Hillingdon LSCB
local safeguarding
children board

Local Safeguarding Children Board

Developing our Early Intervention and Prevention Strategy 2017 - 2020

1. Purpose of Document

1.1   This document aims to support and enable the strategic leadership and operational delivery of early intervention and prevention activity across the partnership. It intends to provide the basis from which to develop an early intervention and prevention strategy that sets out the key principles, priorities and outcomes required to enable all partners to work effectively and collaboratively to intervene early in order to prevent poor and costly outcomes for families. It is acknowledged that partner agencies will be addressing their own distinct needs and priorities informed by a range of demands and policy drivers. Our Early Intervention and Prevention Strategy will aim to provide an overarching framework within which existing preventative activity may be aligned and developed.

1.2   Once finalised it may also be used to inform all stakeholders of the nature and purpose of early intervention and prevention activity in Hillingdon whilst set out the associated priorities we've collectively identified and the outcomes we seek to secure with families as a consequence of our collaborative work in preventing poor outcomes for families.

2. Context

2.1   Hillingdon partners and agencies recognise the importance of prevention and early intervention in giving every child the best start in life and ensuring they reach their full potential. This is reflected in the commitment to delivering effective early intervention and prevention as a core part of our offer to local children and families, embedded across services in the borough.

2.2   For children, better social and emotional skills, communication, the ability to manage your own behaviour and mental health mean a stronger foundation for learning at school, an easier transition into adulthood, better job prospects, healthier relationships and improved mental and physical health.

2.3   In England and Wales, it is estimated that £17 billion is spend per year on addressing damaging problems that affect children and young people such as mental health problems, going into care, dropping out of school, unemployment and youth crime. To reduce this cost and prevent substantial suffering and wasted potential, early intervention is more crucial than ever.

2.5   Nationally and in Hillingdon, there are significant local challenges, such as increasing demand on services, reducing resources and a rapidly changing local population with more diversity and a large, growing proportion aged under 25. The number of children and young people living with complex needs will continue to increase.

2.6   The evidence base for services and support that really work to deliver improved life outcomes is growing and being invested in at a national level. Across the country, early intervention is increasingly seen as an important part of managing demand and meeting the challenges of significant resource reductions over the coming years and good practice to learn from and share is developing quickly.

2.7   We know, however, that there is always more to do to ensure services deliver the best outcomes as cost-effectively as possible and to ensure that Hillingdon's children, young people and their families are supported and their challenges addressed as early as possible, to improve outcomes and reduce long term costs. Our strategy will aim to provide the basis from which partners may work collaboratively to achieve the best for our families by maximising collective use of the public sector resources at our disposal across the council, health services, police services, schools, criminal justice system and the third sector.

3. Definition of terms
3.1   Our work needs to be informed by a clear understanding of the terms we use to describe the activity we collectively undertake in relation to early intervention and prevention. The following definitions are offered in order that all stakeholders understand and relate to the meaning of our work and the terms that define it.

Prevention
3.2   Prevention in the context of our work describes activity undertaken with families, usually in a universal setting, that takes place without the need for external referral or any demonstration of additional support or development need.

3.3   Preventative activity should not be considered as intrusive. The most effective prevention often takes place in communities and environments, enabling people to flourish through positive life experiences that support their personal and social development from childhood to adulthood.

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

3.5   Universal services, for example Schools or General Practitioners, Youth Services, Police, Health or Childcare practitioners may also be best placed to identify early problems or risks, given that they work with the majority of families on an ongoing basis. 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 that feature in a particular "risk" or vulnerability category. Definition of risk and vulnerability are discussed later in the document.

Early Intervention (stepping in to provide early help)
3.6   Early intervention is concerned with working with families identified as having additional support needs. This work can be provided by universal and / or targeted services. It is recognising that family well-being is likely to be best served by stepping in to offer support in a universal context. This means working together with families and communities, endeavouring to build on existing strengths and integrate any support required into their 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 secured within local communities and provided by universal services.

3.7   In many instances the beneficiaries of early intervention will be individuals who are experiencing difficulties that could hinder their capacity to thrive, 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 could otherwise escalate and become entrenched.

3.8   Early intervention work focuses on preventing difficulties escalating and becoming more complex, by seeking to identify and build on child and family strengths in order to enhance family capability to deal with the difficulties they are currently experiencing and those that may arise in the future.

3.9   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
3.10   Vulnerability, within the context of our work, relates to circumstances or experiences 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.

3.11   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 if not addressed.

3.12   It is recognised that all individuals and families experience problems. The majority have the sufficient capacity, capability and support networks to manage and overcome any such problems, so that they don't impact on the family's' 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.

3.13   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.

