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A

Children, Young People and Learning Policy Overview Committee

Date: **WEDNESDAY, 25 NOVEMBER 2015**

Time: **7.00 PM**

Venue: **COMMITTEE ROOM 5 - CIVIC CENTRE, HIGH STREET, UXBRIDGE UB8 1UW**

Meeting Details: Members of the Public and Press are welcome to attend this meeting

Councillors on the Committee

Jane Palmer, (Chairman)
Nick Denys (Vice-Chairman)
Teji Barnes
Jem Duducu
Duncan Flynn
Becky Haggar
Tony Eginton
Peter Money
Jan Sweeting (Labour Lead)

Other Voting Representative
Tony Little, Roman Catholic Diocesan.

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Terms of Reference

A central role of a Policy Overview Committees is to undertake in-depth policy reviews on specific issues. Reviews provide the opportunity to hear from members of the public and expert witnesses, including people from a wide range of external organisations. Reviews usually make recommendations to the Cabinet on how the Council could improve its work. They therefore perform an important role in opening up the policy-making process to a wider audience, including people who would not normally have the opportunity to participate.

This Committee undertakes the policy overview role in relation to the following matters:

- Education Services and statutory education authority functions
- School performance and attainment
- School Transport
- Relationships with Local Academies / Free Schools
- Pre-School & Early Years Services
- Youth Services & Careers Services
- Juvenile justice & probation services
- Adult Learning
- Education and learning partnerships
- Music & The Arts
- Social care services for children, young persons and children with special needs
- Adoption and Fostering
- Family Services

Agenda

1	Apologies for Absence	
2	Declarations of Interest in matters coming before the meeting	
3	To confirm that items of business marked Part 1 will be considered in public and that the items marked Part 2 will be considered in private	
4	To agree the minutes of the meeting held on 7 October 2015	1 - 8
5	Major Review - The Effectiveness of Early Help to Promote Positive Outcomes for Families - Witness Session 3	9 - 160
6	Update on Previous Review of the Committee - Hillingdon's Implementation of the Special Educational Needs and Disability (SEND) Reforms	161 - 166
7	Review Topic for Single Meeting Review	167 - 170
8	Work Programme 2015 / 16	171 - 174
9	Forward Plan	175 - 178

Minutes

CHILDREN, YOUNG PEOPLE AND LEARNING POLICY OVERVIEW COMMITTEE

7 October 2015

Meeting held at Committee Room 5 - Civic Centre, High Street, Uxbridge UB8 1UW

	Committee Members Present: Councillors Jane Palmer (Chairman), Nick Denys (Vice-Chairman), Teji Barnes, Jem Duducu, Duncan Flynn, Tony Eginton, Judy Kelly, Peter Money, Jan Sweeting (Labour Lead) and Mr Tony Little. **LBH Officers Present**: Deborah Bell (Early Intervention Officer) Vince Clark (Assistant Director - Children's Social Care), Nikki Cruickshank (Interim Assistant Director of Safeguarding and Quality Assurance), Belinda Hearn (Service Manager - Key Working Service), Sarah Hydrie (Assistant Internal Audit Manager), Dan Kennedy (Head of Business Performance, Policy & Standards), Tom Murphy (Head of Early Intervention Services) and Jon Pitt (Democratic Services Officer).
33.	**APOLOGIES FOR ABSENCE** *(Agenda Item 1)* Apologies for absence were received from Cllr. Becky Haggar, with Cllr. Judy Kelly substituting.
34.	**DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THE MEETING** *(Agenda Item 2)* There were no Declarations of Interest made.
35.	**TO CONFIRM THAT ITEMS OF BUSINESS MARKED PART 1 WILL BE CONSIDERED IN PUBLIC AND THAT THE ITEMS MARKED PART 2 WILL BE CONSIDERED IN PRIVATE** *(Agenda Item 3)* It was confirmed that all items were Part I and would be discussed in public. The Chairman advised that agenda item 7, the Child Sexual Exploitation Strategy Implementation Update, would be considered before agenda item 6, the Children and Young People's Service Improvement Plan - Progress Report. The other agenda items would be considered in the order published.
36.	**TO AGREE THE MINUTES OF THE MEETING HELD ON 9 SEPTEMBER 2015** *(Agenda Item 4)* A Member asked what the deadline was for the dispatch of Committee papers as these had been received on the Thursday before the meeting. Officers advised that the agenda papers had been dispatched on the Tuesday in the week before the meeting. This was in line with the requirement for papers to be published five clear working days before the meeting. It was noted that there would be some lag between publication of the agenda on the Council website and Members receiving hard copies.

Resolved: That:

1. **The minutes of the meeting held on 9 September 2015 be agreed as a correct record.**

37. **MAJOR REVIEW - THE EFFECTIVENESS OF EARLY HELP TO PROMOTE POSITIVE OUTCOMES FOR FAMILIES - WITNESS SESSION 2** *(Agenda Item 5)*

Dan Kennedy, Head of Business Performance, Policy and Standards introduced his witness submission in support of the major review. The key points raised included the following:

- The information presented in the witness submission represented headline analysis of current and future needs of children in Hillingdon and was drawn from the Hillingdon Joint Strategic Needs Assessment.
- There were 78,000 people in Hillingdon aged 0-19 years. This represented 26% of the population and was slightly higher than the London average of 24.4%.
- The number of children in the Borough was gradually rising. This was caused, in part, by an increased birth rate. It was forecast that the biggest increase in the number of young people, up until 2021, would be among the 5-9 age group. Increases in the 0-4 and 10-14 age groups were also projected, while the population aged 15-19 was expected to fall slightly and then rise again.
- The population of the Borough was ethnically diverse. The largest single group was white British, which accounted for just under half of the total population.
- Appendix 2 within the officer's report showed income deprivation affecting children, broken down by ward. It was noted that charts on the subject could sometimes mask pockets of deprivation within the Borough. In order to better analyse local levels of deprivation, it was important to consider other factors that could be indicators of deprivation, such as the number of children receiving free school meals.
- There were 2,300 children in the Borough who were classified as being children in need. The most common cause of this status was abuse / neglect, followed by absent parents and family dysfunction.
- Statistics in relation to child tooth decay were relatively poor in Hillingdon compared to other areas.
- 21% of 4 - 5 year olds and 34% of 10 - 11 year olds in Hillingdon were overweight or obese.
- There had been a gradual decline in teenage pregnancy rates, which was in line with national trends. Smoking during pregnancy in Hillingdon was lower than the English average, but was worse than the London average.

In response to questions from Members, officers explained and advised that:

- Work was taking place to try to reduce hospital admissions related to alcohol for young people and alcohol misuse among the young. Hospital admissions were higher in Hillingdon compared to elsewhere in London. This included working with local schools to target alcohol misuse and to ensure that resources were better targeted. The issues would also be considered as part of the Public Health Strategy.
- Further data could be provided to the Committee to show how some of the data provided was broken down at ward level. There was a large amount of data available in relation to health and social care, which could be targeted as

required.

- It was agreed that information would be provided to indicate the outcomes of activities set out in the Hillingdon Joint Strategic Needs Assessment. It was also agreed that percentages would be provided in relation to figures provided in future officer analysis presented to the Committee.
- Links with the Children's Centres were improving and work was being undertaken with Ofsted to develop a plan in relation to the centres. It was expected that this would be partially completed by the end of October 2015.

Belinda Hearn, Early Intervention Officer and Deborah Bell, Service Manager, Key Working Service introduced their witness submissions in support of the major review. The key points raised included the following:

- The Early Help Co-ordination Team was within the Council's Key Working Service. Its role was to act as a 'front door' to the Key Working Service and to be the link between Children's Social Care and Early Intervention and Prevention Services.
- The Key Working Service had been established on 1 April 2015 and was in the process of obtaining feedback from families to inform its development.
- Families were provided services by the Key Working Service or by the wider Early Intervention Services team. This provision could be as a result of the families having been 'stepped down' from statutory services, or where another organisation had identified a need for services to be provided. The services provided were in addition to universal services that were provided to all families. Where identified needs met the requirements for statutory services to be provided, these would be provided instead of Early Intervention Services.
- Referrals to the Key Working Service / Early Intervention Services came from organisations, such as schools, mental health providers / professionals and schools in other local authority areas.
- The Services provided a number of tools to support both professionals and families. A practice guide was available on the Council website and booklets had been produced for both groups to explain Early Help Assessments and the role of the Team Around the Family.
- The information presented to Committee included a number of case studies that gave examples of how early help was delivered in practice. This evidenced how beneficial the help provided had been to families.
- There had been 227 requests for Early Intervention and Prevention services since 1 April 2015. 37% of these had been stepped down to universal provision, while a total of 7 had been escalated to statutory services. Involvement of statutory services could be seen as a successful outcome if it helped to safeguard a child.

In response to questions from Members, officers explained and advised that:

- The term 'step up' described the need to sometimes 'step up' service provision from Early Intervention services to the provision of statutory services.
- The term 'step down' described the stepping down of service provision from Early intervention services to universal services that were provided to everyone. It was noted that service provision could also be stepped down from statutory services e.g. from Children's Social Care to Early Intervention.
- Within Early Intervention, the prevention team provided services for a period of up to six months, while intensive services were provided for up to 12 months. The aim of service provision was to empower families so that they no longer

required early intervention and could be stepped down to universal services.

- The work of Early Help Assessment (EHA) Champions covered a number of service areas. This included working with schools, school nurses and with Children's Centres.
- The families that Early Intervention Services worked directly with were normally identified by partner organisations. These partners would approach families directly where there were specific concerns e.g. falling school attendance.
- In the event that a member of staff working directly with a family left their post there would be a handover within the Team Around the Family and the relevant family would be kept informed. It was noted that staff turnover within the team had been quite low.
- Accepting the offer of an Early Help Assessment was optional, although the proportion of families offered it who refused was quite small. However, families sometimes accepted the assessment but subsequently refused the offer of other services.
- The number of Early Help Assessments provided (92 between January and August 2015) was relatively low compared to the number of requests for Early Intervention and Prevention Services (227 since April 2015). This was partly because there were a range of other assessment routes available to families likely to be in need of help. An Allocations Panel determined which assessment route would be used. Work was being undertaken with partner agencies to increase the number of EHA Assessments.
- Some agencies were reluctant to take on the Lead Professional role as they felt that they were being given additional responsibilities. The All Age Disability Service would be looking to do some work with families in relation to this and children with Attention Deficit Hyperactivity Disorder (ADHD). It was noted that the lead professional role involved working within the community and taking a lead in the monitoring process in relation to the Team Around the Family. The role could be assumed by anyone within the child related workforce.
- The single database being developed to facilitate information sharing across agencies and to improve service provision to families did not have a timescale for completion. Work was being undertaken to identify how databases could be brought together.
- The Early Intervention services offered by the Council were advertised on the Council website and this promotion would be developed over the next few months. 'Road show' type promotion of the services was also undertaken.
- Data sharing with partner organisations could be challenging because of the difficulties associated with data protection. The prevailing view was that organisations would rather not know something than be at risk of breaching the legislation. Work was being undertaken with health colleagues to strengthen arrangements.
- Stockley was the only academy that had not commissioned the Participation Team for early intervention and prevention input prior to statutory intervention. Given its academy status, there was no requirement for Stockley to make use of these services. It did report to the Council all cases where a pupil had less than 90% attendance in a particular month and the reasons for any pupils who had been removed from the school role. Operational engagement with Stockley was considered to be sound and effective.
- The Council's School Improvement Team, which met regularly, would discuss any issues raised in relation to schools and the Council also had regular meetings with the Schools Commissioner.

	RESOLVED: That: **1. The evidence provided be noted.** **2. Further information be provided to the Committee in relation to greater ward level breakdown and the outcomes of activities in relation to the Joint Strategic Needs Assessment (JSNA) data presented.**
38.	**CHILDREN AND YOUNG PEOPLE'S SERVICE IMPROVEMENT PLAN - PROGRESS REPORT** *(Agenda Item 6)* Officers introduced an update on the status of the Children and Young People's Social Care Service Improvement Plan. The report provided a summary of the status of the Plan as of September 2015 and was one of the quarterly updates that was due to be considered by the Committee. There were two main elements to the report presented. The first was the Service Improvement Plan itself. This was a live document that would be regularly updated. The second was a six month progress report, which showed the progress made, to 28 September 2015, against each of the actions contained in the plan. The Plan was now supported by a dedicated project manager who was responsible for monitoring the Plan and progress made against each of the actions within it. Steady progress was being made against all actions within the Plan, with 25 having been completed, 27 in progress and 0 that were not being progressed. Following the Committee meeting in July 2015, Members had requested greater transparency and a clearer audit trail surrounding changes made to the Plan. This request had been accommodated in the Action Plans presented to the Committee. The information provided had been made clearer and a 'traffic light' system adopted in order to show the progress made. Staff turnover was low, with significant progress having been in the recruitment of permanent Team Managers and Service Managers. A nationwide recruitment process was underway to recruit social workers. Consultancy firm Penna had helped the Council to promote the recruitment process, which officers considered had been excellent. Some of the Council's existing social workers had featured in the advertising campaign. Work was being undertaken with Human Resources to ensure that the recruitment process ran smoothly. The aim was to recruit 30 social workers initially, but the actual number would depend upon the market. The average caseload for each social worker remained stable, at an average of 16 per social worker and there was a ratio of 50:50 of interim to permanent staff. In response to a Member question, officers advised that the initial focus had been on the recruitment of Team Managers, with 14 having been recruited over the summer. A further 10 were due to be recruited and recruitment activity was progressing as planned. Of five positions at service manager grade, two permanent staff had been recruited, one was due to start at the end of October and two posts were currently filled by interims who had each been with the Council for around a year. A work stream would be developed for the Early Intervention Service in Quarter 3, 2015/16. This would be presented to the Committee as part of the next update report, which was due in February 2016.

	Members felt that the format of information provided was much improved and acknowledged the progress made in improving Children's Social Care. It was questioned when the service would be considered to be 'good' by Ofsted. Officers advised that, subject to progress on the implementation of the Plan being sustained, they anticipated that the evidence would be available to support this judgement by the end of March 2016. A Peer Review of the service would be commissioned at this point. Senior staff were collecting evidence in support of the judgement to ensure that social workers were not diverted from their frontline work. The Chairman said that there had been a noticeable difference in terms of delivery of the Action Plan and the way in which the data was presented to Committee. She thanked officers for the update that had been provided. **RESOLVED: That:** **1. The next update report on the Children and Young People's Service Improvement Plan be presented to the Committee in February 2016.** **2. The report be noted.**
39.	**CHILD SEXUAL EXPLOITATION STRATEGY IMPLEMENTATION UPDATE** *(Agenda Item 7)* Officers introduced an update on the progress made in the implementation of the Child Sexual Exploitation Strategy (CSE). It was noted that the Strategy had been launched to Children's Social Care and partner agencies in June 2015. An Action Plan, which would be monitored via the Local Safeguarding Children Board (LSCB) and monthly multi-agency panel meetings, had been incorporated into the Strategy. The LSCB had established a multi-agency Child Sexual Exploitation Strategy Sub Group. Updates on implementation of the plan were also being provided at staff meetings. Over the previous eight months, approximately 700 professionals had received CSE training. A Councillor training session had also taken place as part of a Member Development day. The Chairman of the Committee felt that the training provided had been excellent. Work had also being undertaken with the Police and with local school and taxi operators to increase awareness of CSE. In response to Member concerns that there could be a lack of focus if the CSE Sub Group also considered other areas, such as Female Genital Mutilation and radicalisation. Officers advised that there was a linkage with these areas and that it was important to consider them together and also to ensure that there was no duplication of work between the Council and other organisations. An update on this work would be brought to the Committee in the future. The Chairman reflected that Child Sexual Exploitation was a complex issue which linked to a number of other issues. A Committee Member asked if the scale of the problem in relation to Female Genital Mutilation was known. Officers advised that neither the Council nor the Police had figures. However, it was known to be a largely hidden issue and intelligence suggested that it needed consideration locally. A resource pack had been developed to raise awareness of the issue and awareness raising sessions had been held in local schools.

	RESOLVED: That **1. The report be noted.** **2. An item in relation to Female Genital Mutilation (FGM) be added to the future work programme of the Committee.**
40.	**CONSIDERATION OF TOPICS FOR MINOR REVIEW** *(Agenda Item 8)* Officers invited the Committee to consider whether it wished to confirm the previously identified topic of Elective Home Education for the undertaking a Minor Review. The Committee felt that, given that Elective Home Education had previously been reviewed in 2011/12, it would be more appropriate for the Committee to select a different topic for review. There was a brief discussion about undertaking a minor review in relation to child mental health, following which officers were asked to investigate the topic further and report back to the Committee. **RESOLVED: That:** **1. Officers to investigate the undertaking of a minor review on child mental health by the Committee.** **2. An update report on the previous Elective Home Education review be added to the Committee's work programme.**
41.	**FORWARD PLAN** *(Agenda Item 9)* **RESOLVED: That:** **1. The Forward Plan be noted.**
42.	**WORK PROGRAMME 2015/16** *(Agenda Item 10)* The Chairman requested that the Committee give its agreement to holding an additional witness session in relation to the major review, "The Effectiveness of Early Help to Promote Positive Outcomes for Families." The additional session would enable the Committee to further explore the role of Children's Centres in the provision of Early Intervention Services. It was also agreed that some parents should be invited to take part in a witness session. Officers suggested that holding a witness session separately from the Committee's scheduled session would enable it to gather information from more witnesses and it was also considered likely that some witnesses would be more comfortable speaking away from a formal Committee setting. **RESOLVED: That:** **1. An additional witness session with representatives from Children's Centres and parents be organised. The Chairman, Labour Lead and Tony Little would attend the session.** **2. The Work Programme be noted.**

	The meeting, which commenced at 7.05 pm, closed at 9.05 pm.

These are the minutes of the above meeting. For more information on any of the resolutions please contact Jon Pitt 01895 277655. Circulation of these minutes is to Councillors, Officers, the Press and Members of the Public.

MAJOR REVIEW - THE EFFECTIVENESS OF EARLY HELP TO PROMOTE POSITIVE OUTCOMES FOR FAMILIES

WITNESS SESSION 3 - ASSESSING IMPACT AND OUTCOMES

Contact Officer: Jon Pitt
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REASON FOR ITEM

To enable the Committee to gather evidence as part of its Major Review 'The Effectiveness of Early Help to Promote Positive Outcomes for Families.'

OPTIONS AVAILABLE TO THE COMMITTEE

1. Question the witnesses.
2. Propose possible recommendations for the review.

INFORMATION

For this witness session, Members will hear evidence from:

Name	Position
Tom Murphy	Head of Early Intervention Services, LBH
Dan Kennedy	Head of Business Performance, Policy & Standards, LBH
Claire Fry	Service Manager - Child and Family Development, LBH
Chris Scott	Service Manager - Targeted Programmes, LBH
Nicola Brown	Clinical Service Manager and Professional Lead for Children's Nursing Services / Health Visitor Lead, CNWL-Hillingdon

PAPERS WITH THE REPORT

- Written Submission: Tom Murphy
  - Witness Statement (Pages 11 - 15)
  - Appendix 1 (Pages 17 - 29)
  - Appendix 2 - (Pages 31 - 78)
  - Appendix 3 - (Page 79)
  - Appendix 4 - (Pages 81 - 105)
  - Appendix 5 - (Pages 107 - 109)
- Written Submission: Dan Kennedy (Pages 111 - 129)
- Written Submission: Claire Fry (Pages 131 - 135)
- Written Submission: Chris Scott (Pages 137 - 140)
- Written Submission: Nicola Brown (Pages 141 - 142, Case Studies P 143 - 156)
- Notes from visits to Children's Centres (Pages 157 - 160)

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THE EFFECTIVENESS OF EARLY HELP TO PROMOTE POSITIVE OUTCOMES FOR FAMILIES

WITNESS SUBMISSION

Name: Tom Murphy
Role: Head of Early Intervention and Prevention Services, Children and Young People's Services
Organisation: LBH

1. Background

1.1 The council's Early Intervention and Prevention Service was fully established in September 2015 as a consequence of transformation activity undertaken within the overall Children's Pathway Transformation Programme.

1.2 The new service comprises 4 divisions that have been created by a combination of aligning existing services with the overall service structure and disestablishing previous services in order to create new service areas. The four service areas are:

- **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;

- **Targeted Programmes:** Meeting the needs of families by securing and providing targeted programmes of developmental activity that enable children, young people and families to develop the behaviours, skills and capabilities to avoid or overcome problems and risks;

- **Key-working Services:** Meeting the needs of families by providing integrated 1-1 support and challenge to enable them to overcome problems including those concerned with school absence and non participation in education employment and training, 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.

1.3 In addition to these services the externally commissioned 0-19 Healthy Child Programme has been aligned to Early Intervention and Prevention Services.

1.4 The Service also leads on the development and implementation of a cross partnership Early Intervention and Prevention Strategy.

1.5 Over the past 18 months the service has been primarily concerned with conducting and concluding service review and re-structure activity. This process has included the undertaking of work in order to put in place the required infra-structure to enable the service to organise and plan its activity. This work has included the production of a plan within which service activity can be located together with a draft framework for determining and measuring service impact against agreed outcomes.

1.6 Prior to the review and re-organisation services worked to a range of different outcome measures and performance indicators. The following is offered as a summary illustration of the type of headline outcomes secured by services located within the new structure:

Child and Family Development Services

- There have been 74,818 beneficiaries of the Children's Centre programme between April and September 2015 with 58% of these being from targeted under-represented group (TUR);

- The most popular activities at the Children's Centres are in the 'Strong Families' workstream with 38,036 beneficiaries from April to September 2015. Activities include Stay and Play sessions, and Family Support and Baby Groups. Family outcomes include increased parent / child attachment, increased parenting skills and development of friendship and family support networks;

- TUR groups are most represented (86%) in the work stream promoting Safe Families. Activities include Accident Prevention and Housing Support. Family outcomes include increased ability to prevent accidents in the home and the ability to secure and maintain appropriate family accommodation;

- The Healthy Families work stream had 24,049 participants from April to September 2015 of which 47% were from TUR groups. Activities include midwifery and baby clinics, child and mother health clinics and speech and language sessions. Family outcomes include the ability meet a babies health needs in the early days and weeks after giving birth, early identification and resolution of post natal challenges including depression, baby achievement of developmental milestones including communication development.

Targeted Programmes

- There have been 2,377 targeted programme beneficiaries between April and September 2015;

- 110 young people have been supported between April and September 2015 to address emotional health and well-being problems via the Link Counselling Services. Outcomes include enhanced confidence and self-esteem and the ability to manage stress and anxiety;

- 25 young people have received targeted support between April and September 2015 to overcome challenges in relation to transition from primary to secondary school. Outcomes include the ability to develop new friendships and relationships; the ability to manage change; and

- 1,500 young people have participated in informal learning programmes between April and September 2015 which have developed their ability to avoid risks associated with unhealthy and unsafe relationships. Outcomes include the development of self-awareness, confidence and self-esteem, development of assertiveness in managing relationships and knowledge of risks associated with unsafe sexual behaviour.

Key-working Services

- 172 families supported to overcome emergent difficulties through use of the Early Help Assessment process between April and September 2015. Family outcomes include problems not escalating because they had been identified and responded to swiftly and the relaying of problems just once through one managed process;

- 170 families supported overcome identified problems by multi-agency virtual teams convened via the Team Around the Family process between April and September 2015. Outcomes for families include being supported to overcome problems with the support of all relevant agencies via one managed and coordinated process;

- 227 families supported to overcome problems identified as requiring key-work support between April and September 2015. Outcomes for families include having planned outcomes achieved to the point at which no further support is required; and

- 37 families supported to move away from the need for statutory services. Family outcomes include having secured planned outcomes that have led to the resolution of significant risks to the well-being of the family and child.

Youth Offending Services

- The service has seen a reduction in the number of entrants to the juvenile justice system in quarter 2 of 2015 - 2016. Family outcomes include the risk of negative outcomes associated with entering the criminal justice system avoided as a consequence of preventative activity including the use of triage processes and effective diversionary activity; and

- Looked after children receiving Youth Offending interventions has decreased. 16% were received during Q2 of 15/16, compared to 38% in Q2 of 14/15. Outcomes include children in care being supported to make positive choices in relation to involvement in risk related beahaviour.

Work is ongoing to re-define the outcomes the service seeks to achieve together with the measures and indicators that are needed to evidence progress. This work is being progressed in parallel with associated work with partners within the context of developing the wider Early Intervention and Prevention Strategy.

2. **Planning to provide early help in order to promote positive outcomes for families**

1.1 This section of the witness statement explains the approach to the future planning, delivery and evaluation of services in response to the need to intervene early to avoid and or reduce the risk of negative outcomes for families.

1.2 The statement is accompanied by the following appendices:

1.1.1 Early Intervention and Prevention Services Strategic Direction document;
1.1.2 Early Intervention and Prevention Services Plan;
1.1.3 Early Intervention and Prevention Services Structure;
1.1.4 Local Safeguarding Children's Board Thresholds Guidance; and
1.1.5 Draft Early Intervention and Prevention Services Performance Web.

1.3 Committee member attention is drawn to the following three documents in particular.

1.4 **Early Intervention and Prevention Services Strategic Direction document**. This document provides definition of terms for the work undertaken by Early Intervention and Prevention Services and outlines the priorities the Service seeks to attend to through its work. It is informed by a range of needs related reference documents including the Joint Strategy Needs Assessment (JSNA).

1.5 **The Early Intervention and Prevention Service Plan.** This document sets out the outcomes the service seeks to achieve together with the operational objectives in place to secure the required outcomes. Each objective has a relationship to both high level strategic outcomes and strategic priorities drawn from the JSNA.

1.6 **Draft Early Intervention and Prevention Services Performance Web.** This draft document aims to provide the service with a framework whereby it can document the outcomes it wishes to secure alongside the indicators and measures that will evidence is these outcomes are being achieved or not. The draft web poses the following questions with a view to putting the required processes in place to answer them so that we may know how effective we are at intervening early in order to prevent family problems escalating:

- How successful are we at knowing which families are most in need of our support?
- How successful are we at enabling families to develop the resilience to overcome emergent problems at the first opportunity?
- How successful are we at enabling families most in need of targeted services to access them and overcome presenting difficulties?
- How successful are we at enabling families to develop the resilience to overcome more significant and complex problems?
- How successful are we at enabling families to develop the resilience to step down and away from the need for statutory intervention?
- Are we satisfied with the quality of our work?
- Are we using the resources at our disposal to best effect?

1.7 They are offered to the Committee in order to explain how services are planned in response to need identified via a number of sources including the JSNA, how services are planning and delivering in response.

1.8 Work is ongoing to develop both the services charged with achieving the success referenced in the plan and the performance web, as well as the systems for evidencing impact and outcomes.

1.9 Additional witness statements present to the Committee will provide more specific information in relation to outcomes generated as a consequence of activity referenced within the Early Intervention and Prevention Services Plan.

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Children and Young People's Services

Early Intervention and Prevention Services

Strategic Direction Document 2015 - 2016

1. Purpose of Document

1.1 This document sets out the strategic direction for Early Intervention and Preventions Services. Its purpose is to provide clear terms of reference for all service staff, serving as a guide to inform service planning, development and delivery. It accompanies *the **Early Intervention Service Plan (attached as appendix 1)*** and also relates to the strategic direction and purpose of the Early Intervention and Prevention Strategy.

1.2 It may also be used to share with internal and external partners so that they understand the nature and purpose of the service, the priorities it is responding to and the outcomes it seeks to secure with families.

2. Definition of terms

2.1 Our work needs to be informed by a clear understanding of the terms we use to describe service activity. The following definitions are offered in order that all staff and stakeholders understand and can relate to the meaning of our work and the terms that define it.

Prevention

2.2 Work undertaken with families, usually in a universal setting, that takes place without the need for external referral or any demonstration of additional need. Preventative activity is located at level 1 (universal services received by all) of the continuum of need as defined in the ***'Hillingdon Safeguarding Children Board Threshold's Guidance and Hillingdon Children & Young People's Social Care Assessment Protocols 2014' (attached as appendix 2).***

2.3 Preventive activity should not be considered as intrusive. The most effective prevention is the creation of communities and environments that enable people to flourish.

2.4 Preventative activity is consensual in nature. It is a universal part of family life and plays a major role in enabling them to develop the personal, social, intellectual capabilities, capacity and resilience to prosper.

2.5 Universal services are also the most likely to be in a position to identify early problems or risks given that they work with the majority of families on an ongoing basis, schools for example. If problems cannot be resolved in a universal context or are recognised as being serious or complex they may be escalated for specialist and targeted intervention. Preventive activity may also be focussed on families or communities who feature in a particular “at risk” or vulnerability category. Definition of risk and vulnerability are discussed later in the document.

Early Intervention (stepping in to provide early help)

2.6 Early intervention is concerned with working with families identified as having additional support needs (Level 2 of the continuum of need). This work can be provided by universal and / or targeted services. It is recognising that family interest is likely to be best served by stepping in to help in a universal context. This means working together with families and communities, endeavouring to build any support required into everyday life as opposed to stigmatising families as problematic and signposting or referring them to services that may be perceived as alien or threatening. It should also be noted that the best and most appropriate solutions are often within local communities and provided by universal services.

2.7 In many instances the beneficiaries of early intervention will be individuals who experience difficulties that could hinder their capacity to prosper unless they receive assistance to overcome problems at the first opportunity. The outcome of such assistance is informed by the ambition to avoid or minimise the human and financial cost of problems that escalate and become entrenched.

2.8 Early intervention work focuses on preventing difficulties escalating and becoming more complex, often by seeking to equip families themselves with the skills and resilience to deal with the difficulties they are currently experiencing and those that may arise in the future.

2.9 Early intervention is not restricted to interventions early in the lives of family members. ‘Early’ in this context means intervening as soon a problem arises to minimise the risk of impact on outcomes and potential escalation.

Vulnerability

2.10 Vulnerability, within the context of our work, relates to circumstances in which families or individuals may find themselves or situations they may be experiencing whereby they are potentially more susceptible to risk and poor outcomes than others.

2.11 The vulnerability may be as a consequence of personal or social status or experience. Vulnerability may also be long or short-term depending on the circumstances. It can also be associated with personal and social attitudes and behaviours towards difference and diversity that may lead to restricted access to services.

2.12 It is recognised that all individuals and families experience problems. The majority have the capacity, capability and support networks to manage and overcome any such problems so that they don't impact on the families' ability to prosper. It is also recognised that some communities, families and individuals are more vulnerable than others and therefore may be more at risk to poor outcomes than their peers.

2.13 In certain circumstances these individuals and families may find it more difficult to recognise risk or manage problems that may arise. They may also have a number of vulnerabilities, the combination of which results in diminished capacity to deal with issues they may face.

2.14 The table below is offered for illustrative purposes and describes the vulnerability categories used in relation to entitlement to free 2 year old childcare. Additional and common descriptors of potential vulnerability have been added for reference.

2.15 The descriptors in the table do not represent a definitive list. Early intervention is concerned with being aware of individual and family vulnerability that may adversely affect outcomes and identifying where timely support may be proactively required to mitigate risk.

Vulnerability Categories	
Category	**2 year old offer vulnerability descriptors**
Family	Under-represented groups in terms of take up in services
Parental	Teenage parents not in receipt of Care to Learn
Parental	Parents with significant health issues or disabilities that impair their ability to parent children a child/children
Parental	Children from families with 3 or more children aged under 5
Parental	History of domestic violence in family
Parental	History of substance misuse in family
Parental	Lone parents
Child / YP	Children in care
Child / YP	Children subject to a Care Plan
Child / YP	Children identified by Social Care as a Child in Need
Child / YP	Children with developmental or learning delay
Child / YP	Children with disabilities

Child / YP	Children in temporary accommodation
Generic descriptors of potential vulnerability in addition to the above	
Family	Residents of deprived areas
Family	Family living in poverty
Family	Family members with limited basic skills
Child / YP	Children and young people at key points of transition (moving from primary to secondary school)
Child / YP	Children and young people experiencing loss or bereavement
Child / YP	Being a young carer
Child / YP	Being a young offender
Child / YP	Being in care or a care leaver
Child / YP	Being from an ethnic group whose outcomes are disproportionately poorer that others
Child / YP	Lesbian, gay, bi-sexual or transgender young people
Child / YP	Disengagement from employment, education and training
Child / YP	Children and young people with speech, language and communication difficulties
Child / YP	Children and young people vulnerable to sexual exploitation
Child	Born with a low birth weight
Child	Children and young people with disabilities and special education needs
Family	Child and / or family with emotional health and well-being problems
Family	Child and / or family with health problems
Family	Adult worklessness

Risk

2.16 Risk can be defined as exposure to danger. Risk taking is an important learning process for children, young people and families. Exposure to risk enables learning in term of understanding the benefits and consequences of making certain decisions.

2.17 Risk taking involves judgement and balance, with decision makers required to have the knowledge, awareness and experience to consider the value and likelihood of the possible benefits of a particular decision against the seriousness and likelihood of the possible harm.

2.18 Individual and family circumstances, including levels of vulnerability can influence engagement in risk related behaviour. They may compromise capacity to negotiate presenting risks positively. The table below sets out some of the common risks child, young people and families may be required to negotiate.

Risk factors
Risk descriptors
Misuse of alcohol and illicit substances
Engagement in unsafe sexual behaviour
Perpetrating or being a victim of abuse including domestic violence
Engagement in anti-social and / or criminal behaviour
Being socially disengaged
An inability or unwillingness to learn from experience
Low aspirations
Inability to be a 'good enough' parent
Being 'radicalised'
Being subject to sexual exploitation
Attitude and motivation to change
Not participating in employment, education and training, including pre-16's not accessing full time education
Being out of work or at risk of financial exclusion and young people at risk of unemployment
Living an unhealthy life-style (Poor diet, nutrition and smoking)
Low confidence and self-esteem
Inability to effectively communicate
Poor emotional health and well-being
Limited educational achievement including insufficient progress in 6 early years developmental stages

2.19 Again this is not a definitive list of risks. The descriptors are offered for illustrative purposes in order to clarify the definition of risk as it relates to prevention and early intervention.

2.20 There is an inter-relationship between risk and vulnerability. Poor management of risk can result in vulnerability; vulnerability can result in families being exposed to higher and increased levels of risk without the means to negotiate associated negative outcomes.

2.21 Early intervention and Prevention Services will seek to identity and offer targeted support to potentially vulnerable individuals and families. Targeted activity will be focused on those who need help that they have been unable to access and that they would benefit from. Targeted activity is primarily concerned with enabling families who may not prosper without additional help. It seek to enable families to develop the skills, knowledge, capability and resilience to recognise and successful manage risks in a manner that support learning and avoids danger leading to negative impact.

Resilience

2.22 The previously described definitions pay reference to the building of resilience as a desired outcome. Understanding what we mean by 'resilience' is therefore central to enabling us to provide the right kind of support and interventions to develop resilience in the families with whom we work.

2.23 Resilience within the context of our work can be defined as enabling individuals and families to develop the capacity to successfully navigate the challenges the may experience.

2.24 Resilience can be seen as the capacity of an individual or family to ‘bounce back’ from adverse experiences. The required capacity can be described as a set of capabilities which may be drawn upon when presented with a particular challenge. They include:

- Aspiration, sense of self, application, self-direction, self-regulation (behavioural and emotional), empathy and tenacity to achieve short and long-term goals.

2.25 The capabilities associated with resilience can be seen as protective factors in being able to manage vulnerability and risk. Early Intervention and Services is concerned with providing support and interventions which enable individuals and families who are at risk of poor outcomes to develop and draw upon these capabilities.

3. Strategic Direction

3.1 Informed by our understanding of risk, vulnerability, resilience and the role prevention and early intervention work plays in enabling families to develop the capabilities required to avoid negative outcomes, we as a service need to be clear about our ambition for the families with whom we work. The following is offered as a vision for our service to realise:

Vision

3.2 ***Hillingdon families are safe, healthy, prosperous and self reliant because they have the aspirations and means to succeed***

Service Purpose

3.3 As a service it is our purpose to contribute to realising this vision by:

3.4 ***Working together with families who need our support so that they may develop the skills, knowledge, resilience and capabilities required to be self-reliant and prosper***

3.5 We do this by securing:

- **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;

- **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;

- **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, 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.

3.6 We work in collaboration with a range of agencies and partners in order to realise our vision and deliver against our service purpose including associated activity such as the 0-19 Healthy Child Programme.

3.7 Our services are organised into the 4 areas of service outlined above. ***Service Structure Charts (attached as appendix 3)*** describes the service and its constituent parts. It also outlines our service relationship with key internal and external partner services.

Principles

3.8 In addition to our service vision and purpose the following underpinning principles inform our work. These principles will be evident in all we do to secure the best possible outcomes for families:

- ***Working together <u>with</u> families and communities*** to building knowledge, skills and capacity to enable them to thrive;

- ***Putting children and families first*** and at the centre of all we do by recognising that each family and child is unique, with differing and changing needs that are best assessed and responded to by understanding things from their perspective;

- ***Focusing on families most in need of additional support*** by being aware of those who need and would most benefit from help and swiftly connecting them to the support they require;

- ***A 'tell us once' approach***. Listening, understanding and responding to what children, young people and families are telling us;

- Providing ***timely***, ***cost effective*** and ***outcomes focused*** support. Stepping in when most likely to make a difference in a way that improves outcomes and reduces personal and financial cost;

- ***Working collaboratively*** in order to make best use of our resources by sharing information in a safe and timely way and working together to bring collectively capacity and expertise to bear in order to resolve a problem or risk; and

- ***A 'no wrong door' approach*** for children and families needing help. Developing an integrated approach to providing support so that agencies act as the gateway to a wider menu of services. Those who identify an issue or need, 'hold the ring' as lead professional until such a time as the role is formally passed on or the presenting issues are resolved.

Outcomes

3.9 Having defined our ambitions, service purpose and principles the following information sets out the high level outcomes we seek to secure through our work with families

3.10 We work as an integrated and complimentary family of service teams and practitioners, in collaboration with partners and families themselves to secure the following outcomes for our families:

- ***Strong Families****:* families thrive because they have developed the skills, knowledge, behaviours, capabilities and resilience to do so;

- ***Safe Families:*** families stay safe because they are resilience to and able to effectively manage risks and protect themselves from harm;

- ***Healthy Families:*** families are healthy because they have obtaining the skills, knowledge, behaviours and capabilities to lead healthy and socially responsible life-styles; and

- ***Economically Prosperous Families:*** families prosper because they have secured the means to live independently through sustained engagement in employment, education and training.

3.11 Our work is focused on achieving these outcomes. We will do so by agreeing service priorities and associated activity to attend to these priorities. Our priorities and service delivery activity will be accompanied by a set of performance indicators and outcome measures which will be enable us to assess the impact of our wok in achieving the outcomes we aim to secure with our families.

3.12 We will develop and utilise a ***Service Performance Web (draft attached as appendix 4).*** This framework will be used in order to enable us monitor and evaluate our work and assess how successful we are at improving outcomes for families.

4. Service Priorities

4.1 Our service priorities are derived from a number of sources. These include those that are specified and relate to statutory duties such as those concerning the provision of youth offending services for example. Other sources include priorities arising from the Joint Strategic Needs Assessment (JSNA) and those determined through relevant strategies such as the Early Intervention and Prevention Strategy and the Health and Well-being Strategy.

4.2 In addition we have priorities that are generated through monitoring and evaluation of current service delivery and knowledge obtained through local engagement with families and communities.

4.3 The priorities within this document are referenced as either:

- Primary (P) - priorities that are core business for Early Intervention and Prevention Services. Those that we will directly attend to in accordance with our service purpose, capacity and expertise; or
- Secondary(S) - priorities that we may contribute to.

4.4 Our service priorities for 2015 - 2016 have been separated into two categories:

- **Service delivery priorities** - those concerned with work undertaken directly with families; and

- **Continuous improvement priorities** - those concerned with work that enables us to operate as effectively and efficiency as possible in order to meet the needs of the families we seek to support.

4.5 They have also been aligned to the family 'problem areas' defined by the extended Troubled Families programme.

4.6 The following tables set out the priorities we will attend to through delivery of activities within our Service Plan together with reference to the source from which they have been drawn.

