

Brighton & Hove  
Early Help Partnership Strategy  
2013 – 2017

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(1 October 2013)

## **Foreword**

I have great pleasure in introducing Brighton and Hove's Early Help Strategy. We have lots to be proud of in Children's Services and have some outstanding provision and support across the city. We have over time made significant changes to the way we support children and families, and to how we deliver our statutory responsibilities. However we now need to look again closely at all functions which support children and families and where we can make a big difference by tackling issues earlier.

We are committed to identifying concerns for children and families, so we can stop problems from escalating, and then tackle them as effectively as possible. Leaving things to get worse isn't an option for us because the eventual outcomes are almost inevitably going to be worse, for the child and its family and because we know it costs much more to try and put things right later. This approach is at the heart of this new Early Help strategy. The strategy sets out clearly what we plan to do, and how we intend to work, with an increasing emphasis on the value of Early Help. We have also made it clear how we will work, using the Common Assessment Framework (CAF) as a tool to support the planning and delivery of appropriate intervention, and our commitment to a Lead Practitioner model to ensure that services are coordinated around the needs of children and families.

I invite you to join us in making this happen and to work together in partnership with us to ensure that Brighton & Hove is the best place for all our children and young people to grow up and where they can achieve their potential.

**Councillor Sue Shanks**

**Chair of the Children & Young People Committee  
Brighton and Hove City Council**

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## 1. National context

The central importance of Early Help in enabling children and adults to reach their full potential has been a common theme in a number of reviews that have been commissioned by successive governments. They have all independently reached the same conclusion that it is important to provide help early in order to improve outcomes for children and young people from preventing abuse and neglect to helping parents achieve the aspirations they hold for their children.

Working together to safeguard children 2013 clarifies the responsibilities of professionals towards safeguarding children and strengthen the focus away from processes and onto the needs of the child. It states that effective safeguarding arrangements in every local area should be underpinned by two key principles:

- safeguarding is everyone's responsibility: for services to be effective each professional and organisation should play their full part; and
- a child-centred approach: for services to be effective they should be based on a clear understanding of the needs and views of children.

The Munro Review highlighted that preventative services do more to reduce abuse and neglect than reactive services, and described the increasing evidence that Early Help is cost effective and produces strong positive outcomes for children and young people. The Review emphasised Early Help as a joint approach between the local authority (LA) and statutory and voluntary sector partners and the need to embed a strong commitment to Early Help and long term tracking of outcomes for children across the local safeguarding partnerships.

The Allen Review of Early Intervention was hailed as a 'landmark guide' on how to reverse the deterioration in children's wellbeing. The report, published in January 2011, highlights the importance of early intervention schemes for the first three years of a child's life with clearly identifiable benefits which he recommends should be rolled out across the country. A subsequent report focused on the need to attract greater external investment into early intervention by developing new funding streams.

The Field Review provides evidence that a focus on income alone is insufficient to tackle the adverse effects of childhood poverty on future life chances, and building children's resilience to overcome disadvantage and risk factors is an important way of improving outcomes for individual children as well as to help breakdown intergenerational poverty.

The Marmot Review, 'Fair Society, Healthy Lives', looks at the differences in health and well-being between social groups and describes how health inequalities are influenced by the inequalities in educational attainment, employment, income, quality of neighbourhood and so on. Universal and Early Help is needed to reduce health inequalities, with a scale and intensity that is proportionate to the level of disadvantage.

Interest nationally is also growing in an evidence base for early intervention, and in particular a need to demonstrate effectiveness in order to produce cost savings in more specialist and acute services. It's becoming clear that early intervention is not a one-off fix, but needs to be a sophisticated, highly targeted process and approach - a way of working with specific outcomes. Establishing what works best at local level, providing effective return on investment, is critical and long-term.

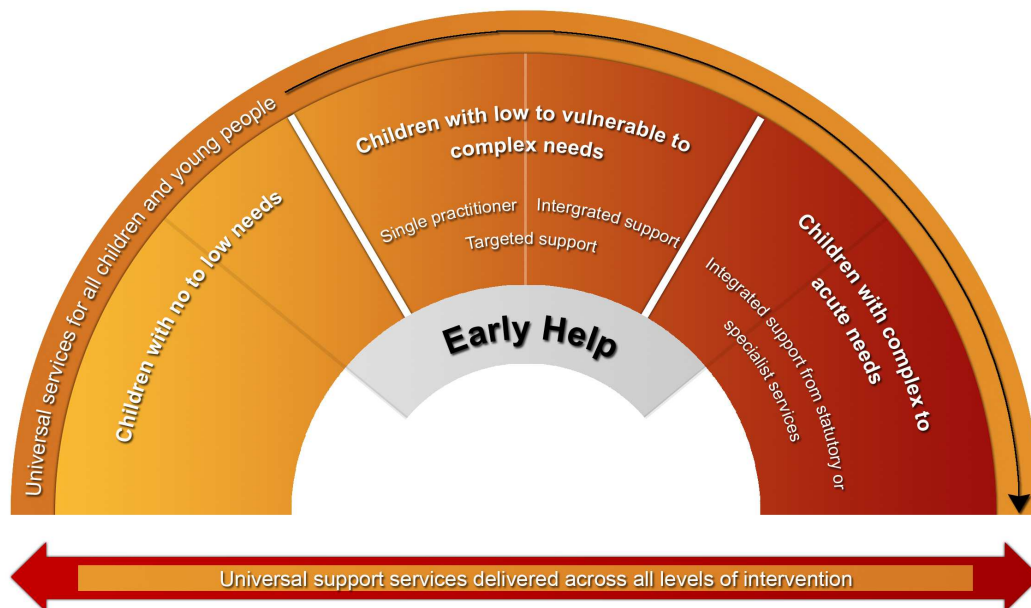
It is estimated nationally that if the number of offences by children and young people was reduced by 1%, it would generate £45 million in savings to households and individuals per year. Statistics highlight intergenerational cycles: daughters of teenage parents are three times more likely to become teenage mothers, and 65% of sons with a convicted father go on to offend themselves. Inequality also impacts; a child living in poverty is more likely to have poorer health, lower attainment and less earning potential.

