

REPORT TITLE

A Progress report on the development and implementation of Early Intervention and Prevention Services following the Major Review of the Effectiveness of Early Help to Promote Positive Outcomes for Families.

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REASON FOR ITEM

This report responds to the following recommendation arising from the Children, Young People and Learning Policy Overview Committee Major Review of the Effectiveness of Early Help to Promote Positive Outcomes for Families:

"That an assessment of the development and implementation of the new services be undertaken once the changes have become embedded, with consideration given to a progress report to the Cabinet Member and the Policy Overview Committee's meeting towards the end of 2016".

OPTIONS OPEN TO THE COMMITTEE

To note the content of the report and seek further information or points of clarification as required.

1. INFORMATION

1.1 This report provides the update requested by offering an assessment of progress in relation to the following:

- The development of Early Intervention and Prevention Services;
- The development, performance and service delivery impact of the respective service areas within the service whole;
- Progress in response to the recommendations arising from the major review; and
- The development of a wider partnership approach to the provision of early help to residents.

2. DEVELOPMENT OF EARLY INTERVENTION AND PREVENTION SERVICES

2.1 During the Major Review, Committee members were advised that an enhanced delivery model for Children's Social Care, which included a new early intervention and prevention component, had been created in April 2015 following a transformation review. The revised model includes a new Early Intervention and Prevention Service comprising the following;

- **Child and Family Development Services:** Securing and providing a range of early learning, childcare and family development services delivered through early years centres and children's centres;

- **Families' Information Service:** providing information, advice and assistance to families in the borough regarding childcare, early education and other services that may be relevant to them;
- **Health Visiting Services:** Supporting families before new babies arrive, in the early weeks following birth and during the early years by providing a range of services including antenatal visits, health reviews, parenting support and child health drop-in clinics;
- **School Nursing Services:** School health nurses work in partnership with parents, school staff, GPs, health visitors, and other agencies to protect children from serious disease, through screening and immunisation, reduce childhood obesity by promoting healthy eating and physical activity and identify health issues early, so support can be provided in a timely manner;
- **Key-working Services:** Meeting the needs of families by providing integrated 1-1 support and challenge to enable them to overcome problems including those identified within the terms of the Troubled Families programme, those concerned with school absence and non participation in education employment and training;
- **Targeted Programmes:** meeting the needs of families by securing and providing targeted programmes of developmental activity that enables children, young people and families to develop the behaviours, skills and capabilities to avoid or overcome problems and risks; and
- **Youth Offending Services:** meeting the needs of young people who have come to the attention of criminal justice agencies by delivering intervention and tracking services with a view to reducing the likelihood of further offending behaviour.

2.2 The new service was created by reorganising a series of related services including the previous Youth Service, elements of intensive family support, the prototype Family Key-working Service and Education Welfare Services and aligning associated services to the delivery model.

2.3 A large scale review and reorganisation process was applied to establish Early Intervention and Prevention Services which resulted in the creation of a new service workforce of 180FTE direct employees working across all divisions of service. Since the Major Review, Service Managers and practitioners have been working to fully establish the service and embed the service delivery model within the overall service delivery structure for Children and Young People's Services.

2.4 Progress made in developing and implementing the new delivery model includes;

- The alignment of all services within the revised delivery model to the new service vision and purpose;
- The recruitment of Service Managers and Operational Delivery Teams across all service areas;
- The endorsement and introduction of early help principles and practice by the Local Safeguarding Children's Board;

- The creation and introduction of an Early Intervention and Prevention Services Strategy (available on request);
- The establishing of referral pathways and protocols for collaborative working between social work teams and early intervention and prevention;
- An integrated process for identifying and responding to the needs of families who have been identified as having multiple and complex problems;
- Strengthening of information sharing arrangements and protocols;
- The introduction and implementation of a cross partnership training programme to embed the principles and practice of early help; and
- The development of a performance framework for early intervention and prevention to enable performance to be evaluated (**attached as appendix 1**).

Areas for development

2.5 Areas identified for further development include:

- The full development and implementation of an early intervention and prevention performance framework. The attached framework is being developed alongside a performance scorecard which will bring together a range of data from a variety of systems to form a composite performance report for the services;
- The strengthening of a consistent referral pathway for services;
- The development and implementation of the Early Intervention and Prevention Strategy across the partnership;
- Developing our approach to enabling children, young people and families to inform and influence the development and delivery of services; and
- The development and implementation of a Communications Plan for early intervention and prevention to promote the service offer to professionals, families and communities.

2.6 The service has moved from its initial establishment phase and is now fully operational. The following section of the report provides a summary overview of the respective services within the new model, the interventions they make in order to provide early support with preventative impact and the types of outcomes achieved. A combination of service activity description, performance data and case studies are offered in order to provide Committee Members with a rounded view of service activity and the outcomes generated as a consequence.

3. THE DEVELOPMENT, PERFORMANCE AND SERVICE DELIVERY IMPACT OF EARLY INTERVENTION AND PREVENTION SERVICES

3.1 This section of the report is concerned with providing updates on the development and performance of the divisions of service within Early Intervention and Prevention Services. The work of all the services in question is framed by the vision, purpose and outcomes details within the Early Intervention and Prevention Services Strategy. All services contribute to the provision of early help to promote and secure positive outcomes for families.