Service delivery priorities	
Priority	**Reference source**
Helping people to lead healthier and more independent lives (P)	Joint Strategic Needs Assessment and Health and Well-being Strategy
Promoting economic resilience (P)	Joint Strategic Needs Assessment and LBH Employment Strategy
Preventing exploitation (sexual exploitation, radicalisation and involvement in youth violence related activity) (P)	Joint Strategic Needs Assessment, CSE Strategy and Prevent Strategy
Preventing Serious Youth Violence and anti-social behaviour (P)	Joint Strategic Needs Assessment and Health and Well-being Strategy
Preventing negative outcomes associated with young people's engagement in risk related behaviour (alcohol and substance misuse) (P)	Joint Strategic Needs Assessment and Sustainable Communities Strategy
Reducing the number of adolescents being accommodated (P)	Joint Strategic Needs Assessment and Children and Young People's Service priority
Enabling families to 'step down' from statutory services (P)	Joint Strategic Needs Assessment and Children and Young People's Service priority
Improving child and adolescent emotional health and well-being (P)	Joint Strategic Needs Assessment and CAMHS Strategy
Improving family emotional health and well-being (P)	Joint Strategic Needs Assessment and CAMHS Strategy
Increasing parental capacity, aspirations and skills building (P)	Joint Strategic Needs Assessment and Children's Centre Core offer
Reducing first time entrants to the youth justice system (P)	Joint Strategic Needs Assessment and Youth Justice Board
Reducing in re-offending rates (P)	Joint Strategic Needs Assessment and Youth Justice Board
Reducing use of custody for young offenders (P)	Joint Strategic Needs Assessment and Youth Justice Board
Sustaining young people's in employment, education and training and working in collaboration with schools to minimise absenteeism and identify and place children missing education (CME) (P)	Joint Strategic Needs Assessment and DFE and OFSTED statutory guidance
Adults out of work or at risk of financial exclusion (P)	LBH Employment Strategy
Young people at risk of worklessness (P)	Joint Strategic Needs Assessment
Child development and school readiness (P)	Joint Strategic Needs Assessment and Children's Centre Core offer
child and family health and life chances (P)	Joint Strategic Needs Assessment Children's Centre Core Offer
Meeting the needs of families affected by domestic violence (P)	DV strategy
Providing sufficient early learning and childcare opportunities (S)	Joint Strategic Needs Assessment

Organisational priorities	
Priority	**Priority Activity**
1. Knowing which families are most in need of our support	• Gathering and dissemination of needs assessment information and intelligence (individual and population) in order to put families in need of help in contact with those best placed to provide it • Development of information sharing processes and protocols • Ensuring that there is effective communication between the service and internal / external partners
2. Enabling families to develop the resilience to overcome emergent problems at the first opportunity	• Consistent application of the lead professional role and use of the early help assessment, team around the family and inter-agency referral processes • Develop processes to monitoring the quality and impact of use of early help assessment and team around the family processes
3. Enabling families most in need of targeted services to access them and overcome presenting difficulties	• Consistent application of the lead professional role and use of the early help assessment, team around the family and inter-agency referral processes • Strengthening of processes to enable swift family access to targeted services • Ensuring targeted interventions are focused and deliver agreed outcomes in a timely manner
4. Enabling families to develop the resilience to overcome more significant and complex problems	• Strengthening of processes to enable swift family access to targeted services • Strengthening of processes that enable families to be 'stepped down' from social care • Ensuring targeted interventions are focused and deliver agreed outcomes in a timely manner • Ensuring that there is effective internal communication between in-service teams and with social care teams
5. Enabling families to develop the resilience to step down and away from the need for statutory intervention	• Develop the Service Performance Framework and Outcomes Plan • Develop monitoring, evaluation and tracking processes • Develop systems enable the voice of the family to be obtained in order to inform service development and evaluation

	• Improve and increase case quality development and audit activity • Develop our case recording and management information systems in order that we may capture qualitative and quantitative information to measure significant and sustained family progress
6. Providing the best quality service	• Develop our staff • Develop our quality assurance processes including case auditing arrangements • Apply effective performance management processes • Develop participant engagement processes • Develop our monitoring and evaluation processes
7. Using the resources at our disposal to best effect	• Ensuring service delivery teams are fully staff • Fully utilising available budget • Translating inputs to planned outputs and outcomes • Ensuring available capacity is fully used for target beneficiaries • Opportunities for joint working and sharing resources across EIS are actively explored

4.7 The identified priorities contained within this paper will be attended to through implementation of actions detailed within the Service Plan

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HILLINGDON
LONDON

Early Intervention and Prevention Services Plan 2015 - 2018

The Early Intervention and Prevention Services Plan consists of a number of Operational Objectives, which are framed within two high level strategic outcomes that we seek to secure with the families with whom we work. The plan sets out the resources deployed and inputs made to achieve these outcomes together with output and outcome measures that we will use to determine whether our activity is having the required impact. The plan also sets out the Lead officers and Service Areas charged with delivering key objectives together with references to strategic links and associated plans. All service delivery is focused on achieving the service plan outcomes and objectives within overall context of the Early Intervention and Prevention Strategy. The plan will be reviewed and updated annually.

Tom Murphy
Head of Early Intervention and Prevention Services

HILLINGDON
LONDON

Table of Contents

1. Safe and Strong Families 3
   1.1 Families are able to overcome emergent difficulties with the support of a lead professional through use of early help assessment and team around the family processes 3
   1.2 Families are able to overcome emergent difficulties with the support of preventative key-work 4
   1.3 Families are able to overcome multiple and complex problems with the support of intensive key-work 5
   1.4 Families are able to overcome problems associated with children and young people's poor participation in learning 6
   1.5 Families are able to address issues concerning young people's offending behaviour 8
   1.6 Families are able to avoid the risk of children and young people being sexually exploited and/or involved in serious youth violence related activity 9
   1.7 Families are able to avoid and/or effectively negotiate risk related activity (adolescent young men focused) 10
   1.8 Families are able to avoid and/or effectively negotiate risk related activity (adolescent young women focused) 12
   1.9 Families are able to avoid and/or effectively negotiate risk related activity (youth arts based focused) 14
   1.10 Families are able to avoid and/or effectively negotiate risk related activity (mobile and detached youth work programmes) 16
   1.11 Families are able to develop peer leadership skills 17
   1.12 Families are able to effectively negotiate key transition points in their children's lives 19
   1.13 Families are able to achieve early years foundation stage learning goals for their children through participation in educational programmes in early years settings 21
   1.14 Families including those entitled to the 2 year old free childcare offer access childcare provision 23
2. Healthy and Prosperous Families 25
   2.1 Families are able to overcome emergent challenges to their emotional health and wellbeing (child and adolescent focused) 25
   2.2 Families are able to make more informed choices about drug and alcohol use (adolescent focused) 27
   2.3 Families are able to make informed choices about sexual health and relationships (adolescent focused) 29
   2.4 Families are able to develop skills and confidence through volunteering (adolescent focused) 31
   2.5 Families, particularly those identified as at risk of poor outcomes, are able to ensure their children are school ready because they have benefited from the Children's Centre Programme 33
   2.6 Parents and their children, particularly those from disadvantaged families, prosper because their parenting aspirations, self esteem and parenting skills have been developed 35
   2.7 Families, particular those at risk of poor outcomes, choose to lead healthy lives with the support of the Children's Centre programme 36
   2.8 Parents, particularly those at risk of poor outcomes, are able to give their children the best start in life because they are enabled to sustain participation in education, training and employment with the support of the Children's Centre programme 37
   2.9 Families at risk of poor outcomes are able to overcome their difficulties because their needs have been identified and responded to via the Troubled Families Programme 38
3. Continuous Improvement 39
   3.1 Knowing which families are most in need of early help 39
   3.2 Enabling those most in need of early help to receive support swiftly and in a manner most likely to resolve problems at the first opportunity 40
   3.3 Enabling those with more complex needs to receive early help swiftly and in a manner most likely to stop the problem escalating 42
   3.4 Enabling those with more complex needs that have already escalated to resolve their problems 44
   3.5 Understanding and evidencing the impact of our work 46
   3.6 Ensuring families receive the highest quality service 47

1. Safe and Strong Families

Strategic Outcome

Early Intervention and Prevention Strategy Priorities	• Preventing child exploitation • Preventing serious youth violence and antisocial behaviour • Preventing negative outcomes associated with young people's engagement in risky behaviour • Increasing parental capacity, aspirations and skills building • Meeting the needs of families affected by domestic violence	• Preventing families requiring statutory intervention • Increasing parental capacity, aspirations and skills building • Reducing first time entrants to the youth justice system • Reducing re-offending rates • Reducing use of custody for young offenders • Preventing radicalisation

1.1 Families are able to overcome emergent difficulties with the support of lead professional through use of early help assessment and team around the family processes

Operational Objective

Lead Service	Key-working Service	**Lead area**	Family Key-Working Service
Lead manager	Deborah Bell	**Lead officer**	Belinda Hearn
	Descriptors	**Success Indicators**	
Resources *(Human and financial)*	• Early Intervention Services Officer. • Team Around the Family Co-ordinators x 2 • E-Learning package	• Contribution to Key-Working Service Plan successfully made and positive partner and resident feedback received. • Increase in partner agencies adoption of EHA, TAF and LP ways of working, independent of the LA being the lead.	
Inputs *(Investment/activity to generate outputs and outcomes)*	• Promotion of Lead Professional role. • Advice and training re: use of the Early Help Assessment and Team Around the Family. • Support in facilitating Team Around the Family processes.	• Evidenced increase adoption of Lead Professional role. • Evaluation of briefings and training evidence required levels of understanding. • Increase in successful application of Early Help Assessment and Team Around the Family processes as evidenced by audit activity.	
Outputs (Quantative change arising from input)	• 100% of primary and secondary schools briefed on guidance. • 100% increase in schools application of EHA and TAF. • 100% increase in non-school universal service application of EHA and TAF • Total annual increase EHA and TAFs within Hillingdon - 200%. • 75% of all TAFs and EHAs and outcome plans deliver significant and sustained progress with families within agreed timescales. • All Hillingdon's children's workforce is briefed on the EHA, LP and TAF processes available to support their clients.	• The number of families who are able to overcome emergent difficulties with the support of lead professionals through use of early help assessment and team around the family processes increases significantly • 'Front door' social care contact is reduced overtime because the need for avoidable contact to be made diminishes as a consequence of increases use of EHA and TAF processes	
Outcomes (Qualitative change for families or communities)	• 75% of families where EHA and TAF processes have been applied are enabled to resolve their issues and require no further intervention following conclusion of the outcome plan • 80% of children families and partners who apply the process rate it as 'good' or better	• Partner ownership and application of early intervention principles and practice enhanced • Social care contact is reduced because families subject to EHAs and TAF processes do not present for EIPS or Social care intervention	
Strategic links	• Early Intervention and Prevention Strategy • CYPS Social Care Improvement Plan • Health and Wellbeing Strategy	• Contribution to Strategy successfully made. • Contribution to Strategy successfully made. • Contribution to Plan successfully made. • Contribution to Strategy successfully made.	

Safe and Strong Families		*Strategic Outcome*
Early Intervention and Prevention Strategy Priorities	• Preventing child sexual exploitation • Preventing serious youth violence and antisocial behaviour • Preventing negative outcomes associated with young people's engagement in risky behaviour • Increasing parental capacity, aspirations and skills building • Meeting the needs of families affected by domestic violence	• Preventing families requiring statutory intervention • Increasing parental capacity, aspirations and skills building • Reducing first time entrants to the youth justice system • Reducing re-offending rates • Reducing use of custody for young offenders • Preventing radicalisation

1.2 Families are able to overcome emergent difficulties with the support of preventative key-work		*Operational Objective*
Lead Service	Key-working Service	**Lead area** Key-Work Service Preventive Teams 1 & 2
Lead manager	Deborah Bell	**Lead officer** (1) Anne-Marie McCarthy (2) Lea Perez
	Descriptors	**Success Indicators**
Resources *(Human and financial)*	• Team Leaders x 2 • 7.5fte Key-worker teams x 2 plus 1 Duty Key-worker	• Contribution to Early Intervention Plan successfully made.
Inputs *(Investment/activity to generate outputs and outcomes)*	• With consent, Key-workers work with children and families experiencing the challenges detailed above, working to a time bound and outcome focused plan.	• Key-Work Service audits. • Use of Early Intervention enhanced (programmes and children's centres). • Performance against indicators within EIP Dashboard.
Outputs (Quantative change arising from input)	• Key Workers deliver 100% of their allocated cases with an assessment, explicitly consented plan, delivery of key work services recorded on LCS, and outcome record including client feedback. • Key Workers achieve 70% of their casework within agreed time scales not exceeding 6 months. • Parent satisfaction survey planned and delivered. • Partner satisfaction survey planned and delivered.	• Social care contact and re-referral is reduced because families subject to EHAs and TAF processes do not present for Social care intervention • The number of cases 'stepped down' to universal services who don't re-present for support. Contribution to the wider KWS outcomes as follows as required: • The number of CIN / CP cases 'stepped down' to EIPS / key-working service and closed. • The number of social care cases 'stepped down' to EIPS / key-working service who don't re-present (six-months / year) • The number of CIN / CP / LAC plans with a key-work contribution.
Outcomes (Qualitative change for families or communities)	• 75% of families where EHA and TAF processes have been applied have been enabled to resolve their issues and require no further intervention • 75% of outcome plans managed by preventative key-workers deliver significant and sustained progress for families within 6 months.	• The number of family outcome plans successfully delivered. • The number of families who do not represent for early help or statutory services.
Strategic links	• Early Intervention and Prevention Strategy • CYPS Social Care Improvement Plan • Health and Wellbeing Strategy	• Contribution to Strategy successfully made. • Contribution to Strategy successfully made. • Contribution to Plan successfully made. • Contribution to Strategy successfully made.

Safe and Strong Families		***Strategic Outcome***
Early Intervention and Prevention Strategy Priorities	• Preventing child sexual exploitation • Preventing serious youth violence and antisocial behaviour • Preventing negative outcomes associated with young people's engagement in risky behaviour • Increasing parental capacity, aspirations and skills building • Meeting the needs of families affected by domestic violence	• Preventing families requiring statutory intervention • Increasing parental capacity, aspirations and skills building • Reducing first time entrants to the youth justice system • Reducing re-offending rates • Reducing use of custody for young offenders • Preventing radicalisation

1.3 Families are able to overcome multiple and complex problems with the support of intensive key-work		***Operational Objective***
Lead Service	Key-working Service	**Lead area** Key-Work Service Intensive Team
Lead manager	Deborah Bell	**Lead officer** Andrew Musgrave
	Descriptors	**Success Indicators**
Resources *(Human and financial)*	• Team Leader x 1 • 8fte Key-workers	• Contribution to Early Intervention Services Plan successfully made.
Inputs *(Investment/activity to generate outputs and outcomes)*	• With consent or as part of a statutory plan, Key-workers work with children and families experiencing the challenges detailed above, working to a time bound and outcome focused plan.	• Key-Work Service audits. • Use of Early Intervention enhanced (programmes and children's centres). • Performance against indicators within EIP Dashboard.
Outputs (Quantative change arising from input)	• Key Workers achieve success in delivering significant and sustained positive outcomes on areas of improvement agreed in 70% of Family Outcome Plans. • Key Workers deliver 100% of their allocated cases with an assessment, explicitly consented plan, delivery of key work services recorded on LCS, and outcome record including client feedback. • Key Workers achieve 70% of their casework within agreed time scales not exceeding 12 months.	• The number of CIN / CP cases 'stepped down' to EIPS / key-working service and closed. • The number of social care cases 'stepped down' to EIPS / key-working service who don't re-present (six-months / year) • The number of CIN / CP / LAC plans with a key-work contribution. • The number of cases 'stepped down' to universal services. • The number of cases 'stepped down' to universal services who don't re-present. • Numbers of children and families receiving statutory children's social care intervention reduced. • Social care demand is reduced because families subject to EHAs and TAF processes and key-worker support do not present for Social care intervention or are supported to step-down at the earliest opportunity
Outcomes (Qualitative change for families or communities)	• 75% of outcome plans managed by intensive key-workers deliver significant and sustained progress with families • 75% of outcome plans managed by or contributed to by intensive key-workers deliver significant and sustained progress for families within 12 months.	• Children and families equipped with skills, strategies and resilience to cope with and overcome the challenges identified in their plan and sustain their progress to self-reliance without the need for additional support, • Children and families sustain progress made whilst receiving social care / EIPS support to the point of self-reliance
Strategic links	• Early Intervention and Prevention Strategy • CYPS Social Care Improvement Plan	• Contribution to Strategy successfully made. • Contribution to Strategy successfully made.

Safe and Strong Families		*Strategic Outcome*
Early Intervention and Prevention Strategy Priorities	• Preventing child sexual exploitation • Preventing serious youth violence and antisocial behaviour • Preventing negative outcomes associated with young people's engagement in risky behaviour • Increasing parental capacity, aspirations and skills building • Meeting the needs of families affected by domestic violence	• Preventing families requiring statutory intervention • Increasing parental capacity, aspirations and skills building • Reducing first time entrants to the youth justice system • Reducing re-offending rates • Reducing use of custody for young offenders • Preventing radicalisation

1.4 Families are able to overcome problems associated with children and young people's poor participation in learning

Operational Objective

Lead Service	Key-working Service	**Lead area**	Key-Work Service Participation Team
Lead manager	Deborah Bell	**Lead officer**	Lesley Harvey
	Descriptors		**Success Indicators**
Resources *(Human and financial)*	• Team Leader x 1 • 8fte Key-workers • Key-Working Service Duty Officer/MASH Lead x 1		• Contribution to Key-Work Service Plan successfully made.
Inputs *(Investment/activity to generate outputs and outcomes)*	• Key-workers work with children and families experiencing barriers to education due to poor attendance, exclusion and young people and families where the young person is not engaged in education, training or employment. Delivery on Hillingdon's obligations pertaining to school and participation in EET. Children Missing Education identified tracked and placed in appropriate education.		• Outputs and outcomes are delivered via effective use of available resources • Balanced caseloads are in place that lead to families receiving the required level of support to secure planned outcomes
Outputs (Quantative change arising from input)	• 75% of poor attenders improved to 90%+ authorised attendance. • CME numbers for Hillingdon under250. • Permanent exclusions reduced by 25%. • EET tracking achieved at 3%. • NEET levels not in excess of 2.5%.		• School attendance maximised at 95%. • Persistent absenteeism and exclusions minimised at 10% 90%+ and 25% reduction in permanent exclusions. • Post-16 young people in EET maximised with average of <300 NEET. • Children's performance and employment licensing functions delivered to protect their rights to education. • Performances and employment inspected to ensure this. 20% performances inspected. • CME numbers minimised below 250.
Outcomes (Qualitative change for families or communities)	• Children and young people's attainment and progression prospects are maximised through high levels of participation in EET • 75% of children and families achieve significant and sustained progress in overcoming identified problems through achievement of outcome plan objectives managed by participation key-workers		• Participation rates for individuals are maintained • Absence, CME and NEET levels are kept below target • Individuals and groups who feature disproportionately in the school absence, CME and NEET figures are brought in line with the levels of their peers

1.4 Families are able to overcome problems associated with children and young people's poor participation in learning			*Operational Objective*
Lead Service	Key-working Service	**Lead area**	Key-Work Service Participation Team
Lead manager	Deborah Bell	**Lead officer**	Lesley Harvey
	Descriptors	**Success Indicators**	
Strategic links	• Early Intervention and Prevention Strategy • CYPS Social Care Improvement Plan • Health and Wellbeing Strategy • School Improvement Plan	• Contribution to Strategy successfully made. • Contribution to Strategy successfully made. • Contribution to Strategy successfully made. • Contribution to Strategy successfully made. • Contribution to Strategy successfully made.	

Safe and Strong Families		*Strategic Outcome*
Early Intervention and Prevention Strategy Priorities	• Preventing child sexual exploitation • Preventing serious youth violence and antisocial behaviour • Preventing negative outcomes associated with young people's engagement in risky behaviour • Increasing parental capacity, aspirations and skills building • Meeting the needs of families affected by domestic violence	• Preventing families requiring statutory intervention • Increasing parental capacity, aspirations and skills building • Reducing first time entrants to the youth justice system • Reducing re-offending rates • Reducing use of custody for young offenders • Preventing radicalisation

1.5 Families are able to address issues concerning young people's offending behaviour

Operational Objective

Lead Service	Youth Offending Service	**Lead area**	Youth Offending Service Operation Teams
Lead manager	Lynn Hawes	**Lead officer**	Linda Byrne, Joseph Nwokobia, Tim Steele
	Descriptors	**Success Indicators**	
Resources *(Human and financial)*	• Youth Offending Service - multi-disciplinary team.		
Inputs *(Investment/activity to generate outputs and outcomes)*	• Implementation of the new AssetPlus framework. • Identification of siblings at risk of engagement in serious youth violence and signposting to services. • Increased use of restorative justice interventions. • Identification of young people with neuro-disabilities and referral pathways established to appropriate services.	• All staff understand the theory behind the new framework through the completion of the YJILS training. • Suitable system developed to identify sibling groups at risk. • All staff trained to appropriate level in restorative justice practice. • All Youth Offending Service clients are screened for neuro-disabilities.	
Outputs (Quantative change arising from input)	• All staff trained in the use of AssetPlus on Careworks. • Sibling groups access Early Intervention Services. • Victims engage with restorative justice processes. • All young people identified through screening service receive a CHAT neuro-disability assessment.	• Assessment quality following implementation improved against 14/15 baseline. • Sibling groups engage with Early Intervention Services. • Number of restorative justice interventions increases against 14/15 baseline. • All young people identified as having a neuro-disability are referred to appropriate services.	
Outcomes (Qualitative change for families or communities)	• Reduction in re-offending rates (13/14) against 12/13 baseline. • Reduction in number of families where more than one child has received a Criminal Justice disposal against 14/15 baseline.	• Output targets achieved. • Output targets achieved.	
Strategic links	• Youth Justice Plan and Board National Indicators	• Contribution to Strategy successfully made.	

Safe and Strong Families		*Strategic Outcome*
Early Intervention and Prevention Strategy Priorities	• Preventing child sexual exploitation • Preventing serious youth violence and antisocial behaviour • Preventing negative outcomes associated with young people's engagement in risky behaviour • Increasing parental capacity, aspirations and skills building • Meeting the needs of families affected by domestic violence	• Preventing families requiring statutory intervention • Increasing parental capacity, aspirations and skills building • Reducing first time entrants to the youth justice system • Reducing re-offending rates • Reducing use of custody for young offenders • Preventing radicalisation

1.6 Families are able to avoid the risk of children and young people being sexually exploited and/or involved in serious youth violence related activity

Operational Objective

Lead Service	Youth Offending Service	**Lead area**	All Early Intervention Service teams
Lead manager	Lynn Hawes	**Lead officer**	
	Descriptors	**Success Indicators**	
Resources *(Human and financial)*	• All Early Intervention Services staff. • Links to Child Sexual Exploitation Co-ordinator and SAFE project.	• Maximum participation of targeted staff achieved	
Inputs *(Investment/activity to generate outputs and outcomes)*	• Advice and training re Child Sexual Exploitation, Gang and Prevent agendas to all EIS staff. • Raise awareness of Hillingdon Child Sexual Exploitation Strategy. • Mapping of Child Sexual Exploitation, serious youth violence associations.	• Staff recognise risk factors associated with all three areas of concern when identified through their respective assessments. • Staff are familiar with the Strategy and actions to take when there are Child Sexual Exploitation or Prevent concerns. • Associations and links between young people are understood and can inform assessment processes.	
Outputs (Quantative change arising from input)	• A minimum of 80% of staff in Early Intervention and Prevention Services have undertaken core briefing and e-learning on Prevent and Child Sexual Exploitation as provided through the Council. • 100% of multi-agency referral meetings such as MAP have Early Intervention Services representation.	• Output targets achieved. • High quality information from Early Intervention and Prevention Services is shared at multi-agency meetings.	
Outcomes (Qualitative change for families or communities)	• Through partnership working, 90% of young people known to Early Intervention and Prevention Services and identified as being at risk of Child Sexual Exploitation, serious youth violence engagement or radicalisation are assessed as being at a reduced risk following interventions.	• Output targets achieved.	
Strategic links	• Hillingdon Child Sexual Exploitation Strategy. • Hillingdon Prevent Action Plan. • Hillingdon Youth Justice Plan. • LSCB Priority area (Child Sexual Exploitation)	• Contribution to Strategy successfully made. • Contribution to Strategy successfully made. • Contribution to Plan successfully made. • Contribution to Strategy successfully made.	

Safe and Strong Families — *Strategic Outcome*

Early Intervention and Prevention Strategy Priorities	• Preventing child sexual exploitation • Preventing serious youth violence and antisocial behaviour • Preventing negative outcomes associated with young people's engagement in risky behaviour • Increasing parental capacity, aspirations and skills building • Meeting the needs of families affected by domestic violence	• Preventing families requiring statutory intervention • Increasing parental capacity, aspirations and skills building • Reducing first time entrants to the youth justice system • Reducing re-offending rates • Reducing use of custody for young offenders • Preventing radicalisation

1.7 Families are able to avoid and/or effectively negotiate risk related activity (adolescent young men focused) — *Operational Objective*

Lead Service	Targeted Programmes	**Lead area**	Targeted Programmes - Boys and Young Men's Programmes
Lead manager	Chris Scott	**Lead officer**	Lucy Wylde, Charlie Garrett
	Descriptors	**Success Indicators**	
Resources *(Human and financial)*	• 1 x 1.0fte Programme Co-ordinator. • 1 x 0.25fte Lead Programme Delivery Worker. • 4 x 0.25fte Programme Delivery Worker. • 2015/2016 Revenue Budget.	• Contribution to Targeted Programmes 2015/16 Service Delivery Plan against targets. • Effective and efficient use of delegated human and financial resource against forecast.	
Inputs *(Investment/activity to generate outputs and outcomes)*	• Boys and Young Men's Programmes will deliver a co-ordinated range of structured early intervention programmes of varying duration, content, and learning levels for boys and young men aged between 8 and 24, identified as being at increased risk of negative social, health and economic outcomes.	• Specified number of programmes delivered against target. • Specified number of learning hours/sessions delivered against target. • Specified number of participants engaged against target. • Specified number of participants completing programmes against target. • Specified number of participants completing Personal and Social Capabilities development assessments against target.	
Outputs (Quantative change arising from input)	• 210 boys and young men benefit from participation in programme activity annually • 100 increase in programme contribution to TAF plans • 100% increase in programme contribution to CIN and CP plans • 100% increase in programme contribution to LAC pathway plans • 100% increase in programme contribution to Youth Offending Service plans • The number of social care plans with a programme contribution successfully closed	• Increase in boys and young men referred to programme via social care • Increase in boys and young men sign-posted to programme via social care • Increase in programme contribution to family outcome and pathway plans developed via TAF and or social care processes.	
Outcomes (Qualitative change for families or communities)	• Participants will evidence the deployment and benefit of enhanced Personal and Social Capabilities, in relation to their Competencies (skills/abilities), Comprehensions (knowledge /understanding), Commitments (values/beliefs) and conduct (actions/behaviours), and in the context of their identified risk factors.	• Outcome targets will be specified for individual participants on the basis of their assessed personal and social developmental needs. Participants' deployment of, and benefit gained through the required Personal and Social Capabilities will be monitored at key points at, and after, the completion of the planned intervention to measure sustained progress.	

1.7 Families are able to avoid and/or effectively negotiate risk related activity (adolescent young men focused)			*Operational Objective*
Lead Service	Targeted Programmes	**Lead area**	Targeted Programmes - Boys and Young Men's Programmes
Lead manager	Chris Scott	**Lead officer**	Lucy Wylde, Charlie Garrett
	Descriptors	**Success Indicators**	
Strategic links	• Hillingdon Child Sexual Exploitation Strategy • Hillingdon SYV Strategy • Hillingdon Prevent Action Plan • Hillingdon Early Intervention and Prevention Strategy	• Evidenced contributions to the named Strategies will be demonstrated through monitoring of participant post-engagement impact and status indicators.	

Safe and Strong Families		*Strategic Outcome*
Early Intervention and Prevention Strategy Priorities	• Preventing child sexual exploitation • Preventing serious youth violence and antisocial behaviour • Preventing negative outcomes associated with young people's engagement in risky behaviour • Increasing parental capacity, aspirations and skills building • Meeting the needs of families affected by domestic violence	• Preventing families requiring statutory intervention • Increasing parental capacity, aspirations and skills building • Reducing first time entrants to the youth justice system • Reducing re-offending rates • Reducing use of custody for young offenders • Preventing radicalisation

1.8 Families are able to avoid and/or effectively negotiate risk related activity (adolescent young women focused) *Operational Objective*

Lead Service	Targeted Programmes	**Lead area**	Targeted Programmes - Girls and Young Women's Programmes
Lead manager	Chris Scott	**Lead officer**	Lucy Wylde, Monica Gaga
	Descriptors	**Success Indicators**	
Resources *(Human and financial)*	• 1 x 1.0fte Programme Co-ordinator. • 1 x 0.25fte Lead Programme Delivery Worker. • 4 x 0.25fte Programme Delivery Worker. • 2015/2016 Revenue Budget.	• Contribution to Targeted Programmes 2015/16 Service Delivery Plan against targets. • Effective and efficient use of delegated human and financial resource against forecast.	
Inputs *(Investment/activity to generate outputs and outcomes)*	• Girls and Young Women's Programmes will deliver a co-ordinated range of structured early intervention programmes of varying duration, content, and learning levels for girls and young women aged between 8 and 24, identified as being at increased risk of negative social, health and economic outcomes.	• Specified number of programmes delivered against target. • Specified number of learning hours/sessions delivered against target. • Specified number of participants engaged against target. • Specified number of participants completing programmes against target. • Specified number of participants completing Personal and Social Capabilities development assessments against target.	
Outputs (Quantative change arising from input)	• 210 girls and young women benefit from participation in programme activity annually • 100 increase in programme contribution to TAF plans • 100% increase in programme contribution to CIN and CP plans • 100% increase in programme contribution to LAC pathway plans • 100% increase in programme contribution to Youth Offending Service plans • The number of social care plans with a programme contribution successfully closed	• Increase in girls and young women referred to programme via social care • Increase in boys and young men sign-posted to programme via social care • Increase in programme contribution to family outcome and pathway plans developed via TAF and or social care processes.	
Outcomes (Qualitative change for families or communities)	• Participants will evidence the deployment and benefit of enhanced Personal and Social Capabilities, in relation to their Competencies (skills/abilities), Comprehensions (knowledge/understanding), Commitments (values/beliefs) and conduct (actions/behaviours), and in the context of their identified risk factors.	• Outcome targets will be specified for individual participants on the basis of their assessed personal and social developmental needs. Participants' deployment of, and benefit gained through the required Personal and Social Capabilities will be monitored at key points at, and after, the completion of the planned intervention to measure sustained progress.	

1.8 Families are able to avoid and/or effectively negotiate risk related activity (adolescent young women focused)			*Operational Objective*
Lead Service	Targeted Programmes	**Lead area**	Targeted Programmes - Girls and Young Women's Programmes
Lead manager	Chris Scott	**Lead officer**	Lucy Wylde, Monica Gaga
	Descriptors	**Success Indicators**	
Strategic links	• Hillingdon Child Sexual Exploitation Strategy • Hillingdon SYV Strategy • Hillingdon Prevent Action Plan • Hillingdon Early Intervention and Prevention Strategy	• Evidenced contributions to the named Strategies will be demonstrated through monitoring of participant post-engagement impact and status indicators.	

Safe and Strong Families		***Strategic Outcome***
Early Intervention and Prevention Strategy Priorities	• Preventing child sexual exploitation • Preventing serious youth violence and antisocial behaviour • Preventing negative outcomes associated with young people's engagement in risky behaviour • Increasing parental capacity, aspirations and skills building • Meeting the needs of families affected by domestic violence	• Preventing families requiring statutory intervention • Increasing parental capacity, aspirations and skills building • Reducing first time entrants to the youth justice system • Reducing re-offending rates • Reducing use of custody for young offenders • Preventing radicalisation

1.9 Families are able to avoid and/or effectively negotiate risk related activity (youth arts based focused)		***Operational Objective***
Lead Service	Targeted Programmes	**Lead area** Targeted Programmes - Creative Arts Programmes
Lead manager	Chris Scott	**Lead officer** Lucy Wylde, Matt Bateman
	Descriptors	**Success Indicators**
Resources *(Human and financial)*	• 1 x 1.0fte Programme Co-ordinator. • 1 x 0.25fte Lead Programme Delivery Worker. • 4 x 0.25fte Programme Delivery Worker. • 2015/2016 Revenue Budget.	• Contribution to Targeted Programmes 2015/16 Service Delivery Plan against targets. • Effective and efficient use of delegated human and financial resource against forecast.
Inputs *(Investment/activity to generate outputs and outcomes)*	• Creative Arts Programmes will deliver a co-ordinated range of performance and technical arts based structured early intervention programmes of varying duration, content, and learning levels for children, adolescents and vulnerable young adults aged between 8 and 24, identified as being at increased risk of negative social, health and economic outcomes.	• Specified number of programmes delivered against target. • Specified number of learning hours/sessions delivered against target. • Specified number of participants engaged against target. • Specified number of participants completing programmes against target. • Specified number of participants completing Personal and Social Capabilities development assessments against target.
Outputs (Quantative change arising from input)	• 150 young people benefit from participation in programme activity annually • 100 increase in programme contribution to TAF plans • 100% increase in programme contribution to CIN and CP plans • 100% increase in programme contribution to LAC pathway plans • 100% increase in programme contribution to Youth Offending Service plans • The number of social care plans with a programme contribution successfully closed	• Increase in girls and young women referred to programme via social care • Increase in boys and young men sign-posted to programme via social care • Increase in programme contribution to family outcome and pathway plans developed via TAF and or social care processes.
Outcomes (Qualitative change for families or communities)	• Participants will evidence the deployment and benefit of enhanced Personal and Social Capabilities, in relation to their Competencies (skills/abilities), Comprehensions (knowledge /understanding), Commitments (values/beliefs) and conduct (actions/behaviours), and in the context of their identified risk factors.	• Outcome targets will be specified for individual participants on the basis of their assessed personal and social developmental needs. Participants' deployment of, and benefit gained through the required Personal and Social Capabilities will be monitored at key points at, and after, the completion of the planned intervention to measure sustained progress.

1.9 Families are able to avoid and/or effectively negotiate risk related activity (youth arts based focused)			*Operational Objective*
Lead Service	Targeted Programmes	**Lead area**	Targeted Programmes - Creative Arts Programmes
Lead manager	Chris Scott	**Lead officer**	Lucy Wylde, Matt Bateman
	Descriptors	**Success Indicators**	
Strategic links	• Hillingdon Child Sexual Exploitation Strategy • Hillingdon SYV Strategy • Hillingdon Prevent Action Plan • Hillingdon Early Intervention and Prevention Strategy	• Evidenced contributions to the named Strategies will be demonstrated through monitoring of participant post-engagement impact and status indicators.	

Safe and Strong Families		*Strategic Outcome*
Early Intervention and Prevention Strategy Priorities	• Preventing child sexual exploitation • Preventing serious youth violence and antisocial behaviour • Preventing negative outcomes associated with young people's engagement in risky behaviour • Increasing parental capacity, aspirations and skills building • Meeting the needs of families affected by domestic violence	• Preventing families requiring statutory intervention • Increasing parental capacity, aspirations and skills building • Reducing first time entrants to the youth justice system • Reducing re-offending rates • Reducing use of custody for young offenders • Preventing radicalisation

1.10 Families are able to avoid and/or effectively negotiate risk related activity (mobile and detached youth work programmes)		*Operational Objective*
Lead Service	Targeted Programmes	**Lead area**	Targeted Programmes - Mobile and Detached Programmes
Lead manager	Chris Scott	**Lead officer**	Lucy Wylde, Adam Mohamed
	Descriptors	**Success Indicators**
Resources *(Human and financial)*	• 1 x 1.0fte Programme Co-ordinator. • 1 x 0.25fte Lead Programme Delivery Worker. • 4 x 0.25fte Programme Delivery Worker. • 2015/2016 Revenue Budget.	• Contribution to Targeted Programmes 2015/16 Service Delivery Plan against targets. • Effective and efficient use of delegated human and financial resource against forecast.
Inputs *(Investment/activity to generate outputs and outcomes)*	• Mobile and Detached Programmes will deliver a co-ordinated range of peripatetic structured early intervention programmes of varying duration, content, and learning levels for children, adolescents and vulnerable young adults aged between 8 and 24, identified as being at increased risk of negative social, health and economic outcomes.	• Specified number of programmes delivered against target. • Specified number of learning hours/sessions delivered against target. • Specified number of participants engaged against target. • Specified number of participants completing programmes against target. • Specified number of participants completing Personal and Social Capabilities development assessments against target.
Outputs (Quantative change arising from input)	• 480 young people benefit from the programme • Participants will evidence the acquisition and possession of developing Personal and Social Capabilities, in relation to their Competencies (skills/abilities), Comprehensions (knowledge /understanding), Commitments (values/beliefs) and Conduct (actions/behaviours), and in the context of their identified risk-factors.	• Output targets will be specified for individual participants on the basis of their assessed personal and social developmental needs. Participants' acquisition and possession of the required Personal and Social Capabilities will be monitored at key points within the planned intervention to measure progress against targets. • Cost avoidance /cost savings as a consequence of delivering planned outputs and outcomes are quantified within context of BID / MTFF
Outcomes (Qualitative change for families or communities)	• Participants will evidence the deployment and benefit of enhanced Personal and Social Capabilities, in relation to their Competencies (skills/abilities), Comprehensions (knowledge /understanding), Commitments (values/beliefs) and conduct (actions/behaviours), and in the context of their identified risk factors.	• Outcome targets will be specified for individual participants on the basis of their assessed personal and social developmental needs. Participants' deployment of, and benefit gained through the required Personal and Social Capabilities will be monitored at key points at, and after, the completion of the planned intervention to measure sustained progress.
Strategic links	• Hillingdon Child Sexual Exploitation Strategy • Hillingdon SYV Strategy • Hillingdon Prevent Action Plan • Hillingdon Early Intervention and Prevention Strategy	• Evidenced contributions to the named Strategies will be demonstrated through monitoring of participant post-engagement impact and status indicators.

Safe and Strong Families		***Strategic Outcome***
Early Intervention and Prevention Strategy Priorities	• Preventing child sexual exploitation • Preventing serious youth violence and antisocial behaviour • Preventing negative outcomes associated with young people's engagement in risky behaviour • Increasing parental capacity, aspirations and skills building • Meeting the needs of families affected by domestic violence	• Preventing families requiring statutory intervention • Increasing parental capacity, aspirations and skills building • Reducing first time entrants to the youth justice system • Reducing re-offending rates • Reducing use of custody for young offenders • Preventing radicalisation

1.11 Families are able to develop peer leadership skills		***Operational Objective***
Lead Service	Targeted Programmes	**Lead area**	Targeted Programmes - Peer Leadership Programmes
Lead manager	Chris Scott	**Lead officer**	Lucy Wylde, Marie Fleming
	Descriptors	**Success Indicators**
Resources *(Human and financial)*	• 1 x 1.0fte Programme Co-ordinator. • 1 x 0.25fte Lead Programme Delivery Worker. • 4 x 0.25fte Programme Delivery Worker. • 2015/2016 Revenue Budget.	• Contribution to Targeted Programmes 2015/16 Service Delivery Plan against targets. • Effective and efficient use of delegated human and financial resource against forecast.
Inputs *(Investment/activity to generate outputs and outcomes)*	• Peer Leadership Programmes will deliver a co-ordinated range of peer leadership based structured early intervention programmes of varying duration, content, and learning levels for children, adolescents and vulnerable young adults aged between 8 and 24, identified as being at increased risk of negative social, health and economic outcomes.	• Specified number of programmes delivered against target. • Specified number of learning hours/sessions delivered against target. • Specified number of participants engaged against target. • Specified number of participants completing programmes against target. • Specified number of participants completing Personal and Social Capabilities development assessments against target.
Outputs (Quantative change arising from input)	• 320 young people benefit from the programme annually • 100 increase in programme contribution to TAF plans • 100% increase in programme contribution to CIN and CP plans • 100% increase in programme contribution to LAC pathway plans • 100% increase in programme contribution to Youth Offending Service plans • The number of social care plans with a programme contribution successfully closed	• Increase in young people referred to programme via social care • Increase young people sign-posted to programme via social care • Increase in programme contribution to family outcome and pathway plans developed via TAF and or social care processes.
Outcomes (Qualitative change for families or communities)	• Participants will evidence the deployment and benefit of enhanced Personal and Social Capabilities, in relation to their Competencies (skills/abilities), Comprehensions (knowledge /understanding), Commitments (values/beliefs) and conduct (actions/behaviours), and in the context of their identified risk factors.	• Outcome targets will be specified for individual participants on the basis of their assessed personal and social developmental needs. Participants' deployment of, and benefit gained through the required Personal and Social Capabilities will be monitored at key points at, and after, the completion of the planned intervention to measure sustained progress.

