service, practitioners go the extra mile for children, young people and their families and are supported by good information systems and willing collaboration of colleagues.

Getting early help right is as much about putting systems and a way of working in place as it is about the actual services being delivered. Collaboration is everything. If there isn't a multi agency, holistic analysis of needs and options, it is unlikely that the right services will be commissioned, or as accessible as they need to be.

3. Vision for the future

- A shared Early Help Assessment is used to set objectives for each family, mobilise the team around the family/child, provide help proportionate to the needs and risks, and record outcomes. (This should lead to a single plan where appropriate).
- Early help is coordinated by the Early Help Service. Based around a core group of practitioners from a range of services and professions, this service would be connected, at both strategic and working level, to all of the services working with children, young people and adults. It would provide leadership to early help, with local designated professionals supporting teams around the family, gathering data and developing partnerships. Services will be integrated where it makes sense to do so.
- Early Help Services contributing to best practice in universal services, working effectively with step downs and devising projects and effective solutions to local issues.
- Improved cost effectiveness and efficiency through better understanding of needs, monitoring of provision and targeted commissioning

Early Help ensures the best start and improves the life chances of all children and young people, through their families, across seven outcomes:

1. Parents/carers and young people are ready for work and financially able to support themselves and their families.
2. Parents/carers and young people keep themselves and their children healthy.
3. Children and young people engage in education, achieve and have clear pathways into further learning.

4. Families and young people are not involved in crime or the risks of exploitation either as perpetrators or victims.
5. Families and young people live in a safe and decent home.
6. Families and young people positively engage with their community and local services.
7. Parents/carers look after their children well and all children and young people are kept safe.

This would mean all early help services having in mind the strategic objectives of the service as a whole; understanding how their work contributes to achieving these key outcomes for children, young people and families; and providing evidence of their contribution.

In addition to the outcomes achieved for children, young people and families, a more coordinated approach to early help will:

- Improve and enthuse front line practice, by supporting practitioners to seek solutions and explore different approaches
- Improve understanding of thresholds and the interface between early help and child protection
- Keep our children and young people safe, through a coordinated and responsive mechanism for raising concerns
- Produce quicker results, through the combination of outcomes focussed work and services being organised to respond quickly
- Develop practitioners' knowledge through collaboration in teams around the child and co-location in multi agency teams
- Avoid duplication by having one co-ordinated plan for one family
- Produce better engagement with and accountability to families, children and young people.

4. How we will work together to achieve this

The support we give children and families in the early years is an example of a service that equips families with the knowledge, confidence and skills to ensure children are developing as they should; but where we also provide additional support for families with particular needs.

We can learn from the success of Children's Centres and Medway Action for Families (MAFF) to design effective early help.

Children's Centres:

- Work closely with a range of universal services to identify families and children who might benefit from additional support and to design and deliver programmes which have worked elsewhere;

- Staff from a range of services are co-located, enabling swift mobilisation of teams around the child and facilitating the development of new offers to help groups of families or children with similar issues;
- There is strong support and challenge through the governance structure, which provides transparency about activities and their impact; oversight of performance at both individual Centre and system level; and which enables benchmarking with similar services elsewhere; and
- Families and children are happy to be there and more willing to engage with the support offered, as the environment is welcoming, supportive and those families with additional needs do not feel stigmatised.

Medway Action for Families:

- Develop a 'Targeted Team Around the Family' approach through which the family is at the centre of jointly planned strategy, tactics and operations.
- Provide intensive support to vulnerable families, facing multiple and complex needs, utilising multi-agency, whole family support plans and assertive working methods.
- Use SMART Support Plans for each family, 6 weekly reviews and formalised exit plans at the end of the service intervention
- Challenge all support services and encourage them to work differently in ways which are tailored to each individual
- Utilise the five Family Intervention Factors
 - One worker, dedicated to the family
 - Practical hands on support
 - A persistent, assertive and challenging approach
 - Considering the family as a whole
 - Common purpose and agreed action

5. Links with universal services and referral pathways

All universal services deliver early help, through identification of additional need and the duty they have to help all of their pupils/patients or attendees achieve their aims. A significant amount of early help, for example counselling, support for SEN pupils and speech and language therapy, are delivered by universal services as part of their offer. In many cases, schools, Children's Centres and midwives will adapt their services to meet the additional needs that have been identified, for example through outreach or extra curricular activities.