Early Help in Early Years

3.2 Best practice and research demonstrates that effective support and early learning for children in their early years is a major protective factor in relation to the avoidance of difficulties later in life. The following information outlines the early help services provided through Early Intervention and Prevention Services and the contribution they make to securing and promoting positive outcomes for families.

Child and Family Development Services

3.3 This service is managed by a Service Manager and is responsible for the delivery of the borough's children's centre programme. The core purpose of children's centres is to improve outcomes for young children and their families, and reduce inequalities between families in greatest need and their peers, in child development and school readiness; parenting aspirations and parenting skills; child and family health and life chances.

3.4 The service achieves this through the delivery of a diverse children's centre programme across 18 sites, in collaboration with a range of partners. 7 centres are directly managed by the local authority, 9 centres are run by schools, 1 provided by a local charity and 1 run by a local Further Education College located on their campus in Hayes. All Centres are individually registered and managed, but work collaboratively in three locality groups, with a Lead Centre identified for each locality.

3.5 The current structure supports the delivery of improved, more joined up services to residents by enabling Children's Centres in each area to develop collaborative programmes. This in turn works to eliminate duplication between the programmes of individual centres and ensures economies of scale are achieved through locality based commissioning and purchasing.

3.6 The service continues to engage and support families through the provision of a range of universal and targeted services, with an increasing focus on locality wide planning and co-ordination of services, thus aiming to reduce duplication and maximise areas of expertise and specialism. Uptake of services is routinely monitored through the use of the children's centre database. Families are asked to register upon introduction to the centre, a process which collects basic personal information and helps to provide a picture of the families' circumstances. This in turn helps to build an accurate picture of the local community, enabling centres to develop a programme offer in response to local need and ensures priority access to services for those with identified needs. In the past year the programme has brought in a new database, and centres are currently focussed on updating the system and inputting data in order to ensure a more robust approach to management information.

3.7 Current participation data shows that a total of 6,498 individuals (children and adults) have newly registered with the programme in the first 2 quarters of 2016. Participation in centre and community based activities remains strong with 34,669 attendances being recorded in quarter 1 and a further 31,459 in quarter 2. Approximately a third of all attendances are recorded as being from locally determined priority targeted groups and families.

3.8 Centres continue to provide targeted family support to those most in need of our help. The following case study is offered to illustrate service delivery in practice:

3.8.1 Children's Centre Family Support Work Case Study

Overview of Family Situation

- Family was referred to the Centre following an intervention panel meeting. Mum was experiencing low mood following being trafficked into the UK and was awaiting Home Office confirmation of status. Mum was isolated and needed help with emotionally bonding with the 1 year old child and routines and boundaries

Support Provided

- Attended Home Visit to meet family
- Continued home visits to gain mums trust and build a rapport
- Family Support Worker met Mum at her house and walked to the Centre to Introduce
- Mum was provided with Food Bank Vouchers
- Mum was encouraged to attend all appropriate sessions
- Mum was booked onto ESOL Writing course
- Application was made for Family In Need Funding
- Family Support Worker arranged a visit at local nursery and walked to the nursery with Mum to show where it is

Outcomes and Impact

- Mum and child are attending the sessions at the Children's Centre regularly and booking sessions herself
- Mum has started ESOL writing at the Children's Centre
- Child is attending the Creche and is very settled
- Early Year Practitioners key working and supporting mum with emotional bonding and both Mum and Child shown signs of improvement
- Mums confidence has grown hugely and she is making plans for future courses at the Centre
- Mums mood has lifted and she is less isolated, making friends in the centre
- Child has registered with a local nursery for 2 mornings
- Mums aspirations for what she can achieve for herself have increased
- Mum is in a very positive place. She is taking care of her appearance, excited about the course she is on and looking forward to learning more,
- She cannot believe her child will be starting "school" and has high expectations for her development
- Mum is excited about her future and what she will become

3.9 The Child and Family Development Service works in close collaboration with 'sister' services within Early Intervention and Prevention Services described in this section of the report with a view to providing, integrated support for families in the early years of a child's life with a particular focus on vulnerable families. The Service also works with other internal and external partner services including midwifery, children's social care, children with disabilities services, schools and childcare and early learning providers.

Families' Information Service

3.10 The Families' Information Service has been transferred to Early Intervention and Prevention Services and has now been embedded within the service delivery model. The service comprises a service manager and 6 family support officers. The service plays a key role in promoting positive outcomes for families through the services it provides which are primarily concerned with communicating the early help services available to families whilst also providing focused interventions in relation to developing the childcare and early learning offer in the borough and supporting families, particularly the more vulnerable, to access the provision.

3.11 Local authorities have a number of statutory duties that the Families' Information Service delivers against including ensuring there is sufficient childcare and early learning provision in place, providing information, advice and assistance to families in relation to the services available to them and facilitating the provision of, and access to free childcare for children and families who are entitled to receive it. Access to early learning is seen as one of the primary early help tools for ensuring children get the best start in life.