1.11 Families are able to develop peer leadership skills			*Operational Objective*
Lead Service	Targeted Programmes	**Lead area**	Targeted Programmes - Peer Leadership Programmes
Lead manager	Chris Scott	**Lead officer**	Lucy Wylde, Marie Fleming
	Descriptors	**Success Indicators**	
Strategic links	• Hillingdon Child Sexual Exploitation Strategy • Hillingdon SYV Strategy • Hillingdon Prevent Action Plan • Hillingdon Early Intervention and Prevention Strategy	• Evidenced contributions to the named Strategies will be demonstrated through monitoring of participant post-engagement impact and status indicators.	

Safe and Strong Families	*Strategic Outcome*	
Early Intervention and Prevention Strategy Priorities	• Preventing child sexual exploitation • Preventing serious youth violence and antisocial behaviour • Preventing negative outcomes associated with young people's engagement in risky behaviour • Increasing parental capacity, aspirations and skills building • Meeting the needs of families affected by domestic violence	• Preventing families requiring statutory intervention • Increasing parental capacity, aspirations and skills building • Reducing first time entrants to the youth justice system • Reducing re-offending rates • Reducing use of custody for young offenders • Preventing radicalisation

1.12 Families are able to effectively negotiate key transition points in their children's lives

Operational Objective

Lead Service	Targeted Programmes	**Lead area**	Targeted Programmes - Transition Support Programmes
Lead manager	Chris Scott	**Lead officer**	Lucy Wylde, Marie Fleming
	Descriptors	**Success Indicators**	
Resources *(Human and financial)*	• 1 x 1.0fte Programme Co-ordinator. • 1 x 0.25fte Lead Programme Delivery Worker. • 4 x 0.25fte Programme Delivery Worker. • 2015/2016 Revenue Budget	• Contribution to Targeted Programmes 2015/16 Service Delivery Plan against targets. • Effective and efficient use of delegated human and financial resource against forecast.	
Inputs *(Investment/activity to generate outputs and outcomes)*	• Transition Support Programmes will deliver a co-ordinated range of transition focused structured early intervention programmes of varying duration, content, and learning levels for children, adolescents and vulnerable young adults aged between 8 and 24, identified as being at increased risk of negative social, health and economic outcomes.	• Specified number of programmes delivered against target. • Specified number of learning hours/sessions delivered against target. • Specified number of participants engaged against target. • Specified number of participants completing programmes against target. • Specified number of participants completing Personal and Social Capabilities development assessments against target.	
Outputs (Quantative change arising from input)	• 210 children and young people benefit from programme • 100 increase in programme contribution to TAF plans • 100% increase in programme contribution to CIN and CP plans • 100% increase in programme contribution to LAC pathway plans • 100% increase in programme contribution to Youth Offending Service plans • The number of social care plans with a programme contribution successfully closed	• Increase in children and young people referred to programme via social care • Increase in children and young people sign-posted to programme via social care • Increase in programme contribution to family outcome and pathway plans developed via TAF and or social care processes.	
Outcomes (Qualitative change for families or communities)	• Participants will evidence the deployment and benefit of enhanced Personal and Social Capabilities, in relation to their Competencies (skills/abilities), Comprehensions (knowledge/understanding), Commitments (values/beliefs) and conduct (actions/behaviours), and in the context of their identified risk factors.	• Outcome targets will be specified for individual participants on the basis of their assessed personal and social developmental needs. Participants' deployment of, and benefit gained through the required Personal and Social Capabilities will be monitored at key points at, and after, the completion of the planned intervention to measure sustained progress.	

1.12 Families are able to effectively negotiate key transition points in their children's lives			*Operational Objective*
Lead Service	Targeted Programmes	**Lead area**	Targeted Programmes - Transition Support Programmes
Lead manager	Chris Scott	**Lead officer**	Lucy Wylde, Marie Fleming
	Descriptors	**Success Indicators**	
Strategic links	• Hillingdon Child Sexual Exploitation Strategy • Hillingdon SYV Strategy • Hillingdon Prevent Action Plan • Hillingdon Early Intervention and Prevention Strategy	• Evidenced contributions to the named Strategies will be demonstrated through monitoring of participant post-engagement impact and status indicators.	

Safe and Strong Families		*Strategic Outcome*
Early Intervention and Prevention Strategy Priorities	• Preventing child sexual exploitation • Preventing serious youth violence and antisocial behaviour • Preventing negative outcomes associated with young people's engagement in risky behaviour • Increasing parental capacity, aspirations and skills building • Meeting the needs of families affected by domestic violence	• Preventing families requiring statutory intervention • Increasing parental capacity, aspirations and skills building • Reducing first time entrants to the youth justice system • Reducing re-offending rates • Reducing use of custody for young offenders • Preventing radicalisation

1.13 Families are able to achieve early years foundation stage learning goals for their children through participation in educational programmes in early years settings

Operational Objective

Lead Service	Child and Family Development	**Lead area**	Family Information Service Children's Centre Programme
Lead manager	Claire Fry	**Lead officer**	
	Descriptors	**Success Indicators**	
Resources *(Human and financial)*	• Family Information Service. • 18 x Children's Centres and staff. • PVI sector. • School nurseries and reception classes.	• Services successfully engaged.	
Inputs *(Investment/activity to generate outputs and outcomes)*	• Vacancy lists for MFE funded settings readily available. • CC programme offer - Language for Life, Attention Hillingdon, Stay & Play, Transition programme. • EYATT support for Quality Improvement across sector.	• Parents know about their entitlement and are supported to access a place for their children. • CC targeted services offer children and families the opportunity to engage with services to support their learning and development.	
Outputs (Quantative change arising from input)	• Number of contacts sign-posted to Children's Centre programme via social care • Number of cases 'stepped down' to Children's Centres • Number of CIN and CP plans with CC and EYC contribution • Number of vulnerable families accessing the Children's Centre programme • Number of children using LA childcare services securing their maximum free entitlement • % of participation in CC targeted services. • % of children accessing MFE. • % of children achieving a Good Level of Development. • % of settings rated as good or outstanding by Ofsted.	• Increase in number of contacts sign-posted to Children's Centre programme • Increase in number of cases 'stepped down' to Children's Centres • Increase in number of CIN and CP plans with CC and EYC contribution • Increase in number of vulnerable families accessing the Children's Centre programme • Number of children using LA childcare services securing their maximum free entitlement • Access and participation rates maintained. • Increase in number of children achieving a GLD year on year. • Sustain and increase number of settings rated good or outstanding by Ofsted.	

1.13 Families are able to achieve early years foundation stage learning goals for their children through participation in educational programmes in early years settings			***Operational Objective***
Lead Service	Child and Family Development	**Lead area**	Family Information Service Children's Centre Programme
Lead manager	Claire Fry	**Lead officer**	
	Descriptors	**Success Indicators**	
Outcomes (Qualitative change for families or communities)	• Families are supported to access services and children have a good start to their educational career, which is sustained over KS1 & 2. • Family aspirations are raised and, as a consequence, encourage others to engage in early education. • Children within vulnerable families achieve their EYFS learning goals because they have received targeted support to access provision	• Outcomes achieved and evidenced.	
Strategic links	• Hillingdon Early Years Strategy. • Hillingdon Education/School Improvement Strategy. • Hillingdon Early Intervention and Prevention Strategy	• Contribution to Strategy successfully made. • Contribution to Strategy successfully made.	

Safe and Strong Families		*Strategic Outcome*
Early Intervention and Prevention Strategy Priorities	• Preventing child sexual exploitation • Preventing serious youth violence and antisocial behaviour • Preventing negative outcomes associated with young people's engagement in risky behaviour • Increasing parental capacity, aspirations and skills building • Meeting the needs of families affected by domestic violence	• Preventing families requiring statutory intervention • Increasing parental capacity, aspirations and skills building • Reducing first time entrants to the youth justice system • Reducing re-offending rates • Reducing use of custody for young offenders • Preventing radicalisation

1.14 Families including those entitled to the 2 year old free childcare offer access childcare provision

Operational Objective

Lead Service	Child and Family Development	**Lead area**	Family Information Service Children's Centre Programme
Lead manager	Claire Fry	**Lead officer**	
	Descriptors	**Success Indicators**	
Resources *(Human and financial)*	• Family Information Service. • 18 x Children's Centres and staff. • PVI settings and childminders and 3 schools. • FSD and Council website.	• Services successfully engaged.	
Inputs *(Investment/activity to generate outputs and outcomes)*	• FIS outreach at Stay & Play and community events to raise awareness of the 2 YO offer and childcare in LBH. • Publicity generated in community to raise awareness of offer and eligibility criteria. • Continued work with existing providers to increase childcare capacity available to deliver 2 YO offer. • DfE 2 YO offer eligibility list is shared with Children's Centres who make contact with all families on the list who are not known to them within the 3 week window. • Families not wishing to take up the 2 YO offer are invited to their local CC to engage in learning and play opportunities.	• Families are aware of their entitlement and the benefits of early education for their children. • Families are able to make informed decisions about where to access childcare.	
Outputs (Quantative change arising from input)	• Number of contacts sign-posted to Children's Centre and Early Years provision via social care • Number of cases 'stepped down' to Children's Centre and Early Years provision • Number of CIN and CP plans with Children's Centre and Early Years contribution • Number of vulnerable families accessing Early Years and Children's Centre provision • % increase in uptake of 2 YO offer (in line with London and National context). • % of families are able to access childcare that meets their needs.	• Increase in number of contacts sign-posted to Early Years and Children's Centre provision • Increase in number of cases 'stepped down' to Early Years and Children's Centre provision • Increase in number of CIN and CP plans with CC and EYC contribution • Increase in number of vulnerable families accessing the Children's Centre programme and Early Years provision • Increase in number of places across borough to support local need. • Access and participation rates increased.	

1.14 Families including those entitled to the 2 year old free childcare offer access childcare provision			*Operational Objective*
Lead Service	Child and Family Development	**Lead area**	Family Information Service Children's Centre Programme
Lead manager	Claire Fry	**Lead officer**	
Descriptors		**Success Indicators**	
Outcomes (Qualitative change for families or communities)	• Parents are enabled to access education, training and employment, whilst children access early learning provision. • Families develop positive attitudes to learning and education as a result of their access to services.	• Outcomes achieved and evidenced.	
Strategic links	• Childcare Sufficiency duty • Hillingdon Early Years Strategy. • Early Intervention and Prevention Strategy	• Contribution to Strategy successfully made.	

2. Healthy and Prosperous Families — *Strategic Outcome*

Early Intervention and Prevention Strategy Priorities	• Promote economic resilience • Improving child and adolescent emotional health and wellbeing • Improving family emotional health and wellbeing • Sustaining young people in employment, education and training, minimising absenteeism and identifying and placing children missing education	• Adults out of work or at risk of financial exclusion • Young people at risk of worklessness • Families experiencing a range of health problems including child obesity and poor dental health

2.1 Families are able to overcome emergent challenges to their emotional health and wellbeing (child and adolescent focused) — *Operational Objective*

Lead Service	Targeted Programmes	**Lead area**	Targeted Programmes - Emotional Health and Wellbeing Programmes
Lead manager	Chris Scott	**Lead officer**	Lucy Wylde, Helen Newman
	Descriptors	**Success Indicators**	
Resources *(Human and financial)*	• 1 x 1.0fte Programme Co-ordinator/Counsellor • 2 x 0.50fte Lead Programme Delivery Counsellor. • 30 x 0.10fte Voluntary Programme Delivery Counsellor. • 2015/2016 Revenue Budget	• Contribution to Targeted Programmes 2015/16 Service Delivery Plan against targets. • Effective and efficient use of delegated human and financial resource against forecast.	
Inputs *(Investment/activity to generate outputs and outcomes)*	• Emotional Health and Wellbeing Programmes will deliver a co-ordinated range of therapeutic structured early intervention programmes of varying duration, content, and learning levels for children, adolescents and vulnerable young adults aged between 8 and 24, identified as being at increased risk of negative social, health and economic outcomes.	• Specified number of programmes delivered against target. • Specified number of learning hours/sessions delivered against target. • Specified number of participants engaged against target. • Specified number of participants completing programmes against target. • Specified number of participants completing Personal and Social Capabilities development assessments against target.	
Outputs (Quantative change arising from input)	• 225 children, young people and families benefit from programme • 100 increase in programme contribution to TAF plans • 100% increase in programme contribution to CIN and CP plans • 100% increase in programme contribution to LAC pathway plans • 100% increase in programme contribution to Youth Offending Service plans • The number of social care plans with a programme contribution successfully closed	• Increase in children and young people and families referred to programme via social care • Increase in children and young people sign-posted to programme via social care • Increase in programme contribution to family outcome and pathway plans developed via TAF and or social care processes.	
Outcomes (Qualitative change for families or communities)	• Participants will evidence the deployment and benefit of enhanced Personal and Social Capabilities, in relation to their Competencies (skills/abilities), Comprehensions (knowledge /understanding), Commitments (values/beliefs) and conduct (actions/behaviours), and in the context of their identified risk factors.	• Outcome targets will be specified for individual participants on the basis of their assessed personal and social developmental needs. Participants' deployment of, and benefit gained through the required Personal and Social Capabilities will be monitored at key points at, and after, the completion of the planned intervention to measure sustained progress.	

2.1 Families are able to overcome emergent challenges to their emotional health and wellbeing (child and adolescent focused)			***Operational Objective***
Lead Service	Targeted Programmes	**Lead area**	Targeted Programmes - Emotional Health and Wellbeing Programmes
Lead manager	Chris Scott	**Lead officer**	Lucy Wylde, Helen Newman
	Descriptors	**Success Indicators**	
Strategic links	• Hillingdon Child Sexual Exploitation Strategy • Hillingdon SYV Strategy • Hillingdon ASB Strategy • Hillingdon Prevent Action Plan • Hillingdon Early Intervention and Prevention Strategy • Hillingdon CAMHS Strategy	• Evidenced contributions to the named Strategies will be demonstrated through monitoring of participant post-engagement impact and status indicators.	

Healthy and Prosperous Families		***Strategic Outcome***
Early Intervention and Prevention Strategy Priorities	• Promote economic resilience • Improving child and adolescent emotional health and wellbeing • Improving family emotional health and wellbeing • Sustaining young people in employment, education and training, minimising absenteeism and identifying and placing children missing education	• Adults out of work or at risk of financial exclusion • Young people at risk of worklessness • Families experiencing a range of health problems including child obesity and poor dental health

2.2 Families are able to make more informed choices about drug and alcohol use (adolescent focused)		***Operational Objective***	
Lead Service	Targeted Programmes	**Lead area**	Targeted Programmes - Substance Use and Misuse Programmes
Lead manager	Chris Scott	**Lead officer**	Lucy Wylde, Chloe Sullivan
	Descriptors		**Success Indicators**
Resources *(Human and financial)*	• 1 x 1.0fte Programme Co-ordinator • 1 x 0.25fte Lead Programme Delivery Worker • 1 x 1.0fte Programme Delivery Counsellor • 2 x 0.25fte Programme Delivery Worker • 2015/2016 Revenue Budget		• Contribution to Targeted Programmes 2015/16 Service Delivery Plan against targets. • Effective and efficient use of delegated human and financial resource against forecast.
Inputs *(Investment/activity to generate outputs and outcomes)*	• Substance Use and Misuse Programmes will deliver a co-ordinated range of substance use and misuse focused structured early intervention programmes of varying duration, content, and learning levels for children, adolescents and vulnerable young adults aged between 8 and 24, identified as being at increased risk of negative social, health and economic outcomes.		• Specified number of programmes delivered against target. • Specified number of learning hours/sessions delivered against target. • Specified number of participants engaged against target. • Specified number of participants completing programmes against target. • Specified number of participants completing Personal and Social Capabilities development assessments against target.
Outputs (Quantative change arising from input)	• 1,000 young people and families benefit from the programme offer • 100 increase in programme contribution to TAF plans • 100% increase in programme contribution to CIN and CP plans • 100% increase in programme contribution to LAC pathway plans • 100% increase in programme contribution to Youth Offending Service plans • The number of social care plans with a programme contribution successfully closed • Participants will evidence the acquisition and possession of developing Personal and Social Capabilities, in relation to their Competencies (skills/abilities), Comprehensions (knowledge /understanding), Commitments (values/beliefs) and Conduct (actions/behaviours), and in the context of their identified risk-factors.		• Increase in young people referred to programme via social care • Increase young people sign-posted to programme via social care • Increase in programme contribution to family outcome and pathway plans developed via TAF and or social care processes.

2.2 Families are able to make more informed choices about drug and alcohol use (adolescent focused)			*Operational Objective*
Lead Service	Targeted Programmes	**Lead area**	Targeted Programmes - Substance Use and Misuse Programmes
Lead manager	Chris Scott	**Lead officer**	Lucy Wylde, Chloe Sullivan
	Descriptors	**Success Indicators**	
Outcomes (Qualitative change for families or communities)	• Participants will evidence the deployment and benefit of enhanced Personal and Social Capabilities, in relation to their Competencies (skills/abilities), Comprehensions (knowledge /understanding), Commitments (values/beliefs) and conduct (actions/behaviours), and in the context of their identified risk factors.	• Outcome targets will be specified for individual participants on the basis of their assessed personal and social developmental needs. Participants' deployment of, and benefit gained through the required Personal and Social Capabilities will be monitored at key points at, and after, the completion of the planned intervention to measure sustained progress.	
Strategic links	• Hillingdon CSE Strategy • Hillingdon SYV Strategy • Hillingdon Prevent Action Plan • Hillingdon Early Intervention and Prevention Strategy • Hillingdon CAMHS Strategy • Hillingdon Substance Misuse Strategy	• Evidenced contributions to the named Strategies will be demonstrated through monitoring of participant post-engagement impact and status indicators.	

Healthy and Prosperous Families		***Strategic Outcome***
Early Intervention and Prevention Strategy Priorities	• Promote economic resilience • Improving child and adolescent emotional health and wellbeing • Improving family emotional health and wellbeing • Sustaining young people in employment, education and training, minimising absenteeism and identifying and placing children missing education	• Adults out of work or at risk of financial exclusion • Young people at risk of worklessness • Families experiencing a range of health problems including child obesity and poor dental health

2.3 Families are able to make informed choices about sexual health and relationships (adolescent focused)		***Operational Objective***
Lead Service	Targeted Programmes	**Lead area**	Targeted Programmes - Sexual Health and Wellbeing Programmes
Lead manager	Chris Scott	**Lead officer**	Lucy Wylde, (Vacant)
	Descriptors	**Success Indicators**	
Resources *(Human and financial)*	• 1 x 1.0fte Programme Co-ordinator • 1 x 1.0fte Lead Programme Delivery Worker • 2 x 0.25fte Programme Delivery Worker • 2015/2016 Revenue Budget	• Contribution to Targeted Programmes 2015/16 Service Delivery Plan against targets. • Effective and efficient use of delegated human and financial resource against forecast.	
Inputs *(Investment/activity to generate outputs and outcomes)*	• Sexual Health and Wellbeing Programmes will deliver a co-ordinated range of sexual health and relationship focused structured early intervention programmes of varying duration, content, and learning levels for children, adolescents and vulnerable young adults aged between 8 and 24, identified as being at increased risk of negative social, health and economic outcomes.	• Specified number of programmes delivered against target. • Specified number of learning hours/sessions delivered against target. • Specified number of participants engaged against target. • Specified number of participants completing programmes against target. • Specified number of participants completing Personal and Social Capabilities development assessments against target.	
Outputs (Quantative change arising from input)	• 1,000 young people and families benefit from programmes • 100 increase in programme contribution to TAF plans • 100% increase in programme contribution to CIN and CP plans • 100% increase in programme contribution to LAC pathway plans • 100% increase in programme contribution to Youth Offending Service plans • The number of social care plans with a programme contribution successfully closed	• Increase in young people referred to programme via social care • Increase young people sign-posted to programme via social care • Increase in programme contribution to family outcome and pathway plans developed via TAF and or social care processes.	
Outcomes (Qualitative change for families or communities)	• Participants will evidence the deployment and benefit of enhanced Personal and Social Capabilities, in relation to their Competencies (skills/abilities), Comprehensions (knowledge /understanding), Commitments (values/beliefs) and conduct (actions/behaviours), and in the context of their identified risk factors.	• Outcome targets will be specified for individual participants on the basis of their assessed personal and social developmental needs. Participants' deployment of, and benefit gained through the required Personal and Social Capabilities will be monitored at key points at, and after, the completion of the planned intervention to measure sustained progress.	

2.3 Families are able to make informed choices about sexual health and relationships (adolescent focused)			***Operational Objective***
Lead Service	Targeted Programmes	**Lead area**	Targeted Programmes - Sexual Health and Wellbeing Programmes
Lead manager	Chris Scott	**Lead officer**	Lucy Wylde, (Vacant)
	Descriptors	**Success Indicators**	
Strategic links	• Hillingdon CSE Strategy • Hillingdon SYV Strategy • Hillingdon ASB Strategy • Hillingdon Prevent Action Plan • Hillingdon Early Intervention Strategy • Hillingdon CAMHS Strategy • Hillingdon Sexual Health and Wellbeing Strategy	• Evidenced contributions to the named Strategies will be demonstrated through monitoring of participant post-engagement impact and status indicators.	

Healthy and Prosperous Families		***Strategic Outcome***
Early Intervention and Prevention Strategy Priorities	• Promote economic resilience • Improving child and adolescent emotional health and wellbeing • Improving family emotional health and wellbeing • Sustaining young people in employment, education and training, minimising absenteeism and identifying and placing children missing education	• Adults out of work or at risk of financial exclusion • Young people at risk of worklessness • Families experiencing a range of health problems including child obesity and poor dental health

2.4 Families are able to develop skills and confidence through volunteering (adolescent focused) *Operational Objective*

Lead Service	Targeted Programmes	**Lead area**	Targeted Programmes - Volunteer Engagement Programmes
Lead manager	Chris Scott	**Lead officer**	Lucy Wylde, Jo Alexis
	Descriptors	**Success Indicators**	
Resources *(Human and financial)*	• 1 x 1.0fte Programme Co-ordinator • 1 x 0.25fte Lead Programme Delivery Worker • 4 x 0.25fte Programme Delivery Worker • 2015/2016 Revenue Budget.	• Contribution to Targeted Programmes 2015/16 Service Delivery Plan against targets. • Effective and efficient use of delegated human and financial resource against forecast.	
Inputs *(Investment/activity to generate outputs and outcomes)*	• Volunteer Engagement Programmes will deliver a co-ordinated range volunteering based structured early intervention programmes of varying duration, content, and learning levels for children, adolescents and vulnerable young adults aged between 8 and 24, identified as being at increased risk of negative social, health and economic outcomes.	• Specified number of programmes delivered against target. • Specified number of learning hours/sessions delivered against target. • Specified number of participants engaged against target. • Specified number of participants completing programmes against target. • Specified number of participants completing Personal and Social Capabilities development assessments against target.	
Outputs (Quantative change arising from input)	• 240 young people and families benefit from the programme • 100 increase in programme contribution to TAF plans • 100% increase in programme contribution to CIN and CP plans • 100% increase in programme contribution to LAC pathway plans • 100% increase in programme contribution to Youth Offending Service plans • The number of social care plans with a programme contribution successfully closed.	• Increase in young people referred to programme via social care • Increase young people sign-posted to programme via social care • Increase in programme contribution to family outcome and pathway plans developed via TAF and or social care processes.	
Outcomes (Qualitative change for families or communities)	• Participants will evidence the deployment and benefit of enhanced Personal and Social Capabilities, in relation to their Competencies (skills/abilities), Comprehensions (knowledge/understanding), Commitments (values/beliefs) and conduct (actions/behaviours), and in the context of their identified risk factors.	• Outcome targets will be specified for individual participants on the basis of their assessed personal and social developmental needs. Participants' deployment of, and benefit gained through the required Personal and Social Capabilities will be monitored at key points at, and after, the completion of the planned intervention to measure sustained progress.	

2.4 Families are able to develop skills and confidence through volunteering (adolescent focused)			***Operational Objective***
Lead Service	Targeted Programmes	**Lead area**	Targeted Programmes - Volunteer Engagement Programmes
Lead manager	Chris Scott	**Lead officer**	Lucy Wylde, Jo Alexis
	Descriptors	**Success Indicators**	
Strategic links	• Hillingdon CSE Strategy • Hillingdon SYV Strategy • Hillingdon ASB Strategy • Hillingdon Prevent Action Plan • Hillingdon Early Intervention and Prevention Strategy	• Evidenced contributions to the named Strategies will be demonstrated through monitoring of participant post-engagement impact and status indicators.	

Healthy and Prosperous Families		***Strategic Outcome***
Early Intervention and Prevention Strategy Priorities	• Promote economic resilience • Improving child and adolescent emotional health and wellbeing • Improving family emotional health and wellbeing • Sustaining young people in employment, education and training, minimising absenteeism and identifying and placing children missing education	• Adults out of work or at risk of financial exclusion • Young people at risk of worklessness • Families experiencing a range of health problems including child obesity and poor dental health

2.5 Families, particularly those identified as at risk of poor outcomes, are able to ensure their children are school ready because they have benefited from the Children's Centre Programme		***Operational Objective***
Lead Service	Child and Family Development	**Lead area** Children's Centre Programme Team
Lead manager	Claire Fry	**Lead officer**
	Descriptors	**Success Indicators**
Resources *(Human and financial)*	• 18 x Children's Centres and staff teams	• Services successfully engaged
Inputs *(Investment/activity to generate outputs and outcomes)*	• Use of local knowledge and static data to identify those families who may be at risk of poor outcomes. • Raise profile of CC programmes and support available with partners through attendance at team meetings (CSC, HV, Maternity, JCP). • Promote use of inter-agency referral form with partners. • Attendance at Key-working allocation meetings to raise profile of CCs as part of potential plan of support. • Priority access to targeted activities for those families in greatest need. • Opportunities for parents to engage in their children's learning are maximised and built upon through intuitive support and modelling provided by experienced, qualified practitioners. • Parenting Support Packages, including evidence based programmes, available consistently across CC programmes.	• Increase inter-agency referrals for CC targeted programmes from partner agencies for families who would benefit from targeted support. • Increase in number of CCs being invited to participate in TAF meetings and included in family support plan. • Increase in number of CCs being invited to participate in core groups and the plan of support for most vulnerable children. • Increase in engagement in centre activities by vulnerable families from TUR groups.
Outputs (Quantative change arising from input)	• Number of contacts sign-posted to Children's Centre provision • Number of cases 'stepped down' to Children's Centres • Number of CIN and CP plans with Children's Centre contribution • Number of vulnerable families accessing Children's Centre provision • Number of children achieving a GLD in EYFS profile • Reduction in gap for those children achieving a GLD at EYFS profile	• Increase in number of contacts sign-posted to Children's Centre programme • Increase in number of cases 'stepped down' to Children's Centres • Increase in number of CIN and CP plans with CC and EYC contribution • Increase in number of vulnerable families accessing the Children's Centre programme • increase in number of children achieving a GLD in EYFS profile

2.5 Families, particularly those identified as at risk of poor outcomes, are able to ensure their children are school ready because they have benefited from the Children's Centre Programme			*Operational Objective*
Lead Service	Child and Family Development	**Lead area**	Children's Centre Programme Team
Lead manager	Claire Fry	**Lead officer**	
	Descriptors	**Success Indicators**	
Outcomes (Qualitative change for families or communities)	• Good maternal mental health. • Learning activities, including speaking to your baby and reading with your child • Enhanced physical activity • Parenting Support Programmes • High quality early education (Public Health England - Improving School Readiness, September 2015)	• Output targets will be specified for individual participants on the basis of their assessed personal and social developmental needs. Participants' deployment of, and benefit gained through the required Personal and Social Capabilities will be monitored at key points at, and after, the completion of the planned intervention to measure sustained progress.	
Strategic links	• Public Health and Early Years Action Group • Hillingdon Early Years Strategy • Hillingdon Education/School Improvement Strategy • Early Intervention and Prevention Strategy	• Evidenced contributions to the named Strategies will be demonstrated through monitoring of participant post-engagement impact and status indicators.	

Healthy and Prosperous Families		***Strategic Outcome***
Early Intervention and Prevention Strategy Priorities	• Promote economic resilience • Improving child and adolescent emotional health and wellbeing • Improving family emotional health and wellbeing • Sustaining young people in employment, education and training, minimising absenteeism and identifying and placing children missing education	• Adults out of work or at risk of financial exclusion • Young people at risk of worklessness • Families experiencing a range of health problems including child obesity and poor dental health

2.6 Parents and their children, particularly those from disadvantaged families, prosper because their parenting aspirations, self esteem and parenting skills have been developed		***Operational Objective***
Lead Service	Targeted Programmes	**Lead area**	Bell Farm Commissioned Programme
Lead manager	Chris Scott	**Lead officer**	Darren Thorpe
	Descriptors	**Success Indicators**
Resources *(Human and financial)*	• As determined in SLA	• Required outcomes secured with planned level of investment
Inputs *(Investment/activity to generate outputs and outcomes)*	• As determined in SLA	• Required outcomes secured with planned level of investment
Outputs (Quantative change arising from input)	• 6 x Triple P Seminars • 2 x Triple P Courses • 2 x Triple P 'teens' Course • 2 x Stepping Stone Courses • 26 x Parenting Support Group sessions • 100 increase in programme contribution to TAF plans • 100% increase in programme contribution to CIN and CP plans • 100% increase in programme contribution to LAC pathway plans • 100% increase in programme contribution to Youth Offending Service plans • The number of social care plans with programme contribution successfully closed	• Increase in parents referred to programme via social care • Increase parents sign-posted to programme via social care • Increase in programme contribution to family outcome and pathway plans developed via TAF and or social care processes. • Volume of courses delivered as planned
Outcomes (Qualitative change for families or communities)	• Reduced stress and anxiety in relationship between parents and children • Improved confidence in parenting skills of parents or carers • Improved relationship between parents and children • Improvement in communication skills • Improvement in ability to remain calm in stressful situations • Improvement in home life • 75% of families subject to TAF and / or social care plans have their issues resolved and require no further intervention	• Contract monitoring and evaluation reports
Strategic links	• Early Intervention and Prevention Strategy • Domestic Violence Strategy	• Contribution to strategy effectively made • Contribution to Strategy successfully made.

Healthy and Prosperous Families — *Strategic Outcome*

Early Intervention and Prevention Strategy Priorities	• Promote economic resilience • Improving child and adolescent emotional health and wellbeing • Improving family emotional health and wellbeing • Sustaining young people in employment, education and training, minimising absenteeism and identifying and placing children missing education	• Adults out of work or at risk of financial exclusion • Young people at risk of worklessness • Families experiencing a range of health problems including child obesity and poor dental health

2.7 Families, particular those at risk of poor outcomes, choose to lead healthy lives with the support of the Children's Centre programme — *Operational Objective*

Lead Service	Child and Family Development	**Lead area**	Children's Centre Programme Team
Lead manager	Claire Fry	**Lead officer**	
	Descriptors	**Success Indicators**	
Resources *(Human and financial)*	• 18 x Children's Centres • CNWLHT - Health Visiting • THH - Midwifery • Public Health	• Services successfully engaged	
Inputs *(Investment/activity to generate outputs and outcomes)*	• Activities: Midwifery clinics, Your Bump and Beyond, Well Baby Clinics, Baby Massage, Baby Friendly Initiative /breastfeeding Advisors, Brush for Life, Weaning Parties/Groups, Feed My Family/Healthy Eating Groups, Movers and Groovers, Health Trainers, Counselling Services, Information, Advice and Guidance and Change 4 Life	• Families are effectively signposted to activities that will appropriately support them and meet identified needs. • Families register to attend the activities and a large majority sustain engagement throughout duration of the programmes.	
Outputs (Quantative change arising from input)	• Number of contacts sign-posted to Children's Centre provision • Number of cases 'stepped down' to Children's Centres • Number of CIN and CP plans with Children's Centre contribution • Number of vulnerable families accessing Children's Centre provision • % of mothers choosing to breastfeed at 6-8 weeks. • Reduction in number of children classed as overweight or obese at Reception age. • Reduction in number of children admitted to hospital for tooth extractions by age 5. • % of children immunised at key ages and stages. • % increase in programme uptake by parents and children from TUR groups. • % increase in families who sustain engagement with activities.	• Increase in number of contacts sign-posted to Children's Centre programme • Increase in number of cases 'stepped down' to Children's Centres • Increase in number of CIN and CP plans with Children's Centre contribution • Increase in number of vulnerable families accessing the Children's Centre programme • Database reliably reports on delivery and take-up of centre based activities. • Wider Public Health and CNWLHT data report trends in accordance with desired target over time.	
Outcomes (Qualitative change for families or communities)	• Parents know where to access information, advice and guidance to meet their own and their family's needs • Parents have the knowledge and understanding to make positive lifestyle changes for themselves and their children • Parents are able to implement and sustain positive lifestyle changes for themselves and their children	• Outcome achieved and evidenced • Outcome achieved and evidenced • Outcome achieved and evidenced	
Strategic links	• Public Health & Early Years Action Group • Breastfeeding Strategy	• Contribution to Strategy successfully made. • Contribution to Strategy successfully made.	

Healthy and Prosperous Families		***Strategic Outcome***
Early Intervention and Prevention Strategy Priorities	• Promote economic resilience • Improving child and adolescent emotional health and wellbeing • Improving family emotional health and wellbeing • Sustaining young people in employment, education and training, minimising absenteeism and identifying and placing children missing education	• Adults out of work or at risk of financial exclusion • Young people at risk of worklessness • Families experiencing a range of health problems including child obesity and poor dental health

2.8	**Parents, particularly those at risk of poor outcomes, are able to give their children the best start in life because they are enabled to sustain participation in education, training and employment with the support of the Children's Centre programme**	***Operational Objective***

Lead Service	Child and Family Development	**Lead area**	Children's Centre Programme Team
Lead manager	Claire Fry	**Lead officer**	

	Descriptors	**Success Indicators**
Resources *(Human and financial)*	• 18 x Children's Centres • Hillingdon Adult Learning • FE College providers	• Services successfully engaged
Inputs *(Investment/activity to generate outputs and outcomes)*	• JCP - links with advisors in centres, commissioned support and advice sessions, e.g. P3, on interviewing skills, CV writing. • Commissioned adult learning providers, e.g. HAE, delivering ICT, ESOL, Basic English and Maths in centres. • Crèche facilities (venue and staffing) • Access to flexible childcare through 2 YO and MFE at 3 and 4 years.	• Service provision meets demand and is effective in meeting families' need. • Families know where to go and are able to access services at a venue within reasonable travelling distance. • Childcare services are flexible to meet the needs of working families/families accessing training
Outputs (Quantative change arising from input)	• Number of contacts sign-posted to Children's Centre provision • Number of cases 'stepped down' to Children's Centres • Number of CIN and CP plans with Children's Centre contribution • Number of vulnerable families accessing Children's Centre provision • % reduction of children in workless households • % reduction in number of children deemed to be living in poverty • % reduction in unemployment • % increase in parents entering further education, voluntary work and training	• Increase in number of contacts sign-posted to Children's Centre programme • Increase in number of cases 'stepped down' to Children's Centres • Increase in number of CIN and CP plans with Children's Centre contribution • Increase in number of vulnerable families accessing the Children's Centre programme • Local and National data sources show trends in accordance with desired targets over time.
Outcomes (Qualitative change for families or communities)	• Parents have raised aspirations for their own and their children's future • Local communities benefit from increased opportunities for volunteering	• Outcome achieved and evidenced • Outcome achieved and evidenced
Strategic links	• Early Intervention and Prevention Strategy	

Healthy and Prosperous Families		*Strategic Outcome*
Early Intervention and Prevention Strategy Priorities	• Promote economic resilience • Improving child and adolescent emotional health and wellbeing • Improving family emotional health and wellbeing • Sustaining young people in employment, education and training, minimising absenteeism and identifying and placing children missing education	• Adults out of work or at risk of financial exclusion • Young people at risk of worklessness • Families experiencing a range of health problems including child obesity and poor dental health

2.9 Families at risk of poor outcomes are able to overcome their difficulties because their needs have been identified and responded to via the Troubled Families Programme

Operational Objective

Lead Service	Key-Working Service	**Lead area**	All Teams
Lead manager	Debbie Bell	**Lead officer**	Debbie Bell
	Descriptors	**Success Indicators**	
Resources *(Human and financial)*	• Performance and Intelligence • ClearCore • DWP data wash monthly facility • 2 x Employment Adviser Secondees	• Identification of eligible families in need of early intervention known. • Families' circumstances changed flagged up automatically when data reviewed periodically	
Inputs *(Investment/activity to generate outputs and outcomes)*	• Performance and Intelligence and ClearCore generate families • TAF Co-ordinators flag Lead Professionals against each family	• Each family is known and has access to Early Intervention services with consent	
Outputs (Quantative change arising from input)	• By 2020, 100% of identified families have 1 plan, 1 worker and key outcomes achieved	• Income from Troubled Families maximised	
Outcomes (Qualitative change for families or communities)	• By 2020, services transformed and any necessary intervention to ensure positive family functioning upstreamed in terms of age and cost	• Family needs met at tier 2 and universal services, improving residents' experience and outcomes, and relieving demands for tiers 3 and 4	
Strategic links	• Early Intervention Strategy • LSCB • Troubled Families Plan • Health and Wellbeing Strategy	• Contribution to Strategy successfully made. • Contribution to Strategy successfully made. • Contribution to Plan successfully made. • Contribution to Strategy successfully made.	

