

## NORTH YORKSHIRE CHILDREN'S TRUST

### Agenda Item Cover Sheet

TITLE OF PAPER: Early Intervention and Preventative Work

DATE OF MEETING: 19<sup>th</sup> July 2010

ORGANISATION/SUB GROUP: Children and Young People's Services, NYCC

RELATED CYPP IMPROVEMENT PRIORITY:

6.1 Strategy for Integration – next phase of development

6.2 Integrated Local Services –delivery strategy

RELATED PERFORMANCE INDICATOR(S):

Not applicable

MAIN RECOMMENDATIONS OF PAPER:

1. The Board notes the information on the national picture with regards to early intervention and preventative strategies and acknowledges the work done to develop such strategies in North Yorkshire.
2. The Board supports the promotion of Children's Centres as the hub for early intervention services with young children.
3. The Board supports the further development of the CAF as an interface between social care and integrated services.

IMPACT ON RESOURCES:

Recommendation	Resource Type	Cost	Benefit
1	Not applicable	None	
2	Staffing and premises	Difficult to quantify	Improved outcomes for children and young people
3	Staffing and ICT	Difficult to quantify	Improved outcomes for children and young people

AUTHOR: Marc Mason, Strategic Development and Commissioning Manager

## NORTH YORKSHIRE CHILDREN'S TRUST BOARD

July 19<sup>th</sup> 2010**Early Intervention and Preventative Work****1.0 Purpose of Paper**

- 1.1 This paper explores the latest thinking on early intervention, with most of the material coming from the DCSF paper "Early Intervention: Securing Good Outcomes for all Children and Young People" which was published in March 2010. It then gives information on where we are in North Yorkshire with the development of our early intervention strategies.

**2.0 Recommendations**

- 2.1 The Board notes the information on the national picture with regards to early intervention and preventative strategies and acknowledges the work done to develop such strategies in North Yorkshire.
- 2.2 The Board supports the promotion of Children's Centres as the hub for early intervention services with young children.
- 2.3 The Board supports the further development of the CAF as an interface between social care and integrated services.

**3.0 Background**

- 3.1 In the 2007 Children's Plan the DCSF said that to secure improvements in children and young people's outcomes they would expect Children's Trust Boards to have in place by 2010–11 'consistent high quality arrangements to provide identification and early intervention
- 3.2 In the Schools White Paper, published in summer 2009, the DCSF announced that they would require arrangements for early intervention to be set out in the Children and Young People's Plan (CYPP), which Children's Trust Boards have to develop and to which the Children's Trust partners must have regard and will have the responsibility for implementing. The DCSF acknowledged that orientating services more towards early intervention is not easy, particularly during tough financial times.
- 3.3 Lord Laming said 'early intervention is vital – not only in ensuring that fewer and fewer children grow up in abusive or neglectful homes, but also to help as many children as possible to reach their full potential.'
- 3.4 The professional consensus about this was at the heart of the Every Child Matters Green Paper published in 2003. The Green Paper went on to make clear that delivering early intervention more effectively depended on there being stronger accountability, more integrated services and a workforce with higher levels of skill. Nationally, and more importantly locally, we have yet to

extract maximum value for children from the Common Assessment Framework (CAF) and the associated process of the Lead Professional and the Team around the Child.

- 3.5 More recently the document 'State of the Nation Report: Poverty, Worklessness and Welfare Dependency in the UK' released by the Department for Work and Pensions and with a forward by the Secretary of State Iain Duncan Smith further reinforces many of the points made above. In one section it notes that: "UK scores poorly on a range of indicators of child wellbeing; a recent World Health Organization survey showed the UK's performance on social and psychological indicators of child health and happiness to be disappointing. As a consequence, it has been estimated that the UK spends a third more than other countries in Europe on addressing social problems."