In some cases though, the most appropriate course may be to request the input of a number of agencies or practitioners and work with the family to establish the underlying issues and needs and devise a plan to resolve them. This process, or Early Help Assessment, is not always necessary to support an early help intervention – but when more than one agency is involved and the family has additional needs, it always is.

An Early Help Assessment may also be used in “step down” from specialist services, through a clear decision making process that has concluded that this is the most appropriate course of action, rather than as a matter of course.

For early help services to work effectively within the children’s services system, they need to be coordinated effectively and make it as easy as possible for universal services in particular to work with them. This means putting in place a single referral process, consistent decision making and clarity about the outcomes expected for each intervention and of each service.

The Early Help Service will:

- coordinate early help services;
- manage relationships with providers across universal, early help, and specialist services;
- act as a link with commissioners
- ensure a single point of access for all multi agency early help;
- monitor and quality assure Early Help Assessments in the locality;
- support teams around the child and family
- ensure equal access
- monitor outcomes
- promote accountability for delivery of early help services, understanding and ownership of the Early Help strategy

It would ensure consistency of practice, standards and services across the Authority.

6. Early Help Assessments

Where the child, young person or family has additional needs that cannot be met from a single universal or specialist service, an Early Help Assessment is required. This will:

- Ensure the right practitioners are involved in formulating and delivering a response, including a range of direct help services
- Involve the child or young person and their family and obtain their consent
- Set out the outcomes the child or young person and their family want to achieve
- Identify a lead professional
- Identify interventions
- Provide a record of what has been achieved and how
- Be a mechanism for all services to use as their case record

A timely and co-ordinated assessment is central to the success of early help. It involves the child, young person and their family in getting to the root of their problems and developing solutions; and it enables all of the services involved in supporting the child or young person and their family to use the same case

record. Early Help Assessment records are the primary source of data both for understanding need and understanding what works.

Services in Medway have been using the Common Assessment Framework (CAF) but this has not been well supported in Medway and although numbers are increasing and quality is improving, there is little support for practitioners in completing them, poor mechanisms for recording and tracking (even with eCAF) and no ability for learning from them to inform performance monitoring or future commissioning.

CAFs are too often seen (and presented to families) as a meeting, rather than a care planning document.

An Early Help Assessment process should be initiated by anyone who identifies a need or concern which requires a multi agency response. Initiating an Early Help Assessment should not automatically mean that a practitioner will become the lead professional, and being the lead professional should not mean primarily booking appointments with other services. The key to success is identifying the person in the team around the family who they trust and who is best placed to support them to benefit from the help they will receive. We expect all practitioners working with children and young people and families (including external providers and colleagues in adult services) to accept the role of lead professional if they are best placed to do so.

The proposal to establish the Early Help Service as the core support mechanism for early help will provide the necessary capacity to:

- prioritise cases and determine when an Early Help Assessment is and is not required
- enable teams around the child to function well, and mobilise services
- maintain the discipline of having a positive impact on outcomes
- work with commissioners to oversee the performance and coordination of early help services.

It is critical to the success of this Strategy that Early Help Assessment is used at this level of need and where a team around the child is the best solution for the family; that practitioners are supported both as lead professionals and as members of teams around the family; that Early Help Assessments are quality assured and monitored regularly; and that steps are taken to ensure that this happens before the end of 2013.

7. Access and decision making

Where a child, young person, parent or carer indicates that they are struggling in one or more aspects of their lives or a practitioner suspects that this may be the case, we expect practitioners to respond in a timely way, proportionate to the level of need. This could be a discussion that takes place and is resolved within a universal or specialist service; but if in fact an Early Help Assessment

is most appropriate, we need to establish effective processes for deciding what happens next and who should be on the team around the child.

Currently there are a range of panels and triage arrangements from which practitioners can choose to access early help. In addition, some early help services (including externally commissioned ones) have their own referral processes, separate from any of the arrangements below; and there are other circumstances where arrangements are made informally between practitioners.