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## 2. What is Early Help?

In Brighton & Hove we believe that Early Help supports the widespread recognition that it is better to identify and deal with problems early rather than respond when difficulties have become acute and demand action by services which often are less effective and more expensive. Although research shows that the most impact can be made during a child's early years, Early Help is not just for very young children, as problems may occur at any point throughout childhood and adolescence; *'..... providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years.'* (Working Together 2013).

We believe in preventing problems occurring by building resilience and reducing risk factors via universal and Early Help services. Universal services are essentially a broad set of support which aims to increase the protective factors and decrease the risk factors facing children, young people and families. It refers to the complex mix of individual, family and community factors which combine to keep individuals safe and well, and for any problems or concerns to be tackled informally and quickly, without the need for more specialist support.



The diagram above describes the Early Help pathway. Universal services are available for all children and young people. Targeted support is provided usually by a single practitioner to children with 'low to vulnerable' needs. Targeted integrated support is provided using Family Common Assessment Framework (CAF) processes to children with 'vulnerable to complex' needs. Specialist services are delivered to children with 'complex to acute' needs. Early Help is mainly linked to the Targeted support but can span across the higher end of Universal and lower end of Specialist services.

Public services often refer to universal or open access services, which are available to all, and which can provide advice, guidance and low level support to families when they need it. This is usually about single issue problems and can often be resolved through information, talking to someone or attending a training course or open access programme. There is usually no referral route. There may be information collected on numbers attending or accessing courses or programmes, and data on wider population outcomes are measured e.g. public health programmes, such as immunisation.

Examples of universal services include:

- Development checks and healthy child clinics provided by health visitors and open access groups including 'Stay and Play' in Children's Centres
- Free early education places for 3 and 4 year olds
- Health visitors and the range of advice and support provided to families
- Children's Centres and their general programmes
- Schools and the management of low level attendance or behavioural issues and a curriculum that develops confident individuals who are able to live safe, healthy and fulfilling lives
- Open access youth provision such as youth clubs or wider activity such as leisure centres and libraries
- Immunisation and screening and weight management programmes by school nurses

Early Help is putting in place actions to address an issue that has been identified related to an individual child and its family as soon as possible to stop things getting worse. Early Help is about stopping problems escalating. It relies on early identification of difficulties and early action which is targeted and evaluated. It can involve intensive intervention or lighter touch support, and is usually based on a clear support plan, with identified actions, responsibilities and outcomes, which is then regularly reviewed and updated as necessary. Early intervention is a form of targeted activity, with a specific action being put in place to address a specific issue or combination of issues. It therefore forms part of a continuum of activity in supporting families.

Examples of Early Help services include:

- Free early learning places for disadvantaged two year olds (being extended to low income working families from September 2014).
- Targeted support by Children's Centres and health visitors including extra help with post-natal depression, parenting, healthy diet, and the Family Nurse Partnership for teenage parents.
- Targeted support by youth services e.g. coaching and mentoring via one to one and group support.
- Targeted support by schools e.g. for a learning mentor to support issues emerging via vulnerable pupil register.
- Targeted support by community and voluntary sector organisations e.g. advice and guidance regarding housing support.
- Family support services e.g. practical support provided by family coaches or home school liaison workers.

The idea of universal and Early Help is therefore a simple one: by working together with children and families we can prevent issues occurring and deal with them more effectively when they do. Our strategy is based upon the fundamental importance of multi-agency working to identify, assess and deliver universal and targeted services to reduce specific problems from getting worse and becoming deep seated or entrenched. This requires a focus on the development of an integrated approach and a strategy for workforce development. Although there are many good examples of effective Early Help and universal services in Brighton & Hove, there are gaps and pressures which need to be addressed through a new strategy that is adopted by all those working with children and families across the city.

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### 3. Our vision and approach to Early Help in Brighton & Hove

This Early Help Strategy shows how children's services across our City will work together in partnership with parents, children and communities to:

*..... 'make sure that all of our children and young people have the best possible start in life, so that everyone has the opportunity to fulfil their potential, whatever that might be, and to be happy, healthy and safe.'*

Corporate Plan 2011-2015

We have a firm commitment to Early Help in Brighton and Hove. There is an increasing recognition that a focus on early intervention and in particular the application of evidence based programmes can make a significant contribution to better outcomes for children and families. This is now well established evidenced and tested.

We will therefore provide a range of effective, targeted services which are based on evidence of what works, but which are personalised and flexible in response to need, and are based on evidence of what works. We will systematically analyse the evidence for particular approaches in developing our programmes.

We will make the most of available resources to secure better, higher quality services shift more investment towards prevention, early intervention and community provision. Whilst there is a desire therefore to shift resources to support early intervention and prevention in practice there is also increasing pressure for more specialist and acute services. Finding the right balance, and understanding the costs and benefits of investment in early intervention must lie at the heart of our approach.

We will reduce the demand for more specialist services to contribute to year on year savings required leading to protection of universal and Early Help services in the climate of acute financial pressures or real cost savings for reinvestment.

Our vision and approach for Early Help is underpinned by the following principles:

- Safeguarding is everyone's responsibility: for services to be effective each professional and organisation should play their full part'
- Our approach to Early Help is collaborative and will be best tackled in partnership with all those supporting and working with children, young people and families across the city
- That adult and children's services across the city should work together to put processes in place for the effective assessment of the needs of children, young people and their families who may benefit from Early Help services.