Families' Information Service Performance and Outcomes

Free Entitlement for 2, 3 and 4 year olds

3.12 A primary goal of the service is ensuring that 3 and 4 year old children have access to 570 hours of free early education (normally delivered as up to 15 hours per week for 38 weeks a year). In delivering this requirement, the Families' Information Service activity includes:

- writing and updating conditions of funding briefings, in the light of statutory guidance from the Department for Education and to meet the requirements of local delivery;
- providing briefing papers about different aspects of the Free Entitlement e.g. guidance for schools intending to offer additional nursery provision;
- advising parents, practitioners working with families, early years providers and schools about the free entitlement e.g. what the entitlement is, how it can be offered and ensuring compliance of providers in the delivery of the free hours; and
- administering a funding scheme which enables providers to claim funding for the costs of providing free early education places via a secure online portal and FIS staff concentrate on data validation, ensuring the quality of the data.

3.13 Take up of free early education by 3 and 4 year olds in Hillingdon is at 98% which is high compared to both the national average and statistical neighbours. This relatively high take up has been sustained over a number of years.

Two Year Old Funding

3.14 Another key objective of the services is enabling vulnerable families to access their entitlement to 15 hrs per week free childcare. Nationally 40% of two year olds are entitled to free childcare. Take of the 2 year old offer is at 55% compared to a London average of circa 60% and a national average in the region of 70%. The Families' Information Service has implemented a number of approaches to ensure that eligible parents that wish to can take up the free childcare entitlement, which includes:

- Promoting the entitlement by raising awareness about it through borough wide promotional activity e.g. magazine articles, posters, flyers;
- Checking eligibility for free childcare for two year olds by introducing an online system to make it easier for parents to check their eligibility in order to remove barriers to parents taking up childcare;
- Outreach services. From April 2015 to March 2016, the service carried out 75 outreach visits to Children's Centres, parent and toddler groups and other community venues, giving information to 1,239 parents. This included 6 events that were specifically focused on free childcare for two year olds. Service staff have visited the homes of 178 families who are eligible for Two Year Old Funding to encourage them to apply. The service has shared data with other practitioners working with families e.g. Children's Centres, social workers to encourage to help promote the free childcare to eligible families;
- Developing new places for disadvantaged two year olds by matching data on where eligible families live with data concerning the supply of childcare, in order to identify where the gaps are in terms of current childcare provision. The service has used this audit of supply and potential demand to inform the planning for developing new childcare places; and
- Administering a grants programme whereby schools and private, voluntary and independent settings can apply for funding in order to create childcare places for children eligible for Two Year Old Funding. 21 settings applied for a grant to develop places. Of these 14 settings were approved for a grant and 10 of these are now providing additional places. The grants awarded should enable a minimum of 421 places to be available for disadvantaged two year olds.

3.15 The service also works with the 483 Ofsted registered childcare providers in the borough to ensure that their information is up to date and accurate so parents know the childcare options that are available to them. The service dealt with 5,050 telephone enquiries and 5,472 e-mail enquiries in relation to the local childcare and early learning offer from April 2015 to March 2016. The service also provides information to families through outreach and the use of Facebook and Twitter.

3.16 In addition, the service also operates a Families in Need Funding scheme that provides help with childcare costs to parents of children under 5 who are referred to the team by a social worker or other practitioner.

3.17 Families in Need Funding was provided to 77 children from April 2015 to March 2016. The most common needs that prompted a referral for funding were:

- For a child with developmental or learning delay;
- Where a child had a Child Protection Plan; and
- Where there was a history of domestic violence within a family.

3.18 The Families' Information Service is a key part of the early help offer to families and works in close collaboration with the wider range of services, both within Early Intervention and Prevention Services and across partner agencies.

Healthy Child Services

Health Visiting

3.19 The Health Visiting Service is another key component of the early help offer. The service employs 85 FTE practitioners. It has been aligned to the early intervention and prevention delivery model and consists of specialist community public health nurses (SCPHN) and teams who provide expert information, assessments and interventions for babies, children and families including first time mothers and fathers with complex needs.

3.20 The service works to promote health and development in the '6 high impact areas' for early years:

- Transition to parenthood and the early weeks;
- Maternal mental health (perinatal depression);
- Breastfeeding (initiation and duration);
- Healthy weight, healthy nutrition and physical activity;
- Managing minor illness and reducing hospital attendance and admission; and
- Health, well-being and development of children aged 2-2.5 years using an integrated approach to support 'school readiness'.

3.21 The service also works to ensure those families requiring early support receive it at the earliest opportunity to improve the longer term outcome for both the child and the wider family.

3.22 With regard to reach and impact, the total caseload of children aged 0-5 years in Hillingdon is circa 19,000. The health visiting service is working directly with approximately 7,000 of these families and children at any given time. The types of interventions made by the service include:

- New findings from the **Healthy Weight Healthy Nutrition** training are being shared with all families, with the service facilitating the training of three Health Visitor champions to cascade this learning to all Health Visiting teams to use at each contact with a family. This approach is aiding the identification of potential weight problems at the earliest opportunity and offering on-going support to manage weight and increase healthy food choices with the aim of ensuring less children are identified as being over weigh or obese at school entry.
- UNICEF Baby Friendly Initiative is implemented across all areas of service. The service provides targeted breastfeeding support groups, weaning sessions, and infant feeding home visits. Over the past year, Hillingdon has increased the 6-8 week breastfeeding rates to 67% (2015/16) which is well above the England

average of 42%. Support is provided from pregnancy through the 28 week antenatal contact and as part of the integrated antenatal programme “Bump and Beyond”.