There is also a tendency for children and families to be referred to a number of services in succession. We need to communicate the message, especially to schools, that Early Help Assessment is there to help families whose challenges require a multi agency response, even if not yet that severe; and that, when used effectively, it is very successful.

The decision making bodies where a request for early help might be made are:

- Family Information Service provides signposting, but also some consultation to determine the best potential fit in terms of the services available
- In-school reviews – an SEN focus. These termly meetings now attended by Ed Psychs only.
- Targeted Youth Support Programme (TYSP) for schools, to access the youth service, Education Welfare, substance misuse, Connexions, CAMHS etc (uses CAF)
- Diagnostic Panel (Educational Psychologists, speech and language, paediatricians) – for ASD.
- MAFF – now encompasses the Prevention Service and uses bespoke spreadsheet to monitor activity, involvement and outcomes
- DAN – a record of families affected by domestic abuse, but without a mechanism for sharing with other agencies, incorporation into a shared information system, plans for a service response or explicit consent from families.
- CAMHS has 2 points of access – one for tier 3 as part of the Sussex partnership contract; and another for tier 2 managed by Medway Council (CAST). The latter team calls itself the single point of access and is also the way into certain services such as Pyramid, for inappropriate sexual behaviour. Their literature does not mention CAF. There are many more organisations contracted to provide emotional and mental health services than can be accessed through CAST.
- Social care triage – can recommend a CAF but tends not to, so no response is given to the 70% of contacts not escalated to children's social care.

All of these panels or decision making groups lead to inconsistent decisions about levels of need or the service provided.

Many of these meetings will still be required, but should be better co-ordinated, and in some cases, integrated to avoid duplication. They must communicate effectively, and share information with the Early Help Service, in order to make sure we are getting best value for money and to monitor outcomes and the performance of individual services.

The shopping approach to selecting services currently prevalent in Medway means that practitioners tend not to think innovatively about how the child, young person or family might best be supported or about combinations of services working together, or about the needs of families, children and young people where no appropriate support is available. And most of the arrangements above do not involve the children, young people or families in generating solutions.

A single decision making forum for all multi agency early help, which has good links to all early help services, would develop understanding of what is available, make it easier to be consistent and provide a mechanism for supporting teams around the child and evaluation of impact.

The proposed Early Help Service will provide this mechanism.

8. Commitments

All professionals and service providers have a commitment to work together to achieve improved outcomes for children and families.

The key protective factors that we need to be building into all families and communities, through universal services and the targeted work that happens around them, are:

Healthier lifestyle choices

- Better sexual health
- Reduced obesity
- Reduced smoking
- Reduced substance misuse
- Improved emotional health and wellbeing

Early years

- Improved parenting
- Improved secure attachments
- Improved play opportunities
- Improved take up of pre-school provision

- Improved readiness for school

Raising aspirations

- Reduction in teenage pregnancy
- Improved school attendance and reduced school exclusions
- Higher attainment in the secondary phase
- Less risk taking behaviour, including substance misuse, risky sexual behaviours and exploitation
- Lower offending rates and anti social behaviour
- Improved employability prospects for young people

Stronger and safer families

- Improved support for vulnerable families, including some categories of families who are identified as needing additional help – e.g. Armed Forces, travellers
- Fewer children living with domestic abuse
- Better support for families where one parent has mental health problems or learning disability.
- Better support for families where one parent misuses substances
- Fewer children being made subject of statutory plans, including child protection and care

These protective factors should be reflected in the appropriate services and contracts. The early years cluster is already well and strategically managed, with a collaborative, multi agency delivery model, evidence based practice, joint use of resources and regular monitoring of outcomes, with necessary follow up action taken. Targeted support works alongside the universal offer. Performance is strong and improving.

This model can be replicated in other service areas.

9. Joint delivery of services

It is important to establish a systematic approach to setting out what we are doing and what we hope to achieve. Each individual part of the service must take proper account of what else is already available (and planned) elsewhere; the default is to develop integrated, multi agency services focussed on the outcomes and priorities that have been agreed by Medway Children's Action Network (CAN).

This will require a strategic commitment to being more joined up, and understanding and ownership of this approach by all partners.

To get early help right, we need a new approach to jointly planning services around outcomes and a commitment to Early Help Assessment and other core processes such as information sharing and Framework i.