3. Continuous Improvement

Strategic Outcome

Early Intervention and Prevention Strategy Priorities	• Improve collaborative working • Increase and improve integration • Improve monitoring, evaluation and assessment of impact • Develop our workforce	• Improve the use of performance and intelligence • Improve targeting of services for those most in need • Develop and embed new ways of working • Improve interface between partner agencies and teams

3.1 Knowing which families are most in need of early help

Operational Objective

Lead Service	Early Intervention and Prevention Services	**Lead area**	Performance and Intelligence (P&I)
Lead manager	Tom Murphy	**Lead officer**	TBD
	Descriptors	**Success Indicators**	
Resources *(Human and financial)*	• Lead Performance and Intelligence Officers • Lead ICT Officers • Early Intervention and Prevention Service Managers and Officers as required • Cost of associated databases and systems	• Required level of human and financial capacity is secured to realise outputs and outcomes	
Inputs *(Investment/activity to generate outputs and outcomes)*	• P&I lead officer • ICT lead officer • Troubled Families lead • Children and Young People's Needs Assessment, analysis and EIP findings • Clearcore system and reports • ICS / Protocol • Careworks • IYSS	• Inputs are collectively focused on strategic identification of children, families and communities most at risk of poor outcomes to inform joint commissioning and targeting of early intervention and prevention services • Inputs are collectively focused on operational 'real-time' identification of children, families and communities so that services may step in swiftly to provide the coordinated support required	
Outputs (Quantative change arising from input)	• Volumes and types of outcome concerns and the individuals, families and communities most at risk are identified • Data and intelligence in relation to the individuals, families and communities we are most concerned about is gathered, collated, analysed and shared with services and partners in a timely manner to enable service planning and commissioning • Multiple risk factors are mapped • 'Troubled families' within the terms of the extended programme are identified and the intelligence passed on to relevant parties to informed targeted support	• Individuals, families and communities we are most concerned about in terms of poor outcomes are systematically identified • Individuals, families and communities who may be experiencing multiple risks are identified • The intelligence gathered is used to inform short, mid and longer term joint planning and targeting of services • The intelligence gathered is provided to those best in a position to provide immediate early intervention and prevention for those in need of early help • The family identification requirements of the extended troubled families programme are met	
Outcomes (Qualitative change for families or communities)	• Families most in need of early help receive it in a swift and timely manner • Services receive effective, targeted and coordinated support to resolve problems at the earliest opportunity and or prevent them escalating • Families who need early help are able to increase their resilience in order to manage difficulties because they receive the support they need when they need it	• Families most in need of our support prosper because their needs have been identified and responded to early through effective and efficiently targeted services	
Strategic links	• Early Intervention and Prevention Strategy • CYPS Service Improvement Plan	• Successful contribution to the achievement of outcomes of strategy • Successful contribution to the achievement of plan objectives	

Continuous Improvement			***Strategic Outcome***
Early Intervention and Prevention Strategy Priorities	• Improve collaborative working • Increase and improve integration • Improve monitoring, evaluation and assessment of impact • Develop our workforce	• Improve the use of performance and intelligence • Improve targeting of services for those most in need • Develop and embed new ways of working • Improve interface between partner agencies and teams	

3.2 Enabling those most in need of early help to receive support swiftly and in a manner most likely to resolve problems at the first opportunity			***Operational Objective***
Lead Service	Early Intervention and Prevention Services	**Lead area**	Key-working Service
Lead manager	Deborah Bell	**Lead officer**	Belinda Hearn / Preventative Team Leader
	Descriptors	**Success Indicators**	
Resources *(Human and financial)*	• MASH / Triage Managers / practitioners • Early Intervention and Prevention Service Managers and practitioners as required • Identified lead professionals • Allocated key-worker in the absence of and identified lead professional	• Available resources work collaboratively to that families with emergent problems are identified at the earliest opportunity • Available resources work collaboratively to ensure that the families in question are in receipt of the support they need to resolve identified problems	
Inputs *(Investment/activity to generate outputs and outcomes)*	• MASH / Triage Managers / practitioners • Early Intervention and Prevention Service Managers and practitioners • Identified lead professionals • Allocated preventative key-worker in the absence of and identified lead professional • Early Intervention and Prevention Officer and Team around the Family Coordinators x 2 • MASH / Triage process • EIPS allocation and tracking process • LP, EHA and TAF processes	• The activity of colleagues as details and the associated processes they apply, enable early and swift identification of emergent family problems • The activity of colleagues as details and the associated processes they apply, enable families to receive the support they require in a seamless and timely manner	
Outputs (Quantative change arising from input)	• The number of emergent family problems identified and resolved in a universal context via application of LP, EHA and TAF processes • The number of initial contacts and triaged cases that don't meet statutory thresholds sign-posted / referred for EHA and TAF • The number of contacts and triaged cases that don't meet statutory thresholds sign-posted / referred to early intervention and prevention services comprising: - sign-posted / referred to child and family development services (Children's Centres and Early Years) - sign-posted / referred to targeted programmes including parenting - sign-posted / referred to key-working services	• Increase in the number of emergent problems identified and resolved in a universal context via application of LP, EHA and TAF processes. • Increase in the number of initial contacts and triaged cases that don't meet statutory thresholds sign-posted / referred for EHA and TAF . • Increase in the number of initial contacts and triaged cases that don't meet statutory thresholds sign-posted / referred to early intervention and prevention services comprising: - Increase in the number of contacts sign-posted / referred to child and family development services (Children's Centres and Early Years) - Increase in number of contacts sign-posted / referred to targeted programmes including parenting - Increase in the number of contacts sign-posted / referred to key-working services • Reduction in inappropriate and / or avoidable 'front door' referral to social work teams • Volume and quality of EHAs and TAFs increases • Volume of issues resolved by EHA and TAF processes increases • Resolution of presenting issues identified via EHA are resolved without the need for further escalation • Number of plans generated via the TAF process delivering significant and sustained outcomes increases • Number of family issues resolved via early intervention increases	

3.2 Enabling those most in need of early help to receive support swiftly and in a manner most likely to resolve problems at the first opportunity			***Operational Objective***
Lead Service	Early Intervention and Prevention Services	**Lead area**	Key-working Service
Lead manager	Deborah Bell	**Lead officer**	Belinda Hearn / Preventative Team Leader
	Descriptors	**Success Indicators**	
Outcomes (Qualitative change for families or communities)	• Individuals and families have their issues and problems resolved at the first point of identification • Initial problems are resolved and the improvement in circumstances sustained • Use of the LP, EHA and TAF processes becomes common place in universal settings with volumes increasing significantly in schools and other settings • Family issues are resolved by accessing targeted services which meet their needs	• Families are in receipt of the support they need in their communities and from individuals and or agencies that they are in contact / have a relationship with • Families with emergent problems do not enter the social care system • Beneficiaries of EHA and TAF processes do not re-present for further support	
Strategic Links	• Early Intervention and Prevention Strategy • CYPS Service Improvement Plan	• Successful contribution to the achievement of outcomes of strategy • Successful contribution to the achievement of plan objectives	

Continuous Improvement		*Strategic Outcome*
Early Intervention and Prevention Strategy Priorities	• Improve collaborative working • Increase and improve integration • Improve monitoring, evaluation and assessment of impact • Develop our workforce	• Improve the use of performance and intelligence • Improve targeting of services for those most in need • Develop and embed new ways of working • Improve interface between partner agencies and teams

3.3 Enabling those with more complex needs to receive early help swiftly and in a manner most likely to stop the problem escalating		*Operational Objective*	
Lead Service	Early Intervention and Prevention Services	**Lead area**	All Service Managers
Lead manager	Deborah Bell	**Lead officer**	Intensive Key-work Team Leader
	Descriptors	**Success Indicators**	
Resources *(Human and financial)*	• Social Work Team Managers and social workers • Early Intervention and Prevention Service Managers and practitioners as required • Identified lead professionals • Allocated key-worker in the absence of and identified lead professional • ICT systems including Clearcore	• Available resources work collaboratively to that families with complex and multiple problems are identified at the earliest opportunity • Available resources work collaboratively to ensure that the families in question are in receipt of the support they need to resolve the problems before statutory intervention is required	
Inputs *(Investment/activity to generate outputs and outcomes)*	• MASH / Triage Managers / practitioners • Early Intervention and Prevention Service Managers and practitioners • Identified lead professionals • Allocated intensive key-worker in the absence of and identified lead professional • Intensive Key-worker Team Leader and Team • MASH / Triage process • EIPS allocation and tracking process • Clearcore outputs and analysis	• The activity of colleagues as details and the associated processes they apply, enable early and swift identification of multiple and complex family problems • The activity of colleagues as details and the associated processes they apply, enable families to receive the support they require in a seamless and timely manner • One lead professional is identified and leads the process of coordinating a planned response to indentified problems	
Outputs (Quantative change arising from input)	• The number of emergent and more complex problems identified and resolved in via referral to early intervention and prevention • The number of cases that are identified as requiring intervention during the referral and assessment process but don't meet statutory thresholds that are referred to one or a combination of early intervention and prevention services comprising: - referred to child and family development services (Children's Centres and Early Years) - referred to targeted programmes including parenting - referred to key-working services	• Increase in the number of emergent and more complex problems identified and resolved in via referral to early intervention and prevention • Increase in the number of cases that are identified as requiring intervention during the referral and assessment process but don't meet statutory thresholds that are referred to one or a combination of early intervention and prevention services comprising: - referred to child and family development services (Children's Centres and Early Years) - referred to targeted programmes including parenting - referred to key-working services • Increase in number of family issues resolved via early intervention and prevention services	
Outcomes (Qualitative change for families or communities)	• Individuals and families have their issues and problems resolved at the earliest opportunity • Complex and multiple problems are resolved and the improvement in circumstances sustained • Families develop the resilience to avoid future repetition of presenting difficulties	• Children and families equipped with skills, strategies and resilience to cope with and overcome the challenges identified in their plan and sustain their progress to self-reliance • Human and financial cost of poor outcomes avoided.	

3.3 Enabling those with more complex needs to receive early help swiftly and in a manner most likely to stop the problem escalating			***Operational Objective***
Lead Service	Early Intervention and Prevention Services	**Lead area**	All Service Managers
Lead manager	Deborah Bell	**Lead officer**	Intensive Key-work Team Leader
	Descriptors	**Success Indicators**	
Strategic Links	• Early Intervention and Prevention Strategy • CYPS Service Improvement Plan	• Successful contribution to the achievement of outcomes of strategy • Successful contribution to the achievement of plan objectives	

Continuous Improvement			***Strategic Outcome***
Early Intervention and Prevention Strategy Priorities	• Improve collaborative working • Increase and improve integration • Improve monitoring, evaluation and assessment of impact • Develop our workforce	• Improve the use of performance and intelligence • Improve targeting of services for those most in need • Develop and embed new ways of working • Improve interface between partner agencies and teams	

3.4 Enabling those with more complex needs that have already escalated to resolve their problems			***Operational Objective***
Lead Service	Early Intervention and Prevention Services	**Lead area**	Intensive Key-working Service
Lead manager	Deborah Bell	**Lead officer**	Intensive Team Leader
	Descriptors	**Success Indicators**	
Resources *(Human and financial)*	• Social work team managers and social workers • Early Intervention and Prevention Service Managers and practitioners as required • Allocated key-worker in the absence of and identified lead professional • ICT systems including Clearcore	• Available resources work collaboratively so that families with complex and multiple problems are 'stepped down' at the earliest opportunity • Available resources work collaboratively to ensure that the families in question are in receipt of the support they need to resolve their problems and move away from statutory intervention	
Inputs *(Investment/activity to generate outputs and outcomes)*	• Social work team managers and social workers • Early Intervention and Prevention Service Managers and practitioners • Identified lead professionals • Allocated intensive key-worker in the absence of and identified lead professional • Intensive Key-worker Team Leader and Team • Referral and assessment process • EIPS allocation and tracking process • Clearcore outputs and analysis	• The activity of colleagues as details and the associated processes they apply, enable outcomes of plans to be jointly delivered • The activity of colleagues as details and the associated processes they apply, enable families to receive the interventions they require to overcome problems that led to statutory intervention • Inputs of social workers and early intervention and prevention are complimentary, clearly differentiated and agree with respective accountabilities and skills sets • Family progress is effectively evaluated and monitored	
Outputs (Quantative change arising from input)	• The number of more complex family problems which have resulted in statutory intervention are resolved with the input of early intervention services by: - child and family development services (children's centre and early years services); - targeted programmes including parenting; and - key-working services contributing to CIN, CP and LAC pathway plans. • The number of CIN and CP cases stepped down to early intervention services following plan completion • The number of families identified as 'troubled' in accordance with the requirements of the extend programme have their problems resolved in a sustained way.	• Increase in number of CIN / CP and LAC pathway plans with the input of early intervention services including: - child and family development services (children's centre and early years services); - targeted programmes including parenting; and - key-working services • Increase in the number of CIN and CP cases stepped down to early intervention services following plan completion • Troubled families outcome targets are met	

3.4 Enabling those with more complex needs that have already escalated to resolve their problems			***Operational Objective***
Lead Service	Early Intervention and Prevention Services	**Lead area**	Intensive Key-working Service
Lead manager	Deborah Bell	**Lead officer**	Intensive Team Leader
	Descriptors	**Success Indicators**	
Outcomes (Qualitative change for families or communities)	• Individuals and families have their issues and problems resolved at the earliest opportunity • Complex and multiple problems are resolved and the improvement in circumstances sustained • Families develop the resilience to avoid future repetition of presenting difficulties.	• Children and families equipped with skills, strategies and resilience to cope with and overcome the challenges identified in their plan and sustain their progress to self-reliance • Human and financial cost of poor outcomes avoided	
Strategic Links	• Early Intervention and Prevention Strategy • CYPS Service Improvement Plan	• Successful contribution to the achievement of outcomes of strategy • Successful contribution to the achievement of plan objectives	

Continuous Improvement			***Strategic Outcome***
Early Intervention and Prevention Strategy Priorities	• Improve collaborative working • Increase and improve integration • Improve monitoring, evaluation and assessment of impact • Develop our workforce	• Improve the use of performance and intelligence • Improve targeting of services for those most in need • Develop and embed new ways of working • Improve interface between partner agencies and teams	

3.5 Understanding and evidencing the impact of our work			***Operational Objective***
Lead Service	Early Intervention and Prevention Services	**Lead area**	Performance and Intelligence / ICT
Lead manager	Tom Murphy	**Lead officer**	All
	Descriptors	**Success Indicators**	
Resources *(Human and financial)*	• All service managers and practitioners • Management information systems • Performance analysis	• Resources are being effectively deployed in order to produce a service specific 'performance web' • Management systems are aligned and developed in order that all divisions of service may record service activity undertaken in a manner that enables service effectiveness to be evaluated • Systems are streamlined to avoid inefficiency and duplication	
Inputs *(Investment/activity to generate outputs and outcomes)*	• EIPS management information systems • Input, output, and outcome measures • Service activity to deliver outputs and outcomes • Service processes to record, monitoring and evaluate interventions	• Inputs as outlined are agree with planned outcomes for the service and delivery required evaluative data • Systems enable the inputting of relevant data and evaluative information to inform service monitoring, evaluation and planning • Systems are configured in order to evidence impact and outcomes in accordance with the requirements of the extended troubled families programme • Practitioners are accurately recording case work to a high standard and in a manner that can be effectively audited	
Outputs (Quantative change arising from input)	• A balanced performance scorecard for early intervention and prevention services containing qualitative and quantitative data re: service performance and impact • Family impact measures which meet the requirements of the troubled families programme	• All service interventions are effectively recorded against agreed priorities, targets and planned outcomes • The service is able to consistently evidence the progress families are making as a consequence of its work • The service is able to evidence outcomes delivered by its own activity and that of partners in order to meet the requirements of the extended Troubled Families programme	
Outcomes (Qualitative change for families or communities)	• Families benefit from services that are clearly able to evaluate the difference (or not) its interventions are making to family outcomes • The service is able to advise stakeholders as to its effectiveness and efficiency • The service is able to quantify the reduction in financial and human cost made as a consequence of its activity • Families benefit from service areas being able to share data and intelligence in a safe and efficient way • Families benefit from services that are designed and targeted based on effective evaluation	• Families benefit for services that are evidenced based and deliver outcomes as effectively and efficiently as possible Families receive the best quality service because inventions are effectively monitored and evaluated Stakeholders are able to make informed decisions about the services provided because there is a clear performance framework which provides the evidence to inform judgements.	
Strategic Links	• Early Intervention and Prevention Strategy • CYPS Service Improvement Plan	• Successful contribution to the achievement of outcomes of strategy • Successful contribution to the achievement of plan objectives	

Continuous Improvement		***Strategic Outcome***
Early Intervention and Prevention Strategy Priorities	• Improve collaborative working • Increase and improve integration • Improve monitoring, evaluation and assessment of impact • Develop our workforce	• Improve the use of performance and intelligence • Improve targeting of services for those most in need • Develop and embed new ways of working • Improve interface between partner agencies and teams

3.6 Ensuring families receive the highest quality service

Operational Objective

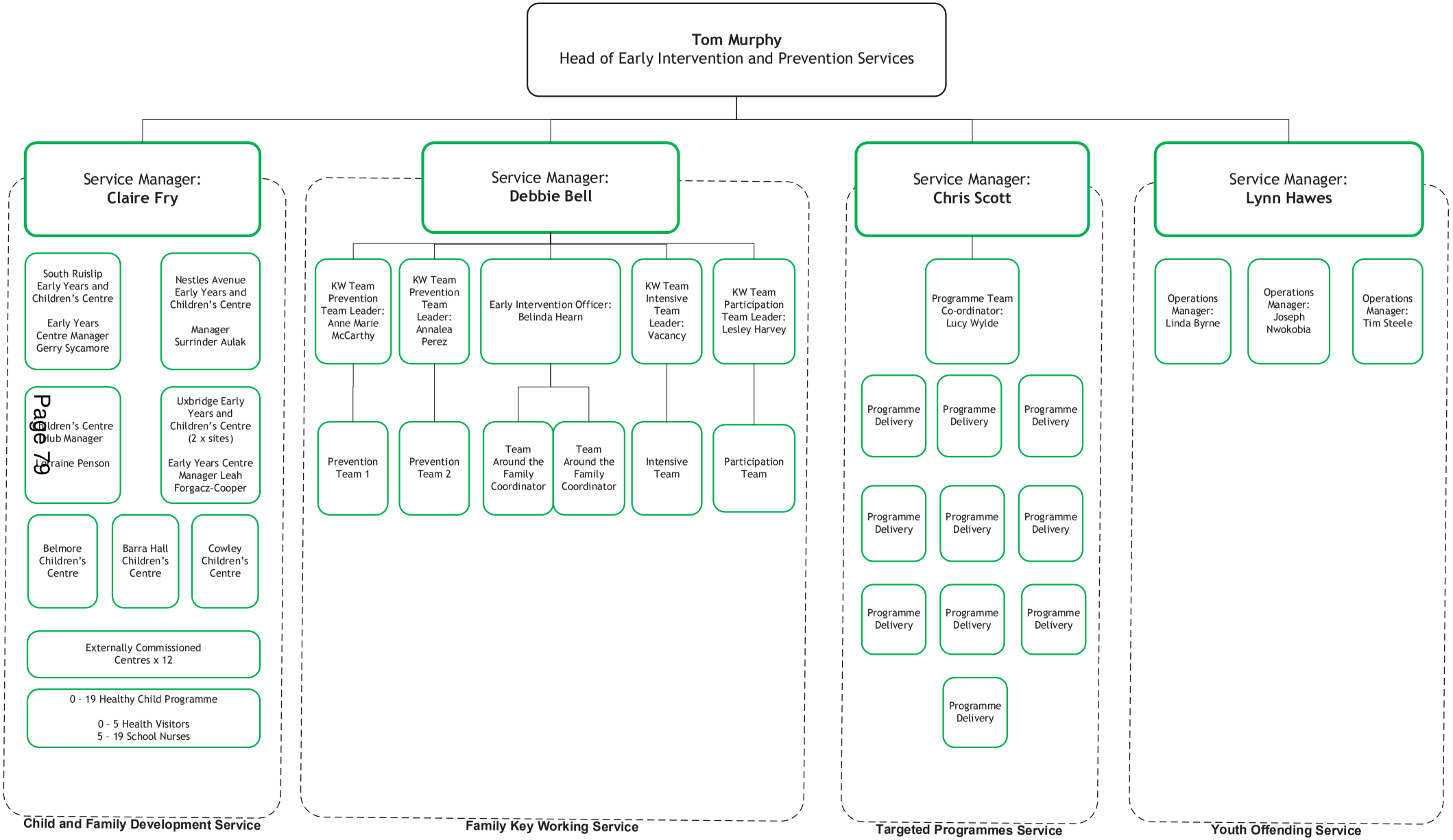
Lead Service	Early Intervention and Prevention Services	**Lead area**	Learning and Development
Lead manager	Tom Murphy	**Lead officer**	All

	Descriptors	**Success Indicators**
Resources *(Human and financial)*	• Corporate Learning and Development offer • Corporate performance management policies and procedures • HR recruitment and selection policies and procedures • Service Manager and practitioner capacity and expertise • External partner knowledge and experience	• All referenced resources are focused on enabling and ensuring that staffing resources within the service are maintained at optimum levels in accordance with allocated budgets • All referenced resources work collaboratively to ensure all service staff have clear roles, responsibilities and collective and team performance targets in accordance with service priorities • Service learning and development needs are assessed and effectively responded to
Inputs *(Investment/activity to generate outputs and outcomes)*	• Service Training Plan • Service Performance Framework • Key-worker training programme • Service quality assurance activity including case auditing	• The learning and development needs of the service are clearly understood • There is a plan in place which responds to these needs and ensures all staff undertaken all mandatory training • There is a clear relationship between performance management and learning and development needs • The quality of practice is consistently assessed
Outputs (Quantative change arising from input)	• All staff have the requisite knowledge and skills to undertake their duties • 100% completion of mandatory training • 100% compliance with supervision and appraisal policy (monthly supervision and annual PaDA process) • Staff levels are maintained at required levels in order to provide planned services • HR processes including those concerned with managing attendance and performance are applied in accordance with corporate expectations and standards • 100% of case-work audited is assessed as 'good'	• The service successfully delivers outputs and outcomes as detailed in the service plan • Individual whole job ratings for all service staff are graded at 'B' or above. • The service is fully compliant re: completion of mandatory training and associated performance targets • Resident satisfaction rates in relation to services provided is at 80% 'good' or above. • Staff satisfaction rates are rated at 80% 'good' or above
Outcomes (Qualitative change for families or communities)	• Family outcomes are achieved as a consequence of receiving the best quality support	• The service successfully delivers planned outcomes as detailed in the service plan • Families benefit from managers and practitioners whose Individual whole job ratings for all service are graded at 'B' or above. • Families benefit from services provided by appropriately trained and qualified staff. • Residents express high satisfaction with service received • Staff express high satisfaction with their jobs, performance and the support and direction they receive.

3.6 Ensuring families receive the highest quality service			***Operational Objective***
Lead Service	Early Intervention and Prevention Services	**Lead area**	Learning and Development
Lead manager	Tom Murphy	**Lead officer**	All
	Descriptors	**Success Indicators**	
Strategic Links	• Early Intervention and Prevention Strategy • CYPS Service Improvement Plan	• Successful contribution to the achievement of outcomes of strategy • Successful contribution to the achievement of plan objectives	

Early Intervention and Prevention Services Structure - November 2015

APPENDIX 3



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Hillingdon Safeguarding Children Board
Threshold's Guidance
and
Hillingdon Children & Young People's Social Care
Assessment Protocols
2014

PROPOSED LOCAL THRESHOLDS GUIDANCE & ASSESSMENT PROTOCOL

2014

SECTION 1: INTRODUCTION

1.1 Thresholds guidance & assessment protocol

This document provides revised and up-dated guidance to determine local thresholds and an assessment protocol to assess and support children with additional needs, and their families.

The Local Safeguarding Children's Board (LSCB) and Hillingdon Children's Services have agreed to publish a joint document that combines the LSCB thresholds guidance and Children's Services assessment protocol to clarify professional responsibilities and expectations and ensure that children and young people receive timely:

- Early help to prevent problems escalating, and;
- Statutory services to safeguard and promote their welfare

This document is primarily targeted at professionals who come into contact with children and families and have a concern about a child's development, welfare or safety. Understanding and appreciating how local thresholds are applied will help professionals decide what to do and inform the action that they take. This will enable services to work well together and in the best interests of children and families.

This document is compliant with, and builds upon, the relevant statutory and best practice guidance and procedures, which are outlined below, and is underpinned by the following 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.

1.2 Working Together statutory guidance

The statutory guidance, "Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children", which came into force on 15 April 2013, streamlined previous guidance by clarifying professional responsibilities for safeguarding children and strengthening the focus away from bureaucratic processes and onto the needs of the child. It replaces the previous Working Together (2010) guidance, the Framework for assessment of children in need and their families (2000) and section 11 of the Children Act (2004). Working together (2013) focuses on assessment, partnership working, local safeguarding children's boards and serious case reviews.

Importantly, the statutory guidance confirms that the Local Safeguarding Children Board should publish a threshold document to:

- Confirm the process for the early help assessment and set out the type and level of early help services

- Confirm the criteria and level of need for referring to local authority children's services for assessment and statutory services for children in need, including those in need of support, protection, accommodation and care (sections 17, 47, 20 and 31 of the Children Act 1989)

Furthermore, the statutory guidance also states that the local authority, in consultation with partners and with the agreement of the Local Safeguarding Children Board (LSCB), should develop and publish a local protocol for assessment to;

- Ensure assessments are timely, transparent and proportionate

- Set out how the particular needs of disabled children, young carers and children in the youth justice system will be addressed

- Clarify how agencies and professionals can contribute to assessments

- Clarify how statutory assessments will be informed by other specialist assessments

- Ensure that specialist assessments are coordinated and joined up as part of an outcome-focused single planning process

- Confirm how assessments will be reviewed with other professionals during the assessment process

- Confirm the process of assessment for children returning to the care of their parents following a period of care

- Ensure that children and families understand the type of help that they are offered and their own responsibilities

- Provide details about complaints procedures

- Ensure that local records capture decisions, monitoring and review arrangements to ensure that progress is made and outcomes are improving

1.3 The London continuum of need

The London continuum of need, which has developed in consultation with local authorities and key local, regional and national partners, aims to facilitate swift and easy access to appropriate services and remove barriers to cross-authority integrated service delivery. The London continuum of need offers a

model of approach which identifies a set of risk and resilience triggers which builds from four levels of need.

1.4 London child protection procedures

The London child protection procedures (London SCB, 5th edition, Dec 2013) sets out the procedures that all London agencies, groups and individuals must follow in order to safeguard children and promote their welfare in the home and within the community. The procedures apply to professionals coming into contact with or receiving information about children 0 – 17 years, including unborn children and adolescents up to their 18th birthday.

1.5 Munro recommendations

"The Munro review of child protection: Final report – A child centred system", (DfE, 2011) undertaken by Professor Eileen Munro, is arguably the most influential development in recent times and recommends a "step change" in the child protection system to;

- radically reduce central prescription to allow professionals to move from a compliance culture to a learning culture where they have freedom to exercise their expertise in assessing need and providing the right help
- promote the importance of early help services to identify and support children and families that do not match the criteria for children's social care services
- enable social workers to exercise their professional judgement by developing their skills and expertise throughout their career
- improve outcomes for children by making best use of evidence about what helps to resolve problems in children's lives
- create a learning culture that promotes regular case review and reflection

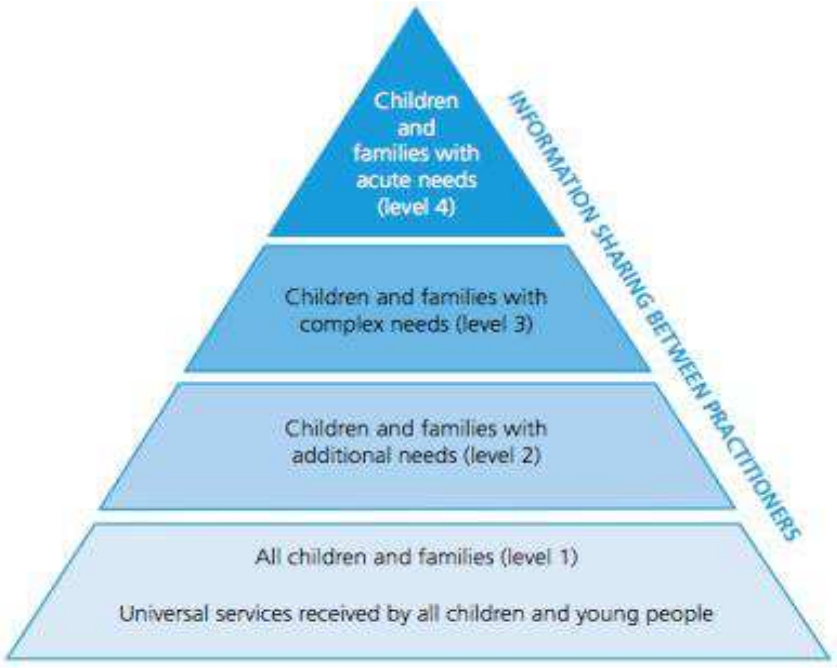
SECTION 2 : THRESHOLDS GUIDANCE

In accordance with Working together (2013), the LSCB is required to publish a thresholds document to provide guidance about different types of assessment and services to be commissioned and delivered. This document provides guidance about the local thresholds.

2.1 The continuum and levels of need

The Hillingdon LSCB thresholds are aligned with the London continuum of need (2009), which can be found at www.younglondonmatters.org, and is attached and marked Appendix 1. The continuum of need provides a conceptual model to help professionals identify and assess the most appropriate threshold of intervention and support for a particular child. It is intended to be used as guidance, not a prescriptive procedure, to support practitioners and managers exercise sound professional judgement.

The four levels of need are outlined below:



2.2 Level 1: All children and families

At level 1, children with no identified additional needs will have their developmental needs met by universal services.

2.3 Level 2: Additional needs

Children at level 2 will have additional needs that are not clear, not known or not being met. This is the threshold for beginning an early help assessment. Response services are universal support services and / or targeted services. These services are typically early intervention and preventative services.

2.4 Level 3: Complex needs

Children at level 3 have complex needs that are likely to require longer term intervention from statutory and / or specialist services. High level unmet needs will usually require a targeted integrated response, which will usually include a specialist or statutory service. This is also the threshold for a child in need which will require children's social care intervention.

2.5 Level 4: Acute needs

Children at level 4 have acute needs requiring statutory intensive support. This includes the threshold for child protection which will require children's social care intervention.

2.6 Changing needs

Children's needs and circumstances often change over time and accordingly, children can, and do, move from one level of threshold to another. It is important therefore to ensure that the assessment is an on-going process that provides continuity and consistency throughout the child's journey from needing to receiving help. When a child meets certain criteria within the context of the threshold this does not mean that they will stay at this level. Additionally, agencies and professionals, including universal services, may need to offer support at a number of different levels.

2.7 Seeking advice

It is important to be clear about the purpose and intended outcome of a referral. It is helpful to consider the three main categories of referral and related levels of need to consider where the best "fit" is likely to be. It is often useful to consult with other professionals in the child's network, such as a health visitor or teacher, when there are concerns about a child. When the concern is about risk of harm the agency's named or designated lead for child protection should be contacted. Alternatively, a local authority children's child protection adviser can be contacted for advice.

SECTION 3 : ASSESSMENT PROTOCOL

In accordance with Working together (2013) the local authority, in consultation with partners and with agreement of the LSCB, have produced the following assessment protocol which focuses on how cases will be managed once a child is referred to children's services.

3.1 Early help assessment framework

Early help assessments, where a child with additional needs may benefit from support from more than one agency, are completed in accordance with the Early Help Assessment Guidance. An early help assessment should be completed when a professional in any agency has a concern about a child with additional or unmet needs. It is a process for recognising signs that a child may have needs that a single universal service cannot meet, for identifying and involving other agencies who may be able to support the child and / or undertaking a specialist assessment.

The use of an early help assessment will enable effective information sharing, avoid children and families having to re-tell their story, prevent repeated assessments and provide co-ordinated help to make the most efficient use of resources.

The LSCB has agreed a template for Early Help Assessments to be used across the partnership and this can be found in Appendix 2

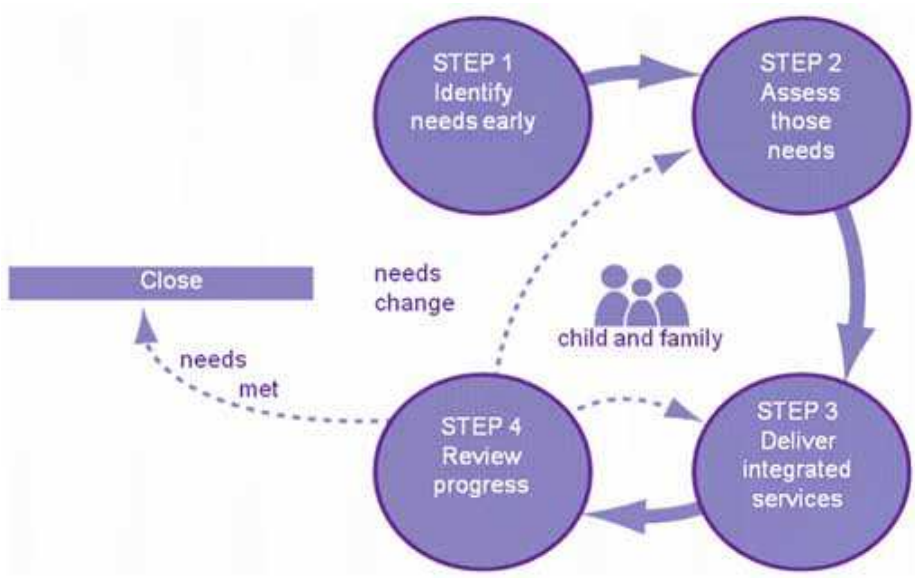
3.2 Early help assessment characteristics

Early help assessments should;

- Be completed by a professional who knows the child and family, can act as an advocate and co-ordinate integrated support
- Be undertaken with the agreement of the child and their parents / carers and should involve them and all relevant professionals working with them
- Help practitioners to identify the needs of a family and what further action may need to be taken, for example a single agency referral or calling a Team around the Family meeting. Details about the range and type of local early help provision can be accessed via the Family Information Service which is being developed to reflect the multi agency offer of early help services.
- Help identify which organisations should be invited to a Team around the Family Meeting
- Provide opportunities for professionals to discuss concerns with a local authority social worker.
- Prompt a referral to local authority children's social care whenever a child may be in need or has suffered significant harm. The early help assessment can be used to support the referral
- Be reviewed to ensure that the assessment and provision of services result in real progress is being made.

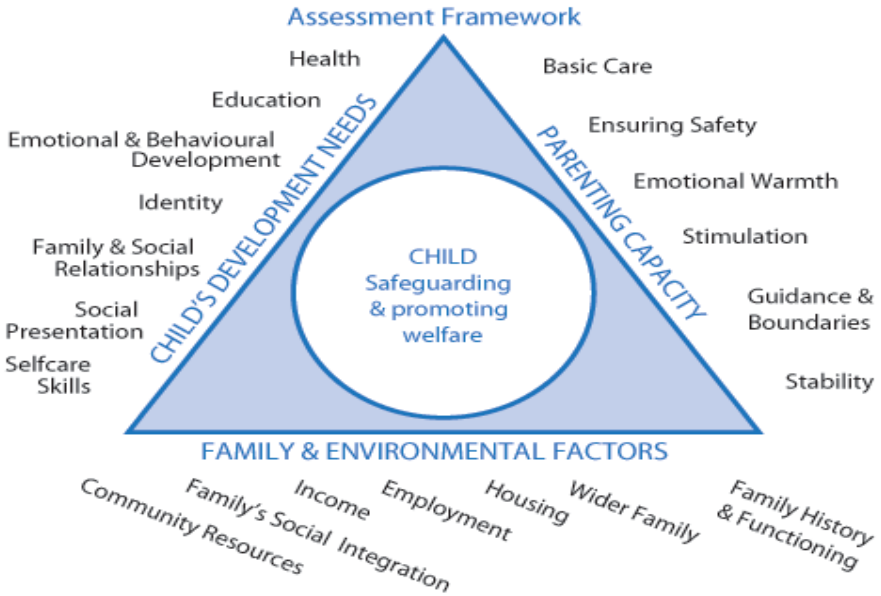
Advice on the completion of an Early Help Assessment is available from the Team around the Family Co-ordinator.

The diagram below provides a simple illustration of the assessment process from identifying and assessing needs, providing integrated early help services and reviewing progress to deliver the desired change so that needs are met.



3.3 Statutory assessment framework: Assessment Triangle

The assessment triangle provides a systematic way to undertake a statutory assessment and places the child at the centre of the process. The framework sets out a way to gather information, consider risk, analyse evidence and form professional judgements across the 3 key domains, including the child's developmental needs and the parent's capacity to meet those needs within the context of the family and other relevant environmental factors. The diagram below illustrates the assessment triangle and outlines the relevant dimensions for consideration within each of the 3 key domains:



3.4 The purpose of statutory assessments

In accordance with the Children Act 1989, local authorities are required to provide services for children in need in order to safeguard and promote their welfare. Local authority children's social care operate within a strict legal framework that dictates which cases must be accepted from referral and what services can be offered or provided to children, young people and families.

A local authority children's social worker leads and co-ordinates the assessment of the child's needs in order to determine what appropriate action to take and what services to provide.

The purpose of all statutory assessments is to;

- Gather information about the child and family
- Analyse needs and / or the nature and level of any risks and harm being suffered
- Decide whether the child is in need (s17) and / or is suffering, or is likely to suffer significant harm (s47), or may require accommodation (s20) or care (s31A)
- Provide support to address the child's needs, improve their outcomes and make them safe

3.5 The Children Act 1989

The range of statutory assessments include:

- **Children in need of support** (section 17, Children Act 1989): A child is in need if they are unlikely to achieve or maintain a satisfactory level of health or development, or their health or development will be significantly impaired, without the provision of services. A child is also in need if s/he is disabled.
- **Children in need of protection** (section 47, Children Act 1989): Whenever concerns arise about a child being maltreated, the local authority children's social care must initiate enquiries to find out what is happening and whether protective action is necessary. The local authority, with other relevant organisations, have a duty to make enquiries when there is reasonable cause to suspect that a child is suffering, or is at risk of suffering, significant harm to decide what any action to safeguard and promote the child's welfare. This may include taking immediate protective action.
- **Children in need of accommodation** (section 20, Children Act 1989): A child may require accommodation because there is no-one with parental responsibility to care for them, when they are lost or abandoned, or the person who has been caring for them is prevented from providing them with suitable care or accommodation. In these circumstances the local authority has a duty to accommodate children in their area.

- **Children in need of care** (section 31A, Children Act 1989): Where a child is subject to a court care order the local authority is the child's corporate parent and has a duty to assess the child's needs and establish a care plan which sets out the services that will be provided to meet those needs.

3.6 "In need" referral criteria

The decision about whether a child is eligible for an assessment or on-going service rests with the social care managers. The assessment of whether a child's needs fall within the "in need" eligibility criteria takes into account and is informed by:

- The age of the child
- The level of the child's need and the impact of the concern on the child's welfare and development
- The level of risk facing the child, currently and in the future, and any risk that they may pose to others
- The child and family's family and wider circumstances
- The level of support that is being provided, or may be provided, by other agencies and professionals
- The risk of deterioration if services are not provided
- The local authority's statutory responsibilities

3.7 Early Help

The vision for early help as developed by the multi-agency Early Intervention and Prevention Sub-Group of the Children and Families Trust Board is that *"Hillingdon families are safe, healthy, happy, prosperous and self-reliant because agencies work effectively together to make timely interventions which prevent family problems arising or enable them to be overcome at the earliest opportunity".*

The following principles provide the framework for local early help provision;

- The early help assessment (EHA) will be the tool used to help families and professionals identify needs and how these may be met.
- The child/family is maintained in the universal context wherever possible
- When additional needs are identified, the targeted service(s) is brought into the universal provision to add to the support being provided in the universal context
- Professionals will have good local knowledge of and be able to access, the local services that can support children and families
- Where the family may need access to a number of targeted services the 'Team Around the Family' (TAF) approach will be used to manage the process and ensure activity is integrated and seamless
- The lead professional role is central to the successful delivery of co-ordinated services

- All professionals within the children's work force will understand and undertake the lead professional role where appropriate.
- Intervention plans will build on the existing strengths of the family.
- All family members will be supported to develop the intervention plan and review its effectiveness.
- Where at all possible there is one integrated intervention plan agreed by all relevant parties. It is recognised that some services are legally required to have their own plan but all plans will correlate and support each other.
- Withdrawal of targeted service when the need has been met.

3.8 Team Around the Family

Where an agency has undertaken an early help assessment and is considering convening a Team around the Family (TAF) meeting, the TAF Co-ordinator is available to provide support and advice. This can range from guidance on who to invite to the meeting, through to practical advice on arranging and chairing the forum. The TAF co-ordinator can also check whether an EHA assessment has previously been completed, or a Team around the Family meeting ever held, by another agency.

Parents/carers and in some situations the young person must give their consent to the TAF taking place. If they do not the practitioner will discuss their concerns with the MASH (see below).

At the Team around the Family Meeting the decisions will be made with the family as to what outcomes are being sought and what interventions will be provided by which agencies. The TAF plan developed at the forum will be reviewed on an agreed schedule. The TAF will also identify a Lead Professional for the family. The Lead Professional is the worker who will be the core contact point for the child or family, co-ordinate the delivery of actions agreed in the TAF process, organise reviews and help reduce overlap and inconsistency. This person can come from any agency working with the family.