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

3.15   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	Two year old offer vulnerability descriptors
Family	Under-represented groups in terms of take-up in services
Parental	Teenage parents
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 / Pathway 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 special educational needs and / or disabilities
Generic descriptors of potential vulnerability in addition to the above	
Family	Residents of deprived areas
Family	Family in temporary accommodation
Family	Family living in poverty
Family	Family members with limited basic skills e.g. literacy and numeracy
Child / YP	Children and young people at key points of transition (such as 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 than 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 / YP	Children and young people at key points of transition
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

3.16   Risk, within the context of our work, 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 terms of understanding the benefits and consequences of making certain decisions.

3.17   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.

3.18   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 children, 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
Low parenting capacity
Being 'radicalised' in a religious or political context
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 lifestyle (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 |

3.19 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.

3.20 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.

3.21 Early intervention and prevention work seeks to identity and offer targeted support to potentially vulnerable individuals and families. Targeted activity is focused on those who most in need of help that they have been unable to access or is not readily not available to them in universal services. Targeted activity is primarily concerned with enabling families who may not prosper without additional help. It seeks to focus and build upon family strengths, enabling families to develop the skills, knowledge, capability and resilience to recognise and successfully manage risks in their lives in order to minimise or avoid any potential negative impact arising.

Resilience
3.22 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.

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

3.24 Resilience can be seen as the capacity of an individual or family to manage adverse experiences. The required capacity can be described as a set of personal and social capabilities which may be drawn upon when presented with a particular challenge. The capabilities include:

● Sense of self, application, self-direction, self-regulation (behavioural and emotional), empathy and tenacity to achieve short and long-term goals;
● Abilities and skills;
● Aspirations and ambitions;
● Attitudes and behaviours;
● Knowledge and understandings;

- Self-esteem and Identity; and
- Values and beliefs.

3.25 The capabilities associated with resilience can be seen as protective factors in relation to an individual's ability to manage vulnerability and risk. Early intervention and prevention is concerned with providing support and interventions that enable individuals and families who are at risk of poor outcomes to develop and draw upon these capabilities.

4. Strategic Direction

4.1 Informed by our understanding of risk, vulnerability, resilience and the role that 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 potential vision for our collective early intervention and prevention work to realise:

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

Strategic Aim
4.3 As a partnership, it is our aim to collectively contribute to realising this vision by:

4.4 *Working together with families who most need our support, so that they may develop the capabilities required to be self-reliant and prosperous*

4.5 We do this by delivering a range of education, health, care and associated support and development services across the partnership.

Principles
4.6 In addition to our vision and strategic aim, the following underpinning principles inform our work. These principles are evident in all we do to secure the best possible outcomes with and for families:

- ***Working together with families and communities*** to build knowledge, skills and capacity to enable them to thrive;

- ***Putting children and families*** 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;

- ***Prioritising 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, helping families overcome barriers;

- *A 'tell us once' approach*. Sharing information when appropriate and with permission to minimise a family's need to repeat their story to multiple professionals;

- Providing *timely*, *cost effective* and *outcomes focused* support which is evidenced-based;

- *Working collaboratively* to make best use of our resources; and

- *Operate as 'one partnership'* and deliver early intervention and prevention through one lead professional when possible.

Outcomes

4.7   Having defined our ambitions, strategic aim and principles, the following information sets out the high level outcomes we seek to secure through our work with families:

4.8   We work as an integrated and complementary partnership of services teams and practitioners, working in collaboration with families themselves to secure the following outcomes with 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 resilient to and able to effectively manage risks and protect themselves from harm;

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

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

- *Engaged Families:* families are supported through having effective social networks and participating in the civic, cultural and democratic process of society.

4.9   Our individual and collective work is focused on achieving these outcomes. We do so by determining priorities and associated activity to address these priorities.

5.   Partnership Priorities for Early Intervention and Prevention

5.1   The following information sets out our partnership priorities for early intervention and prevention. They are framed by our collective intention to address them by:

- **Understanding together**
  Developing our collective understanding of the needs of our families and communities and the services that are in place in response. Increased and shared understanding will enable more effective targeting of services and make the best use of available resources and expertise.

- **Planning together**
  We will respond to our understanding of need by jointly planning and commissioning services that are best placed to secure the outcomes we seek for our families. We will plan together at strategic and operational levels so that we may benefit from the rich and diverse range of knowledge and expertise across the partnership and ensure we avoid duplication of services.

- **Delivering together**
  We will develop a collaborative approach to meeting the needs of our families by bringing capacity and expertise together in order to maximise us of the professional resources available to us. Where there is a business case for doing so we will co-locate services and develop integrated practice in order to provide the best possible service to our families.

- **Learning together**
  We will foster a culture of shared learning across agencies so that we may base our planning and delivery on evidence of what activity services and approaches produce the outcomes we wish to secure with our families. We will also invest in learning about the each other and the respective assets and expertise we bring to our work with families. This will include joint workforce development activity and good practice sharing across the partnership.