The approach will address:

- information sharing
- recording of concerns and actions
- knowledge of other services
- access mechanisms
- systems for setting up and maintaining Early Help Assessments.

10. Change process required

1. Strong governance and accountability

To signal commitment, make the adjustments necessary to support the early help system and lead the shift towards early help being part of everyone's day job, not the responsibility of distinct programmes and projects.

2. Establishment of an Early Help Service

To build the horizontal links between services, coordinate and support teams around the child and ensure pathways and assessment panels are operating effectively, particularly in relation to specialist and universal services. As specialist services will step down to early help services, we need a single prioritisation and allocation forum to support that

3. Use of an Early Help Assessment process

To establish a shared mechanism for identifying needs in a timely way, understood and used by all partners

4. A Needs Analysis

To confirm priorities for joint working and joint commissioning. This would entail (i) looking at all cases coming to all panels to determine the kinds of underlying and presenting needs being raised; (ii) talking to front line practitioners, especially in universal, to identify unmet need; and (iii) strategic analysis of what these data are telling us, leading to agreed priorities and actions around joint delivery, following the model that has worked so well in Children's Centres. The proposals in the Commissioning Plan for multi agency working groups to inform a robust needs analysis and service redesign proposals for the medium term will support this.

5. Regular meetings between the partnership commissioning team and the Early Help Manager

To build a complete picture of what is being achieved, by whom and at what cost.

6. A mechanism for linking the work of the social care triage team and the Early Help Service

To promote consistent decision making about thresholds and prevents children, young people and families falling through the cracks.

7. Strong links between assessment teams and panels and the Early Help Service

To promote/have oversight of all early help services.

11 Governance and monitoring

Medway Children's Action Network (CAN) has oversight of all of the activities that support joint planning, commissioning and development of better outcomes for children, young people and families. Although responsibility for improving outcomes lies with the individual organisations working with children, young people and families, Medway CAN's primary focus is to drive that improvement, through identifying opportunities and removing barriers to progress.

The Partnership Commissioning Team will be responsible for working with providers of commissioned services to monitor outcomes, through the establishment of a framework for robust needs data, output and outcome based performance information, and information from consultation with children, young people, families and practitioners. This will be essential for the targeted development of Early Help commissioned services, evaluation of effectiveness and ensuring the most cost effective approach to securing the outcomes we want for children and families in Medway.

This monitoring process will provide us with information to inform future commissioning decisions, so that they are made strategically, on the basis of need, alongside partners and after consideration of options.

Implementation of the Early Help strategy will also develop a better understanding of need, both through more systematic analysis of Early Help Assessments and other referrals and through our commitment to learn from the solutions we develop with individual families to overcome their difficulties and challenges.

The Partnership Commissioning team will analyse expenditure patterns across all services which will link further improve our collective understanding about the impact our expenditure is having, and inform future decisions.

What we know about children and young people in Medway

According to the 2011 Census, Medway's resident population is 263,900, an increase of 14,200 (5.7%) since 2001.

Medway Council has approximately 65,000 children and young people under the age of 19 years. This is 24.5% of the total population. The greatest number of children live in the wards of:

Chatham Central: 4,656

Gillingham North: 4,583

Gillingham South: 4,389

The proportion entitled to free school meals is 16%, which is below the national average.

Children and young people from minority ethnic groups account for approximately 20% of the total school age population, compared with 17% in the country as a whole. The largest minority ethnic groups are 3.1% Black African and 2.4% White Eastern European. The proportion of pupils with English as an additional language is 11%, which is lower than the national figure.

Deprivation

Medway is currently ranked 132nd out of 325 local authorities in the country in terms of deprivation.³

SEN

The number of children with special educational needs (SEN) is expected to increase in the next five years. This may result in an additional 300 pupils with statements requiring specialist provision, over and above the number projected through normal population growth.

Health

The Health Profile for Medway (2011)⁴ shows that the percentage of obese adults is 30% compared with the English average of 24.2%. About 20% of year 6 children are classified as obese and a lower than average percentage of pupils spend at least three hours each week on school sports.

³ Index of Deprivation 2010

⁴ Public Health Observatories Health Profile 2011

Child immunisation rates are better than the England average, as are the percentage of low birth weight or still births.