#### **4.0 General Information**

##### **What is early intervention?**

- 4.1 Early intervention means intervening as soon as possible to tackle problems that have already emerged for children and young people. It means that it targets specific children who have an identified need for additional support once their problems have already begun to develop but before they become serious. Typically it achieves this by promoting the strengths of children and families and enhancing their 'protective factors'.

##### **Prevention, protective factors and risk factors**

- 4.2 Protective factors increase the chances of positive life outcomes, which in turn can boost resilience. High attainment, good social and emotional skills, and positive parenting are three particularly important protective factors and that they could be mutually reinforcing. Early intervention and prevention often overlap in practice.
- 4.3 Prevention maybe understood as meaning the process of boosting children's resilience and protecting them from potential poor outcomes. The success of a preventive strategy is evidenced by a reduction in the incidence and prevalence of a specific problem within a specific group.
- 4.4 Risk factors are often talked about alongside protective factors. They predispose some children to, or are associated with, particular physical, social or psychological problems. These risk factors can be eliminated or reduced in terms of their potential impact by prevention and early intervention.
- 4.5 Children's risk factors include living in poverty; growing up in a disadvantaged neighbourhood; experiencing problems in school; parental conflict; poor parenting; parental and/or child substance misuse; anti-social behaviour; domestic violence; and low levels and poor quality of formal and informal support.

- 4.6 It is important to recognise that risk factors don't automatically translate into the situation that a child actually experiences. This is because their influence on the child is mediated by many other factors, particularly by their family. There are many children who despite being brought up in very challenging circumstances maximise their potential whilst others who, on the face of it, have all the advantages that life can give fail to achieve their potential.

### **Children and young people of all ages can benefit from early intervention**

- 4.7 Sometimes the term 'early intervention' is applied to all activities that target children for help when they are very young. When used in this way 'early' refers more to the age of the child than to the stage in the development of their problems.
- 4.8 Longitudinal research has found that some indicators of poor outcomes are identified for the first time in children only between the ages of 5 and 16. It is also the case that a 14 year old who begins to develop mental health problems has as much to gain from early intervention – as they would perceive it – as a 2 year old who starts to display signs of communication difficulties. It follows that early intervention can help children from pregnancy to 18, not only when they are very young. This needs to be factored into the planning and delivery of services, and into staff training.
- 4.9 In recent years growing interest in the potential benefits of early intervention has been accompanied by greater awareness of the importance of supporting children in their early years, starting during pregnancy. There is strong evidence that early intervention through intensive home visiting programmes during and after pregnancy can be effective in improving the health, well being and self sufficiency of low-income, young first-time parents and their children. Early interventions that begin in pregnancy and the first two years of life are likely to produce the greatest benefits. This is why the Healthy Child Programme starts in pregnancy and continues until adulthood, recognising that lifestyles, habits and relationships established during childhood, adolescence and young adulthood influence a person's health throughout their life.
- 4.10 It is important to stress that these things are not pre-determined, that children move in and out of risk as they grow up and that children with difficult early experiences quite often overcome them and go on to do well. Nonetheless, the evidence is that children who get off to a flying start are well set up for, if not guaranteed, future success. This is, of course, the rationale behind Sure Start and the Healthy Child Programme.
- 4.11 There are a number of reasons why early intervention with very young children makes sense:
- Some problems emerge in children when they are very young and the sooner they receive help, the less the damage to their development.
  - Neuroscience is showing that the healthy growth of very young children's brains can be impaired by poor early life experiences and this doesn't relate solely to poor nutrition.

- Research suggests that if a problem is identified early on in a child's life and effective help is given, this can have a positive 'multiplier effect' as the child grows up.
- Research and professional experience also suggest parents are often particularly open to asking for and accepting help when their children are very young, compared to when their children are older.
- This means the potential cost savings that can accrue to services as a result of effective early intervention are potentially greatest when children are very young.