- The development of an Autism Spectrum Disorder pathway with the health visitor working as the key worker for families from early diagnosis, has enabled earlier support for the child and family e.g. earlier access to pre-school facilities and the voluntary sector. This approach means a family have a consistent health care professional involved in their families’ well-being acting as an advocate when necessary.

3.22.1 Health Visiting Case Study. The following information is offered to illustrate service delivery in practice:

Overview of Family Situation and support provided

- Mother was met during her pregnancy by the health visitor; therefore a relationship was built before the new birth visit
- During the antenatal visit mother’s history of depression was discussed
- Mother had requested the same health visitor visit her and her baby when she gave birth. The same health visitor was allocated to continue the families care
- At the new birth visit mother was tearful and stated that she feels she has not bonded well with her baby
- The health visitor discussed strategies and gave advice on how to cope with this and improve the bond between mother and baby. The health visitor had discussed visiting a children centre, however mother was reluctant
- At the maternal mood assessment mother stated that the bond had improved, however her maternal mood questionnaire evidently showed signs of postnatal depression
- Mother and the health visitor discussed attending the local children centre for parent and baby groups and also groups for mother’s health, for example adult yoga
- Mother and the health visitor agreed to meet at the children centre later that afternoon for baby’s weight review at clinic and to also be introduced to the children centre staff and find out about their facilities
- Mother and baby attended the child health clinic later that afternoon as agreed. Baby’s weight was reviewed and assessed by the allocated health visitor
- Mother and baby were then introduced to the children centre staff who gave mother information regarding groups etc.
- Mother completed the registration forms and booked onto two adult classes and also baby massage class for when baby is age appropriate
- Mother was introduced to the family support worker who supported the mother when she attended the children centre which mother stated she found supportive

Outcomes and Impact

- Risk to child and mother as a consequence of post-natal depression avoided
- Mother enabled to fully bond with baby
- Mother able to avoid family isolation and build up social networks via the children's centre
- Emotional health and well-being of mother improved and sustained

School Nursing

3.23 The School Nursing Service is the 'sister' service to the Health Visiting Service with both services working together to deliver the nationally specified Health Child Programme. The services have also been aligned to the early intervention and prevention delivery model. The service provides specialist nursing care, advice and support to school aged children, young people and their families through delivery of the Healthy Child Programme 5-19 to enable the achievement of optimal health and emotional wellbeing. Every school in Hillingdon has a named school nurse.

3.24 The service provides a school health service for children and young people in Hillingdon of school age, led by nurses with specialist graduate level education in community health and the health needs of school aged children and young people.

3.25 The service is a year round service that seeks out and provides for individual and group health needs on a universal basis. The service offers individual, non-judgemental, face-to-face consultations and drop in sessions, ensuring that 'Every Contact Counts' using brief interventions to promote healthy lifestyles and reduce sexual health and substance misuse and other risk taking behaviours. Other types of early intervention and prevention activity include:

- Working in partnership to deliver MEND, the child and family healthy weight programme by identifying children and young people at risk of obesity and supporting them and their families to develop and apply a healthy life-style programme to enable them to mitigate the risks associated with being over-weight;
- Providing weekly drop-in services for young people to provide pupils with advice and support in relation to their physical, emotional and physical well-being; and
- Assessing, supporting and managed 186 children referred to the Enuresis Service with many achieving dryness within a few months. This enables children to avoid the challenges associated with bedwetting beyond early years.

3.26 The Health Visiting and School Nursing Services are integral to the provision and promotion of early support and work alongside related services in order to secure the best outcomes for families.

Early Support for Children, Young People and Families

3.27 In addition to providing early help in early years, it is also recognised that families can need additional and holistic family support to overcome difficulties that if not resolved may become more entrenched and problematic. This section of the report provides a summary of the early help services provided by Early Intervention and Prevention Services that are focused on the whole family and the contribution they make to securing and promoting positive outcomes.

Key-working Services

3.28 The Key-working Service has now been fully established. It is managed by a Service Manager and employs 32 key-workers who work alongside a number of other service colleagues including Team around the Family Coordinators to provide the service. The service meets the needs of families in need of early support by providing integrated 1:1 support and challenge to enable them to overcome problems. Key Workers deliver services in collaboration with social workers to support children in need and children on

child protection plans and also play a key role in enabling families to 'step down' from requiring the intervention of statutory social care services

3.29 The service aims to support families in need of early help to overcome problems at the earliest opportunity and develop the resilience to avoid future difficulties. The service also leads on work with families and schools to address school attendance issues and support young peoples' participation in employment, education and training.

3.30 The service also leads on the application and promotion of the early help assessment (EHA) and Team around the Family (TAF) processes. Work in relation to the Troubled Families programme is also co-ordinated through the Key Working Service.