- That for services to be effective they should be based on a clear understanding of the needs and views of children: a child-centred approach
- To recognise and utilise the strengths and expertise within parents, families and communities
- There should be an integrated and evidence based approach to services and support.
- There are opportunities for multi agency working and co-location to underpin this approach.
- A commitment to the key drivers of the Every Child Matters Framework
- A commitment to our duties under the Equality Act to show due regard to the need to eliminate discrimination, advance equality of opportunity.

We will shift the balance of provision towards early identification of issues and away from seeking to solve problems when it may be too late. We recognise that there will always be a need for specialist services and that there are families where specialist intervention and support are necessary, however by identifying issues earlier and providing appropriate support we would look to ensure that problems do not become entrenched.

## 4. How well are we doing?

### Introduction

In Brighton & Hove the majority of children and young people are well supported through universal services. However we recognise that life chances for some of our children and young people are uncertain. Growing up in poverty, or with a complex home life, with SEN, disability or in care can mean some children and their families need help to recognise, value and fulfil their potential. It is not straightforward to determine exactly how many would require Early Help, as there are a number of contributory factors, and no single measure will identify all of them.

The Joint Strategic Needs Assessment (JSNA) for Brighton & Hove includes a detailed assessment of the needs of the city. An online JSNA resource for the city is available within the Brighton & Hove Local Information Service (BHLIS). <http://www.bhlis.org/>. The JSNA 2013 and the State of the City Report 2011 further illustrate the following inequalities and issues in the city including: high levels of domestic abuse, high numbers of children in need and in care than national averages, high levels of substance abuse among young people.

Brighton & Hove fell within the top 20% of the most deprived LA areas in England with high concentrations of deprivation where families and individuals experience multiple issues in the east, centre and north-west of the city. The Child Poverty Action Group (CPAG) report calculated the cost of child poverty to the City to be £122 million per year.

In Brighton & Hove there are at least 500 carers in the city, 6% (3400) of children and young people are estimated to be disabled or have complex health needs and 27% of our children (8,084) have SEN, compared to 22% nationally. The 2010 Annual Report of the Director of Public Health on Resilience also highlighted that the high levels of domestic violence, substance misuse and teenage conceptions in the city have an adverse impact on family relationships and stability. It is estimated that a large proportion of these families will also experience additional child factors including: Special Educational Needs (SEN); exclusions from school; involvement with the police; and running away from home.

### What we do well

- ✚ All 13 designated Children's Centres have been judged by Ofsted to be good or outstanding and as a result used by Ofsted as a good practice model for integration with health.
- ✚ Ofsted inspections and data show a high level of success in meeting early years developmental goals, health and well-being, safeguarding and readiness for school.
- ✚ In addition the city has a good supply of high quality early years childcare providers with a large majority graded good and outstanding
- ✚ A large majority of mainstream schools and all special schools in Brighton and Hove are judged to be good or outstanding. In addition both

LA residential care homes for children with disabilities have been consistently judged 'outstanding'

- ✚ Improved attainment across the city at all phases, including percentage GCSE's with English and Maths
- ✚ Reduction in % of children in special schools, in appeals to SEN tribunal, and fewer statements overall.
- ✚ Reduction in permanent exclusions.
- ✚ Lowest ever level for young people between 16 and 18 NEET.
- ✚ Improvements in children and young people reporting bullying, and an improving picture of reductions in young people smoking, drinking, taking drugs and engaging in sexual activity
- ✚ A reduction in the under-18 conception and a rapid decline in the under 18 termination rate
- ✚ A fall in drug-related deaths
- ✚ Low number of first time entrants to the youth justice system and performs well when compared to national data

### **What are the gaps?**

- ✚ Brighton & Hove has for some time seen high levels of activities within the social work services and Brighton & Hove continues to remain an outlier for most key indicators i.e. referrals, assessments, Child Protection, Children in Care and the CAF numbers continue to remain low. In 2012 the combined rank of Child Protection/ Looked After Children for Brighton & Hove was 7<sup>th</sup> highest out of 150 Local Authorities who submitted the data.
- ✚ Children and young people in the most disadvantaged areas are more likely to need child protection.
- ✚ Significant gaps in achievement for pupils receiving FSM, some children with SEN and disability, some groups of children who have English as an Additional Language and our Children in Care in schools.
- ✚ High numbers of children and young people requesting statutory assessment or needing places at more specialist provision such as Pupil Referral Units or Special Schools.
- ✚ Some services, including schools, are not confident about social work thresholds, the role of lead professional and the links between Common Assessment Framework and social work services
- ✚ Fixed term exclusions remain very high which will have a negative impact on school attendance and other outcomes.
- ✚ Attendance for children and young people in schools is below national and regional averages in both primary and secondary.
- ✚ Referrals to Child and Adolescent Mental Health Services (CAMHS) are increasing

- ✚ Vulnerable children and young people are more likely to have tried alcohol, cigarettes or drugs, or be engaged in sexual activity or have experienced bullying
- ✚ Gaps in provision for young people from protected and vulnerable groups, regarding sexual health, teenage pregnancy, domestic violence and sexual exploitation
- ✚ High alcohol-related hospital admission rates for adult and young people.
- ✚ A significant % of adults receiving social care services are parents where substance use impacts on their parenting.
- ✚ Repeat offending rates are high amongst young people known to the Youth Offending Service
- ✚ Domestic abuse remains a significant issue in the city despite considerable progress in developing a co-ordinated response.
- ✚ A majority of children had domestic abuse as an underlying cause for having a Child Protection Plan
- ✚ High numbers of young people leaving care, and young offenders who are not doing well at school or progression post-16.