### **Early intervention is a process not an event**

- 4.12 It is important to recognise that early intervention is not a single, one-off event but a process whereby:
- Children, young people and families' difficulties are identified before they have reached a point at which the children's development and well-being is seriously compromised;
  - Having been identified early on, the scale and nature of these problems are properly understood and a plan for offering help is developed with the consent of the family through a process of high quality assessment; and
  - Children, young people and families are then offered the help they need, in line with those assessments, accept it, and this either successfully 'treats' their difficulties or they are offered and accept longer term support to help manage them.
- 4.13 The Think Family initiative emphasises the importance of the professionals working with adults who are parents being alert to the implications of family difficulties for children, and equipped to know what to do to ensure the children's safety and wellbeing. In families where the adults have substance misuse problems and mental health difficulties, or where there is domestic violence going on, the children are at significantly increased risk of poor outcomes. 'Think Family' therefore has a huge contribution to make to effective early intervention in a local area.
- 4.14 Children's Trust Boards across the country are developing different approaches to organising the process of early intervention, albeit by reference to some common principles. Locally agreed systems and processes for early intervention, communicated well to all members of staff, are essential for ensuring consistency of approach. These systems must however be understood as reinforcing, not supplanting, the responsibilities of individual staff members to be alert to emerging needs.
- 4.15 All services must contribute to early intervention, with the role of universal services especially crucial. Universal services and settings are often the places where emerging difficulties can be first spotted, or where children and young people or their families will themselves first ask for help. They are also often the most appropriate setting within which the extra help children need can be sourced and delivered. Early intervention is core to the work of every mainstream service, including schools, colleges, Sure Start Children's Centres and primary health care settings.

- 4.16 Once a child's difficulty has been identified and their situation has been properly assessed, help can be delivered by universal services, by bespoke services such as intermediate 'tier two' child and adolescent mental health services (CAMHS), or by specific targeted programmes.
- 4.17 When children and young people's additional needs are relatively uncomplicated it will be appropriate for the whole process of early intervention to be carried out within universal service settings, without recourse to more specialist or targeted provision, including when it comes to offering the extra help that they have been assessed as requiring. Schools, for example, are now much better equipped than a decade ago to offer many different kinds of extra help for children and their families, for example through extended services. Children's centres are also ideally placed to provide local, non-stigmatising help for families with young children.

### **Realising the potential of early intervention: assessing need**

- 4.18 Assessment is pivotal to early intervention, being positioned in the middle of the process and thus acting as the essential link between early identification of children and young people's emerging difficulties on the one hand, and the provision of support of various kinds to resolve or help manage them, on the other. Too frequently the symptoms displayed by the child are dealt with but the underlying root causes are overlooked. This frequently results in containment of a problem rather than a long term solution. Effective holistic assessment of all factors impacting on a child's life, including and perhaps most importantly the enabling ones, can prevent this happening.

### **The Common Assessment Framework (CAF)**

- 4.19 At the heart of Every Child Matters the key assessment process in the context of early intervention is the Common Assessment Framework (CAF). The CAF is much more than a form; it is an assessment and planning framework that aims to assess a child's and/or families' holistic needs early on following the onset of difficulties, and to develop and agree on a process through which agencies work together to meet those needs most effectively and efficiently. In this respect it has the potential for acting as a bridge for communication between members of the children's workforce.
- 4.20 Use of the CAF depends on the consent of the child, young person and/or their family; this is one of its defining features, emphasising the fact that children, young people and families can make important contributions to the process as equal partners, which should be based on an assessment of their strengths as well as their difficulties.
- 4.21 There is enthusiasm for the CAF in many areas and among many professionals. However, a number of research studies, as well as inspection reports, have found that the CAF is being used variably across agencies and localities. Practitioners are sometimes reluctant to complete a CAF because they are worried additional resources will not be made available to support the

needs that are identified. It also seems there can be different understandings of when and how to use the CAF between schools, health settings and in children's services