3.31 The following table provides a summary of service performance and impact between April and September 2016:

Key-working Service	Number of families supported	Type of intervention made	Outcome and impact of interventions
Preventative Key-work	233	<ul style="list-style-type: none"> • Parenting support • Parents/children health problems • School refusal • Behavioural emotional needs • Domestic abuse issues • Routines & boundaries • Family re-unification for children in care 	<ul style="list-style-type: none"> • Cases stepped down to universal services 93% • Cases closed for specialist input 5% • Cases stepped up to Children's Social Care (CSC) 2%
Intensive Key-work	97	<ul style="list-style-type: none"> • Parenting support • School refusal • Anger management • Behavioural & Emotional needs • Domestic abuse • Routines & boundaries • Budgeting/benefits • Bereavement • Substance misuse • Family re-unification 	<ul style="list-style-type: none"> • Cases supported to step down to universal Services 46% • Cases supported to step down from Child Protection (CP) to Children in Need (CIN) 23% • Cases supported to step down from CP to CIN to Team Around the Family (TAF) 5% • Cases supported to step down from CIN to TAF 12% • Cases closed for specialist input 5% • Cases stepped up to CSC statutory services 9%

Participation Key-work	2,960	<ul style="list-style-type: none"> • Attendance meetings with families • EET meetings with families • home visits • Consultations with schools • EET open day drop in sessions • Children missing education identification and tracking • Post 16 participation tracking • Truancy sweeps with police 	<ul style="list-style-type: none"> • NEET reduced to 26 • Penalty Notices required 189 and Court prosecutions 27 • 403 school attendance cases no longer at Persistent Absence threshold. • 122 NEET young people now in EET • 235 Children Missing Education now in education
Early Help Assessments	138	<ul style="list-style-type: none"> • Consented assessment of strengths and vulnerability within a family to identify need and facilitate next steps 	<ul style="list-style-type: none"> • 78 led to access key work support • 9 led to access of specialist SEN services • 9 family consent withdrawn • 2 Stepped up to CSC statutory services • 29 led to a TAF • 9 referred to Targeted Programmes • 4 referred to Children's Centres
Team Around the Family	84	<ul style="list-style-type: none"> • Lead on Team Around the Family co-ordination of services 	<ul style="list-style-type: none"> • TAF implemented 4 • TAF implemented with specialist services 4 • TAF implemented with Key Work 16 • TAF implemented in the universal service 41 • TAF closed and Key Worker allocated 11 • Cases stepped up to CSC statutory services 7 • Family moved Out of Area 1
Troubled Families	1,035	<ul style="list-style-type: none"> • Lead professional led consented and planned work with families 	<ul style="list-style-type: none"> • Significant and sustained progress achieved by 120 families to date

3.32 In addition to the performance summary above, the Key-working Service has also provided early help training to 17 Schools Safeguarding Clusters, Special Education Needs Coordinators, 68 School Attendance leads, social work teams, 31 School INSETS, all Central North West London Health Trust leads, Community Safety Teams, Community Housing Teams, Health Visiting and School Nursing Teams, Schools Primary Forum and Secondary Head-teachers Association, GP Forums, Child Development Centre, the Youth Offending Services, Child and Adolescent Mental Health Services and a range of voluntary sector services.

3.32.1 Key-working Service Case Study. The following information is offered to illustrate service delivery in practice:

Overview of family situation and support provided

- Key-worker assigned to family experiencing a range of challenges including parental mental health, financial difficulties and challenges with teenage child
- Father experiencing anxiety and depression impacting on ability to secure employment. Also acting as carer for partner
- Child not attending school and experiencing bullying
- Key-worker established relationship with family and father
- Outcome plan developed which included activity to build father's confidence and employability skills
- Key-worker supported father in job search activity to the point at which he was able to secure employment
- Attendance issues of child addressed by participation key-worker
- Confidence and self-esteem and anti-bullying strategies undertaken
- Child supported to access counselling provided by Early Intervention and Prevention Targeted Programmes

Outcomes and Impact

- Family circumstances significant improved
- Family stress alleviated as a consequence of change in circumstances
- Emotional well-being of father and child improved
- Family resilience improved through service intervention

3.33 The Key-working Service plays a primary role in promoting early help principles and practice through use of the Early Help Assessment and Team around the Family process as well as being pivotal to brokering and coordinating packages of preventative support for families.

Adolescent Focused Early Support

3.34 In addition to providing early help for children in their early years and families as a whole, it is also recognised that adolescents and families can need additional support to manage, what can sometimes be a challenging transition from childhood, through adolescence to adulthood. This section of the report provides a summary of the early help services that respond to support needs during this aspect of a families' development and the contribution they make to securing and promoting positive outcomes for families.

Targeted Programmes Service

3.35 The Targeted Programmes division of Early Intervention and Prevention Services has now been established within the service delivery model. The service utilises group-based and one-to-one engagement approaches to respond to service users' individual support and development needs.

3.36 The service works primarily with children, adolescents, and young adults between the ages of five and twenty five, and currently works primarily with adolescents aged between ten and nineteen.

3.37 Most intervention packages are structured as part-time inputs delivered over a period of ten weeks, although subsequent inputs are provided where the service user presents continuing levels of risk at the conclusion of the initial intervention.

3.38 Targeted Programmes seeks to enable family members to develop new or enhanced capabilities as a means to reduce their risk of negative outcomes, and to support their progression and attainment.

3.39 Targeted Programmes is managed by a service manager and an operational coordinator who oversee an establishment of fifty five practitioners. Of these, twelve postholders are full-time, with the remainder employed on part-time contracts. The staff team delivers public-facing services through the activities of ten programme delivery units, all of which address specific risk-related issues (including anti-social behaviours, substance misuse, and emotional health and wellbeing), or groups who are at significant risk of negative outcomes (including adolescent boys and young men, looked-after children and care leavers, and young people who are not in employment, education, or training).