3.9 Family Key Working Service

The Family Key Working service (FKWS) works with

- Families who don’t yet meet the threshold for Statutory or Specialist Tier 3/4 services but have difficulties they are unable to overcome without additional support. This support need will usually have been identified through the TAF process.
- Families where tier 3 or 4 services are no longer required but the family has some outstanding difficulties with which it would benefit from additional support as part of a ‘step down’ process or exit strategy.

There are many agencies providing assistance and guidance to families at the Universal and Targeted Levels including schools, children’s centres, health visitors, youth services and voluntary sector providers. The FKWS is not a replacement for

the existing services that may be working with a family, rather it is available to supplement and provide additional support through bespoke programmes of work. Its activities should form part of the integrated intervention plan developed with all the agencies working with the family.

Referrals from the childrens workforce (ie schools, childrens centres etc) will usually come via the TAF process. The FKWS can be contacted directly by the organiser of the TAF to explore the issues and consider whether their attendance at the TAF would be appropriate. At the meeting the role of the FKWS in the particular case is agreed.

Agencies such as GPs, Police or London Ambulance service (ie those not within the Childrens Workforce) can contact the FKWS directly with their concerns. They should where possible obtain permission from the family to pass on their details. If the concerns appear to fall within the remit of the FKWS a key worker will carry out the Early Help Assessment, identify the needs of the family and either make a single agency referral or arrange a TAF to develop an integrated plan. The FKWS may or may not be involved subsequently depending on the decisions made at the TAF.

3.10 Referral to the FKWS from Children's Social Care (Step-down)

Where CSC considers that there is no longer a need for further statutory social work intervention a referral to FKWS as part of a step down programme may be appropriate. Social care will also consider what other support options may be relevant to the families needs alongside or instead of the FKWS.

Where appropriate a FKWS representative will then attend the relevant CSC review/exit planning meeting. The required outcomes for the child/young person/family are then agreed and CSC involvement would then cease. The review meeting will operate as a TAF agreeing with the family the ongoing interventions from individual agencies, identifying any other services that may need to be brokered and confirming the Lead Professional role within the FKWS. The TAF process would then be ongoing until such time as all the outstanding outcomes have been met and the Lead Professional role is transferred back to a universal service.

3.11 Referral from FKWS to Children's Social Care (Step-up)

Should Level 3/4 issues or risk be determined during FKWS involvement, referral to CSC will then be required. Where such risk is identified the FKWS duty manager will be informed without delay and appropriate action agreed. Where risk impact or urgency permits, CSC will be invited to 'attend' a reconvened TAF meeting for the case. If immediate action is required a referral will be made to MASH.

3.12 Involvement requests from Children's Social Care (CSC)

A request may be made by CSC to the FKWS Management Team to request possible involvement by FKWS as resources within a continuing CSC care plan (of any description) to assist in the achievement of a specific desired outcome. Essentially this process mirrors that of the FKWS referral (step-down) except that following attendance at the review meeting convened by CSC and following establishment of the required outcomes for the child/young person/family, CSC

involvement would continue. FKWS services would be provided on the basis of a CSC care plan rather than a TAC/TAF plan.

The contact/referral, assessment and service coordination process is therefore integrated and will be seamless. The interface between Level 1/2 and 3/4 processes are therefore effectively managed.

3.13 Multi Agency Safeguarding Hub (MASH)

Hillingdon children's services are launching a Multi Agency Safeguarding Hub, or MASH as it is often called, in collaboration with the Metropolitan Police and other safeguarding partners. The MASH will inform and support operational teams by researching, interpreting and determining what information is proportionate and relevant to share. MASH then share information available to ensure effective and appropriate decision making as to whether the statutory threshold has been met for a referral into social care or whether a more proportionate response is to refer to another agency or provide advice and guidance to the referrer.

MASH activity is undertaken on a confidential basis, collating practice knowledge and local intelligence held by MASH partners to build a picture that is shared on a "need to know" basis with the operational team that is best placed to respond. Most commonly, where the threshold for social care involvement has been met, referrals will be passed to the intake teams for assessment and follow up, although depending on the particular needs of the child this may also include specialist teams like the Youth Offending Service and Disabled Children's Team.

All contacts regarding safeguarding and welfare concerns will be screened by qualified social workers. The screening will determine if the threshold for social care involvement is met. If the threshold is not met a decision will be made as to the most appropriate early help support required. If the threshold for social care is met the referral will be routed into the MASH to bring a consistent approach to risk assessment and decision making. The MASH will also use research and practice evidence to identify potential / actual victims in order that they can be protected, redirected or provided with the most appropriate service

The MASH aims to improve the way that local safeguarding partners deal with cases where there or serious welfare or safeguarding concerns. It does this by co-locating safeguarding partners together into one place, providing access to electronic data systems and allowing expert navigation of their agency's personnel and processes. This ensures that they can share information quickly and efficiently as soon as any safeguarding concern is received about a child. In line with the pan-London implementation programme, Hillingdon aims to implement the MASH and be fully operational by June 2014.

3.14 Statutory single assessment process

The statutory assessment process is a dynamic and evolving process that aims to bring continuity and consistency for children and families. It is important that practice is responsive, maintains focus, brings impact, makes progress and delivers improved outcomes for children and families.

The timeliness of an assessment is a critical element that ultimately determines both the quality of the assessment and the outcome for the child. The following section sets out the assessment timeframe, with relevant practice guidance, when a child is referred into children's services:

- Where a child or young person is subject to a Child Protection Plan MASH will respond **one working day** of a referral being received about the type of response that is required and what service is best placed to respond. Where child protection procedures do not apply the response will be within three days. An acknowledgement will also be given to the referrer.
- In relation to new contacts, the Children's Social Work Teams are likely to follow up the majority of in-coming social care referrals for assessment, although other teams like the Children with Disabilities Team and the Youth Offending Service will assume assessment responsibility for children who meet their criteria
- Assessments will be **proportionate** and conducted at a **pace** that reflects the nature and level of need and risk indicated by the presenting referral circumstances.
- Supervision and professional case discussions will take place to plan the **depth and focus** of assessments. In some cases a **quick and simple** assessment will be required and in other cases a more **comprehensive and detailed** assessment will be necessary.
- Action will be taken **as soon as possible** to see and communicate with children requiring protection and where there are welfare concerns.
- A social worker will start an **Assessment** which will include a home visit within an appropriate time scale to see and communicate with the child, interview the parents and any relevant family members / others and complete a check on the home / living conditions
- In any event, children will always be seen, and whenever possible they should be seen on their own, and communicated with within a maximum of **2 days**
- The social worker will review the MASH outcome, undertake any necessary additional multi-agency checks, sharing relevant information and promoting effective collaborative working with key partners during the course of the assessment process.
- During the course of the Assessment each case will be discussed at a POD meeting and the social worker will review the ongoing work with the manager who will bring challenge and support to critically reflect on the social worker's assumptions, analysis and professional judgements.
- At this stage, following consultation and review between the social worker and manager, the decision about next steps will be reached.

- In line with any child protection assessment and when a child protection strategy discussion / meeting decides that a multi agency initial child protection conference is required, this will be convened within **15 days.**
- At the conclusion of an assessment a decision will be taken to clarify next steps. This may include a number of outcomes including a decision for the case to "step – down" to the Early Intervention Service, to proceed to an initial child protection conference or looked after child review, to pursue a further period of assessment, provide support and intervention, transfer for follow up by another agency or close the case without taking any further action.
- Where an on-going assessment is recommended an a care plan (either Children in Need, Child Protection or Looked after Child) will be put in place and endorsed by the manager. This will include arrangements for the manager to review progress and future decisions.
- All assessments will be progressed and completed within a maximum of **45 days**. If, following discussions with the child, their family and other professionals, an assessment exceeds 45 days the reasons will be recorded as to why this is necessary. It is intended that this will only be in exceptional arrangement.

3.15 Statutory assessment practice guidance

- To ensure that children's views, wishes and feelings are taken into account, consideration will be given to the child's age, understanding and any particular communication needs, including the need to use an interpreter or signer where appropriate, to ensure that seeing and communicating with children is both meaningful and purposeful.
- Social workers will have appropriate skills, equipment and use of suitable venues to help engage and build a rapport with children in order to ascertain their views, wishes and feelings. For example, this will include the application of appropriate play skills and use of equipment and communication tools for undertaking direct work with children.
- As part of the consultation process with other professionals, social workers will obtain already completed assessment reports to build up a comprehensive picture of the child and family over time and establish a base line to help inform direct contact and communication with the child and family. This will inevitably help to broaden and extend the scope and impact of the current assessment. For example, this should include Education, Health and care Plans or / or child and adolescent mental health assessment reports.
- Social workers will coordinate assessment activity with other professionals and agencies to streamline communication and activity

with the child and family, avoid the potential for repetition and duplication and maximise the impact of available professional experience and expertise. A professional network meeting should be considered by the social worker as a mechanism to assist and support the exchange of information between agencies and other professionals and clarify service planning and coordination.

- Every assessment should focus on the desired outcomes. Where continued social care involvement is recommended there should be a clear plan, outlining the services to be provided, actions to be undertaken, by whom and for what purpose. Outcomes should be measurable and plans should be reviewed regularly to make sure that satisfactory progress is being made.
- Assessment outcomes should be shared with parents and children where they are of sufficient age and understanding. Parents and children should be encouraged and supported to identify what kind of support will be most helpful to them and actively engaged in the planning process. Any conflicting perspectives should be noted and copies of completed assessment reports should be provided.
- The Association of Chief Police Officers "Risk Principles", which were adapted and referred to by the Munro Review (2011), are attached and marked Appendix 3 for ease of reference. It is intended that these principles are applied locally to help inform "risk sensible" child protection practice.

3.16 Recordkeeping

Children's social care records are created and maintained on an electronic system called Protocol. Protocol provides a user data base, a workflow management system and a facility to manage performance activity reports.

Professor Munro highlighted the need to free practitioners and managers from the bureaucratic burden of record keeping and bring about a shift in practice to maximise the proportion of time spent undertaking direct work with children and families. In keeping with the spirit of this recommendation, records should be explicit about recording evidence that focuses on;

- The child's needs and circumstances
- The child's journey from needing to receiving help
- The impact of support and intervention provided to the child and his / her parents and family
- The positive outcomes that are achieved for the child and his / her parents and family

Casework recording for children's social care, and indeed other agencies, will record decisions and information about a child's development so that progress can be monitored to ensure that the child's outcomes are improving.

Protocol should be updated by the social worker within **48 hours** of visits taking place.

3.17 Additionally vulnerable children

The assessment process for some children will require additional care to ensure that their particular needs, circumstances and vulnerabilities are taken into account. It is particularly important that any other assessments that are underway are co-ordinated so that the child continues to be at the centre of the process and does not get lost between different agencies and procedures. More specifically this includes:

3.18 Disabled children

The Children with Disabilities Team currently provides a service for children from birth to their 18th birthday, at which point the young person may transition to one of the adult teams for continuing support.

The Children with Disabilities Team supports children and young people who have a permanent and substantial learning and / or physical disability, The following information illustrates the type of needs that would indicate the involvement of the Team;

Children and young people aged from 0 to 18 years of age who resides in the London Borough of Hillingdon and

- has a substantive and severe physical disability; and/or
- has a substantive and severe learning disability; and/or
- has complex health needs; and/or
- has a severe Autistic Spectrum Disorder.

(substantive implies a level of need, significantly different to that of a child of a similar age, where the disability has a profound effect on their development.)

The child or young person meeting the above criteria will require a range of services to promote or safeguard their health, development and/or well-being and the intervention identified will aim to minimise the impact of the disability.

Physical Needs - descriptors to determine the criteria for a service are children and young people who:

- Unable to walk independently
- Daily postural management required
- Primarily uses a wheelchair for mobility

- Permanently restricted motor functioning requiring aids and adaptations
- Consistently requiring assistance when reaching, eating, writing, dressing
- Communication difficulties consistently requiring the need for technological aids
- High care needs requiring constant help and supervision
- Major adaptation required to help with daily living activities and/ or to assist the carer

Learning - descriptors to determine the criteria for a service are children and young people who:

- Psychometric/ Developmental assessment reveals Severe and / or Profound Learning Difficulty
- Severely delayed language development
- Major reliance on others for care needs

Health - descriptors to determine the criteria for a service are children and young people who:

- Serious, deteriorating illness
- Major difficulty with the control of symptoms
- Palliative care required
- Daily interruption of normal activities requiring co-ordinated multi-disciplinary case planning

Autism - descriptors to determine the criteria for a service are children and young people who:

- Diagnosed with a Severe Autistic Spectrum Disorder
- Aggressive behaviour possibly causing significant injury to self or others
- Constant adult supervision required
- None or very little speech but able to communicate basic needs
- Unable to function alone or in a group without considerable help, support and supervision. Unwilling or unable to relate to other children and/ or adults

3.19 Young carers

Young carers are children and young people who regularly look after and provide emotional support to someone in the home who is physically or mentally unwell, has a disability or is suffering from the effects of misusing drugs and / or alcohol.

A child or young person's caring responsibilities at home may not be well known or fully appreciated and because of this young carers may become additionally vulnerable Young carers are often very proud of the care and support that they provide. However, without early identification and support young carers may find that their caring responsibilities begin to have an adverse impact on their education, health and wellbeing. It is important to ensure that a child or young person's caring responsibilities do not become excessive or inappropriate and that the effects of caring do not lead them to become isolated.

Identifying young carers is a shared responsibility that schools, colleges, adult and health services are well placed to do. In many cases an early help assessment will be appropriate to address any additional needs that are identified. However, if there are any safeguarding concerns regarding the nature, level and circumstances of the care being provided by a child or young person, their needs and circumstances should be assessed in accordance with the Children Act 1989.

3.20 Young offenders

The Youth Offending Service holds a range of statutory responsibilities, some of which are shared with Children's Social Care, and include:

- Provision of Appropriate Adult services for young people aged 10 – 17 in custody suites when the parent/carer is unable or unsuitable
- Delivery of pre-court disposals
- Responsibilities for young people remanded into Youth Detention Accommodation or Local Authority Accommodation
- Assessment of children and young people and the provision for them of rehabilitation programmes in respect of bail and sentencing
- The provision of reports or other information required by courts in criminal proceedings
- Responsibilities for supervising community based penalties
- The supervision of children and young people sentenced to detention and training orders
- The supervision of parenting orders made in criminal proceedings
- Safeguarding vulnerable young people

The Youth Offending Service takes all its referrals direct from the courts and the police. Families with children at risk of offending or anti-social behaviour are supported through the EHA and TAF process, or through the FKWS.

The joint protocol between Hillingdon Youth Offending and Children's Social Care Services (July 2013) provides operational details to promote effective working practices in the best interests of children, young people and their families, and the wider community. It identifies the points along the child / young person's journey when collaborative working is required and the considerations that are required for assessing existing, new and changing needs and risks.

The YOS undertake assessments for different purposes including ;

- To assess suitability for bail in criminal proceedings
- To identify suitable sentencing options that can be proposed to the Courts
- Evaluating the risk of harm the young person presents to others
- Evaluating the risk of harm the young person presents to themselves

The same assessment framework operates across England and Wales and is incorporated in a national tool called the ASSET. In order to support the completion of assessments there is an expectation that the assessor will request and receive relevant information about the child / young person and their family from partner agencies as well as the young person and their carers.

The time frame for the assessments vary depending on their purpose from immediate (for bail hearings) to 15 days for court reports. Assessments must be reviewed at least every three months but this is usually more frequent depending on the prevailing risk or safeguarding issues.

Where the young person is also allocated within children's social care all relevant information is shared, including the ASSET, Risk of Harm Assessment, Integrated Intervention Plan, Children Looked After Care / Pathway Plans, Child Protection Plans and any other recent assessments. This is to ensure that wherever possible interventions delivered by the two services are complimentary and don't duplicate effort.

3.21 Looked after children who are returning to the care of their parents

Children should only return home from care when:

- Relevant professionals have assessed the likelihood of further abuse or future harm and shared their findings with each other as part of a multi agency meeting eg: as part of the statutory review of the child's looked after arrangements
- The assessment of need confirms that the risk of further abuse is, on balance, extremely low

In these circumstances a plan should be formulated in advance of the child returning to the care of his / her parents to address the transitional arrangements and any future risks to confirm how the child and family will be properly supported.

There are a number of planning options that should be considered on a case by case basis to ensure that decisions are appropriate to meet the individual

needs and circumstances of each child who is returning home to the care of their parents. These options may include, but are not restricted to, the following:

- A period of testing the rehabilitation, not exceeding 6 weeks, whilst the child remains subject to an Interim Care Order
- A Child in Need Plan alongside a Supervision Order for the duration of the Order
- A Child in Need Plan (without an Order) for a period of 3 months

Consultation with the child and his / her parents is crucial to ensure that they are supported to be active participants in the planning process. Relevant plans need to be clearly defined and accessible for the child and family.

In order to avoid a change of social worker at such a critical point in the child's journey, the child's existing allocated social worker from the Looked After Child Team will continue to be the child's key worker for the duration of the transition and rehabilitation period.

The pace and level of the transitional and rehabilitation support plans will be determined by the needs and circumstances of the individual child and his / her family. In preparation for the withdrawal of statutory services, consideration should be given to the need for on-going support provided by the Early Intervention Service.

To encourage and support swift and easy access and continuity of provision by universal services, especially when a child is moving back from an out of borough placement or moving across different areas, consideration should be given to how local support services can be identified and co-ordinated by a TAF and Lead Professional.

3.22 Complaints

Hillingdon children's services aim to provide the best possible response for children, and their families, who need help, within the resources that are available. All feedback, including comments, compliments and complaints, are welcome. It is always beneficial to know when things work well, when improvements can be made and when there are complaints.

In the first instance, attempts should be made to resolve complaints at a local level by contacting the relevant line manager. However, if this does not resolve the matter satisfactorily there is a Children & Families Complaints Service.

APPENDIX 2: HILLINGDON CONTACT DETAILS

Children's Social Care 01895 556644

EDT out of hours 01895 250111

APPENDIX 3: THE ASSOCIATION OF CHIEF POLICE OFFICERS "RISK PRINCIPLES" ADAPTED BY THE MUNROW REVIEW (2011)

Principle 1:

The willingness to make decisions in conditions of uncertainty (i.e. risk taking) is a core professional requirement for all those working in child protection

Principle 2:

Maintaining or achieving the safety, security and wellbeing of individuals and communities is a primary consideration in risk decision making.

Principle 3:

Risk taking involves judgement and balance, with decision makers required to consider the value and likelihood of the possible benefits of a particular decision against the seriousness and likelihood of the possible harms.

Principle 4:

Harm can never be totally prevented. Risk decisions should, therefore, be judged by quality of the decision making, not by the outcome.

Principle 5:

Taking risk decisions, and reviewing others' risk decision making, is difficult so account should be taken of whether they involved dilemmas, emergencies, were part of a sequence of decisions or might appropriately be taken by other agencies. If the decision is shared, then the risk is shared too and the risk of error reduced.

Principle 6:

The standard expected and required of those working in child protection is that their risk decisions should be consistent with those that would have been made in the same circumstances by professionals of similar specialism or experience.

Principle 7:

Whether to record a decision is s risk decision in itself which should, to a large extent, be left to professional judgement. The decision whether or not to make a record, however, and the extent of that record, should be made after considering the likelihood of harm occurring and its seriousness.

Principle 8:

To reduce risk aversion and improve decision making, child protection needs a culture that learns from successes as well as failures. Good risk taking should be identified, celebrated and shared in a regular review of significant events.

Principle 9:

Since good risk taking depends upon quality information, those working in child protection should work with partner agencies and others to share relevant information about people who pose a risk of harm to others or people who are vulnerable to the risk of being harmed.

Principle 10:

Those working in children protection who make decisions consistent with these principles should receive the encouragement, approval and support of their organisation.

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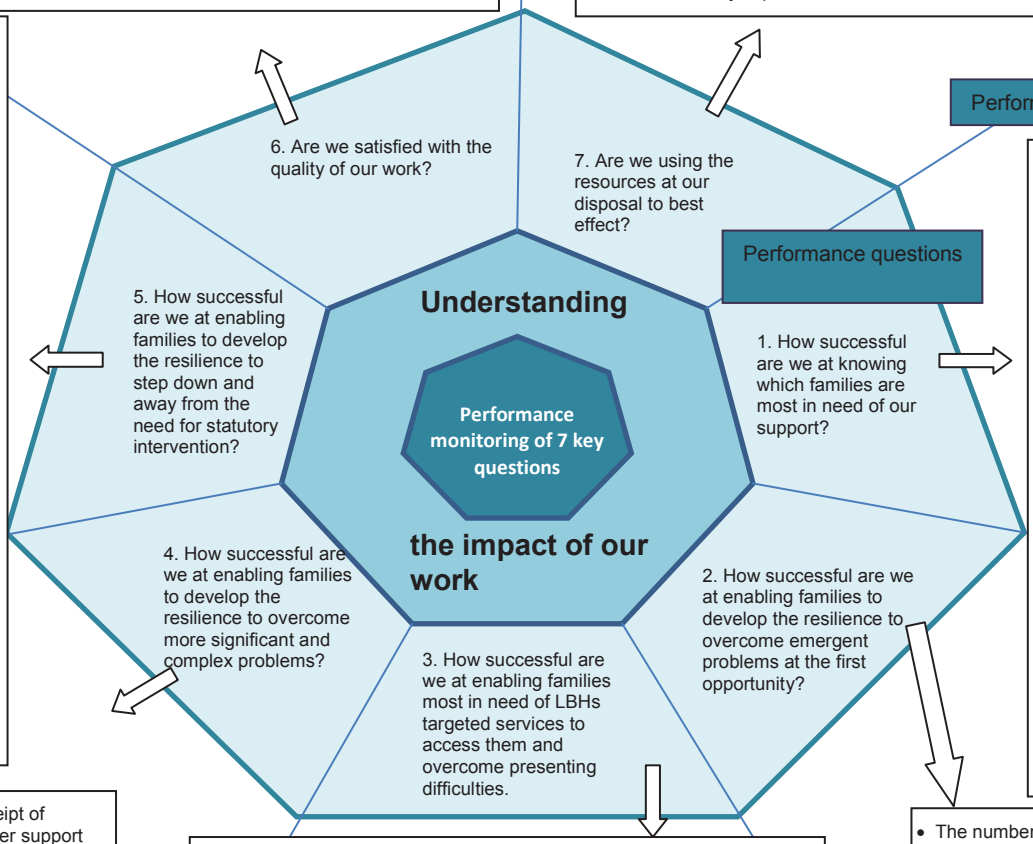
Early Intervention and Prevention Services Performance Web

- Number of EHAs judged as good
- Number of TAF plans judged as good
- Feedback from families who have undergone TAF process (partner related)
- EIS case-work audits judged as 'good' including KWS, Children's Centres and programmes.
- Percentage of families who rate the support they have received as 'good' when surveyed.
- All service user feedback (parents, families, partners) is positive at 80%+ for KWs.

- Service area budgets fully deployed in the delivery of planned services
- Key-work and TAF case-holding capacity maintained at optimum levels
- Significant and sustained progress outcomes secured within agreed timescales
- Programme occupancy rate targets achieved
- Significant and sustained programme outcomes secured
- Early years centre occupancy targets achieved
- Children's centre target participation levels achieved
- Opportunities for joint working and sharing resources across EIS are actively explored.

- Number of CIN / CP cases 'stepped down' to EIPS / key-working service and closed
- The number of social care cases 'stepped down' to EIPS / key-working service who don't re-present (six-months / year)
- The number of CIN / CP / LAC plans with an EIPS contribution.
- The number of cases 'stepped down' to universal services.
- The number of cases 'stepped down' to universal services who don't re-present.
- Numbers of children and families receiving statutory children's social care intervention reduced.
- Number of families not requiring specialist or targeted services within 2 years of interventions being delivered
- Reduction in demand for social work intervention
- Reduction in re-referrals
- Reduction in re-offending rates



Performance Indicators

- Volumes and types of outcome concerns and the individuals, families and communities most at risk are identified
- Data and intelligence in relation to the individuals, families and communities we are most concerned about is gathered, collated, analysed and shared with services and partners in a timely manner to enable service planning and commissioning
- Multiple risk factors are mapped
- Families / communities / needs groups are identified and the intelligence passed on to relevant parties to informed targeted support

- Number of families in receipt of intensive EIPS / key-worker support whose planned outcomes have been achieved within agreed timescales
- Number of families identified at potential risk of statutory intervention accessing EIPS services
- Number of families identified as eligible for the troubled families programme achieve significant and sustained progress
- Number of families referred to EIPS targeted programme via social care
- Number of social care contacts sign-posted to targeted programmes.
- EIPS targeted programmes contribution to successfully delivered family outcome and pathway plans developed via TAF and or social care processes.
- Number of contacts sign-posted to Children's Centre programme via social care
- Number of cases 'stepped down' to Children's Centres
- Children's Centre participation rates for priority 'at risk' groups meets or exceeds 65% target

- Social care contact reduction (because families subject to EHAs and TAF processes do not present for Social care intervention)
- The number of cases 'stepped down' to universal services who don't re-present (re-referral) for support.
- Number of Key Workers delivering their allocated cases with an assessment, explicitly consented plan, delivery of key work services recorded on LCS, and outcome record including client feedback.
- Prevention Key Workers achievement of casework outcome plan targets within agreed time scales not exceeding 6 months.
- School attendance maximised at 95%.
- Persistent absenteeism and exclusions minimised at 10% 90%+ and 25% reduction in permanent exclusions.
- Post-16 young people in EET maximised with average of <300 NEET.
- CME numbers minimised below 250.
- Number of families referred to EIPS targeted programme via social care
- Number of social care contacts sign-posted to targeted programmes
- EIPs targeted programmes contribution to successfully delivered family outcome and pathway plans developed via TAF and or social care processes.
- Number of contacts sign-posted to Children's Centre programme via social care
- Number of cases 'stepped down' to Children's Centres
- % of children accessing minimum free childcare entitlement (MFE)
- % of children achieving a Good Level of Development.

- The number of social care contacts sign-posted to EHA and TAF
- Number of primary and secondary schools briefed on guidance
- Number of schools application of EHA and TAF
- Number of non-school universal service application of EHA and TAF
- Total annual EHA and TAFs numbers within Hillingdon
- Number of TAFs and EHAs and outcome plans deliver significant and sustained progress with families within agreed timescales
- The number of families subject to EHAs and TAF processes who do not present for social care intervention (reduction in contact)
- The number of families subject to EHAs and TAF processes who do not re-present for social care intervention (reduction in re-referral)
- All Hillingdon's children's workforce is briefed on the EHA, LP and TAF processes available to support their clients

Question 1.	Indicator	Source
How successful are we at knowing who is in most need of our support?	1.1 JSNA and ward level data on individuals and families in need of early intervention is provided to services and teams on a regular basis	Performance and Intelligence
	1.2 The number of families identified as ' troubled' in accordance with the troubled families programme criteria	Clearcore and Performance and Intelligence
	1.3 Service and team plans are informed by and make direct reference to individuals and groups identified as in need of our support	Performance and Intelligence
	1.4 Service and team plans and service specifications contain participation and outcome targets for those identified as in need of early intervention and prevention services	Early Intervention and Prevention Services
Question 2.	**Indicator**	**Source**
How successful are we at enabling families to develop the resilience to overcome emergent problems at the first opportunity?	2.1 Participation levels of identified and targeted priority groups and individuals in the Children's Centre* programme (65% or above)	Children's Centre Programme Manager (Children's Centre data base)
	2.2 Participation levels of identified and targeted priority groups and individuals in early years settings* (2YO offer uptake and LA managed EYC vulnerable family update	Families Information Service Manager (2YO offer uptake) Child and Family Development Manager
	2.3 Participation levels of identified and targeted priority groups and individuals in targeted programme activity	Targeted Programmes Service Manager (IYSS System)
	2.4 Participation levels in Key-working Service* (number of families in receipt of key-worker support)	Key-working Service Manager
	2.5 The number of early help assessments (EHA) completed*	Early Intervention Officer
	2.6 The number of Team around the Family (TAF) meetings held*	Early Intervention Officer
	2.7 The number of young people in receipt of youth offending service intervention*	Youth Offending Serivce Manager
	2.8 The number of families identified for and provided with targeted health visitor support*	CNWL Manager
Question 3.	**Indicator**	**Source**
How successful are we at enabling those most in need of LBHs targeted services to access them and overcome presenting difficulties	3.1 The number of cases assigned to EIS early intervention key-workers that have been successful resolved within agreed timescales**	Key-working Service Manager (ICS)
	3.2 Number of families from vulnerable groups who have made significant and sustained progress by regularly participate in the children's centre programme* (4 sessions or more)	Children's Centre Programme Manager (Children's Centre database)
	3.3 Number of individuals and families who have made significant and sustained progress as a consequence of participating in targeted programmes	Targeted Programmes Manager (IYSS System)
	3.4 The number of families who have made significant and sustained progress with the support of a team around the family**	Early Intervention Officer
	3.5 A reduction in re-referral rates*	Performance and Intelligence
	3.6 A reduction in first time entrants to the youth justice system*	Service Manager Youth Offending Service
	3.7 A reduction in school absenteeism*	Key-working Service Manager
	3.8 A reduction in 16-18 NEET levels for vulnerable groups (LAC and Youth Offenders)*	Key-working Service Manager

	3.9 A reduction in children missing education*	Key-working Service Manager
Question 4.	**Indicator**	**Source**
How successful are we at enabling families to develop the resilience to overcome more significant and complex problems?	4.1 Number of families identified at potential risk of statutory intervention accessing EIS services***	Performance and Intelligence (MASH / Triage EIS signposting or referral
	4.2 Number of families in receipt of intensive key-worker support whose planned sustained and significant outcomes have been achieved within agreed timescales**	Key-working Service Manager
	4.3 Number of families identifies as eligible for the troubled families programme achieve significant and sustained progress***	Key-working Service Manager
	4.4 Number of families successfully stepped down from social care (CP to CIN, CIN to universal)**	Key-working Service Manager
	4.5 Number of families identified as at risk of statutory intervention enabled to avoid intervention***	TBD
	4.6 Reduction in re-referral rates*	Performance and Intelligence
	4.7 Reduction in re-offending rates*	Youth Offending Service Manager
	4.8 Reduction in the number of young people on the edge of care being accommodated***	Performance and Intelligence
Question 5.	**Indicator**	**Source**
Are we satisfied with the quality of our work?	5.1 Number of cases audited judged as 'good'***	EIPS DMM in collaboration with Safeguarding and Quality Development
	5.2 Percentage of families who rate the support they have received as 'good' when surveyed.***	TBD
	5.3 Learning and Development needs of practitioners indentified and effectively responded to***	TBD
	5.4 Outcomes of service quality assurance processes***	TBD
Question 6.	**Indicator**	**Source**
Are we using the resources at our disposal to best effect?	6.1 Service area budgets fully deployed in the delivery of planned services*	Finance
	6.2 Key-work case-holding capacity maintained at optimum levels**	Key-working Service Manager (ICS)
	6.3 Significant and sustained progress outcomes secured within agreed timescales across all areas of service***	Service wide
	6.4 Programme occupancy rate targets achieved**	Targeted Programmes Manager (IYSS)
	6.5 Early years centre occupancy targets achieved**	Child and Family Development Manager
	6.6 Children's centre target participation levels achieved**	Child and Family Development Manager

* Denotes indicator and system for capturing data is in place

** Denotes indicator and system for capturing data is partially in place and / or being developed

*** Denotes indicator and system for capturing information not in place

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THE EFECTIVENESS OF EARLY HELP TO PROMOTE POSITIVE OUTCOMES FOR FAMILIES – WARD LEVEL DATA

WITNESS SUBMISSION

Name: Dan Kennedy
Role: Head of Business Performance, Policy and Standards
Organisation: London Borough of Hillingdon

SUMMARY OF EARLY INTERVENTION PREVENTION AND INTERVENTION IN HILLINGDON / ROLE OF YOUR SERVICE OR ORGANISATION

The Business Performance, Policy and Standards service area provides support to frontline services by undertaking analysis of needs for services and working closely with senior managers to put our residents first by evaluating what difference services are making.

To support the review of early help in Hillingdon, this report presents the headline analysis of current and future need for children in Hillingdon drawing on the Hillingdon Joint Strategic Needs Assessment.

OUTCOMES ACHIEVED

Research studies demonstrate that a child's future development and achievements are built on their experiences early in life.

Early help to work with children/families and particular population groups can come from a range of sources:

- Council
- Voluntary and community sector
- Schools
- Public Health services
- Health services

Joint working across agencies to intervene early and quickly to tackle emergent problems and working preventatively with groups most at risk of developing problems is understood to be key to achieving better outcomes because emergent challenges will not become entrenched or have the chance to escalate.

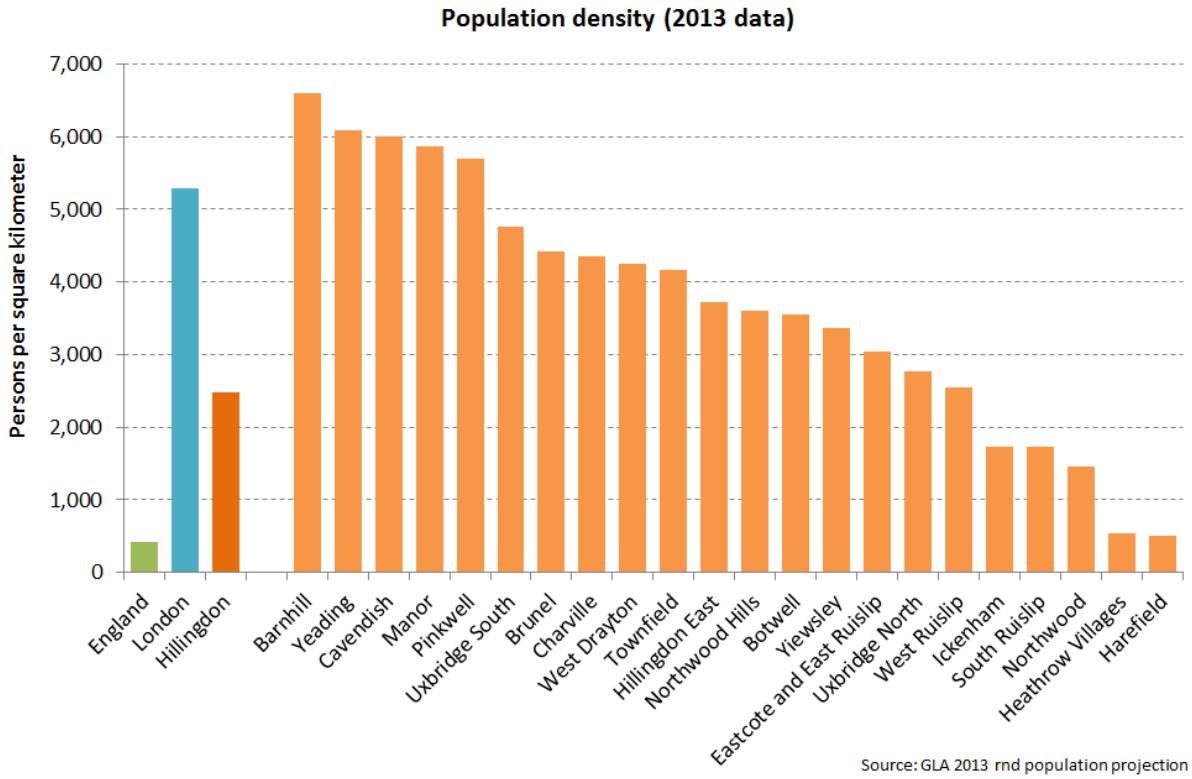
The following information provides further data at ward level to help to paint the current picture of need across the Borough to inform the review of services providing early help. To help with comparison the figures for London and England have been provided where possible.

The table below shows a breakdown of children and young people by 5 year age bands by ward and grouped into localities.

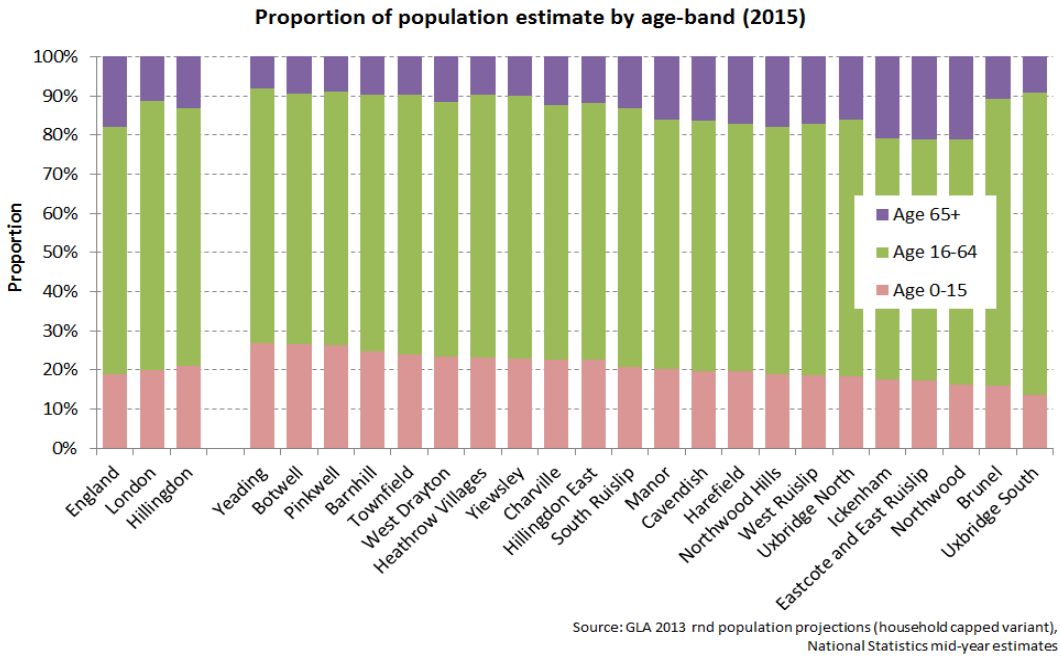
The highest number of children and young people are in the Hayes and Harlington locality which also has 42% of the 0-4 year olds in the Borough.