## **Conclusion**

We recognise that our outcomes for children and young people are not as good as they should be, and there are particularly challenging outcomes for vulnerable groups of children and young people.

Our own mapping of schools Early Help offer, and the report from a South East Peer Challenge carried out in Brighton & Hove in May 2013, identified a strong commitment to supporting vulnerable groups at an early stage, and an array of strategies and approaches across the statutory and voluntary sectors.

However we acknowledge that although there is some good practice and evidence of co-ordination and integration across the city, that this is not embedded.

We have identified a significant amount of Early Help intervention across the city but it is not always clear what impact and difference it makes to outcomes for children and young people and families. We need to make sure our Early Help services target those that need it most and are of both high quality and good value for money. This strategy will aim to build upon existing capacity within communities, to strengthen families, build connections and resilience.

This new Early Help strategy identifies priorities, the development of key areas for action and success measures. This will be underpinned by the development of detailed action plans for each priority with milestones that will be closely monitored and evaluated by the Local Safeguarding Children's Board (LSCB) who will provide challenge and scrutiny across all agencies.

## **5. Our Priorities for 2013-2017**

### **Priority 1**

**To effectively identify and assess emerging problems for children, young people and families and agree a plan of support which is reviewed regularly.**

#### **What success will look like:**

- A reduction of the proportion of referrals to Advice Contact Assessment Service (ACAS) that do not meet the social work threshold.
- Family CAF activity increases, including timely reviews, and demonstrates improved outcomes for families e.g. via quality assurance.
- Practitioners understand and consistently apply the city-wide agreed approaches to effective identification, assessment and planning.

#### **What we will do:**

- Ensure a partnership approach across both children and adult services including the voluntary sector to ensure that we identify unmet need and co-ordinate the assessment of support required.
- Ensure all adult and children's services are using the Family CAF as the initial multi-agency identification and assessment process including evidence based plans and regular reviews which take account of the views of children, young people and parents.
- Identify and communicate clear thresholds, referral processes and step up/step down support for a continuum of problems through a development and dissemination of Supporting Families in Brighton & Hove a guide for practitioners.
- Ensure there is a consistent approach to multi agency planning and to assessment across all schools, agencies and service providers.
- Ensure that the new Education, Health and Care Plans (EHCP) for children and young people with Special Educational Needs and Disabilities (SEND) are well integrated with all children's planning systems.
- Develop effective ways of engaging children, young people and families in receiving Early Help.
- Develop a clear data sharing strategy and guidance for practitioners so they feel confident about sharing data appropriately.

## Priority 2

### To deliver evidence-based Early Help interventions of high quality and value for money.

#### What success will look like:

- Practitioners and families understand the Early Help offer as evidenced by feedback and understand threshold as evidenced by reduced number of inappropriate referrals.
- Clear examples of changes in Early Help offer based on robust monitoring of effectiveness of interventions.
- There are fewer referrals to specialist services leading to reduced costs and therefore protection of or reinvestment in Early Help services.
- Higher take up of evidenced based interventions which demonstrate improved outcomes for families.
- A clear commitment from all schools to close the gap resulting in better outcomes for vulnerable groups at every phase.

#### What we will do:

- Undertake a strategic evaluation of resource allocation based on needs of children, young people and families in the city (e.g. Domestic Violence, mental health, disability) and impact of current services. Consider the balance of resources across the continuum of services.
- Continue to jointly work with partners, including the voluntary sector to reshape, commission, decommission and deliver consistent, accessible and integrated services based on a clear evidence base including value for money with greater focus on Early Help.
- Further develop the costed directory of effective interventions and use this to develop a clear and accessible Early Help offer.
- Ensure practitioners from all sectors and families understand the Early Help offer e.g. use of costed directory of interventions, Family Information Service Community and Voluntary Sector Forum service directory.
- Monitor effectiveness of interventions linked directly to outcomes and amend the offer as necessary.
- Ensure the quality and fidelity of evidenced based programmes through supervision and feedback of outcome data.
- Provide robust management oversight to ensure that interventions for a family are regularly reviewed and changed as necessary and cases are closed in a timely way.
- Support schools and the learning partnership to deploy their resources effectively to address underachievement for vulnerable groups and provide effective Early Help.
- Develop and publish the Local Offer framework.

### **Priority 3**

**To implement a workforce development strategy to support the delivery of priorities in the Early Help Strategy, focussing on building capacity and skills of the children's workforce to deliver effective Early Help.**

#### **What success will look like:**

- Staff across all sectors have:
  - comprehensive understanding of Early Help as evidenced by feedback.
  - the skills and knowledge to use the identification, assessment and planning processes, and understanding of thresholds as evidenced by decrease in referral to social work services and increased CAF numbers.
  - the skills and knowledge to deliver the Early Help offer as evidenced by improved outcomes.

#### **What we will do:**

- Ensure that the children and adults' workforce across all sectors understand what Early Help means.
- Ensure that staff have the confidence and tools to make the right judgements across the levels of need.
- Undertake regular targeted training needs analysis to identify the knowledge and skills needs of the workforce to deliver Early Help offer.
- Develop a competency framework for Early Help in line with the revised supervision policy to enable managers to effectively supervise their staff, discuss the impact of training and support identification of further learning and development needs.
- Clearly brand all learning and development opportunities relevant to Early Help in publicity materials.
- Adopt a multi-agency approach to delivering training wherever possible providing evidenced based solutions.
- Evaluate the impact of the workforce strategy and learning and development programmes using benchmarking and to communicate impact to managers.
- Develop a training programme and promote an inclusive approach to communicating and working with children and young people children and young people, including specific needs of protected groups.



## **Priority 4**

**To empower parents and carers to take positive control and resolve emerging problems in their own and their children's lives.**

### **What success will look like:**

- Increased take up of evidence based parenting interventions for parents and carers of children of all ages.
- Positive outcomes are achieved for both parents and carers receiving parenting interventions and their children.
- Parents and carers report feeling empowered, involved, supported and listened to.