3.40 When the current iteration of the Targeted Programmes division was established the management team was faced with a significant vacancy factor. Over the past six months, the vacancy factor has been reduced, and the division is now close to running at full capacity. During the 2016/17 financial year to date, Targeted Programmes has engaged over 2,000 service users in 200 programmes of activity, enabling their participation in 2,500 contact hours. Evaluation of the impact of the programme offer evidences that they are effective in increasing service users' resilience to risk in the short-term, and have positive medium-term impact where ex-service users are able to maintain post-engagement mentoring contact with programme delivery staff. To this end, Targeted Programmes has established two 'drop-in' services for programme graduates, and will evaluate the provision to see if it enhances service users' longer-term resilience to negative outcomes.

3.41 The following table provides a summary of service performance and outcomes between April and September 2016:

Targeted Programmes	Number of families supported	Type of intervention made	Outcome and impact of interventions
Boys and Young Men's Programmes	60	Structured group-based learning activities, delivering issue-based and capability-building inputs	Participants reported increased confidence, self-esteem and the ability to manage risk related behaviour
Creative Arts Programmes	2,487	Structured performance arts-based and group-based learning activities	Participants reported increased capabilities, confidence and self-esteem

Emotional Health and Wellbeing Programmes	218	Individual and group-based therapeutic support and personal development activities, delivering issue-based and capability-building inputs	All participants reported an improvement in their emotional well-being following initial evaluation using the 'Core' assessment tool
Girls and Young Women's Programmes	71	Structured group-based learning activities, delivering issue-based and capability-building inputs	Participants reported increased confidence, self-esteem and the ability to manage risk related behaviour
Mobile and Detached Programmes	493	Informal community-based engagement and learning activities, delivering issue-based and capability-building inputs	Contribution to management of young people related crime and anti-social behaviour in areas of deployment
Peer Leadership Programmes	111	Structured forum-based and peer leadership learning activities, delivering issue-based and capability-building inputs	Participants reported increased confidence, self-esteem and leadership skills
Substance Use and Misuse Programmes	1,595	Structured workshop-based learning activities and 'drop-in' clinical support, information, and guidance activities, delivering issue-based and capability-building inputs	Participants reported increased confidence, self-esteem, personal insight and knowledge of risks associated with substance misuse and improved ability to manage risk related behaviour
Sexual Health and Wellbeing Programmes	918	Structured workshop-based learning activities, delivering issue-based and capability-building inputs	Participants reported increased confidence, self-esteem, personal insight and knowledge of risks associated with sexual activity and improved ability to manage risk related behaviour
Transition Support Programmes	136	Structured group-based learning activities, delivering issue-based and capability-building inputs	Participants reported increased confidence, self-esteem and the ability to successfully negotiate key transition points
Volunteer Engagement Programmes	132	Individual and group-based vocational placement-based learning activities, delivering issue-based and capability-building inputs	Participants reported the development of knowledge, skills and confidence to provide volunteering input to host agencies

3.41.1 Targeted Programmes Case Study. The following information is offered to illustrate service delivery in practice:

Overview of family situation and support provided

- A young woman who was referred to 'Unique Swagga' girls and young women's programme due to her involvement in serious youth violence and related concerns about her safety in the context of intimate relationships with boys.
- She attended the programme and, as she developed her confidence with the other participants and staff, began to disclose some of her experiences in relation to some of the risky situations she was putting herself in and, as a result, she became more aware of her own personal safety.
- She offered an opportunity to attend the Unique Swagga Part two programme, where she began to explore the consequences of her behaviour in a lot more depth, through her engagement in sessions that addressed issues in relation to personal safety and child sexual exploitation.
- Through the running of the level 2 programme, the young woman became a positive role model to other younger group members, and offered guidance around some of the risks the group were taking and highlighting the consequences of these risks.
- She also spoke out often about the importance of relationships with young people's parents/guardians, and reflected on her own personal experience after having a very turbulent relationship with her own mother.

Outcomes and Impact

- By the end of the part two programme, the young woman had re-established a developing relationship with her mother and was seeking to regain her mother's trust by being more honest about her whereabouts, as she understood that this is important to her own personal safety.
- The young woman was also able to engage positively with young women from outside her social and cultural circles, but she overcame this barrier and built some great friendships with all the girls on the project.
- As an outcome of her involvement in Unique Swagga, the young woman has shown a great interest in helping other young women and has expressed an interest in volunteering to work with other younger adolescents through the Hillingdon Young Volunteers Award programme.
- Personal reflective comment at the end of the programme: "Unique Swagga has encouraged me to become a better person. My self confidence has expanded and I am beginning to recognise my self-worth. Unique Swagga is a place where all types of girls can come together as one and express ourselves. I have made a family here and I will miss them very much!"

3.42 As with the other service areas discussed in this report Target Programmes plays a major role in providing specialist capacity and expertise to the wider early help offer.

Youth Offending Services (YOS)

3.43 The Youth Offending Service is located within the Early Intervention and Prevention delivery model. The Services responds to Section 39 of the Crime and Disorder Act 1998 which places a statutory duty on local authorities in co-operation with the Probation Service, Police and Health authorities to establish multi-agency Youth Offending Teams (YOTs).