	Total residents 2015	age 0-4	age 5-9	age 10-14	age 15-19	Total age 0-19	0-19s as % of population
Hayes & Harlington	**104,133**	**9,607**	**8,287**	**6,553**	**6,456**	**30,903**	**29.7%**
Barnhill	14,329	1,238	1,123	929	881	4,171	4.0%
Botwell	16,388	1,634	1,214	1,092	1,147	5,087	4.9%
Charville	13,272	923	905	908	987	3,723	3.6%
Heathrow Villages	13,609	1,425	996	557	501	3,479	3.3%
Pinkwell	16,297	1,562	1,521	1,187	1,085	5,355	5.1%
Townfield	15,400	1,350	1,214	929	928	4,421	4.2%
Yeading	14,838	1,475	1,314	951	927	4,667	4.5%
Uxbridge & West Drayton	**98,712**	**6,808**	**6,163**	**4,957**	**7,150**	**25,078**	**25.4%**
Brunel	14,899	833	659	557	2,331	4,380	4.4%
Hillingdon East	13,872	1,061	1,100	854	843	3,858	3.9%
Ickenham	11,051	554	764	666	685	2,669	2.7%
Uxbridge North	13,252	928	817	621	668	3,034	3.1%
Uxbridge South	15,299	844	530	411	939	2,724	2.8%
West Drayton	16,255	1,416	1,296	1,028	849	4,589	4.6%
Yiewsley	14,084	1,172	997	820	835	3,824	3.9%
Ruislip & Northwood	**93,645**	**6,086**	**5,827**	**5,061**	**4,822**	**21,796**	**23.3%**
Cavendish	12,327	778	783	801	764	3,126	3.3%
Eastcote & East Ruislip	13,209	814	867	811	733	3,225	3.4%
Harefield	7,873	477	513	428	408	1,826	1.9%
Manor	12,199	797	792	739	632	2,960	3.2%
Northwood	11,178	635	617	521	493	2,266	2.4%
Northwood Hills	12,357	867	785	620	624	2,896	3.1%
South Ruislip	13,170	980	863	645	658	3,146	3.4%
West Ruislip	11,332	738	607	496	510	2,351	2.5%
HILLINGDON (% of total population)	**296,490**	**22,501 (7.6%)**	**20,277 (6.8%)**	**16,571 (5.6%)**	**18,428 (6.2%)**	**77,777 (26.2%)**	**26.2%**
LONDON (% of total population)	**8,669,704**	**637,703 (7.4%)**	**550,835 (6.4%)**	**455,699 (5.3%)**	**470,484 (5.4%)**	**2,114,723 (24.4%)**	**24.4**

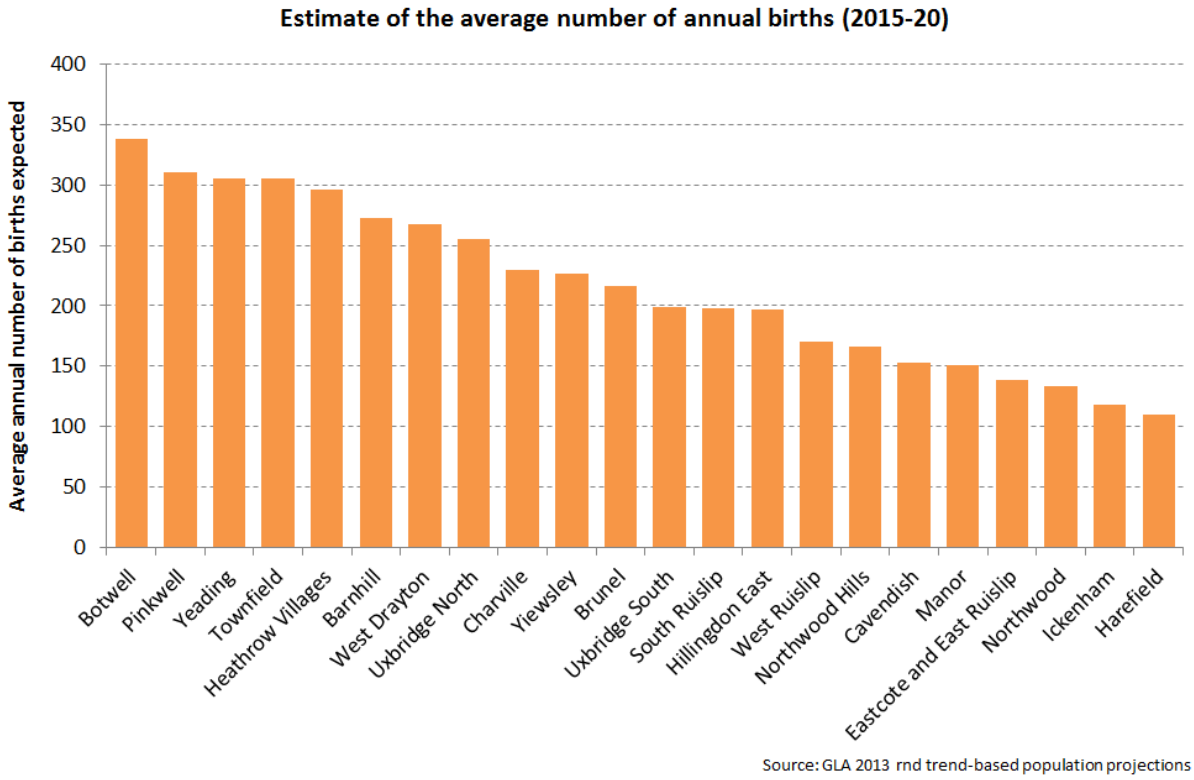
Source: © GLA 2014 Round SHLAA based ward population.



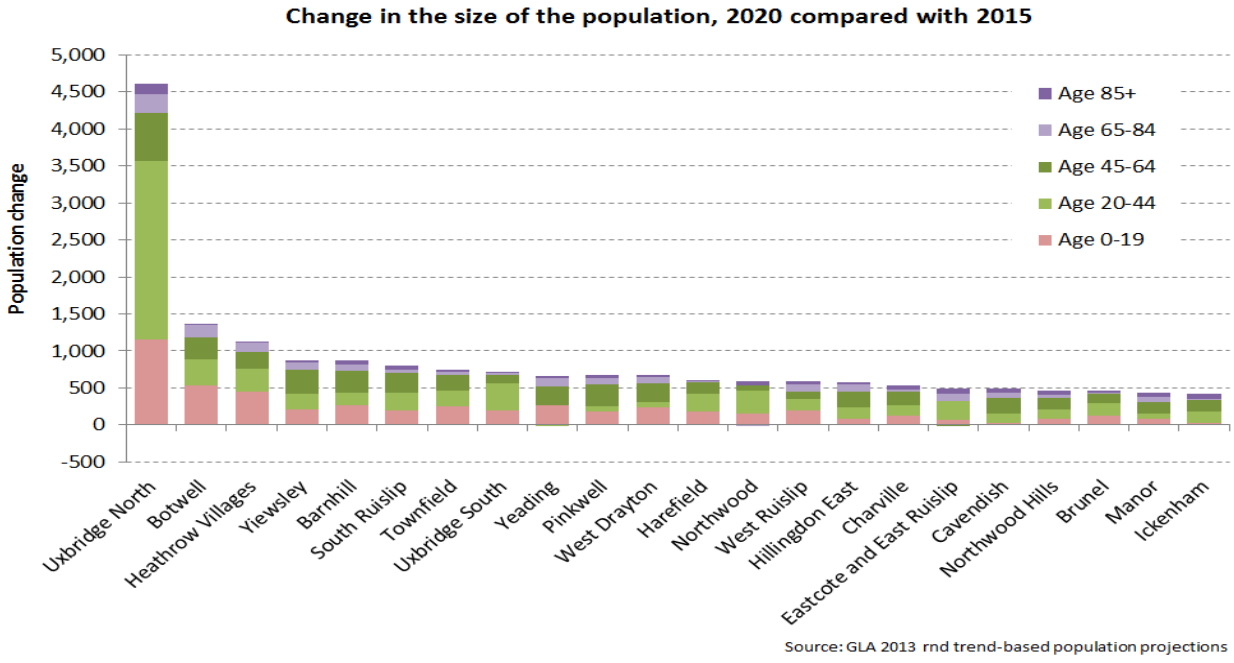
Wards in the north of the borough [in 2013] tend to have a smaller population per square kilometre than wards in the south of the borough. However, there are a few notable exceptions: *Cavendish* and *Manor* wards in the north are quite densely populated whereas *Heathrow Villages* in the south is sparsely populated.



In general some wards in the south of the borough are predicted to have a larger proportion of their population in the 0-15 years age-band than wards in the central and north of the borough.

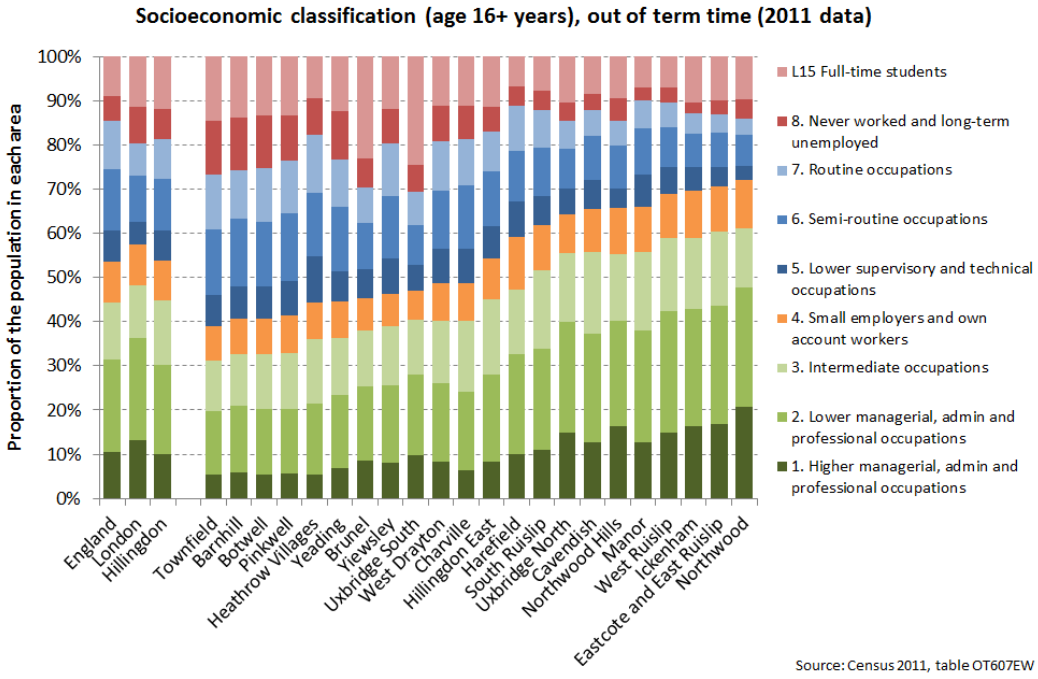


Some wards in the south of the borough are predicted to have a high number of annual births compared with wards in the north of the borough.

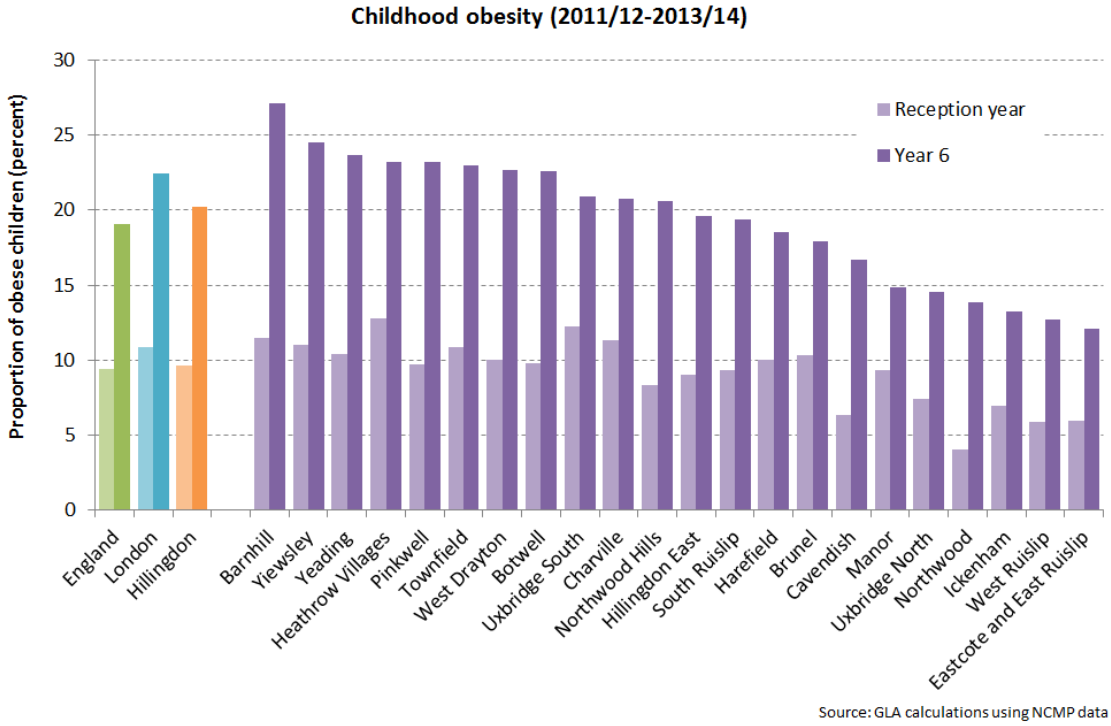


Uxbridge North ward is predicted to increase by over 4,500 residents by 2020; this is due to the development of St Andrews (former RAF Uxbridge site). The increase in the population is

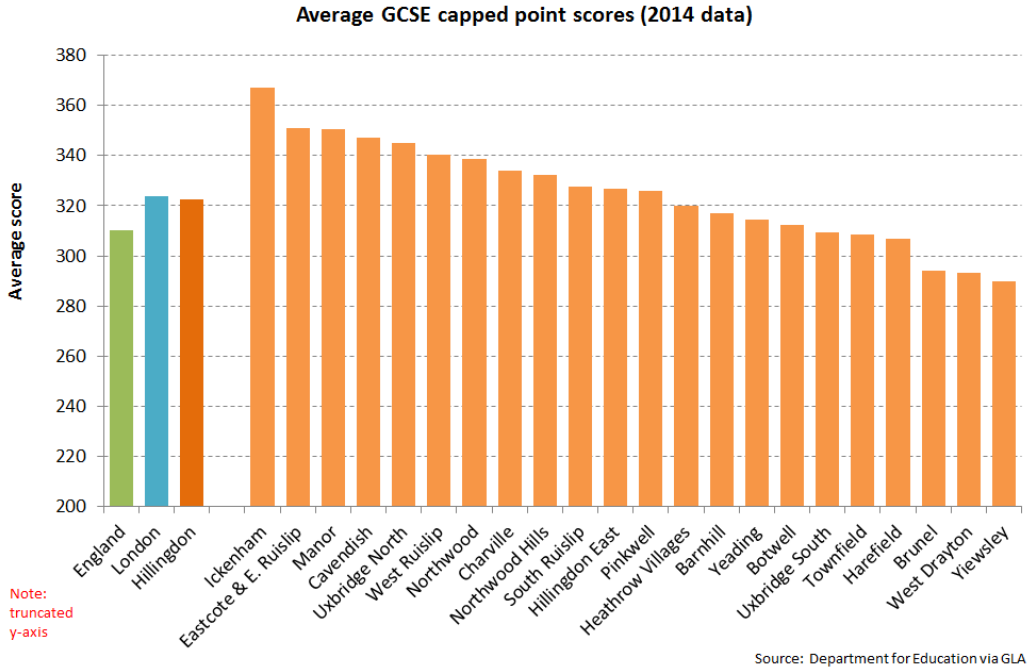
driven by the increase in size of the 0-19 year olds and 20-44 year olds. *Manor* and *Ickenham* wards in the north of the borough are predicted to have slowest population growth.



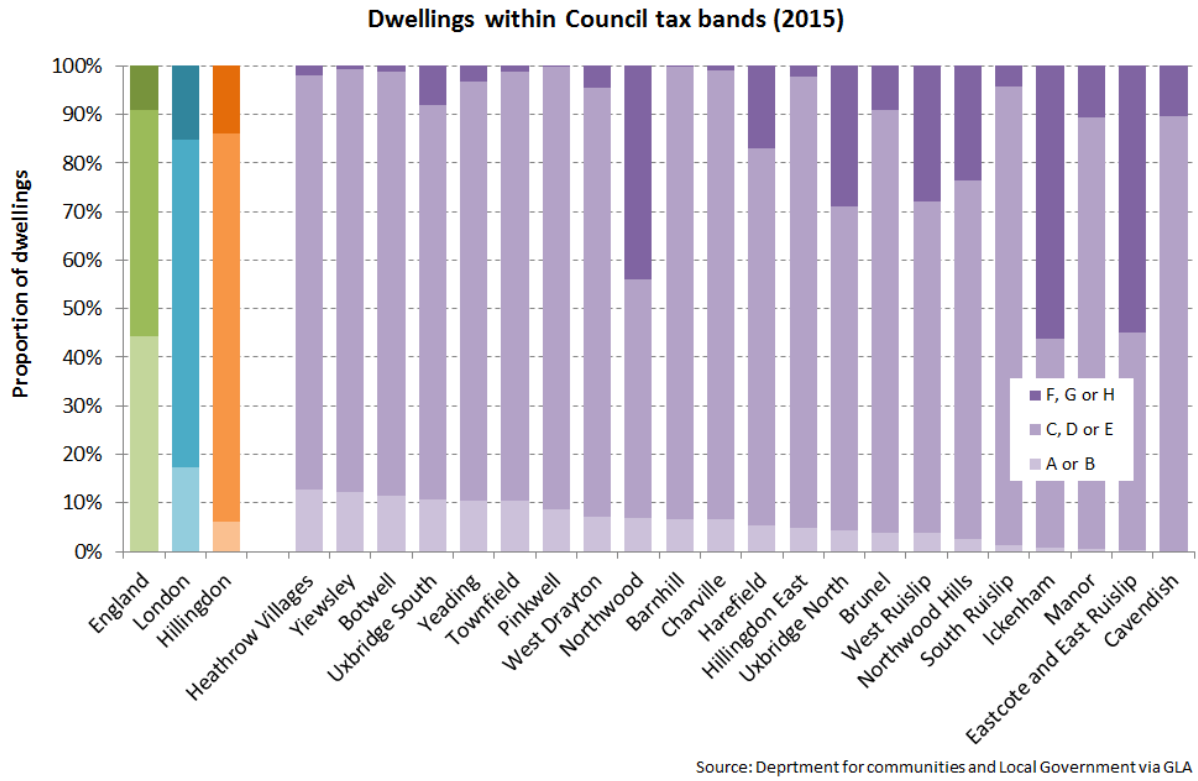
Some wards in the borough [in 2011] had a larger proportion of their population in *routine*, *semi-routine* and *lower supervisory and technical* occupations according to the National Statistics Socioeconomic Classifications (NS-SeC).



Some wards in the south of the borough have a higher proportion of their *Reception year* and *Year 6* pupils indicated as *obese* than wards in the north of the borough.



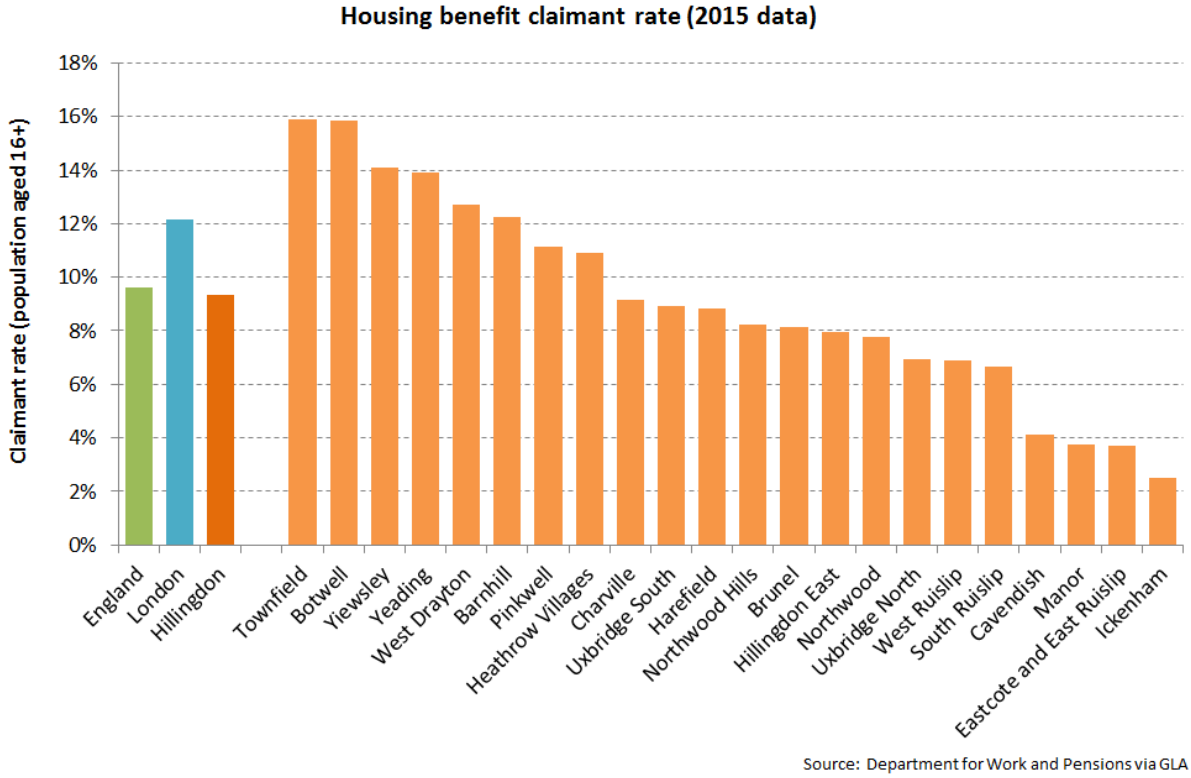
Capped points are from the best eight GCSE subjects. Hillingdon as a borough is below London but above England in terms of results. At ward level, Ickenham has the highest score.



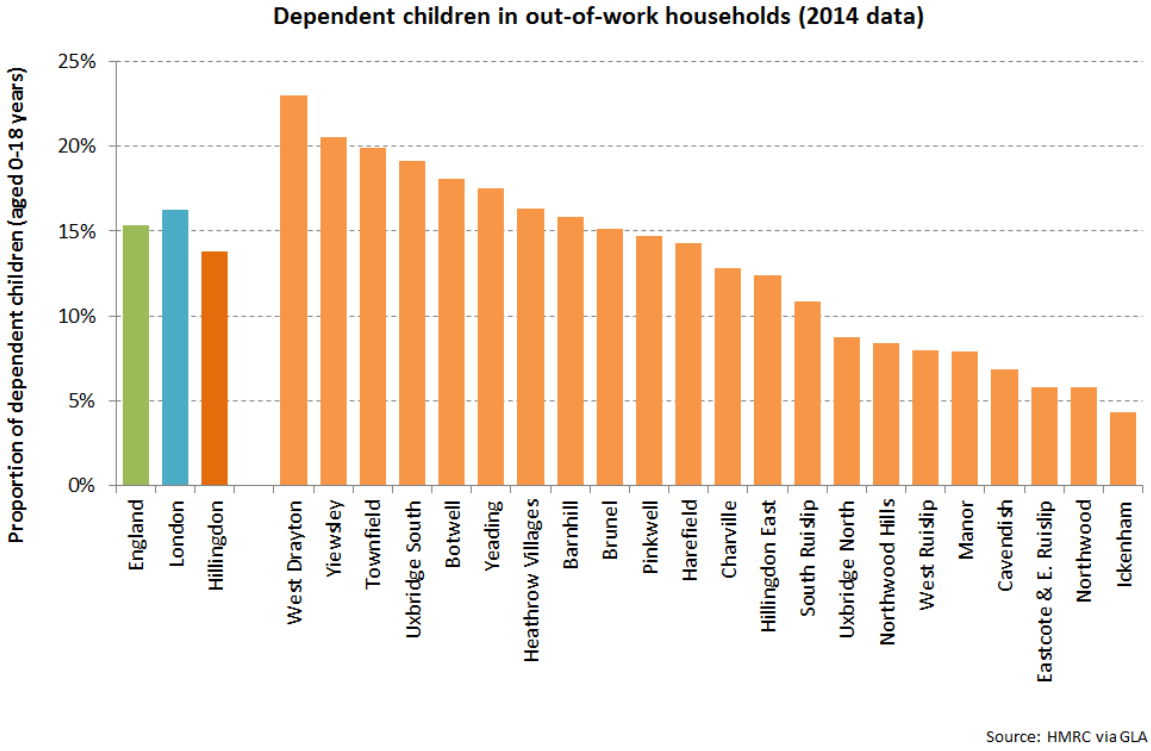
Hillingdon has a range of accommodation in different council tax bands which vary from ward to ward.

Council tax band	1991 valuation
A	Up to £40,000
B	£40,000-£52,000
C	£52,000-£68,000
D	£68,000-£88,000
E	£88,000-£120,000
F	£120,000-£160,000
G	£160,000-£320,000
H	Over £320,000

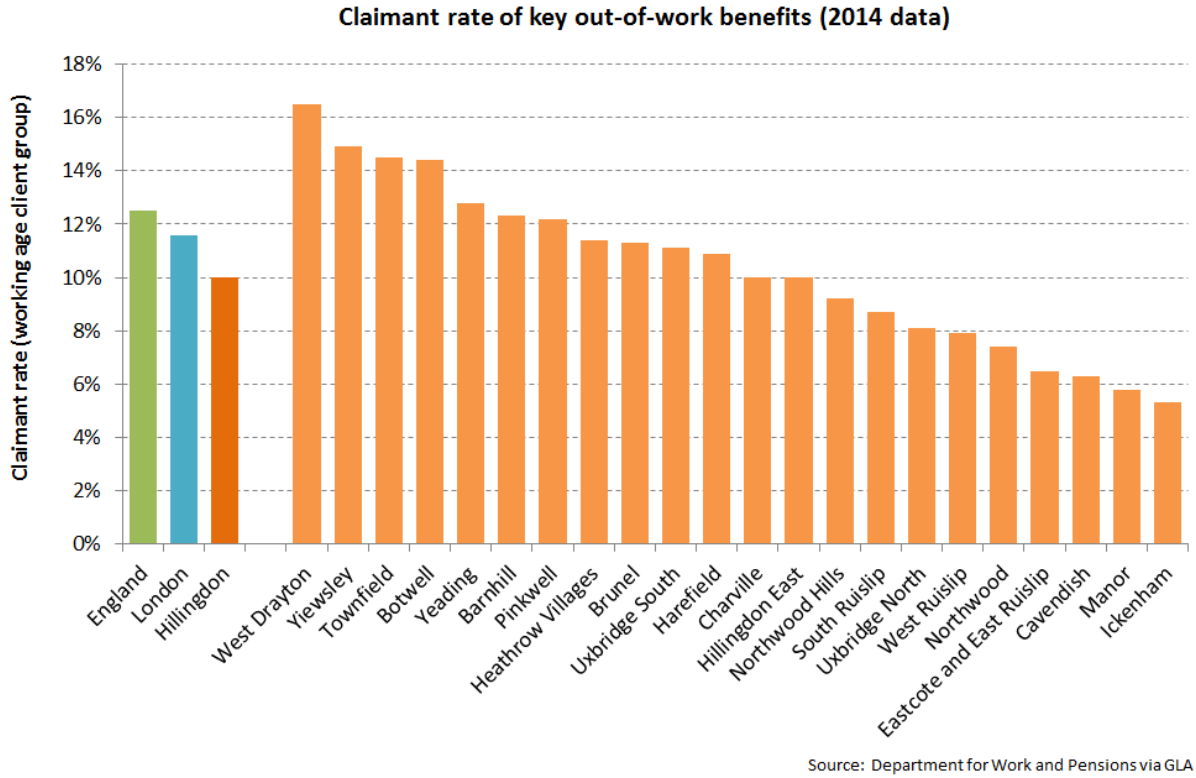
Ref: http://www.hillingdon.gov.uk/article/6352/council-tax-bands



Wards in the south of the borough have a higher proportion of adults claiming housing benefit than wards in the north of the borough.



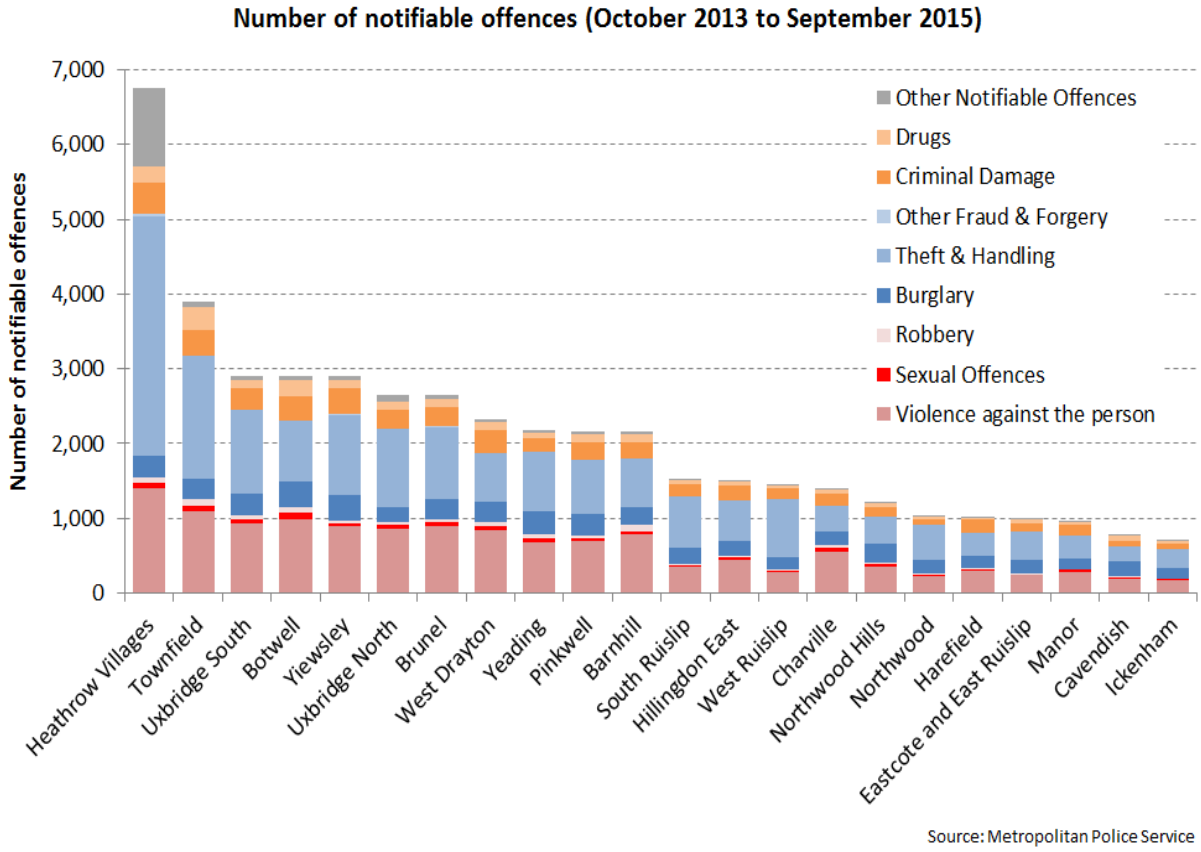
Some wards in the south of the borough have a higher proportion of dependent children (aged 0-18 years) in out-of-work households than wards in the central and north locations of the borough.



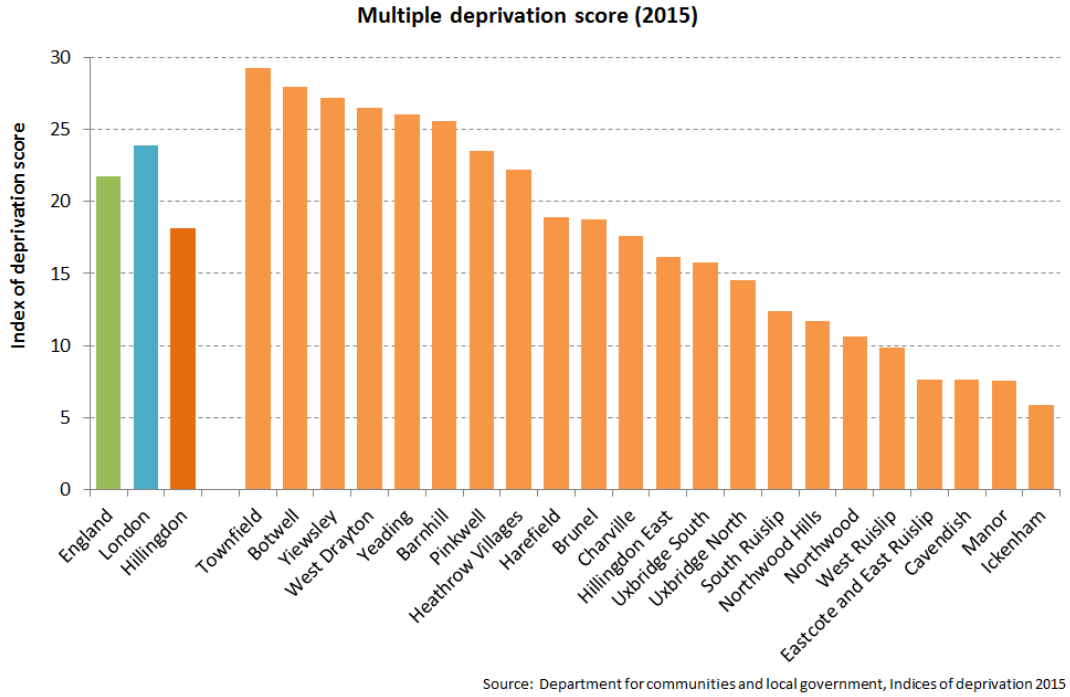
Some wards in the south of the borough have a higher proportion of adults claiming key out-of-work-benefits than wards in the central and north of the borough.

NB - Out-of-work-benefits are currently defined by the DWP as people receiving the following:

- Jobseekers Allowance
- Incapacity Benefits / Employment and Support Allowance
- Lone parents receiving Income Support
- Others receiving income-related benefits (these are mainly Pension Credit recipients for men aged under state pension age, and the remainder are in receipt of Income Support)



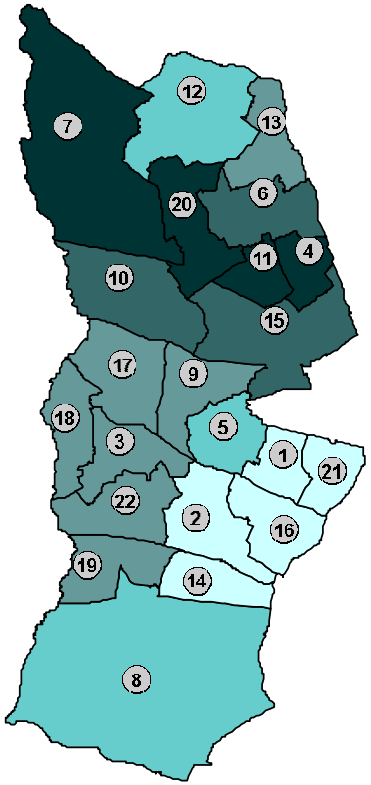
Wards in the south of the borough generally have a higher number of notifiable offences recorded than wards in the north of the borough. Heathrow Villages ward is regarded as an outlier due to the large number of incidents which are likely to be among the visiting population at the airport terminals and at the nearby hotels.



Some wards in the south of the borough generally have a higher index of multiple deprivation score than wards located in the central and north parts of the borough.

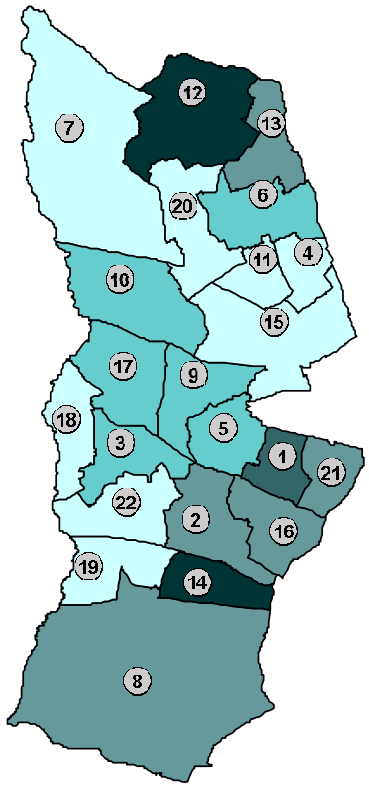
Maps of most numerous ethnic groups by ward (% of ward in ethnic group)

White British (44.8% of total population)



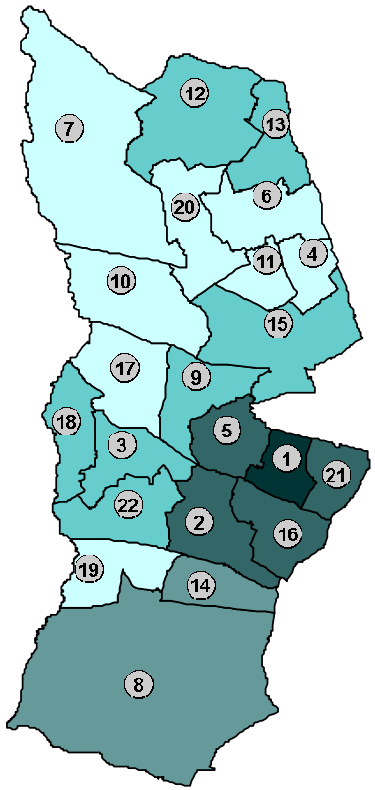
Quintiles	Low (>=)	(<) High	Occurrences
1	18.0%	30.3%	(5)
2	30.3%	42.5%	(3)
3	42.5%	54.8%	(7)
4	54.8%	67.0%	(3)
5	67.0%	79.3%	(4)

Asian/Asian British: Indian (12.4% of total population)



Quintiles	Low (>=)	(<) High	Occurrences
1	4.3%	8.5%	(8)
2	8.5%	12.6%	(6)
3	12.6%	16.8%	(5)
4	16.8%	21.0%	(1)
5	21.0%	25.2%	(2)

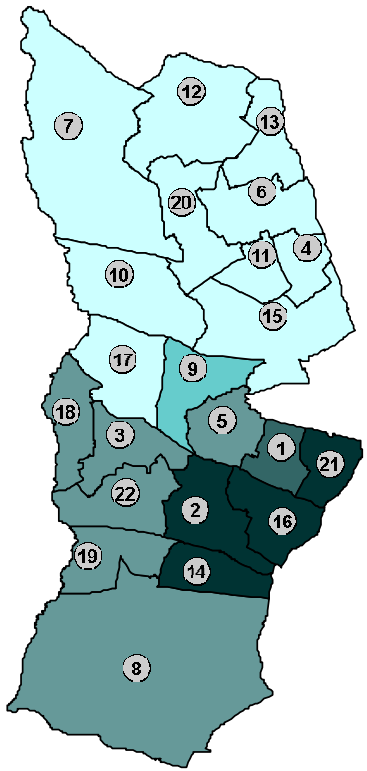
Asian/Asian British: Other Asian (7.5% of total population)



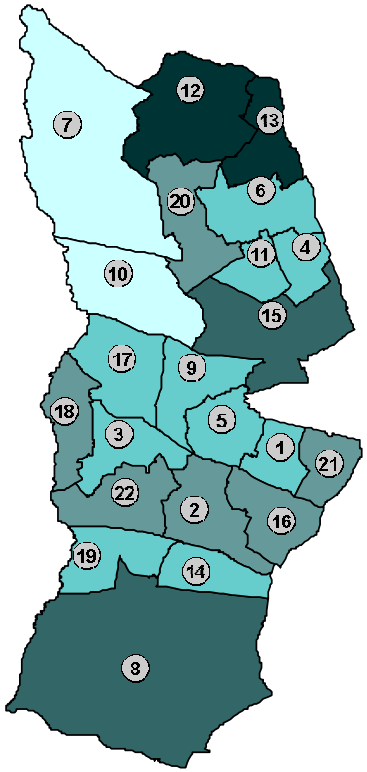
Quintiles	Low (>=)	(<) High	Occurrences
1	1.9%	4.7%	(8)
2	4.7%	7.6%	(7)
3	7.6%	10.5%	(2)
4	10.5%	13.3%	(4)
5	13.3%	16.2%	(1)

Maps of most numerous ethnic groups by ward (% of ward in ethnic group)

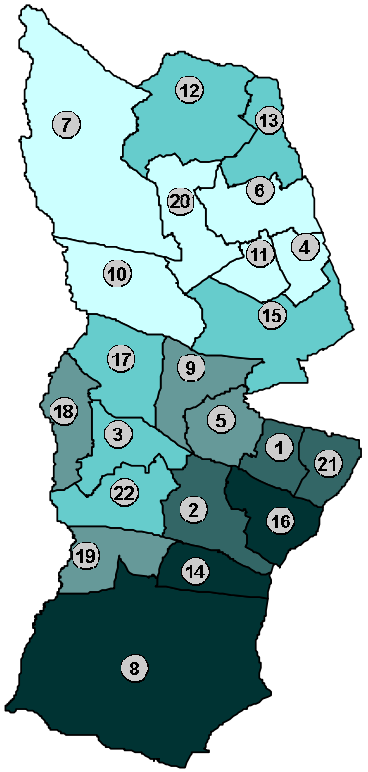
Black/African/Caribbean/ Black British: African (6.4% of total population)



Other White (4.5% of total population)



Asian/Asian British: Pakistani (4.3% of total population)