### **What we will do:**

- Take account of the views of parents and carers and work with them collaboratively when deciding how to support their needs; including taking positive action to ensure the views of parents and carers from protected groups are heard.
- Ensure a clear and co-ordinated commissioning strategy for the delivery of accessible support for parents and carers of early years, school age children and young people.
- Develop and embed a public health approach to parenting to increase parenting capacity across the city and increase the engagement of all parents and carers particularly fathers and hard to reach groups.
- Adopt Triple P as the main programme for all families and children and use other evidenced based parenting interventions to address specific needs e.g. Family Nurse Partnership for teenage parents, FAST for parents of school age children in areas of high needs.
- Ensure practitioners follow the fidelity of the evidenced based intervention with adequate supervision, recognising the complexity of supporting families based in an educational setting.
- Provide family learning opportunities to improve ability and skills of parents and carers to engage with their children's learning.
- Provide clear pathways for parents and carers to access advice on financial inclusion.

## **Priority 5**

**To work alongside communities to strengthen the capacity to respond to emerging problems for children, young people and families.**

### **What success will look like:**

- A higher proportion of people feel a sense of belonging to their neighbourhood or are members of decision-making groups.
- Increase in engagement with children, young people and parents particularly those who are less likely to be actively involved in the community.

### **What we will do:**

- Develop and co-ordinate ways of engaging children, young people and parents and carers to foster a sense of belonging to the community e.g. school councils, children's centre advisory boards, participatory budgeting for young people
- Link to other community development initiatives bringing a particular focus on children, young people and parents e.g. engage with CVSF asset mapping.
- Utilise community resources, such as schools, to offer universal and targeted support within neighbourhoods
- Support families to create and engage with social networks & contribute to community activity.
- Work with schools to identify opportunities for greater community engagement.
- Systematically identify and tackle barriers to participation by children, young people and parents and carers in local activities.
- Identify and offer volunteering opportunities.

## **Appendix 1 - Our Early Help Offer**

For children, young people and families in Brighton and Hove we offer a range of universal, targeted and specialist services and support. This is provided by statutory and LA services, as well as a wide range of provision from the community and voluntary sector. The following section summarises our local Early Help offer (organised alphabetically), but it must be noted that this is not an exclusive list, nor does it describe in detail how different services work across a number of different themes.

### **Advice, Contact and Assessment Service (ACAS)**

In Brighton & Hove the 'front door' to the social work service ACAS. All contacts received by ACAS are screened by a qualified social work manager to determine whether they meet the threshold for social work intervention.

If the referral does not meet the threshold but there are needs affecting more than one family member that need a multi agency response, the referral can be redirected for a Family CAF. ACAS will contact managers of relevant agencies according to the child's age group to take this forward and will then liaise with other agencies as needed. Some referrals may benefit from social work support in the first stages of the Family CAF assessment and setting up the first Team around the Family (TAF) meeting and this can be provided by a social worker within the ACAS team. There is also a Family CAF Mentor within the CAF Team, who can provide support to schools who are undertaking the Family CAF process.

Following social work intervention, the level of need may be reduced but multi agency help may still be required to support the family. Redirect to Family CAF can also take place at this point in the process.

### **Child and Adolescent Mental Health Service (CAMHS)**

The city's community CAMHS (tier 2) team offers a service to young people with mental health difficulties and a well-evaluated consultation service to schools. This includes a team of family support workers, seconded via CVS organisations, whose specific role is to support and improve parenting capacity, managed within the Educational Psychology Service within the wider Special Educational Needs (SEN) team to improve integrated working and to facilitate early prevention of mental health difficulties.

The tier 2 and tier 3 teams both run well-evaluated awareness training courses for schools and other services as well as training in specialist interventions, enabling those working with young people to provide help at the earliest stage.

Additional clinical psychology support has been commissioned within the child development and disability service, focusing particularly on those children who currently do not meet the criteria for access to specialist CAMHS or learning disability services. Increased capacity has been identified within the specialist

counselling service to minimise the waiting time for parents and carers and build parental resilience and skills.

### **Community & Voluntary Sector Services (CVS)**

The Community and Voluntary Sector plays a key role in providing a range of universal and targeted services in communities to engage with and support some of the most disadvantaged and marginalised children, young people and families as well as those from protected and vulnerable groups.

The CVS has been a key partner in developing a range of parenting and family support services across the city; including a number of CAF mentors; the rollout and delivery of the Triple P; engagement with the Families And Schools Together (FAST) programme and contributing to the delivery of outcomes for the Stronger Families Stronger Communities Programme (SFSC). The sector also provides specialist knowledge and support in relation to domestic abuse, substance and alcohol misuse, mental health and sexual exploitation.

The CVS has a well established offer of support to primary and secondary schools focussed on; improving emotional health and well-being, addressing issues around equalities and bullying prevention, transition to secondary school and 1:1 support for vulnerable children and young people and their families. The range of services provided by CVS organisations contributes to positive outcomes for children, young people and families across the themes identified in this strategy.

### **Domestic Violence**

The city's response to domestic violence and abuse, sits within a broader strategy to prevent Violence against Women and Girls (VAWG).

The city invests in Refuge, Information, Support and Education (RISE), a specialist domestic abuse service, to provide a range of services to women and their children, as well as Gay, Bisexual and Transgender men, as well as the smaller number of men who experience domestic abuse. Other provision includes services targeted towards prevention and early intervention, including a range of innovative services developed by RISE providing therapeutic provision for children who have witness domestic abuse, such as 'Talk to Me'.