3.44 The purpose of the service is to reduce offending by young people by delivering positive and effective interventions both court ordered and through the out of court disposal system. These interventions are designed to address the risk factors associated with offending behaviour and build upon the strengths and qualities young people have in order to enable them to lead constructive and socially responsible lives. The YOS work mainly with young people aged 10-17, but will work with young people who turn 18 during their order where appropriate. Depending on the court order they are subject to and the assessed risk of re-offending and/or harm to others they may present, young people will have programmes which range from 2 hours per fortnight to up to 25 hours per week.

3.45 The service is both multi agency and multi disciplinary. The compliment of 25 permanent staff includes two police officers, a probation officer and a primary mental health worker seconded by the partner agencies and practitioners delivering restorative justice, community reparation, substance misuse interventions, education, training and employment support as well as the core offending case work delivered by social workers and YOS officers. The YOS has a pool of 16 sessional workers to support the work particularly at week-ends, and 25 volunteers. Volunteers are a statutory requirement in the YOS as they are required to form Referral Orders Panels which agree a programme of interventions with a young person and their family where so ordered by the court.

Youth offending Service Performance and Outcomes

3.46 There are three national indicators against which the performance of the service is measured:

First Time entrants (FTEs) into the Criminal Justice System

3.47 Hillingdon saw a significant decrease in FTEs from calendar year 2012 (608) to 2015 (416), a pattern mirrored across the country. As expected the rate has started to plateau and in the first three months of 2016 we saw a rise of 10 cases compared with the same period in 2015. On the back of a service review in 15/16 the YOS further reviewed its Out of Court disposal work in April/May 16 to promote more robust decision making. Early indicators are that number of first time entrants in the last two quarters has resumed a downward trend.

Reducing Custody

3.48 Between 12/13 and 15/16 the custody rate per 1,000 fell from 0.96 (26 cases) to 0.55 (15 cases). During the first seven months of 16/17 there have been 7 custodial sentences. Hillingdon's custody rate is below the London average although higher than the national average.

Reducing Re-Offending

3.49 Young people are tracked for 12 months from sentence. Re-offending is reported against three parameters:

- The percentage of young people who re-offend from a cohort (binary rate).
- The average number of further offences committed by that cohort (frequency rate).
- The number of re-offences per re-offender

Sentence Period	Binary Rate	Frequency rate	Re-offences per reoffender
Oct 12/Sept 13	41.1%	1.27	3.09
Oct 13/Sept 14	34.2%	0.93	2.72
London 13/14	42.6%	1.3	3.05
National 13/14	37.6%	1.2	3.18

3.50 From the last available data Hillingdon's re-offending rates have reduced against all three parameters. Its rates are also lower than both the London and National averages.

3.51 These are good outcomes particularly given the size of the cohort has decreased and those remaining in the system have been identified as having more complex needs, higher levels of vulnerability and presenting greater risk to others. As a consequence they are the most challenging group with whom to effect quick and permanent changes in lifestyles and outcomes.

3.52 It is difficult to be precise about how Hillingdon has achieved these reductions against a national trend but the following activities are likely to have contributed;

- Maintaining the original minimal National Standards for contact rather than adopting the lower levels introduced by the revised National Standards of 2013;
- Reducing contacts based on risk assessments rather than time spent subject to an order;
- The development of offence and issue specific programmes which have been tested and evaluated using the model provided by the Youth Justice Board;
- Robust compliance procedures; and
- Improved exit planning.

3.53 Other preventative work includes a focus developing restorative justice interventions and expanding community reparation programmes with work at a local primary school, a church and the waterways have been particularly well received by the community.

3.54 In addition YOS, The Key-working Service and Targeted programmes are members of the Violence and Vulnerability Panel which has been endorsed by the Local Safeguarding Children Board. Its objective is to identify young people known to be, or at risk of being, involved in criminal group activities, including serious youth violence and drug distribution, and manage their vulnerability and risk to others through the sharing of information and integrated intervention planning by partner agencies. Siblings of young people already involved in criminal group activities are a target group for Early Intervention and Prevention Services.

Summary comments

3.55 The information provided in this section of the report serves as a summary of the early help provided by the services within Early Intervention and Prevention Services and the types of outcomes arising as a consequence of the work undertaken.

3.56 The services have been consolidated within the new service delivery model and are all individually and collectively supporting families to achieve the best outcomes possible through the provision of targeted preventative interventions.

3.57 Work continues to develop the services and the systems and processes that enable the effective targeting of support where it is required. This work includes the finalising of a performance framework which will enhance the services' ability to evaluate and measure the full impact of the service offer.

4. PROGRESS IN RESPONSE TO RECOMMENDATIONS ARISING FROM THE MAJOR REVIEW

4.1 Committee members made a series of recommendation following the review. They are referenced in the following section of this report together with progress commentary in relation to each recommendation.

Recommendation 1

4.2 That officers further develop partnership working in order to ensure effective delivery of early intervention and prevention services to promote positive outcomes for families. In particular, this would be achieved through:

- Developing the use and sharing of data and intelligence required for effective service delivery, so that individuals, families and communities in need of early support are identified and supported; and
- Identifying how the effectiveness of partnership and collaborative working can be enhanced.