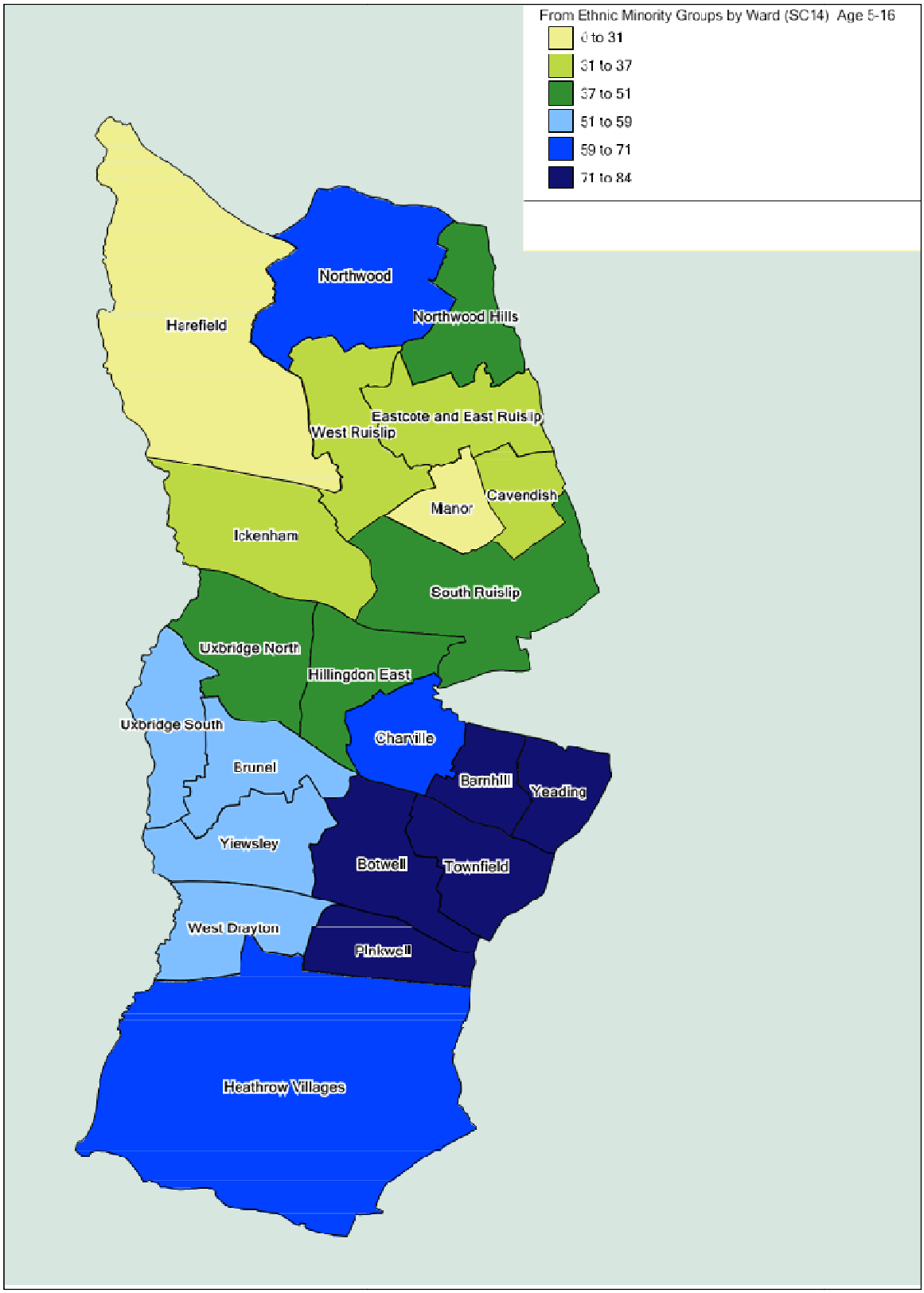


Quintiles	Low (>=)	(<) High	Occurrences
1	0.5%	3.0%	(10)
2	3.0%	5.5%	(1)
3	5.5%	8.0%	(6)
4	8.0%	10.6%	(1)
5	10.6%	13.1%	(4)

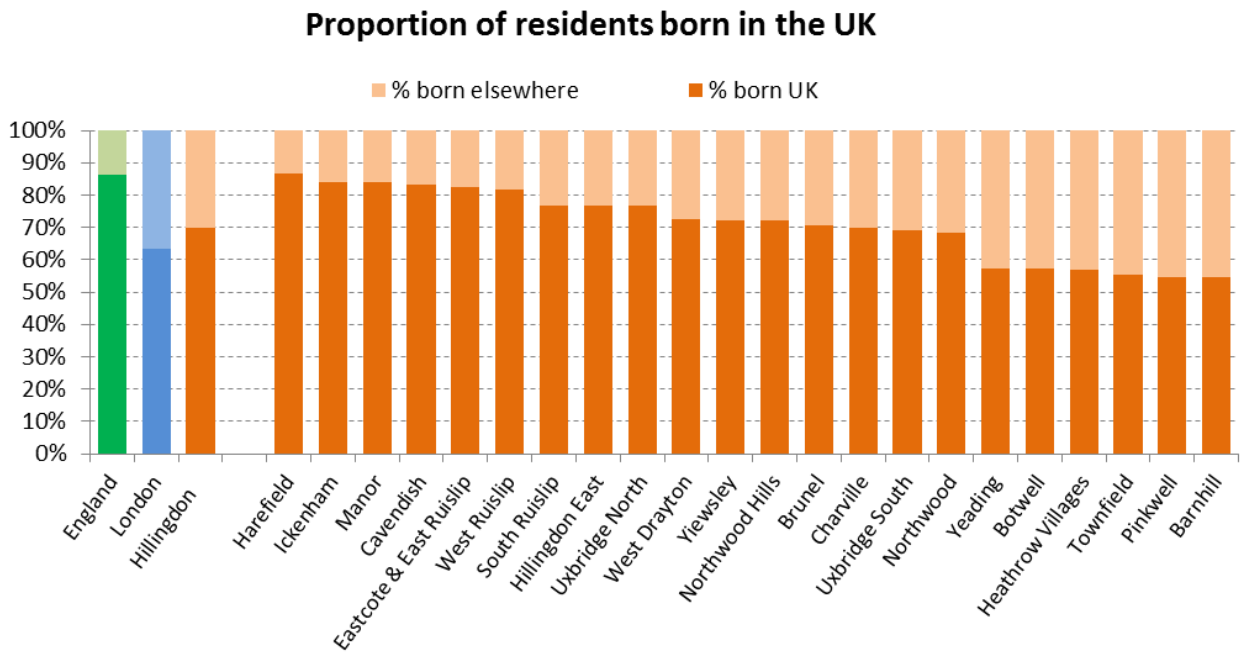
Quintiles	Low (>=)	(<) High	Occurrences
1	2.1%	3.2%	(2)
2	3.2%	4.3%	(10)
3	4.3%	5.4%	(6)
4	5.4%	6.5%	(2)
5	6.5%	7.6%	(2)

Quintiles	Low (>=)	(<) High	Occurrences
1	0.2%	1.9%	(6)
2	1.9%	3.7%	(6)
3	3.7%	5.4%	(4)
4	5.4%	7.1%	(3)
5	7.1%	8.8%	(3)

Ethnicity of school population (age 5-16 years)

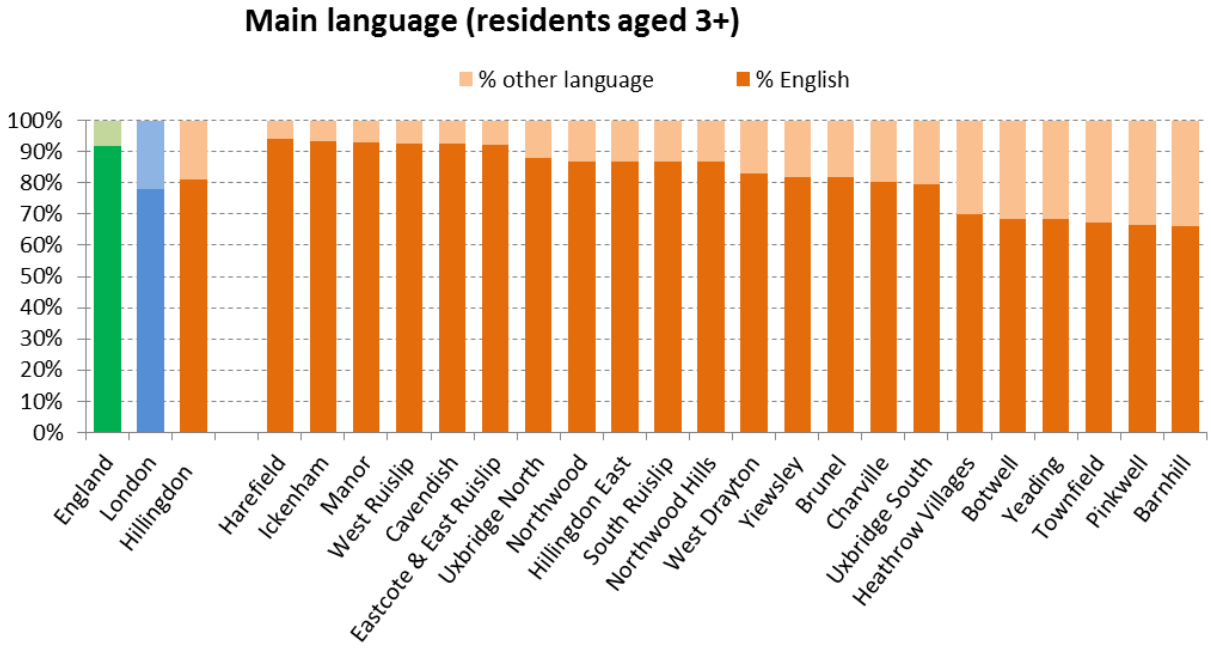


Source: School Census (January 2014)



Source: Census 2011

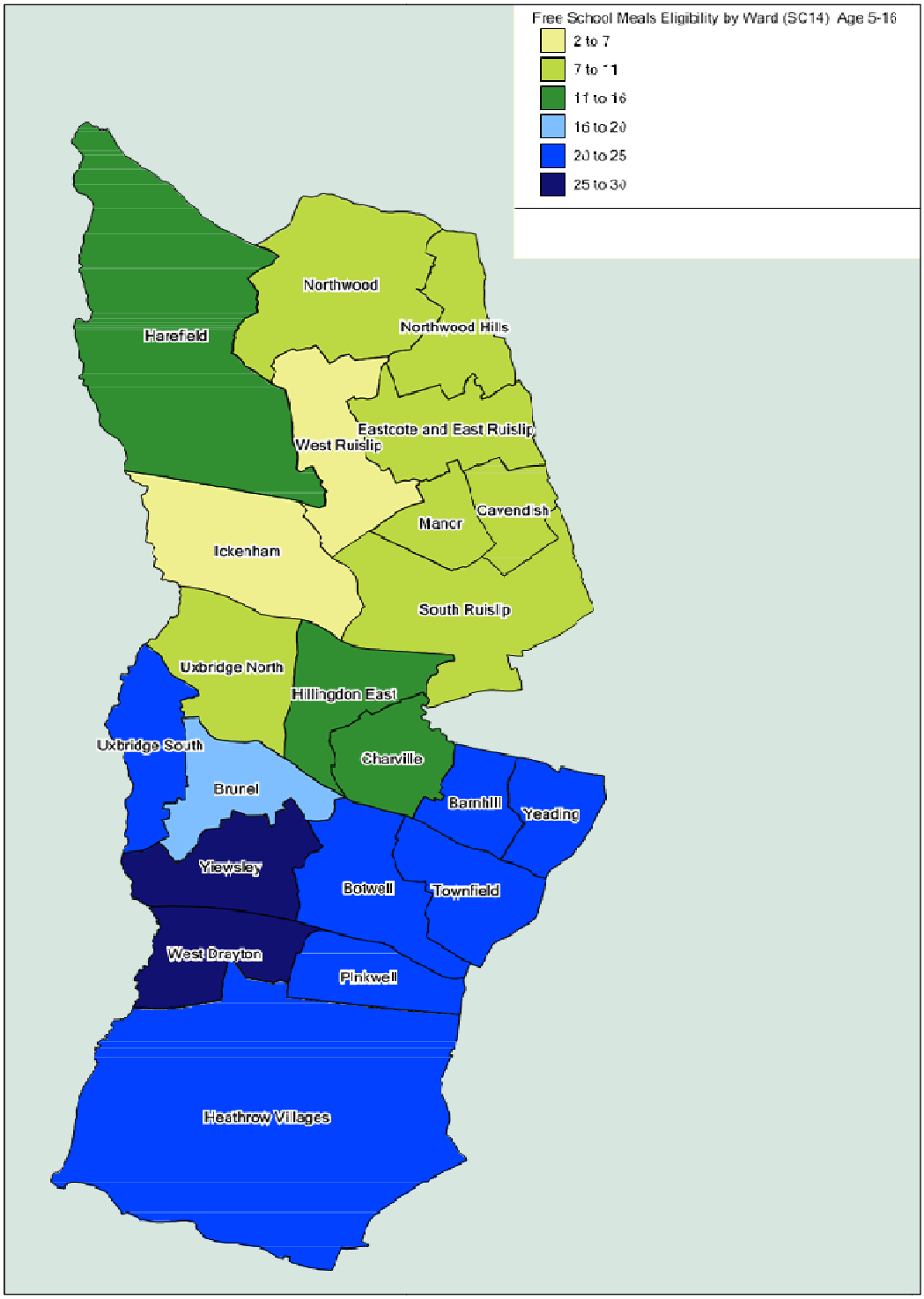
Census 2011 showed that Hillingdon's residents were born in over 220 different countries, the majority, 70%, were born in the UK; 68% were born in England.



Source: Census 2011

The above graph shows the proportion of residents whose main language is English. School Census 2014 states that there are 183 first languages used including English. However, some of these languages may only be spoken by 1 or 2 pupils in a population of around 50,000.

Proportion of children eligible for free school meals (age 5-16 years)

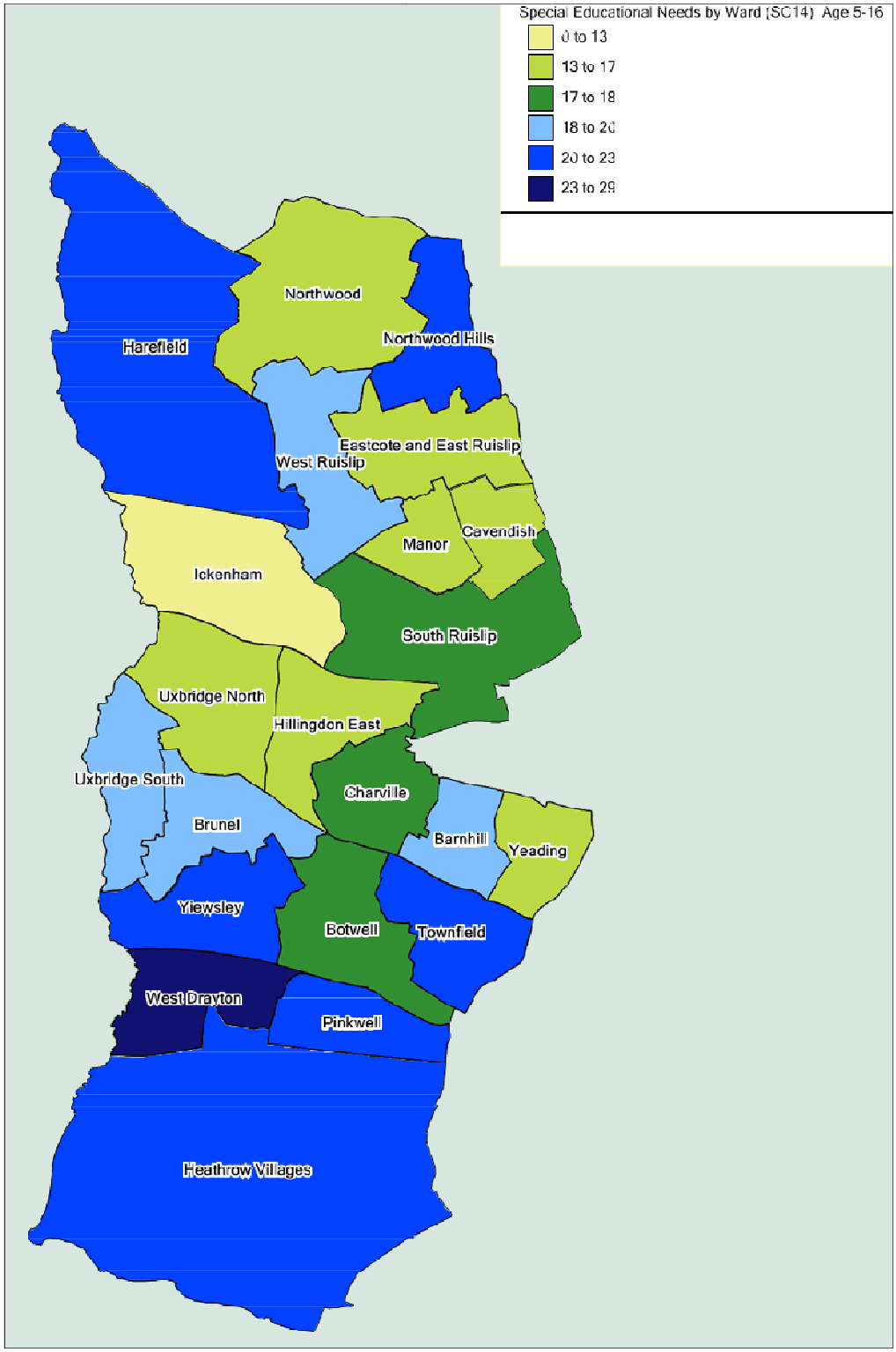


Source: School Census (January 2014)

The above figure shows the proportion of children aged 5-16 attending Hillingdon schools who were eligible for free school meals in the 2014 school census. In all Hayes and Harlington wards (except Heathrow Villages) this is over 26%. In most areas the proportion eligible for free school

meals is lower than that of children aged 0-19 living in poverty, suggesting that significant numbers of children in poverty do not get free school meals.

Proportion of school population identified as have a special educational need (age 5-16 years)



Source: School Census (January 2014)

The map shows the proportion of the school population in each ward who were identified as having a special educational need (SEN) aged 5-16 years. In several wards in the south of the borough and in Harefield this is over 24% of the school population. Children with SEN comprise one group of children with a disability. The School Census (January 2014) found that a total of 1,201 pupils attending Hillingdon schools had a statement of Special Educational Need, or 2.9% of the total school age population of 41,380, and 2,472 (6.0%) were subject to School Action Plus (meaning that the school receives external help for the child). The commonest category of SEN is speech, language and communication needs which are more frequent among primary than secondary school pupils. Significant numbers in all types of school also had behaviour, emotional and social difficulties, with smaller numbers with Dyslexia, moderate learning difficulty and Autistic Spectrum Disorder.

Ward level information available on the internet:

Nomis - a service provided by the Office for National Statistics, ONS, to give you free access to the most detailed and up-to-date UK labour market statistics from official sources

https://www.nomisweb.co.uk/reports/lmp/ward2011/contents.aspx

London datastore – this is designed to provide an overview of the population by presenting a range of data on the population, diversity, households, life expectancy, housing, crime, benefits, land use, deprivation, and employment

http://data.london.gov.uk/dataset?q=ward&res_geo=Ward

Local Health – this provides quality assured health information developed as part of the Health Profiles programme

http://localhealth.org.uk/#v=map4;l=en;z=498645,196289,19034,25113

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THE EFFECTIVENESS OF EARLY HELP TO PROMOTE POSITIVE OUTCOMES FOR FAMILIES

WITNESS SUBMISSION

Name: Claire Fry
Role: Service Manager - Child and Family Development
Organisation: Early Intervention and Prevention Service (LBH)

SUMMARY OF EARLY INTERVENTION AND PREVENTION IN HILLINGDON / ROLE OF YOUR SERVICE OR ORGANISATION

Organisation

The Child and Family Development Service is one of four service delivery strands that form the Early Intervention and Prevention Service. Our core business is that of securing and providing a range of early learning, childcare and family development services delivered through early years centres and the children's centre programme.

The core purpose of children's centres as set out by the DfE in the Statutory Guidance for Children's Centres (April 2013), 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; and
- Child and family health and life chances.

The children's centre programme in Hillingdon comprises 18 centres, organised in three localities to support and enable the delivery of effective, joined up services to residents through collaborative working. 6 centres are directly managed by LBH - 3 of which rare integrated centres incorporating outstanding early education provision alongside the community services. A further 12 centres are commissioned and run by schools, a college and a charity.

Funding

Each centre receives a budget for staff and a budget for premises costs based on a calculation of £70 per m2. Each locality in turn receives a budget for the delivery of services to be procured at a local level to meet the needs of residents within the area. The amount given to each locality is calculated using the following four factors in relation to children living within the wards served by the locality:

- The total population of children under 5 years.
- The percentage of children living in poverty.
- The percentage of children underachieving at the end of the Early Years Foundation Stage.
- The percentage of children classed as obese aged 5.

Decisions regarding how the locality budgets are spent are made by the Locality Group Boards.

The local authority retains a central budget used for the commissioning and procurement of programme-wide services.

Partners

Key partnerships have and continue to be forged both within and external to the organisation. Centres work with a range of key partners to facilitate and co-deliver services for families in the community. The following list of partners is not to be seen as exhaustive;

- Children's Social Care
- Employment Support and Benefit Advice provided by P3
- Healthy Child Programme provided in partnership with Central and North West London NHS Foundation Trust.
- Hillingdon Adult Learning
- Key Working service
- Maternity Services provided by The Hillingdon Hospital and Watford General Hospital
- Mental Health and Well-Being Support provided by Hillingdon Mind and CAMHS

Service Delivery and Outcomes

The Child and Family Development Service plays an integral part in the delivery of targets set out in the EIPS service plan. Children's Centre service delivery aligns to the 4 EIPS workstreams and localities report quarterly on the nature and volume of activity undertaken and the impact, causal or direct, for children and families.

Children's centres are directly responsible for delivering outcomes in relation to the targets specified below.

Target in EIPS Service Plan	Outcomes
1.13 Families are able to achieve early years foundation stage learning goals for their children through participation in educational programmes in early years settings	• Attendance at children's centre activities supports parent's knowledge/understanding of their child's learning and development. • Parents are supported to access nursery places for their children through the 2 year old and 3&4 year old funding entitlement. • As a consequence the number of Hillingdon children achieving a good level of development at the end of the EYFS rose 6.9% in 2015, from 58.3% to 65.2%.
1.14 Families including those entitled to the 2 year old free childcare offer access childcare provision	Uptake of children accessing their 2 year old funded childcare increased slightly from 46.7% in the spring term 2015 to 48.4% in the summer term 2015.

2.5 Families, particularly those identified as at risk of poor outcomes, are able to ensure their children are school ready because they have benefited from the Children's Centre programme	At the mid-year review Children's centres had provided 6915 activity sessions aligned to the EIPS Strong families workstream, of which there had been 38036 beneficiaries; 61% of whom were deemed to be from a vulnerable family.
2.7 Families, particularly those at risk of poor outcomes, choose to lead healthy lives with the support of the Children's Centre programme	At the mid-year review Children's centres had provided 3682 activity sessions aligned to the EIPS Healthy families workstream, of which there had been 26049 beneficiaries; 47% of whom were deemed to be from a vulnerable family.
2.8 Parents, particularly those at risk of poor outcomes, are able to give their children the best start in life because they are enabled to sustain participation in education, training and employment with the support of the Children's Centre programme	At the mid-year review Children's centres had provided 2394 activity sessions aligned to the EIPS Prosperous families workstream, of which there had been 5117 beneficiaries; 75% of whom were deemed to be from a vulnerable family.

Case Study

Below is a case study which gives an example of a piece of targeted work for a family provided by a children's centre.

Approach

The G family moved into the area - Mum, Dad, two boys (8 &10) and a girl (2). Mum accessed Oak Farm CC, as she was feeling isolated and looking for activities to do with her daughter. Subsequently, it transpired that the family were on a CiN plan; both parents had learning difficulties and their two sons had been diagnosed with severe autism.

The Family Support Worker (FSW) facilitated an Action Plan with the family to achieve the following:

- Healthy Eating – learning nutritional cooking skills. Eating on a budget and introducing healthy life long habits.
- Confidence – empowering to do things for herself: open mail, make telephone calls, getting out, accessing play sessions at the children's centre and socialising.
- Positive Parenting – Parenting classes and advice.
- Improve mental health and wellbeing – emotional support, listening visits, facilitate increased organisational skills.

In Practice

Initially contact was made was at the drop in sessions; Mum sought advice for her daughter's weight gain. Further support was provided on a fortnightly basis, through listening visits and home visits to the family, to understand their concerns and support them to make positive changes. Each visit brought different concerns as the family found it difficult to manage day to day family pressures, e.g. cooking on a budget, planning healthy meals, budgeting, managing challenging behaviour.

CiN meetings were attended and progress/contact reports were written and shared with the family and the multidisciplinary team working with them.

As the family were on a low income and they found find it difficult to purchase items for the home, an application was made to Uxbridge Welfare Trust, a charitable organisation whose purpose is to relieve the poverty in the Uxbridge area. Funds were granted for a sofa, dining room chairs and cooking equipment.

Outcomes

Mum made progress on understanding the concept and need for healthy and nutritious food. She attempted to cook some meals from scratch and began to role model healthy eating habits and life skills for the family. The advice given by the children centre has empowered the parents to make positive changes. There was also significant progress in Mum's parenting skills and use of strategies learnt, to manage the children's behaviour at home, and supporting better communication with her children.

Next Steps

- The G family to continue accessing Children's Centre services.
- Mum to continue to socialise with other mums and gain even more confidence. This will enable her to progress and continue good relationships with other parents' and professionals.
- Accessing the centre will facilitate and enhance possible contact with other services and enable Mum to seek further advice as required.
- The listening visits and support will reduce in relation to need continually decreasing over time from the Children's centre.
- The family may benefit from specialist parenting classes: learning strategies to cope with challenging behaviour as the children get older.

Further thoughts

4 Children carry out a national census of children's centres annually. The 2015 census highlights the following points:

- Over 1 million children and families are regularly using Children's Centres, with a majority of Centre managers saying that numbers have gone up in the past 12 months.
- Parents tell us that Children's Centres make an important difference to their lives – 79.4% of parents say that being unable to use their local Children's Centre would make

life harder for them and their families, and 34.4% said it would make a “big difference” and that life would become “a lot more difficult”.

- Parent and health services represent a fundamental aspect of Children’s Centres’ service offer, highlighting the crucial role they have in supporting the health and development of young children and their place in delivering early intervention.
- Children’s Centres are playing an important part in the provision of childcare, particularly for 0-2 and 3-4year olds.
- Children’s Centres have developed strong relationships with a wide range of statutory and non-statutory organisations in their local areas and have embedded themselves in communities.

Given the nature of their service offer and the extent of their reach, children’s centres in Hillingdon are well placed to support the early intervention agenda and support families to make sustained changes to benefit children and parents at the earliest opportunity.

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THE EFFECTIVENESS OF EARLY HELP TO PROMOTE POSITIVE OUTCOMES FOR FAMILIES

WITNESS SUBMISSION

Name: Chris Scott
Role: Service Manager - Targeted Programmes
Organisation: Early Intervention and Prevention Services (LBH)

SUMMARY OF EARLY INTERVENTION AND PREVENTION IN HILLINGDON / ROLE OF YOUR SERVICE OR ORGANISATION

1. Organisation

1.1 Targeted Programmes is one of four service delivery divisions that form Early Intervention and Prevention Services. We commission and deliver a range of targeted interventions that engage family members who are at risk of poor social, health, academic, and economic outcomes, and support them to overcome the barriers to their positive development and progression. We aim to address early indicators of family risk through timely and brief intervention packages that have sustained positive impact on the family's functioning. Our programmes are delivered across the family life-course, and are designed to engage with a diverse range of family members including children aged 5-9, adolescents aged 10-19, vulnerable young adults aged 20-24, and the parents and guardians of each cohort.

1.2 Targeted Programmes consists of ten direct-delivery units and a commissioning budget, primarily used to procure specialist parenting support and development programmes. The targeted programmes' delivery units have been designed to address key 'at risk' themes and groups through a coordinated range of informal learning and support activities, and are currently configured to deliver:

1. Boys and Young Men's Programmes
2. Creative Arts Programmes
3. Emotional Health and Wellbeing Programmes
4. Girls and Young Women's Programmes
5. Mobile and Detached Programmes
6. Peer Leadership Programmes
7. Sexual Health and Wellbeing Programmes
8. Substance Use and misuse Programmes
9. Transition Support Programmes
10. Volunteer Engagement Programmes

1.3 Through the activity of the ten programme delivery units, Targeted Programmes has capacity to engage over 1,500 service users annually.

2. Service Delivery Aims

2.1 Through these programmes, we support service users to develop a range of enhanced *personal and social capabilities* which, when deployed in their everyday lives on a sustained basis, will enable families to progress towards positive life outcomes, described by the Hillingdon Children's Pathway as 'Safe, Strong, Healthy and Prosperous Families'. Personal and social capabilities may be understood in the context of the family member's:

- Actions and Behaviours
- Family and Peer Relationships
- Knowledge and Understanding
- Self-esteem and Identity
- Skills and Abilities
- Values and Beliefs

2.2 Through developing the family member's personal and social capabilities, we aim to take the individual from an initial position of personal or social risk, to one where they can become a source of personal and social resource, able and willing to contribute positively to the life of the local community and wider society. This, in turn, means that the family will be less likely to require long-term, intensive, and expensive interventions by council, law enforcement, or health services to address embedded risk factors in the future.

3. Defining Outputs, Outcomes, and Impact

3.1 Service managers have been working to develop a new approach to demonstrate the positive impact of our programmes on service users, and have developed a five stage model to describe the range of benefits to be accrued by the service user as a result of their participation in a targeted programme:

Targeted Programmes' Development Model				
1. Identify:	2. Develop:	3. Possess:	4. Deploy	5. Benefit:
Service Delivery Assessment:	*Service Delivery Inputs:*	*Service Delivery Output:*	*Service delivery Outcome:*	*Service delivery Impact:*
The service user's developmental needs are identified, on the basis of capabilities required to manage potential risks to their progression and attainment	The service user develops new capabilities to manage issues of potential risk to their progression and attainment, through the learning activity	The service user possesses new capabilities that can be used to manage issues of potential risk to their progression and attainment	The service user uses their new capabilities in their day-to-day experiences, to manage issues of potential risk to their progression and attainment	The service user, wider community, and service providers benefit from the effective management of issues of risk to their progression and attainment
Example 1: Young person identified as having anger management issues	*Young person developing capabilities to manage emotions*	*Young person possesses capability to manage emotions*	*Young person uses new capability to manage emotions in daily life*	*Young person manages emotions and conflict effectively on a sustained basis*
Example 2: Young person identified as being at risk of teenage conception	*Young person developing capabilities to manage own sexual health and wellbeing*	*Young person possesses capabilities to manage own sexual health and wellbeing*	*Young person uses new capabilities to manage own sexual health and wellbeing*	*Young person manages sexual health effectively on a sustained basis*

3.2 In addition to the direct benefit to the individual, there are wider benefits for the family, local community, and service providers, through the service user being able to manage their emotions and conflict more effectively. For example, effective self-management of negative emotions may reduce the risk of the young person engaging in serious youth violence, with consequential benefits to the wider community's quality of life, and financial benefits to service providers through reduced demand for law enforcement, youth justice, or statutory social care interventions.

4. Measuring Outputs, Outcomes, and Impact

4.1 Service managers are developing a structure through which to record, and report the impact of Targeted Programmes on service users, and are proposing to establish a three-stage model to track the 'distance travelled' by each service user, as they progress through the five-stage development model:

Targeted Programmes' Capabilities Assessment model								
1. Pre-engagement (triage assessment)		2. Engagement (service delivery)				3. Post-engagement (impact assessment)		
1.1 Assess	1.2 Allocate	2.1 Engage	2.2 Plan	2.3 Deliver	2.4 Evaluate	3.1 Assess Impact 1	3.2 Assess Impact 2	3.3 Assess Impact 3
EIPS 'Front Door' Triage assesses referral on basis of type and severity of risk factors	*EIPS 'Front Door' Triage allocates referrals to appropriate Level 2 service provider*	*Targeted Programme unit engages referred service user in assessment of current risk/ resilience factors, and agrees learning objectives to address identified risk factors*	*Targeted Programme unit engages service user in planning of learning activities to address identified risk factors*	*Targeted Programme unit engages service user in learning activities to address identified risk factors*	*Targeted Programme unit engages service user in evaluation of learning outcomes achieved, current risk/ resilience factors, and future actions to address identified risk factors*	*At +3 months, Targeted Programme unit assesses short-term impact of learning activities with ex-service user*	*At +6 months, Targeted Programme unit assesses medium-term impact of learning activities with ex-service user*	*At +12 months, Targeted Programme unit assesses long-term impact of learning activities with ex-service user*
Records service delivery requirements (capabilities required to progress towards strategic outcomes of Safe, Strong, Healthy, and Prosperous)			**Records service delivery inputs** (development of capabilities)		**Records service delivery outputs** (possession of capabilities)	**Records service delivery outcomes and impact** (deployment of capabilities and resulting benefits to service user, community, and service providers)		

4.2 Through use of this approach, the positive impact of Early Intervention and Prevention Services on vulnerable families, and linked benefits to the wider community and service providers, will be evidenced.

5. Case Study

5.1 Girls and Young Women's Programmes delivers a programme for adolescent girls called 'Unique Swagga'. One participant was referred to the programme due to her poor level of school attendance and attainment. Although initially resistant to join the programme, staff worked with the young person on a one-to-one basis and built a level of influence sufficient to ensure her

attendance at the first session. Through discussion about the young person's background, staff became aware that she was from a family within which women had not traditionally engaged in employment. The young woman had formed a view that, as she was not going to enter the labour market, there was little point in her attending school, or gaining any academic qualifications. She also presented significant issues with authority, and was identified by her school as having difficult in managing her responses to teaching staff.

5.2 Through the first half-of the Unique Swagga programme, staff sought to build a relationship with the young person through which she felt valued and listened to, whilst seeking to manage her behaviours on the programme through positive reinforcement and mentoring support. Over the ten-week programme, the young person was able to explore her own values, beliefs, and aspirations, and came to recognise that she possessed a number of hitherto unrecognised skills and abilities. She began to seek positive recognition from staff and peers on the programme, and agreed to re-engage with her school, in the context of a longer-term goal to establish a career pathway. Although the young person still requires significant support to maintain her new-found confidence and goals, she stated in her end-of-programme evaluation that Unique Swagga had helped her to identify her own values and to identify a longer-term vision for her future.

THE EFFECTIVENESS OF EARLY HELP TO PROMOTE POSITIVE OUTCOMES FOR FAMILIES

WITNESS SUBMISSION

Name: Alison Braithwaite / Nicola Brown
Role: Clinical Service Manager and Professional Lead for Children's Nursing Services / Health Visitor Lead
Organisation: CNWL-Hillingdon

SUMMARY OF EARLY PREVENTION AND INTERVENTION IN HILLINGDON / ROLE OF YOUR SERVICE OR ORGANISATION

The Health Visiting service in Hillingdon follows the 4-5-6 model:

- Four progressive tiers of health visiting practice – building community capacity; the universal elements of the Healthy Child Programme (HCP); targeted interventions to meet identified need, and partnership working to meet complex needs.
- Five universal Health Care Profession contacts.
- The six high impact areas are addressed by the Health Visiting services; maternal mental health, transition to parenthood, breastfeeding, healthy weight, child development and managing minor illness/accident prevention.
- The service offers 20 Child Health Clinics (all walk in) across Hillingdon, including one on a Saturday morning.
- There are currently seven Health Visiting Team; working from nine bases.
- The service is made up of Health Visitors, Community Staff Nurses, Community Nursery Nurses and Health Visitor Assistants. There is an Infant Feeding Lead and a Community Practice Teachers who are part of the team.
- The service aims to train five health visitor students each year.
- The workforce in Hillingdon is fairly stable, with many team members working in Hillingdon for a great many years.
- The under 5 population in Hillingdon is increasing.

OUTCOMES ACHIEVED

- Improved access, effective delivery and user satisfaction e.g. Saturday clinic, early morning visits, patient satisfaction surveys. Parent experience is measured using the validated friends and family test, the results are analysed, with the findings acting as a basis for continuous service improvements.
- Low birth weight is stable.
- Breastfeeding at 6-8 weeks is improving, currently 45% exclusive and 64% mixed feeding.
- We are working towards full UNICEF Baby Friendly Accreditation
- Obesity rates in reception age children are falling and the service co delivers MEND 2 - 4.
- Managing minor illness and accident prevention for 0-5s can be evidenced by their reduced attendance in A and E.

- There is a Liaison HV working from THH A&E to work alongside A&E team to identify children who are frequent attenders, not registered with GPs or who are attending with issues that require further support and investigation.
- Unplanned admissions remains stable.
- Admissions for injuries are falling e.g. delivered through HV led accident prevention & minor illness sessions.
- Levels of dental decay at five are currently being addressed (too early to say whether this is rising or falling). Although Children's Centre's lead the Brush for Life Campaign, the HV service supports by identifying families and through health promotion contacts.
- The service provides information to families around immunisations, encouraging uptake. The MMR vaccination coverage at five is improving, with 88.3% uptake at 12 month and 93.1% uptake at 5 years. Uptake of the primary immunisations is around 90%. The HV service refers to the Immunisation Task Force; for children who are 12 weeks behind, or are subject to a child protection plan or are looked after children.
- Health reviews in Hillingdon now review child development at 8 months and 27 month using Ages and Stages Questionnaire. The percentage of children receiving the 12 month development review by the time they turn 15 months has increased and is currently 72%. The percentage of children in who received a 2-2.5 year review by the time they turned 2.5 years and is currently 64%.
- Health visitors refer directly in to the Child Development centre where there are concerns around a child's development. Health visitors are part of the initial screening meeting for all new referrals and community nursery nurses are part of the multi-disciplinary assessment of children.
- Health visitors are able to refer to speech and language therapy, physiotherapy and podiatry where a need is identified.
- Health visitors are able to refer to Children's Centres, Early Help and Social Care, along with voluntary sector groups, where further support is needed or there is a safeguarding concern.
- The numbers of parents receiving antenatal visits has increased, with an aim being to offer all first time parents an antenatal contact from January 2016.
- The overall percentage of children receiving health visiting services has increased from 2013 to 2015.
- The percentage of new birth visits undertaken within 14 days in Hillingdon is 90%
- The percentage of mothers who receive a maternal mood contact is currently 94%. Health visitors are now able to refer directly to Talking Therapies.

COMMENTS ON PROVISION OF SERVICES E.G ANYTHING THAT YOU THINK COULD BE IMPROVED OR DONE DIFFERENTLY ETC.