The service works in partnership schools to develop whole school approaches to the prevention of domestic violence. There is also a provision for child-to-parent violence and abuse and investment in a specialist sexual violence service

### **Early Years**

Children's Centres provide universal and targeted early childhood services to improve outcomes for young children and their families. In Brighton & Hove the integrated, citywide Children's Centre service led by health visitors ensures all families with children under 5 are offered the level of support that meets their individual needs. Health Visitors assess all children as part of the Healthy Child

Programme. Children's Centres, including health visiting, provide four levels of service to families: community, universal, universal plus and universal partnership plus. Early Help services include parenting programmes, family learning, post natal depression groups, support with healthy lifestyles and home visiting. The Family Nurse Partnership provides intensive support for teenage parents.

The city has a good choice of high quality early years childcare across the maintained, private and voluntary sectors. From September 2013 two year olds from families on certain benefits are eligible for free early learning places. This entitlement is expanding to low income families from September 2014 to reach around 40% of two year olds. Additional support is available for children with special needs and English as an additional language.

### **Educational Psychology Services (EPS)**

The Educational Psychology Service runs an Early Help consultation model with schools. Planning and Review Meetings in schools provide a termly multi-agency forum which enables school staff to access Educational Psychology (EP) advice without going through a formal referral process.

EPs also prioritise initial CAF and TAF meetings with parents and further follow-up meetings. Additionally they run training and support for new and experienced Special Educational Needs Co-ordinators (SENCOs), as well as a wider training programme for all school staff to build workforce capacity in terms of meeting the needs of children with SEN and disabilities. The EPS will continue to reshape and refocus its work to ensure there is a greater emphasis of Early Help linked to improving outcomes e.g. reducing fixed term exclusions.

### **Music and Arts Services**

Brighton & Hove Music & Arts provides a range of universal and targeted services in mainstream and special schools, pupil referral units and music centres across the city. Instrumental/vocal tuition, instrument hire and membership of music centres is subsidised for families on low incomes, with 18% of children and young people who engage with the service currently receiving either an 80% or 100% subsidy. Looked After Children are eligible for 100% subsidy and also receive free loan of an instrument, helping to remove financial barriers to learning.

Supporting children and young people in challenging circumstances and those with SEND are priorities for the service and Music & Arts offer bespoke intervention projects to support children and young people from these vulnerable groups. Recent targeted programmes have included vocal, song-writing and music technology projects designed to support Looked After Children in transition from year 6 to year 7; flexible delivery of instrumental, animation and music technology tuition for students at pupil referral units; and providing alternative routes to accreditation such as the Arts Award.

## **Parenting Team**

Brighton & Hove City Council have invested in three evidenced-based parenting programmes: Triple P (Positive Parenting Programme), FAST (Families and Schools Together) and FNP (Family Nurse Partnership).

The unique aspect of Triple P, as an evidenced based parenting intervention, is that it provides a whole systems framework for addressing parenting across the age range and all levels of need and so is ideally placed to deliver cost effective, accessible, flexible, and tailored early help. The main strength of the current Triple P service is the rolling programme of Level 4 Triple P Groups which is delivered collaboratively between statutory and voluntary agencies, and offers referral only, mixed open access and specialist groups - tailored to needs of ethnic, language, gender, disability and specific issue groups.

The secondment of Parenting Practitioners into the Advice, Contact, Assessment Service (ACAS) and Child in Need (CiN) teams has significantly increased parents access to parenting.

## **Police**

Local police currently have mechanisms in place through the Neighbourhood Policing Teams to identify and engage with local young people which are well developed and embedded with a co-ordinated multi agency approach. The three neighbourhood policing teams' officers and Community Support officers are supported by an Anti-social Behaviour and Hate team to assist them in identifying youths at risk of involvement in anti social behaviour and there are various paths used to divert these young people or tackle these issues through the criminal justice system with the Youth Offender Service (YOS).

Neighbourhood Schools' officers and Schools' Intervention Officers are deployed in the City to deliver a package on a range of issues, from drugs to road safety, with a view to education and crime prevention. Where appropriate these officers deal with offences that occur within the school environment. The police Child Protection Team will be referred to in more serious matters involving safeguarding issues and will jointly investigate those concerns in accordance with local and national guidance. The Young people requiring the most extensive and persistent multi agency involvement regarding their risk when missing or otherwise at risk of Child Sexual Exploitation are referred to the Vulnerable Young Persons Liaison Group.

## **Special Educational Needs and Integrated Disability (SEND) Services**

The SEN and disability strategies have had a number of successes regarding effective integrated working between services. An integrated care pathway looks at all referrals alongside health, social care and education colleagues and multidisciplinary clinics are offered. Our SEN Pathfinder status means all families undergoing education-based statutory assessments are now offered a new style Education, Health and Care Plan (EHCP). An extended SEN Panel

with representation from health, social care and parents ensures decision-making is equitable and transparent.

Across all agencies, progress is being made in the area of personalised budgets and the disability social work services report states that increased numbers of families are accessing personal budgets via direct payments. In Health, from 2014 an individual budget will be offered to all families who meet the eligibility criteria for continuing health care.

## **Schools**

In Brighton and Hove we recognise that schools offer a wide range of services and support delivered by a range of external and internal providers, and there are good examples of integrated working.

Most provision sits within the universal such as differentiated learning, and more targeted intervention through use of Pupil Premium to narrow the gap for vulnerable and underachieving groups. In addition, many schools offer before and after school clubs, inclusion/learning mentors, nurture groups, internal behaviour support and targeted evidence-based learning programmes such as Every Child a Reader (ECAR) and Every Child Counts (ECC). Many schools offer outreach through home/school liaison, and some, less frequently, provide community development workers and educational welfare officers. There are a range of services external provided but internally managed such as counselling, family coaches and a variety of therapeutic services. In addition most schools provide parent/family learning opportunities, and some schools offer accredited training. Schools also work with a range of partners to offer parenting/family support which includes, home visiting, group work and activities as well as programmes such as triple P and FAST.