Progress made

4.3 The following developments have been made in response to the recommendation in question:

- The introduction and application of the Local Safeguarding Children's Board Information Sharing Protocol which clarifies data sharing expectations and the processes in place to enable effective information sharing;
- The development and implementation of specific information sharing arrangements with the Police in support of families identified as in need of support in accordance with the requirements of the Troubled Families programme;
- The securing and use of data to identify families who are entitled to free childcare;
- The broadening of integrated use of service specific client information systems so that professionals supporting vulnerable families can more fully understand the whole family need so that a collaborative response may be provided;

- The introduction of a new software system which enables a variety of data sets to be trawled so that professionals may more readily understand the range of problems a family may face and need support to resolve;
- The development of the Early Intervention and Prevention Strategy Group to lead cross partnership approach to early intervention and prevention; and
- The development of multi-agency processes ranging from the Multi-agency Safeguarding Hub to the Violence and Vulnerability Forum so that partners may collectively identify and respond to family and community risks and issues.

Recommendation 2

4.4 That officers further investigate how the early help offer can be effectively promoted to families and professionals, with a particular focus on digital promotion.

Progress made

4.5 The following developments have been made in response to the recommendation in question:

- The inclusion of the Families' Information Service into the Early Intervention and Prevention Services delivery model;
- The use of the Families' Information Service multi-channel approach to communicating with parents which includes a helpline, e-mail service, text messaging, sharing information via the FIS Twitter and Facebook accounts and maintaining the local authority's online directory of services for families including Early Help and the SEND Local Offer;
- The production and dissemination of the Targeted Programmes Prospectus which is shared with professionals and partner agencies;
- The systematic promotion of the offer via briefings to school cluster groups, social work teams and partner agencies; and
- The local publicising and promotion of services via independently produced and disseminated Children's Centre programmes.

Recommendation 3

4.6 Within existing resources, consideration be given as to whether funding that Children's Centres and the Key Working Service receive should be dependent on local levels of need or whether funding should be allocated universally.

Progress made

4.7 The following developments have been made in response to the recommendation in question:

- Consideration has traditionally been given to the deployment of Children's Centre resources informed by levels of need as the location of the Centres themselves was originally informed by levels of deprivation. Further consideration is being given to this matter within the context of the review of the Children's Centre programme;

- Consideration has also been given to how key-working resources are deployed and at present the view is that the current model, which responds to individual need as opposed to a locality approach to resourcing will be maintained.

Recommendation 4

4.8 That officers seek to ensure that principles and best practice in relation to the provision of early help are embedded through the provision of training and development to early intervention staff and practitioners.

Progress made

4.9 The following developments have been made in response to the recommendation in question:

- The introduction of an Early Help Training programme which is made available to all professionals within the children's workforce in order to embed early help principles and practice; and
- The introduction and completion of an NVQ level 4 early help and family support qualification for all key-workers

5. THE DEVELOPMENT OF A WIDER PARTNERSHIP APPROACH TO THE PROVISION OF EARLY HELP TO RESIDENTS

5.1 In addition to the progress outlined in this report thus far work has been undertaken to develop a new partnership approach to the provision of Early Help in Hillingdon.

5.2 During the Major Review process members were advised of work that had been undertaken to renew the Early Intervention and Prevention Strategy for Hillingdon partners.

5.3 Following the Major Review subsequent discussions led by the Independent Chairman of the Local Safeguarding Children's Board (LSCB) and the Director of Children and Adults Services LBH, the Borough Commander, the Director of Public Health, the LSCB Primary School representative and the Chief Operating Officer at the Hillingdon CCG led to a decision being made to initiate a refreshed approach to early intervention and prevention strategy development in Hillingdon.

5.4 As a consequence the partner leads listed above have nominated colleagues to work together with a view to achieving the following headline outcomes:

- **Strategy** - Determining the partnership vision, purpose, priorities (including joint commissioning) and mid to long-term planned outcomes for early intervention and prevention.
- **Operational planning and delivery** - Ensuring operational activity concerned with intervening early to prevent family problems developing or escalating is coordinated, collaborative and focused on agreed priority outcomes.

5.5 Part of the learning with regard to previous work undertaken in this arena is that there are clear limitations to strategically leading and operationally managing what is a complex process. Therefore careful consideration has been given as to how partnership ambitions may be realised within existing resources. With this in mind nominees have been asked to consider how the following objectives may be achieved on behalf of partners:

- Establishing an efficient process which enables partners to work collaboratively in order to, where possible, prevent the human and financial cost of poor family outcomes;
- Enabling partners to determine a clear collective purpose to collaborative early intervention and prevention activity;
- Enabling appropriate representation of relevant stakeholders in the process in order to achieve the agreed purpose;
- Enabling clear and timely joint priority setting; and
- Enabling partners to engage in a sharp and focused way in order to determine priorities and progress business in response to them.

5.6 Initial meetings of partner nominees have taken place to consider the partnership task with a view to agreeing the most appropriate way to attend to the task in hand. The development group have begun work on a revised approach as well as an outline strategy document that will be progressed for consideration by the Local Safeguarding Children Board early in 2017.

6. SUGGESTED COMMITTEE ACTIVITY

None noted

7. BACKGROUND PAPERS

Draft Early Intervention and Prevention Performance Web