- Consideration needs to given to the consequences of an increasing population

Please also refer to the case studies attached to this Report

Health Visiting Service Case Study

Purpose: Early Intervention

Team: The Warren

Date:

Name of professional submitting case study:

Brief Case Presentation	As per HCP-Healthy Child Programme (universal service), a routine review was performed at home due to non-attendance despite an invitation being sent. Child seen at home for his 8 month routine health review. Child's mother, maternal grandmother and maternal aunt were present during the health review. The review took place in the living room. Plenty of age appropriate toys seen in the room.
Actions & Interventions	Introduction given and explanation as to why parent and child are offered the ASQ (Ages and Stages Questionnaire). Mother had previously completed the appropriate ASQ which was sent to the family with the appointment letter. Examined the ASQ using the summary sheet age appropriate. Scores noted. From observation, Child showed signs of sensory issues for example, he is reported to like spinning objects. He was observed with a toy aeroplane, which had a button to make the fan spin, Child was seen moving his face right next to the spinning fan and kept his face there. Family members present reported he does this continuously. He was reported to like spinning wheels-he will turn toys upside down to spin the wheels and watch. One of the main concerns the family had was when Child randomly turn his hands inwards and becomes stiff (legs and feet too). There was nothing that triggered this according to family. This was also observed during the visit. Child was reported to have a bad temper tantrum and reported to bite, to release his frustrations. Family also reported that Child has an issue with lights. I was informed during the visit that there is a history of development delay on the paternal side of the

	family. I observed Child being unable to coordinate his hand to his mouth when finger food was offered to him. Pincer grip not developed. Maternal aunt mentioned that her 5 year old son had recently been diagnosed with ASD so was able to relate to some of the behaviour displayed. It was agreed with mother that a referral to the Child Development Centre would be made but in the meantime, family were encouraged to access local Children's Centres for support. On return to the Health Centre, it was noted that the family's GP was out of area, therefore contact made with the GP surgery requesting a referral to the CDC for Child. A detailed report with observations and concerns typed and sent via secure fax.
Outcomes for the Child/Young Person	Contact made with mother to inform her of the above. February 2015 referred to the Child Development Centre March 2015 seen by Child Development Centre July 2015 Seen by Speech and Language Therapists October 2015 Formally diagnosed with ASD October 2015 A Health Visitor from the team was invited to the Multi-Disciplinary Team meeting which was held at The Child Development Centre. November 2015 Health Visitor visited mother and Child at home to offer support. Upon reflection, it is evident that due to an early intervention and identification of a health need (a developmental delay), an early diagnosis enabled appropriate health professionals to provide the care/support needed. Overall, this demonstrates that this particular child will benefit from the input at an early age. Seeing all the support given to Child makes our work rewarding and worthwhile, with the best outcomes for the child.

Health Visiting Service Case Study

Purpose: Early Intervention

Team: Minet clinic Health Visiting Team

Date: 13th November 2015

Name of professional submitting case study: Navita Sharma, Community Nursery Nurse

Brief Case Presentation	2 – 2½ years health review completed in June 2013 at Uxbridge college children Centre. Discussed the child's development and health promotion with mother for example: gross motor skills, fine motor skills, social skills, communication and personal skills. No concerns were observed or expressed by mother. Mother attended the Nursery open day in June 2014 as child was due to start there in September 2015, child was three years old. After observing other children and following the school teacher expressing concern with child's behaviour mother attended the Well baby clinic at Minet Clinic to discuss concern with regard to child's speech. The family's home language is Punjabi which made it easier for mother to communicate with me as I am fluent in this language. On observation of the child's behaviour and speech I noticed it was not appropriate for his age.
Actions & Interventions	I completed a home visit to the family home. The outcome of the visit was a referral to the Speech and Language service and Audiology however this referral was declined due to the child being under the care of an out of borough General Practitioner (Ealing). On discussion with mother she reported she was not happy to transfer to a Hillingdon Gp as she has been under the care of the current GP for a very long time and he could communicate with the family in their native language. I advised mother to therefore discuss observations of the child by myself and the school teacher and the concerns mother had with regard to the child's behaviour and speech development and request a referral be made to the relevant services. (Speech and Language therapy and the child development Centre). The Gp refused to make any referrals until he received a written report from the child's school. Due to waiting for this report to be written and passed onto the Gp for his referral onward there was

	a delay in this child receiving input from the Speech and Language Therapists and Child Development Centre. I again encouraged mum to change her GP to a Hillingdon practice so that the health visiting service of school could make appropriate referral and I explained this would enable mother to get appropriate support in Hillingdon. The child's nursery teacher liaised with me to provide further support to the family. Mother was feeling very frustrated by not getting much support from her GP so she decided to move her GP to Hillingdon. As soon as mother started the process of moving her GP November 2014, I started the process of referral to Speech and Language therapist, Audiology and Child Development Centre. While mother was waiting for assessment she was receiving support from school, children centre and myself. We provided support with potty training, behaviour and sleep management.
Outcomes for the Child/Young Person	Child was seen by Speech and Language therapist and Audiology in Hillingdon in Nov 2014. Audiology outcome was clear response therefore no concern. Speech and Language therapist started providing input and support. The Child was seen at the Child Development Centre in June 2015 and was diagnosed with Austim (ASD). This diagnosis enabled a tailor made package of support and help for the child and family at home and in school to be implemented. I also made a referral to a family support worker at the families local children's centre. Other support provided to mother: appointment arrange with P3 at Uxbridge College Children Centre Hayes for family to be guided in the process of determining entitlement and applying for financial support. I also helped mother to complete DLA (Disability Living Allowance) application form.

Health Visiting Service Case Study

Purpose: Early Intervention (***Please ring***)

Team: Yiewsley

Date: 15/11/2015

Name of professional submitting case study: Marsha Simon

Brief Case Presentation	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 the 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.
Actions & Interventions	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 will be supporting mother when she attends the children centre which mother stated she found supportive. This was all agreed with mother at the tine f her visiting the children centre.
Outcomes for the Child/Young Person	As this case is very recent the outcomes are difficult to measure. Mother did state that she has felt relaxed and comfortable with her allocated health visitor. She also stated that she has built a professional relationship and bond with her health visitor, and due to this she therefore is able to be completely honest about her mood and feelings, proving the benefit of continuity of care. Mother stated that she has “felt good” about booking onto groups at the children centre to help improve her confidence and her own mental health. Mother also reported that having the support of the family support worker has been comforting and given her confidence to attend groups at the children centre.

Health Visiting Service Case Study

Purpose: Early Intervention

Team: The Warren

Date: November 2015

Name of professional submitting case study:

Brief Case Presentation	*Names have been changed to adhere to confidentially. In August 2015, the health visiting team received a notification of a booking appointment for *Reena. The booking notification highlighted that there had been several incidents of domestic abuse perpetrated from Reena's husband. Following these incidents of domestic abuse, Reena had left her husband and was living with a relative from her extended family. An appointment was made for a member of the health visiting team to meet Reena at 32 weeks gestation.
Actions & Interventions	During this contact, the health visiting service was introduced to Reena, including the key contacts from the healthy child programme. Contact details were also shared with Reena. Reena reported to moved to England 5 years ago from India and was previously unaware of the role of the health visitor. The health visitor explored Reena's previous relationship with her husband. Reena disclosed a history of physical abuse prior to conception which Reena reported became significantly worse when she found out she was pregnant. Reena subsequently separated from husband and fled. Reena reported that despite now feeling safe, that she had been recently feeling sad surrounding the separation with her husband and an overwhelming sense of responsibility about becoming a mother. This was explored further with the mother and reassurance was given. Reena presented with ymptoms of depression which she had reported to have spoken to the GP about. The GP was reported to have advised Reena to discuss these feelings with her friends however Reena expressed that she has not always been able to do this. During this part of the contact, the health visitor discussed the talking therapies service within Hillingdon and how this service could support her with managing these feelings of sadness. Reena consented for a referral in to this service. The promotional guidance flashcards were given to Reena.

	Reena chose to discuss her anxieties surrounding being a single mother as well as managing to cope with this transition to motherhood. The health visitor discussed the local children's centre and the bump and beyond antenatal group and the topics that are covered at this group. It was explained to Reena that this group was a 6 week course covering topics about the birth, developmental stages and how to care for baby. The health visitor also explained that this was an opportunity to meet other mums-to-be. The health visitor discussed with Reena how she would like to feed her baby. Reena reported that she was not yet sure about how to feed her baby but she was worried that she would not have enough breastmilk to feed. This was explored further with Reena. Reena reported that she felt this way as she had seen family members who have supplemented their babies due to frequent feeding. The health visitor explained the local support services that would be available to help Reena if she decided to breastfeed and how to access these. Skin to skin was discussed with Reena and the benefits of this. Further aspects of health promotion were also discussed. A healthy start application was given to mother in order to claim free vitamins followed by a discussion about current Vitamin D guidance. The health visitor discussed the importance of dental health and a list of local NHS dental surgeries was given to Reena.
Outcomes for the Child/Young Person	A further appointment was made with Reena for further emotional support. Reena was encouraged to contact the health visitor prior to this appointment with any concerns. This contact allowed the mother to be aware of the local services available to her both during the antenatal and post natal period.

Health Visiting Service Case Study

Purpose: Early Intervention

Team: Uxbridge Health Visiting

Date: 13/11/15

Name of professional submitting case study: Vicky Smith

Brief Case Presentation	8-12 month health review. Presented with delayed gross motor skills, problem solving and personal social skills.
Actions & Interventions	Referred by Health Visiting team to Physiotherapy for further assessment. Regular follow up home visits arranged by Health Visitor and Community Nursery Nurse (CNN) to support family. CNN invited to observe a session with the family at the Child Development Centre, working alongside Occupational Therapist and Physiotherapist to ensure continuity of care. Liaison with local Children's Centre for toys to help support problem solving and personal social skills as toys in home sparse.
Outcomes for the Child/Young Person	Family and health care professionals working together to ensure positive outcome.

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Health Visiting Service Case Study

Purpose: Early Intervention

Team: Minet health visiting team

Date: 12.11.2015

Name of professional submitting case study: Emma Lynch (Health visitor)

Brief Case Presentation	I completed a home visit to first time parents of a term baby to offer advice and support on breast feeding. I initially met this baby at a routine child health clinic when he was accompanied by his father for a routine weight measurement when he was aged two weeks and five days. The baby was a low birth weight but was born at term (over 37 weeks gestation) as defined by the world health organisation as "weight at birth of less than 2,500 grams (5.5 pounds)." The baby's weight had not returned to his birth weight and his father reported that his wife was breast feeding and having difficulty. I attended the family's home the day after the clinic attendance. The parents reported that the community midwife had just left and advised that the family offer their baby formula milk as mother had a breast abscess which had spontaneously burst at home and discharged baby from the midwifery service. Both parents were disappointed with the idea of offering formula milk and particularly mother as she had suffered through pain while breast feeding, mastitis and an abscess (due to poor attachment to breast) but had done so as she was aware of the benefits for herself and her baby of breast feeding. The mother reported feeling tearful, anxious, and guilty and as though she had somehow failed as a mother as she was advised not to breast feed. This mother was showing signs of post-natal depression and my assessment was that this was closely linked to these breast feeding issues.
Actions & Interventions	I advised parents that if mother wanted to continue to breast feed I was willing to offer support and advice and if necessary help the family to combine feed but would recommend offering expressed breast milk rather that formula. I signposted the family to the breast feeding support they could access through all of our local children's centres and reassured parents that as both the health visiting service and the children's centre staff are UNICEF breast fed training we will all give the same evidence based advice. I also signposted the family to the national breast feeding network as recorded in the child's red book and our local breast feeding network of volunteers.

	I completed a breast feeding assessment determining appropriate positioning, offering advice on removing baby if feeding was painful, explaining signs of good attachment and feeding patterns. I observed babies mouth and could see no sign of tongue tie or structural reasons for feeding difficulty. I explained the 'red flags' and signs of poor feeding. I was satisfied that the baby was feeding appropriately then and reassured parents that offering breast milk was sufficient nutrition for their baby and that I felt the slow weight gain was result of poor positioning previously. I informed the mothers GP of the signs of low mood and breast feeding issues and my plan to monitor weight, support feeding with my local community colleagues and support mothers mood through four listening visits. I completed two further home visits and obtained weight measurements weekly and to my delight the baby continued to gain weight as we would have expected and without any formula milk. Mother's breast recovered well from the abscess and she had no further damage to the breast as baby was attaching appropriately. Mother's mood improved with support with breast feeding, accessing local services through the children's centres to meet other parents and by observing her baby thriving as a result of mother breast feeding.
Outcomes for the Child/Young Person	I targeted this family for the child's routine eight month health review and mother was still breast feeding exclusively until six months and alongside solids as the child was weaned. Mother reported she had suffered no further episodes of low mood and therefore did not require any additional medication or intervention for her mood.

Health Visiting Service Case Study

Purpose: Safeguarding / Early Intervention

Team: Uxbridge Health Visiting

Date: 12.11.15.

Name of professional submitting case study:Amanda Whitelock

Brief Case Presentation	I completed a new birth visit with both parents present. During the visit mum appeared slightly agitated, however she told me that she felt well both physically and emotionally. After completing a full assessment I gave both parents my work mobile phone number and encouraged them to contact me if needing support prior to my next booked home visit. The following Saturday (I do not work Saturdays) I noted that mother had left a very distressing message on my answer machine. I called her straight away and she told me that she was feeling extremely depressed and had suicidal ideations.
Actions & Interventions	After talking at length to mother on the telephone I made a referral to Hillingdon children's Social Services and the mental health crisis team. Father was reported to be at work however mother gave consent for me to telephone him. I phoned father and relayed what mother had told me; father said that he had no idea that she was feeling this way, he thought she was just tired. Following assessments the family were allocated a Social Worker, and the early intervention mental health team visited mother on a daily basis. I referred both parents to the family support worker at the children's centre for additional support and to encourage parents to bring baby to stay and play sessions for his social, emotional and physical development. Both the family support worker and I have provided both parents with emotional and practical support as both mum and dad were very anxious and found bonding with baby difficult. We have worked together with both parents as well as on an individual basis. On one occasion I arrived at the home address for a pre booked visit with the Social Worker and found that mother had been told by the mental health nurse who had visited that morning that she needed to be admitted to Riverside mental health ward at Hillingdon hospital. Mother was very distressed, maternal grandmother was present and crying. Mother refused to go with the Social Worker and I felt that it was unsafe for mother to go to hospital in a taxi due to her distressed state. I took her myself

	and waited with her in the ward before handing her over to a ward nurse. Mother was transferred to Coombe Wood mother and baby unit three weeks later and I kept in touch with mother via text and telephone, I have also visited her in the mother and baby unit.
Outcomes for the Child/Young Person	Baby is now subject to a Child Protection plan. Mother and baby are in Coombe Wood mother and baby unit. Despite mother having two suicide attempts whilst receiving care mother is making good progress. Father has formed a warm and close bond with his son and is supporting his partner. I have arranged for both parents to continue to be supported at the children's centre once mother has been discharged from the mother and baby unit. I continue to liaise with all services involve in the family's care whilst providing support, advice health assessments as required.

THE EFFECTIVENESS OF EARLY HELP TO PROMOTE POSITIVE OUTCOMES FOR FAMILIES

NOTES FROM VISITS TO CHILDREN'S CENTRES

On Monday 2 November 2015, the Chairman, Councillor Jane Palmer, the Labour Lead, Cllr Jan Sweeting and co-opted Committee Member, Tony Little, accompanied officers on visits to three Children's Centres in the Borough - Harefield, Nestles Avenue and Cherry Lane. In addition to meeting staff and centre users, a session took place with Key Working Staff and with three parents who had experience of the Key Working service provided by the Council.

The purpose of the visits was to gather evidence to inform the Committee's major review on 'The effectiveness of early help to promote positive outcomes for families'.

In order to reduce the risk of individuals providing information being identified, the comments and suggestions made have been provided in summary form.

The key points raised in relation to the review are as follows:

Children's Centres

- The Centres make use of home visits via outreach workers to maximise engagement with and support provided to vulnerable families.
- Parents who initially accessed a Centre for one service often subsequently accessed other services via the Centre or other services provided by the Council or its partners.
- The lead officer for children's centres attends the London Network and this facilitates opportunities for networking and learning from one another.
- Centres within localities are working collaboratively. An example of this was a centralised booking system for antenatal groups provided by the Children's Centres, making it easier for parents to attend the next available course within the area. Locality working also created flexibility for Centres to tailor provision according to local need, while also allowing parents to attend the most appropriate activities.
- Children's Centres in the Borough were grouped into one of three localities. It was not possible for every activity to be provided at all 18 Children's Centres, but each activity was normally provided at a several centres within each locality.
- 'Attention Hillingdon' sessions have been developed for children who would benefit from additional support in developing their attention and listening skills and their parents. This intervention also benefits children with an ASD diagnosis. The 8 week course had been developed in conjunction with a specialist speech and language therapist. An assessment tool and video recording were also used to monitor progress, with parents being provided with a 'tip sheet' each week. Staff at 72 nurseries and Children's Centres across the Borough had been trained to deliver the sessions.
- Support provided to nurseries and centres by the Inclusion team was dependent both on centre performance and on local need. Nurseries within areas of relatively high deprivation tended to receive more support than those in more affluent areas.
- The Children's Centres hosted events, such as coffee mornings, to enable engagement with parents. These sessions were considered to be invaluable.
- The Centres each ran a wide variety of activities. One Centre mentioned a 'Cooking with Dads' session. Another Centre mentioned baby weighing, language for life and their role

in generally assisting families in need e.g. help with ICT skills for work. There were currently waiting lists for some sessions due to their popularity. The involvement of children with particular needs or children where there had been child protection issues within the family were both prioritised.

- Availability and provision of suitable housing was an issue faced by many families using Children's Centres. Staff assisted by supporting families to access Housing Support services and, where relevant, by emphasising the urgency of the case.
- Some children and families using the Children's Centres had experienced domestic violence. One of the Centres visited had seen three new cases in the previous two weeks. A twelve week programme of group sessions was due to start in January to support victims of domestic violence.
- Public transport links in parts of the Borough were considered to be poor. Children's Centres were attempting to overcome this by undertaking outreach work in community venues.
- Parents were also provided with information to enable them to replicate some of the activities offered at the centres at home, thus further supporting their children's learning and development.
- The Centres had seen a significant increase in the number of children with Special Educational Needs (SEN). The Schools Forum had agreed to fund educational psychology provision for pre-schools and nurseries. This funding was guaranteed for the next three years.
- The Children's Centres found some resistance from parents regarding the take up of their entitlement to two year old nursery funding as a number of parents, particularly parents from certain backgrounds, felt that two was too young for their children to be attending nursery.
- Counselling provision was specifically mentioned as being available at one of the Children's Centres visited. The Centre had had positive engagement with voluntary sector organisations in relation to mental health provision.
- It was noted that a Children's Centre Service Development plan was in the process of being drafted. This was due to go to the relevant Head of Service in the week of the meeting and would then be consulted on.
- Some of the Children's Centres mentioned the use of case studies. These demonstrated the journey of a child and family and were useful to show the progression of a family.

Key Working, including meeting with parents

- The Council's Key Working Service had been established in April 2015. Within this structure, there were intensive and targeted support teams. There had been a shift from working exclusively with 11-19 year olds to working with the whole family. Referrals to the service were received from a number of sources e.g. from health, the police, social care and mid-wives.
- There had been a gradual increase in the number of families requiring support. A typical family would be supported for a period of between three and six months in order to reduce the risk of them becoming overly dependent on the support, although it was important to note that a family would not be abandoned after this.
- The Key Working Service encouraged families to eat healthily and was able to provide information in support of eating and cooking on a budget.
- One parent felt that engagement through the Barra Hall Children's Centre had enabled her to end the social isolation that she had previously experienced. She attended a mother and baby group each week at Barra Hall. Assistance had been provided with

housing and courses and it was hoped that this would eventually enable the mother to start work.

- The second parent had been supported by staff at the Children's Centre to obtain, via the Council's Housing Service, housing that was more suited to her needs. She had previously been living in a single room with her 12 year old son. The parent had originally been referred to the Key Working Service via her son's school. The support provided had helped to improve her son's attendance and behaviour. The mother had also been introduced to local leisure centres and had been supported to learn English.
- The third parent attending the session had been referred to the Key Working Service via social services. They had been provided with a variety of support, including referral to a parenting course and to a budgeting course. The help provided had enabled them to take a step back to help overcome the difficulties that they faced.

During the course of the meeting a number of suggestions were made and issues raised that could relate potential review recommendations or other follow up actions. These included the following:

Children's Centres

- Management of data and the availability of good quality data were considered to be ongoing issues. It was considered that data related issues had been a significant factor in some previous Ofsted judgements. Data provided by the Council was not always adequate and some data was difficult to obtain, although the situation was considered to be improving. Availability of accurate, timely data was important in order to ensure the adequate provision of services and to enable these to be targeted effectively. A new database for the Children's Centres was being rolled out and it was anticipated that this would help to improve the ability to report accurately on the uptake and attendance at centre activities and enable centres to know if they were reaching those most in need of help.
- It was also considered that Hillingdon may have been more robust in its assessments for children at the end of the Early Years Foundation Stage than other local authorities. This could have led to a lower number of children achieving a good level of development than may otherwise be the case. The relatively high number of children whose first language was not English was also a factor as speaking and listening ability could only be assessed in English, regardless of the child's first language.
- Services provided by the Children's Centres were promoted in a variety of ways. This included word of mouth, local nurseries and pre-schools, leafleting of particular roads and promotion via health visiting and midwifery services. Targeted promotion did rely upon being able to make use of accurate and timely data in relation to potential centre users. Ensuring effective promotion of services could be challenging as the Centres did not always know which families were in need of support until they received a cry for help.
- There was a perception that levels of social deprivation and crime were increasing in some parts of the Borough. A challenge was ensuring that families most in need of support were targeted effectively.
- It was suggested that Children's Centres could benefit from being able to recruit additional professionals to work with volunteers, to provide crèche services. These staff would need to be sufficiently well qualified (level 2 and above), although budgetary constraints were acknowledged.
- It was suggested by one centre that the current funding model for Children's Centres should be reviewed. It was further suggested that centres in an area of higher need

should receive proportionally more funding that those in relatively affluent areas. Funding should be needs based rather than universal.

- One Children's Centre questioned the value of the Children's Centre Locality Group Board as they felt that this amounted to micromanagement. The preference would be for the Centre to be provided all their funding directly and given more freedom to determine how to spend it. The current arrangements also led to some duplication e.g. the Locality Group Board had funded workers to support crèches, but these were also provided separately by one Children's Centre.
- The cost of translation services was relatively high which could prove to be problematic.

Key Working Service

- There was a need for service staff to be provided with ongoing training opportunities. Existing training provision was seen as being adequate but any additional support that could be offered would be gratefully received.
- Concerns were raised that 'Bounty Packs', that had provided a variety of information to expectant and new mothers, had been discontinued as these had been an invaluable source of information about the variety of services available.
- Key Workers had previously been based in a particular locality but now covered much wider areas. Having specialist knowledge of an area was important in enabling the best possible support to be provided to families. It was suggested that basing groups of workers in a single location might be more effective.

Non specific issues

- Levels of child obesity and poor dental health were particular areas of concern in Hillingdon, with the Borough comparing poorly to elsewhere in London.
- Making an effective referral to mental health providers and obtaining effective support could be challenging. It was particularly difficult to obtain a referral for an early year's child, although the working relationship with CAMHS was generally considered to be positive.
- Children's Centre and Key Working staff had found engagement with the Council's Housing Service to be challenging, with it sometimes being difficult to get an adequate response when referring cases.

UPDATE ON THE IMPLEMENTATION OF RECOMMENDATIONS FROM PAST REVIEW OF THE COMMITTEE

HILLINGDON'S IMPLEMENTATION OF THE SPECIAL EDUCATIONAL NEEDS AND DISABILITY (SEND) REFORMS

Contact officer: Jackie Wright / Jon Pitt
Telephone: 01895 250513 / 01895 277655

REASON FOR ITEM

The attached paper provides a brief summary of progress with regard to the recommendations made by the previous review of the Committee on Hillingdon's Implementation of the Special Educational Needs and Disability (SEND) Reforms.

The update report fulfils recommendation 2. e. of the review which stated:

"That an assessment of Hillingdon's implementation of the SEND Reforms 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 2015."

The update has been shared with the Cabinet Member for Education and Children's Services prior to submission to the Committee.

OPTIONS OPEN TO THE COMMITTEE

- To note the progress provided in the report.
- To consider the progress to date and developments.
- To consider whether there are comments the Committee wishes to make.

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Hillingdon's Implementation of the Special Educational Needs and Disability (SEND) Reforms	
Recommendations	**Updates**
Recommendation 1: That Cabinet endorses the work being undertaken to develop the local Special Educational Needs and disabilities (SEND) offer in light of the national Reforms in this area.	Not applicable.
Recommendation 2: That the Cabinet Member for Education & Children's Services considers the following recommendations in light of the Committee's review:	
a) That the development of the Council's strategic approach to SEND Reforms ensures that relevant information is contained in the published local offer and that relevant Council staff are provided with the tools to enable them to support parents/carers in accessing the information effectively.	Development work on the appearance and functionality of the Local Offer (LO) has now concluded (see **b)** below). At the time of writing, plans are being developed for a formal launch of the LO on 4th November that will coincide with the launch of the DisabledGo project. Invitation to this event is broad and it is anticipated that attendance will positively represent residents of Hillingdon with special educational needs and/or disabilities of all ages. There are still services and sources of information that are underrepresented within the LO, therefore the purpose of the launch will be to generate increased levels of interest and participation in the ongoing development of the website.
b) To fully involve parents/carers as the local SEND offer is developed.	The redevelopment work on the design and layout of the LO was conducted in consultation with a representative group of parents/carers. Participants were identified through the Hillingdon Parent/Carer Forum and were able to provide critical input from the users' perspective. The end result is markedly different and more engaging than the originally published LO. Following the re-design of the LO, a full public consultation was launched with

Hillingdon's Implementation of the Special Educational Needs and Disability (SEND) Reforms	
Recommendations	**Updates**
	the aim of gaining as much feedback as possible from the full spectrum of stakeholders including children & young people, parents/carers, Council staff, schools, education, health and care providers and other community based service providers. Given the evolutionary nature of the LO, the decision has subsequently been made to keep the consultation open on an ongoing basis to enable all interested parties to provide feedback at any time. This is facilitated through the 'Have Your Say' button within the LO. Feedback received and action taken as a result is now published on the 'You Said, We Did' button in line with statutory requirements.
c) That consideration be given to working with schools to provide more specialist and targeted training to school staff in relation to the local implementation of the SEND Reforms.	A series of targeted training events have been held over the course of the preceding 18 months, with the most recent being held in March and July, for Special Needs Co-ordinators in all Hillingdon schools/colleges. The subject matter has specifically been in relation to the SEND Reforms, with the most recent covering matters related to person centred planning. The Inclusion Team, within the Disability Service, coordinate further training opportunities to take the implementation forward. This will target staff in schools, colleges and early years settings. In addition to this, an 'Outcomes' workshop took place on the 9th October which included Head Teacher representatives from the Primary School Forum. Further work is taking place in relation to the development of shared outcomes and guidance is being produced for professionals. Multi-agency training will then be rolled out during 2016, including school staff.

Hillingdon's Implementation of the Special Educational Needs and Disability (SEND) Reforms	
Recommendations	**Updates**
d) That arrangements be made to ensure that schools, parents/carers and young people within the Borough are able to provide feedback on their experiences in relation to the SEND Reforms, to enable the Council to learn from their experiences.	The Local Offer (LO) is the primary means of obtaining feedback from related parties in relation to all aspects of the SEND Reforms. Through the activities described above, we have enabled an ongoing means of receiving feedback and publishing comments. As part of the LO launch, we are producing a range of promotional materials and methods of publicising the LO and encouraging constructive input on all aspects of the SEND Reforms. This will be targeted in a range of ways to ensure comprehensive engagement including parents, children and young people. To support and measure the broader impact of implementing the reforms, a 'Measuring Success' workshop, including parent representatives, took place in October. This resulted in an ongoing Ofsted Preparation Group being established, which also includes a parent representative. A data set and self evaluation framework are being designed. Customer engagement is crucial to enable us to understand how satisfied parents/carers and children and young people are in relation to the implementation of the reforms and also in meeting their outcomes. This is ongoing work and will support preparation for inspection by Ofsted, which commences in May 2016 over a 5 year cycle.
e) That an assessment of Hillingdon's implementation of the SEND Reforms 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 2015.	Covered by this report and ongoing.

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REVIEW TOPIC FOR SINGLE MEETING REVIEW

Contact Officer: Jon Pitt
Telephone: 01895 277655

REASON FOR ITEM

To enable the Committee to discuss possible topics for the undertaking of a single meeting review. This will enable officers to research suggestions further ahead of a full scoping report being developed.

OPTIONS OPEN TO THE COMMITTEE

The Committee is asked to select an area or areas within its remit for consideration of a minor review. It is requested that Members aim to agree as specific a topic(s) for investigation as possible, bearing in mind that the review will include a single witness session, so that officers can produce a targeted and effective plan for the review.

Senior officers will be available at the meeting to advise on possible topics.

INFORMATION

1. At the October 2015 meeting of the Committee, it was agreed that the proposal to undertake a single meeting review on Elective Home Education would not be taken forward. This was due to a review having previously been undertaken on the subject in 2011/12. As an alternative, an update on the previous review will be brought to the Committee. This has been tentatively scheduled for the March 2016 meeting.

2. Also at the October 2015 meeting, the Committee requested that consideration be given to reviewing Child and Adolescent Mental Health Services (CAMHS). However, there is currently a proposal for the Committee to undertake a joint review with the External Services Committee. Officers have advised that they consider CAMHS to be more suitable for a major review over a number of meetings and have also suggested that it would be best to review CAMHS in 6-9 months from now. This would enable the review to assess implementation of the current ongoing changes to CAMHS and any changes in service provision.

3. The result of the above is that the Committee now has the capacity to undertake a single meeting review of a different topic during the current municipal year.

4. As per its Terms of Reference, the Committee is responsible for undertaking the 'policy overview' role in relation to the following areas:

   - Education Services and statutory education authority functions
   - School performance and attainment
   - School Transport
   - Relationships with Local Academies / Free Schools
   - Pre-School & Early Years Services

§Youth Services & Careers Services
§Juvenile justice & probation services
§Adult Learning
§Education and learning partnerships
§Music & The Arts
§Social care services for children, young persons and children with special needs
§Adoption and Fostering
§Family Services

In selecting topics for further investigation, Members are reminded of previous reviews that have been undertaken by this Committee and by the Education & Children's Services Committee which preceded it. Details are set out below:

EDUCATION & CHILDREN'S SERVICES POC
2006/07
§ Transition from Primary to Secondary School § Widening the Scope of the Education Service
2007/08
§ Extended Schools and Children's Centres § Meeting the Needs of Troubled Teenagers
2008/09
§ Development of Inclusion in Hillingdon Schools § 14 to 19 Strategy § Develop a Short Breaks Provision
2009/10
§ Reviewing whether current arrangements and future plans to support inclusive practice in Hillingdon schools are effective § Reviewing current arrangements and future plans for safeguarding children at Heathrow Airport as a port of entry
2010/11
§ 14/19 Education & Training
2011/12
§ Elective Home Education Policy § Adoption & Permanency for Looked After Children
2012/13
§ Safeguarding of Children that go Missing § Access to Education for Hillingdon's Vulnerable Children and Young People

CHILDREN, YOUNG PEOPLE & LEARNING POC
2013/14
§ Strengthening the Council's Role as a Corporate Parent § Improving Outcomes for Care Leavers Not in Education, Employment or Training
2014/15
§ Reducing the Risk of Young People Engaging in Criminal Activity and Anti-Social Behaviour § Hillingdon's Implementation of the Special Educational Needs Disability (SEND) Reforms
2015/16
§ The Effectiveness of Early Help to Promote Positive Outcomes for Families

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WORK PROGRAMME 2015/2016

Contact Officer: Jon Pitt
Telephone: 01895 277655

REASON FOR REPORT

This report is to enable the Committee to review meeting dates and forward plans. This is a standard item at the end of each agenda.

OPTIONS OPEN TO THE COMMITTEE

1. To confirm dates for meetings; and
2. To make suggestions for future working practices and reviews.

WORK PROGRAMME 2015/16

24 Jun 2015 **CR5**	Major Review - Consideration of Scoping Report
	School Admissions Update
	Update on previous Major Review of the Committee - Strengthening the Council's Role as a Corporate Parent
	Cabinet Forward Plan - Review forthcoming decisions
	Work Programme – Review the work programme for the coming year

15 July 2015 **CR5**	Children and Young People's Service Improvement Plan - progress report
	Budget Planning Report for Education & Children's Services 2016/17
	Cabinet Forward Plan - Review forthcoming decisions
	Work Programme – Review the work programme for the coming year

9 Sep 2015 **CR5**	Major Review – Witness Session 1
	Quarterly School Place Planning Report
	Annual Complaints Report 2014/15 for Children and Young People's Services
	Local Safeguarding Children's Board Annual Report
	Cabinet Forward Plan - Review forthcoming decisions
	Work Programme – Review the work programme for the coming year

7 Oct 2015 **CR5**	Major Review – Witness Session 2
	Consideration of topics for minor review
	Children and Young People's Service Improvement Plan - Quarterly Update
	Child Sexual Exploitation Strategy - Implementation Update
	Cabinet Forward Plan - Review forthcoming decisions
	Work Programme – Review the work programme for the coming year

25 Nov 2015 **CR5**	Major Review – Witness Session 3
	Consideration of topics for minor review
	Update Report - Progress on Implementation of previous review 'Hillingdon's Implementation of the Special Educational Needs and Disability (SEND) Reforms
	Cabinet Forward Plan - Review forthcoming decisions
	Work Programme – Review the work programme for the coming year

13 Jan 2016 **CR5**	Major Review - presentation of draft final report
	Minor Review - Consideration of Scoping Report
	Standards and Quality in Education in Hillingdon 2014/2015
	Budget Proposals Report
	Cabinet Forward Plan - Review forthcoming decisions
	Work Programme – Review the work programme for the coming year

17 Feb 2016 **CR4 and CR4A**	Minor Review - Witness Session
	Children and Young People's Service Improvement Plan - Quarterly Update
	Child Sexual Exploitation Strategy - update on issue of Female Genital Mutilation (FGM)
	Cabinet Forward Plan - Review forthcoming decisions
	Work Programme – Review the work programme for the coming year

16 Mar 2016 **CR5**	Minor Review - Presentation of Draft Report
	Update on previous Major Review of the Committee - Reducing the Risk of Young People Engaging in Criminal Activity and Anti-Social Behaviour
	Update on previous review - Elective Home Education
	Cabinet Forward Plan - Review forthcoming decisions
	Work Programme – Review the work programme for the coming year

13 Apr 2016 **CR5**	Quarterly Child Social Care Audit Update 2015 / 2016
	Quarterly school place planning
	Children and Young People's Service Improvement Plan - Quarterly Update
	Cabinet Forward Plan - Review forthcoming decisions
	Work Programme – Review the work programme for the coming year

all meetings begin at 7pm.

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Ref	Decision	Further information	Ward(s)	Final decision by Full Council	Cabinet Member(s) Responsible	Officer Contact for further information	Consultation on the decision	NEW ITEM	Private decision?
Council Departments: RS = Residents Services CYPS =Children and Young People's Services ASCS= Adult Social Care Services AD = Administration FD= Finance									
Cabinet meeting - 17 December 2015									
56	**Children's Centres Leases**	Cabinet will be asked to consider granting a 25 year lease on a number of Children's Centres where the freehold interest is in third party ownership.	All		Cllr Jonathan Bianco	RS - Mike Paterson			Private (3)
46b	**School Improvement Plan**	Following July 2015 Cabinet's decision to consult with schools and other stakeholders on a draft School Improvement Plan, Cabinet will give consideration to approving the Plan, aimed at ensuring the best possible standards of education within Hillingdon's schools.	All		Cllr David Simmonds CBE	RS - Daniel Kennedy			
61a	**The Council's Budget - Medium Term Financial Forecast 2016/17 - 2020/21 BUDGET & POLICY FRAMEWORK**	This report will set out the Medium Term Financial Forecast (MTFF), which includes the draft General Fund reserve budget and capital programme for 2016/17 for consultation, along with indicative projections for the following four years. This will also include the HRA rents for consideration.	All	18 February 2016 or 25 February 2016 (reserve date)	Cllr Ray Puddifoot MBE & Cllr Jonathan Bianco	FD - Paul Whaymand	Public consultation through the Policy Overview Committee process and statutory consultation with businesses & ratepayers		
SI	**School Capital Programme Update**	This report will update Cabinet and request any necessary decisions in order to progress the School Capital Programme in order to upgrade facilities and keep on track to deliver sufficient places for children educated in the Borough.	Various		Cllr David Simmonds CBE / Cllr Jonathan Bianco	RS - Jean Palmer OBE / Bobby Finch	Corporate consultees		Public / Private (3)
SI	**Academy Conversions**	A standard report to Cabinet to seek approval for the Council granting long leases to schools who wish to convert to Academy Status.	Various		Cllr David Simmonds CBE / Cllr Jonathan Bianco	RS - Michael Patterson			

Ref	Decision	Further information	Ward(s)	Final decision by Full Council	Cabinet Member(s) Responsible	Officer Contact for further information	Consultation on the decision	NEW ITEM	Private decision?
Council Departments: RS = Residents Services CYPS =Children and Young People's Services ASCS= Adult Social Care Services AD = Administration FD= Finance									
Cabinet meeting - 21 January 2016									
SI	**School Capital Programme Update**	This report will update Cabinet and request any necessary decisions in order to progress the School Capital Programme in order to upgrade facilities and keep on track to deliver sufficient places for children educated in the Borough.	Various		Cllr David Simmonds CBE & Cllr Jonathan Bianco	RS - Jean Palmer OBE / Bobby Finch	Corporate consultees	NEW	Public / Private (3)
SI	**Academy Conversions**	A standard report to Cabinet to seek approval for the Council granting of long leases to schools who wish to convert to Academy Status.	Various		Cllr Jonathan Bianco	RS - Michael Patterson		NEW	
Cabinet - 11 February 2016									
61b	**The Council's Budget - Medium Term Financial Forecast 2016/17 - 2020/21 BUDGET & POLICY FRAMEWORK**	Following consultation, this report will set out the Cabinet's proposals for the Medium Term Financial Forecast (MTFF), which includes the draft General Fund reserve budget and capital programme for 2016/17 for consultation, along with indicative projections for the following four years. This will also include the HRA rents for consideration. Subject to Cabinet's decision, the budget will then be referred to full Council for approval.	All	18 February 2016 or 25 February 2016 (reserve date)	Cllr Ray Puddifoot MBE & Cllr Jonathan Bianco	FD - Paul Whaymand	Public consultation through the Policy Overview Committee process and statutory consultation with businesses & ratepayers	NEW	
75	**Schools Budget 2016/17**	Cabinet will asked to agree the Schools Budget following consultation with the Schools Forum and their recommendation on the budget.	All		Cllr Jonathan Bianco & Cllr Ray Puddifoot MBE	RS - Peter Malewicz	Schools Forum	NEW	
SI	**School Capital Programme Update**	This report will update Cabinet and request any necessary decisions in order to progress the School Capital Programme in order to upgrade facilities and keep on track to deliver sufficient places for children educated in the Borough.	Various		Cllr David Simmonds CBE & Cllr Jonathan Bianco	RS - Jean Palmer OBE / Bobby Finch	Corporate consultees	NEW	Public / Private (3)
68b	**Proposed changes to the Admissions criteria for Community Schools**	Following full consultation, Cabinet will consider the responses and consider whether or not to determine a set of new admissions criteria for community schools in Hillingdon to take effect from 1 September 2017.	All		Cllr David Simmonds CBE	RS - Dan Kennedy / Jenny Chalmers	Local Schools and wider public consultation	NEW	

Ref	Decision	Further information	Ward(s)	Final decision by Full Council	Cabinet Member(s) Responsible	Officer Contact for further information	Consultation on the decision	NEW ITEM	Private decision?
Council Departments: RS = Residents Services CYPS =Children and Young People's Services ASCS= Adult Social Care Services AD = Administration FD= Finance									
69	**Standards and Quality in Education 2014/15**	The Annual Report to Cabinet containing information on educational performance across the Borough.	All		Cllr David Simmonds CBE	RS - Daniel Kennedy / Steve Buckingham	Children's, Young People & Learning Policy Overview Committee / Department for Education	NEW	
SI	**Academy Conversions**	A standard report to Cabinet to seek approval for the Council granting of long leases to schools who wish to convert to Academy Status.	Various		Cllr Jonathan Bianco	RS - Michael Patterson		NEW	
Cabinet - 17 March 2016									
SI	**School Capital Programme Update**	This report will update Cabinet and request any necessary decisions in order to progress the School Capital Programme in order to upgrade facilities and keep on track to deliver sufficient places for children educated in the Borough.	Various		Cllr David Simmonds CBE & Cllr Jonathan Bianco	RS - Jean Palmer OBE / Bobby Finch	Corporate consultees	NEW	Public / Private (3)
SI	**Academy Conversions**	A standard report to Cabinet to seek approval for the Council granting of long leases to schools who wish to convert to Academy Status.	Various		Cllr Jonathan Bianco	RS - Michael Patterson		NEW	

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