The city also offers a range of other commissioned services to schools, including the Ethnic Minority Achievement Service, the Literacy and Language Support Services, the Sensory Needs Service, the Autistic Spectrum Condition Support Service, the Behaviour Support Service and the Traveller Education Service.

## **School Nursing**

Each school in Brighton & Hove has a named nurse, who leads the delivery of the Healthy Child Programme to the pupils of that school offering both universal and targeted services and support on key transitions for children including starting primary school and moving to secondary school, School nurses also deliver health questionnaires, drop-ins and immunisations and lead CAFs where there is a health need.

In Brighton & Hove work is underway to implement Government guidance to revitalise school nursing and ensure the service meets local needs and fully delivers the Healthy Child Programme. This includes the need to strengthen delivery at universal level and support Early Help.

## **Stronger Families Stronger Communities**

The Stronger Families Stronger Communities (SFSC) Programme is Brighton & Hove's partnership response to the national 'Troubled Families Unit' (TFU) initiative. The Integrated Team for Families is the key delivery arm of SFSC. The team includes seconded Family Coaches from/for Police, Probation, Adult Social Care, Children's Social Work, Housing and the Youth Offending Service. Other partners across the city including schools and other community and voluntary sector organisations are also leading the work with families who meet the eligibility criteria.

The key challenges include; achieving an optimum balance of closing cases within expected timescales and continuing to support families facing complex issues, identifying professionals who have the capacity to lead on CAF to achieve PbR outcomes and using evidence from the service to act as a catalyst for whole systems change. The central hypothesis that SFSC way of working with families will improve resilience, capacity and independence of families and households improving their outcomes and significantly reduce public sector expenditure

### **Substance Misuse: Adults, Families and Young People.**

The local Drug and Alcohol Action Plans in adult services and Risk and Resilience Plans for young people has resulted in a joint focus on the priorities to reducing the supply and availability of drugs, safeguarding children, reduce the number of Accident and Emergency presentations and admissions

Work has started with teams to identify substance misuse in families and intervene early enough to prevent escalation to social care and or treatment. Re-commissioning adult substance misuse services to ensure there is a recovery model to be in place needs to be a priority. Work takes place within schools to provide a strong drugs and alcohol curriculum, provide health drop-ins, increase support directly to parents of young people on drugs and alcohol education and provide appropriate early interventions on site. Social care teams are implementing a pilot substance misuse specialist projects across their teams to improve identification, intervention and joint working with adult treatment services.

### **Teenage Pregnancy and Sexual Health**

The Teenage Pregnancy Strategy has seen a reduction in the under-18 conception, termination rates and second conception rates and the screening and treatment program for sexually transmitted infections is one of the best in the country.

The successes have been achieved through developing Contraception and Sexual Health open access services across the community and integrating across all services working with young people. There has been a robust approach to identify young people at risk of early conception early and improve their resilience, through improving their knowledge and skills to experience positive relationships and have good sexual health. Schools support has



improved to develop Healthy Schools outcomes related to risk-taking behaviour and ensuring schools deliver a robust personal, social, health (PSHE) curriculum.

Young people accessing termination are now all provided with direct youth work support and young parents have access to two years intensive support from the family nurse partnership.

### **Youth services**

The Youth Service works to address the needs of vulnerable young people in partnership with other council services, schools, police, health and the community and voluntary sector providers.

The Youth Employability Service (YES) links with schools to support young people in year 11 at risk of Not in Education, Employment or Training (NEET). Support is also offered to young people in care by allocating a YES adviser to the Virtual School for Children in Care in partnership with a wide range of services.

The Youth Offending Service (YOS) is statutory service that works with all young people who have committed an offence and placed on an order by the criminal courts. It also works with partner agencies to support the prevention of offending by those not yet in the criminal justice system. This involves multi agency working and working with families and carers, as well as coaching and mentoring via one to one and group support for the individual young person.

The Play Service provides mobile play-based activities to children 5 -11 to communities in most need across the city, working closely with children's centres to link with families who find it difficult or are reluctant to engage with the service.