However other health indicators e.g. smoking in pregnancy, children achieving a good level of development at age 5 years, are worse than the England average.

Life expectancy for men and women is lower than the English average (9.7 years lower for men and 3.3 years for women in the most deprived areas of Medway).

Lone Parents

According to the 2011 Census, Medway has 8389 lone parents, 3681 of whom are unemployed.

Teenage Conceptions

Medway has a higher rate of teenage conceptions (38.8 per 100 females under 18) than England (30.7)

Domestic Abuse

Incidents of domestic abuse reported to the police have increased in Medway over the last five years as shown below.⁵

| Period | 2009-2010 | 2010-2011 | 2012-2013 |
|--|------------------|------------------|------------------|
| Numbers of reported cases per 1,000 population | 15 | 16 | 18 |

Medway has the second highest rate of referral across Kent, behind Thanet, and on a par with Gravesend. 25.4% of the reported cases in 2012-2013 were repeat victimisation.

In 2012-2013, 291 cases were referred to MARAC (Multi Agency Risk Assessment Conference), with 306 children living in these households. This is an increase on 170 cases between 2008 and 2010.

Nationally, domestic violence accounts for 16 per cent of violent incidents in the UK, and 75% of children subject of child protection plans are living with domestic violence.

⁵ Kent and Medway Domestic Abuse Strategy 2013-2016

Children's Social Care

In England the number of referrals to children's social care has increased in recent years and a similar pattern has been seen in Medway over the last year, where the number of referrals has increased 38%, from 5,364 in 2011/12 to 7361 in 2012/13.

Of these, 242 children were subject to child protection plans in September 2013, higher than the national average but broadly in line with other similar unitary authorities of a similar size, for example Luton and Southend.

At the end of September 2013 there were 374 looked after children. Of these, 291 were placed in foster care, and 64 of these were placed with independent providers. Numbers of children in care increased from 386 in summer 2010 to 440 in 2012, but have been steadily decreasing since then to the current number of 374. With 73 children in care per 10,000 children this is higher than the national average but again in line with other similar unitary authorities.

A recent review of services aimed at preventing children coming into care identified domestic abuse and parental mental ill health as significant factors.

Diversity Impact Assessment: Screening Form

| | | | |
|---|--|--|--|
| Directorate | Name of Function | | |
| C&A services | Early Help Strategy | | |
| Officer responsible for assessment Helen Jones Assistant Director – Partnership Commissioning | Date of assessment January 2014 | New or existing? New | |
| Defining what is being assessed | | | |
| 1. Briefly describe the purpose and objectives | <p>This Diversity Impact Assessment addresses the implications of developing and implementing the Early Help Strategy.</p> <p>The strategy was developed in consultation with key partners to set out how we will systematically work together to prevent difficulties experienced by families from escalating, and meet their needs effectively at the most appropriate level of intervention. Working to a strategy is a requirement of local authorities and their partners, and will be one of the key documents under review in any future Ofsted Inspection.</p> | | |
| 2. Who is intended to benefit, and in what way? | <p>Children, Young People and their Families living within Medway.</p> <p>Partner agencies and commissioned services will have a clearer understanding of the priorities and outcomes we are striving to achieve.</p> | | |
| 3. What outcomes are wanted? | <ol style="list-style-type: none"> 1. Parents/carers and young people are ready for work and financially able to support themselves and their families. 2. Parents/carers and young people keep themselves and their children healthy. 3. Children and young people engage in education, achieve and have clear pathways into further learning. 4. Families and young people are not involved in crime or the risks of exploitation either as perpetrators or victims. 5. Families and young people live in a safe and decent home. 6. Families and young people positively engage with their community and local services. 7. Parents/carers look after their children well and all children and young people are kept safe. | | |
| 4. What factors/forces could contribute/detract from the outcomes? | Contribute <ul style="list-style-type: none"> • Clear action plan to support implementation • Resources available to deliver/commission services targeted at the priority areas | Detract <ul style="list-style-type: none"> • Increasing levels of need • Shortage of relevant services in the market • Budgetary pressures with priority placed on higher levels of need and intervention at the expense of Early Help | |