5.2   Our priorities are derived from a number of sources. These include those that are informed by statutory duties and mandated service requirements as well as those informed by other sources include priorities arising from the Joint Strategic Needs Assessment (JSNA), the Child and Adolescent Mental Health Needs Assessment and those determined through related strategies such as the Health and Wellbeing Strategy. Our priorities are also informed by evaluation of current service delivery and knowledge obtained through local engagement with families and communities.

5.3   Our high level strategic early intervention and prevention priorities are:

- **Enabling children to have the best start in life;**
- **Enabling children and young people to make a positive transition from childhood, through adolescence to adulthood; and**
- **Supporting families to be resilient and self-sufficient.**

5.4   In order to address our high level strategic priorities we have identified the following operational objectives. They have been have been separated into two categories:

- **Operational objectives** - those concerning work undertaken directly with families. The high level operational objectives which will be attended to be respective partner agencies; and

- **Continuous improvement objectives** - those concerning work that enables us to operate as effectively and efficiency as possible as a partnership in order to secure our early intervention and prevention related outcomes.

5.5   The following tables set our strategic priorities and operational objectives for collective attention:

Strategic Priorities	Operational Objectives
1. Enabling children to have the best start in life	1.1 Enabling child development and school readiness
	1.2 Enabling children to make a successful transition from early learning to primary education
	1.3 Enabling children to make a successful transition from primary to secondary education
	1.4 Enabling a healthy start for children and families
	1.5 Securing sufficient early learning and childcare opportunities
2. Enabling young people to make a positive transition from childhood, through adolescence to adulthood	2.1 Enabling young people to avoid negative outcomes associated with unsafe sexual activity and harmful sexualised behaviour
	2.2 Enabling young people's emotional health and well-being

	2.3 Enabling young people to lead healthy lifestyles
	2.4 Supporting young people access to, and sustained engagement in education and training
	2.5 Enabling young people to make a successful transition from education and training to employment
	2.6 Enabling young people to understand and effectively manage risks in relation to sexual exploitation
	2.7 Enabling young people to understand and effectively manage risks associated with radicalisation
	2.8 Enabling young people to avoid risks associated with engagement in criminal activity, serious youth violence and antisocial behaviour
3. Supporting families to be resilient and self-sufficient	3.1 Increasing parental capacity, aspirations and skills building
	3.2 Improving family emotional health and well-being
	3.3 Supporting adults out of work or at risk of financial exclusion
	3.4 Meeting the needs of families affected by domestic violence
	3.5 Supporting families to overcome problems that could lead to children and young people entering and / or remaining in the care system

Continuous Improvement Priorities	
Strategic Priorities	**Operational Objectives**
1. Knowing which families are most in need of our support	1.1 Improving our approach to the identification of individuals, families and communities at risk of poor outcomes by intelligently using our data sets to identify high risk individuals and communities
	1.2 Continuing to strengthen our approach to early assessment of need
	1.3 Continuing to strengthen our approach to information sharing and joint working
2. Enabling families most in need to receive the right support swiftly and easily	2.1 Streamlining identification, assessment and referral processes
	2.2 Strengthening the communication of and sign-posting to local services
	2.3 Strengthening our information sharing processes
3. Enabling families to develop the resilience to overcome emergent problems at the first opportunity	3.1 Improving our collaborative planning
	3.2 Developing the role of the Lead Professional
4. Enabling families to develop the resilience to overcome more significant and complex problems	4.1 Strengthening collaborative work across partner agencies
	4.2 Strengthening our approach to developing packages of support for families with complex problems
5. Providing the best quality services	5.1 Improving our collective monitoring and evaluation processes
	5.2 Strengthening our staff development activity
	5.3 Involving service users in service design. development and evaluation
6. Using the resources at our disposal to best effect	6.1 Ensuring budgets are effectively managed and resources targeted at service delivery priorities

	6.2 Sharing resources and best practice as appropriate
	6.3 Developing our evidence-based approach to providing and securing services are proved to deliver required outcomes

5.6   The identified priorities contained within this paper will be attended to through directly delivered and commissioned service and through the promotion and support of early intervention and prevention activity across the partnership.

6.   Measuring Success

6.1   The strategic priorities and operational objectives framed by the strategic direction set out in this document will agree with the key early intervention and prevention related performance indicators currently used across the partners and contained within the LSCB performance framework.

6.2   A cross partnership Implementation Group will be established to determine collaborative operational activity in response to the operational objectives contained within this strategy. This activity will include the defining of specific success measures for work undertaken under the aegis of this strategy in addition to existing early intervention and prevention performance indicators and outcome measures.