## Appendix 2 – Key Performance Indicators

Category	ECM Outcome	Measure	Commentary Provider	Data Provider	Data Availability Frequency	Target (Mar 2014)	Amber Value
Universal	BH	Mothers who received a face to face contact with a health visitor at 28 weeks in pregnancy or above	Caroline Parker	Ben Miles	Quarterly	150	125
	E&A	Persistent Absentees in maintained & academy primary schools	Maggie Baker	Lesley Byrne	Termly	5%	5.50%
	E&A	Persistent Absentees in maintained & academy secondary schools	Maggie Baker	Lesley Byrne	Termly	8.50%	9%
	E&A	All pupils: Post 16 L2 qualifications commentary to include FSM and SEN gap	Hilary Ferries	Daniel Elliott	Annual	84%	83%
	E&A	Learners with Special Educational Needs 5+ A* to C grades in GCSEs including English at Maths	Hilary Ferries	Daniel Elliott	Annual	38%	34%
	E&A	Free School Meals Pupils: KS4 5+ A*-C GCSEs inc English & Maths	Hilary Ferries	Daniel Elliott	Annual	47%	43%
Universal	BH	Proportion of children living on poverty	Sarah Colombo	Sarah Colombo	Annual	21.6	20.4
	BH	Children who received a 2-2.5 year health visiting review	Caroline Parker	Ben Miles	Quarterly	20%	17.50%
	E&A	2 yr olds taking up early education places	Vicky Jenkins	Ben Miles	Quarterly	20%	17.50%
	BH	Healthy weight in primary school age children in Reception - percentage of children measured this year who are a healthy weight	Lydie Lawrence	Kate Gilchrist	Annual	79.30%	76%
	BH	Healthy weight in Primary school age children in Year 6 (10-11 years) - percentage of children measured this year who are a healthy weight	Lydie Lawrence	Kate Gilchrist	Annual	72.40%	68%
	BH	Increase Number of parents completing Level 4, level 3 and level 2 Triple P	Jenny Collins	Deborah Parr	Quarterly	500	400
	SS	Open clients in Patchwork (U18)	Sarah Colombo	Sarah Colombo	Monthly	50	45
	SS	CAF assessments completed per month	Carol King	Robert Balfour	Monthly	60	40
	SS	CAF Plans reviewed on time	Carol King	Robert Balfour	Monthly	80%	60%
	SS	SFSC families achieving full or partial PbR outcomes	Debbie Corbridge	Deborah Parr	Monthly	40%	30%
	E&A	Number of pupils permanently excluded from school	Ellen Mulvihill	Lisa Howard	Termly	10	15
	E&A	Number of fixed term exclusions: (half days)	Ellen Mulvihill	Lisa Howard	Termly	1544	1610
	AEWB	Young people aged 16 – 18 who are Not in Education, Employment or Training	Philip Ward	Lynne Begley	Quarterly	6.50%	7.48%
	E&A	% pupils (Years 7-11) reporting that they have been bullied this term	Sam Beal	Kate Gilchrist	Annual	13%	15%
	E&A	% pupils (Years 4-6) reporting that they have been bullied this term	Sam Beal	Kate Gilchrist	Annual	19%	21%
	SS	Reduce the number of first time entrants to the youth justice system	Anna Gianfrancesco	Kim Bowler	Quarterly	68	75
	E&A	School aged young people who have drank in the last 7 days as measured by year-on-year reduction (Years 7-11)	Kerry Clarke	Kate Gilchrist	Annual	13%	15%
	BH	Under 18 conception rates per 1000 women as measured by reduction from baseline	Kerry Clarke	Kate Gilchrist	Annual	26.5	36.5
	BH	CAMHS Tier 2 Percentage of clients accessing T2 CAMHS showing improved SDQ scores	Paul Goodwin	Paul Goodwin	Quarterly	80%	75%
	MPC	Soft skills improvement through youth service curriculum as measured by young people achieving recorded outcomes as a percentage of young people participating	Chris Parfitt	Sarah Kennedy	Quarterly	80%	72%
Specialist	SS	Flow into social work (As measured by Referrals)	Ellen Jones	Robert Balfour	Monthly	321	338
	SS	Number of Children in Need requiring a Children in Need Plan	Richard Hakin	Robert Balfour	Monthly	731	770
	SS	Children who were the subject of a child protection plan per 10,000	Richard Hakin	Daryl Perilli	Monthly	54.6	60
	SS	Children who are looked after per 10,000	Rima Desai	Daryl Perilli	Monthly	78.6	85
	BH	SEN: Statements issued within 26 weeks excluding	Regan Delf	David Cooper	Quarterly	98	85
	BH	Substance misuse - Young person exit treatment in a planned way	Kerry Clarke	Kate Gilchrist	Quarterly	80%	79%

BH = Be healthy  
 SS = Stay safe  
 E&A = Enjoy and achieve  
 MPC = Make a positive contribution  
 AEWB = Achieve economic well-being

## **Appendix 3 –Other strategies and plans**

### **Brighton & Hove Strategies and Reports**

- Annual Report of the Director of Public Health on Resilience 2010/2011
- Annual Report of the Director of Public Health on Happiness 2012/2013
- Child Poverty Commissioning Strategy
- Corporate Plan 2011 – 2015
- Costed Directory of Interventions
- Economic Strategy
- Joint Strategic Needs Assessment 2013
- Parenting Strategy 2013
- Performance Indicator report cards 2013
- Safe and Well at School Survey 2013
- School Standards report 2012/2013
- Services for Young People – Joint Commissioning Strategy
- Special Educational Needs Strategy 2013 - 2017
- State of the City Report 2011
- Supporting Families in Brighton and Hove
- Youth Service Needs Assessment 2011

### **National Strategies and Reports**

- Allen review of early intervention: the next steps 2011
- Every Child Matters
- Field review: Preventing poor children becoming poor adults 2010
- Local authorities and child poverty CPAG 2013
- Marmot review: Fair Society, Healthy Lives: 2010
- Munro review of child protection 2011
- Ofsted Safeguarding Inspection guidance 2012
- Working Together to safeguard children 2013

## **Appendix 4 – Early Help leadership and management group**

Chair: Dr Jo Lyons (Assistant Director Children's Services Education & Inclusion)

Alison Nuttall (Strategic Commissioner)

Andrew Parfitt (Workforce Development Manager)

Carol King (Family CAF Development Manager)

Caroline Parker (Head of Sure Start)

Chris Parfitt (Service Manager Youth, SF Youth and Communities)

Daniel Weiner (Early Help Partnership Adviser)

Debbie Corbridge (Integrated team for families manager)

Ellen Jones (Principal Social Worker, Head of Social Work Service Improvement, Children's Health, Safeguarding & Care, Children's Services)

Ellen Mulvihill (Head of Behaviour & Attendance)

Glenn Jones (Head of Workforce Development, Workforce Development Team (Adults' and Children's Services))

Jenny Collins (Senior Practitioner, Parenting / Practice Manager Children & Families)

Karen Atalla (Head of Service Advice, Contact & Assessment, Children's Services, Children's Health, Safeguarding & Care)

Regan Delf (Head of SEN)

Rima Desai (Strategic Commissioner)

**Please contact if you wish to discuss any aspect of this strategy.**