| | | |
|---|--|--|
| | <ul style="list-style-type: none"> Increased partnership working to maximise use of resources | |
| 5. Who are the main stakeholders? | Parents/Carers, children, young people, schools, community and voluntary sector agencies and other Medway Council departments e.g., Drug & Alcohol Action Team, Medway Action for Families, Youth Services | |
| 6. Who implements this and who is responsible? | Director of Children and Adults | |

| Assessing impact | | |
|--|---|--|
| 7. Are there concerns that there <u>could</u> be a differential impact due to <i>racial groups</i>? | YES | |
| | NO | |
| What evidence exists for this? | Services will continue with better targeted outcomes for the children, young people and families involved. No changes are being made to the existing accessibility of services. | |
| 8. Are there concerns that there <u>could</u> be a differential impact due to <i>disability</i>? | YES | |
| | NO | |
| What evidence exists for this? | Services will continue with better targeted outcomes for the children, young people and families involved. No changes are being made to the existing accessibility of services. | |
| 9. Are there concerns that there <u>could</u> be a differential impact due to <i>gender</i>? | YES | |
| | NO | |
| What evidence exists for this? | Services will continue with better targeted outcomes for the children, young people and families involved. No changes are being made to the existing accessibility of services. | |
| 10. Are there concerns there <u>could</u> be a differential impact due to <i>sexual orientation</i>? | YES | |
| | NO | |
| What evidence exists for this? | Services will continue with better targeted outcomes for the children, young people and families involved. No changes are being made to the existing accessibility of services. | |
| 11. Are there concerns there <u>could</u> be a have a differential impact due to <i>religion or belief</i>? | YES | |
| | NO | |
| What evidence exists for this? | Services will continue with better targeted outcomes for the children, young people and families involved. No changes are being made to the existing accessibility of services. | |
| 12. Are there concerns there | Yes | |

| | | |
|--|---|--|
| could be a differential impact due to people's age? | NO | |
| What evidence exists for this? | Services will continue with better targeted outcomes for the children, young people and families involved. No changes are being made to the existing accessibility of services. | |
| 13. Are there concerns that there could be a differential impact due to being trans-gendered or transsexual? | YES | |
| | NO | |
| What evidence exists for this? | Services will continue with better targeted outcomes for the children, young people and families involved. No changes are being made to the existing accessibility of services. | |
| 14. Are there any other groups that would find it difficult to access/make use of the function (e.g. young parents, commuters, people with caring responsibilities or dependants, young carers, or people living in rural areas)? | YES | |
| | NO | |
| What evidence exists for this? | Services will continue with better targeted outcomes for the children, young people and families involved. No changes are being made to the existing accessibility of services. | |
| 15. Are there concerns there could have a differential impact due to multiple discriminations (e.g. disability and age)? | YES | |
| | NO | |
| What evidence exists for this? | Services will continue with better targeted outcomes for the children, young people and families involved. No changes are being made to the existing accessibility of services. | |

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|--|---|---|
| Conclusions & recommendation | | |
| 16. Could the differential impacts identified in questions 7-15 amount to there being the potential for adverse impact? | YES | |
| | NO | |
| 17. Can the adverse impact be justified on the grounds of promoting equality of opportunity for one group? Or another reason? | YES | n/a |
| | NO | |
| Recommendation to proceed to a full impact assessment? | | |
| NO | | |
| NO, BUT | What is required to ensure this complies with the requirements of the legislation? (see DIA Guidance Notes)? | A Diversity Impact Assessment will be completed to support the detailed action plan which is being developed to take forward the Strategy |

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|-----|--|--|
| YES | Give details of key person responsible and target date for carrying out full impact assessment (see DIA Guidance Notes) | |
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| Action plan to make Minor modifications | | |
|--|--|----------------------------|
| Outcome | Actions (with date of completion) | Officer responsible |
| | | |
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| Planning ahead: Reminders for the next review | | |
|--|--------------|--|
| Date of next review | 1 April 2015 | |
| Areas to check at next review (e.g. new census information, new legislation due) | | |
| Is there <i>another</i> group (e.g. new communities) that is relevant and ought to be considered next time? | | |
| Signed (completing officer/service manager) | Date | |
| Signed (service manager/Assistant Director) | Date | |