- 4.22 A forthcoming research report commissioned by the Children's Workforce Development Council (CWDC) casts fresh light on these problems, as well as pointing towards potential solutions. Importantly it concludes that it is not the assessment tools (CAF or specialist assessments) that cause confusion, but the fact that business processes to affect effective integration have not yet been systematically put in place at a local level.
- 4.23 The report, which drew on the views and experiences of a wide range of professionals, found that many local areas had developed ways of managing the interfaces between specialist assessments and the CAF, but that there was no consistent pattern in the use of CAF across specialist services, or by specialist assessors and service providers in collaboration with universal services.
- 4.24 The research highlights four broad approaches that have been introduced to address these interface issues: the development of local protocols; business process mapping; smarter working of various kinds – for example some areas have developed a process for children stepping-down from social care into a Team around the Child, once their 'child in need' status (under section 17 of the Children Act 1989) has concluded; and infrastructure support.
- 4.25 The latter typically includes integrated working panels that consider CAF cases and whether the child or young person requires any specialist involvement. Practitioners refer a case to the panel with the consent of the child, young person or family and during the meeting a family support offer is drawn together, and, if appropriate a Team around the Child and Lead Professional identified. Depending on the outcomes, cases are reviewed on average two or three times.
- 4.26 Overall, research and inspection reports lead to the conclusion that the CAF is the right assessment tool to support early intervention, but that more needs to be done to ensure that it is used consistently by settings and localities.

### **Realising the potential of early intervention: delivering help**

- 4.27 Schools and Children's Centres employ or provide access to Parent Support Advisers (sometimes called Family Support Workers by some Authorities). These practitioners have been shown to bring positive benefits for families and other school staff. They have the knowledge to support effective referral to specialist services.
- 4.28 Further up the age range, targeted youth support arrangements have been found to improve the ways professionals from different agencies deliver support to young people, preventing exclusions from school, improving attendance and behaviour, raising levels of attainment and reducing offending.

- 4.29 Participating in structured positive leisure time activities also has an important role to play in early intervention. Evidence shows that this supports the development of young people's social and emotional skills and resilience. Aiming High for Young People sets out an ambitious strategy for increasing access to positive activities, particularly for those most at risk of poor outcomes, who therefore have most to gain.
- 4.30 Amidst the plethora of early intervention programmes that are available, research suggests that the most successful programmes tend to share some common characteristics:
- They target specific populations.
  - They are intensive.
  - They focus on behaviour.
  - They include both parents and children
  - They stay faithful to the programme.

### **Keeping children and families engaged**

- 4.31 The Healthy Child Programme, offers a recommended universal service for all children and young people and their families, with additional services for those with specific needs and risks. The 0–5 programme is led by health visitors and is increasingly being delivered through integrated services that bring together Sure Start Children's Centre staff, GPs, midwives and community nurses, among others. The 5–19 programme recommends how health, education and other partners across a range of settings can significantly enhance a child or young person's health and well-being.
- 4.32 SEAL (the Social and Emotional Aspects of Learning) is a comprehensive, whole-school approach to promoting the social and emotional skills that underpin effective learning, positive behaviour, regular attendance, and emotional well-being. It was first implemented by the National Strategies as part of the national Behaviour and Attendance Pilot in 2003 and is currently being used in more than 80% of primary schools across England and in increasing numbers of secondary schools too.
- 4.33 TaMHS (Targeted Mental health in Schools) is a pathfinder programme aimed at supporting the development of innovative models of therapeutic and holistic mental health support in schools for children and young people aged 5–13 at risk of, and/or experiencing, mental health problems; and their families. A national roll-out was launched in November 2008, which included North Yorkshire, receiving funding until March 2011.

### **Early intervention as part of a continuum of services**

- 4.34 Through Every Child Matters, the Children's Plan and the Schools White Paper, a new approach to improving children's outcomes has been developed and articulated over the last eight years, which has early intervention as a central objective. This system design is so widely supported now that it is easy to forget how ground breaking it really is. Schools and Sure Start

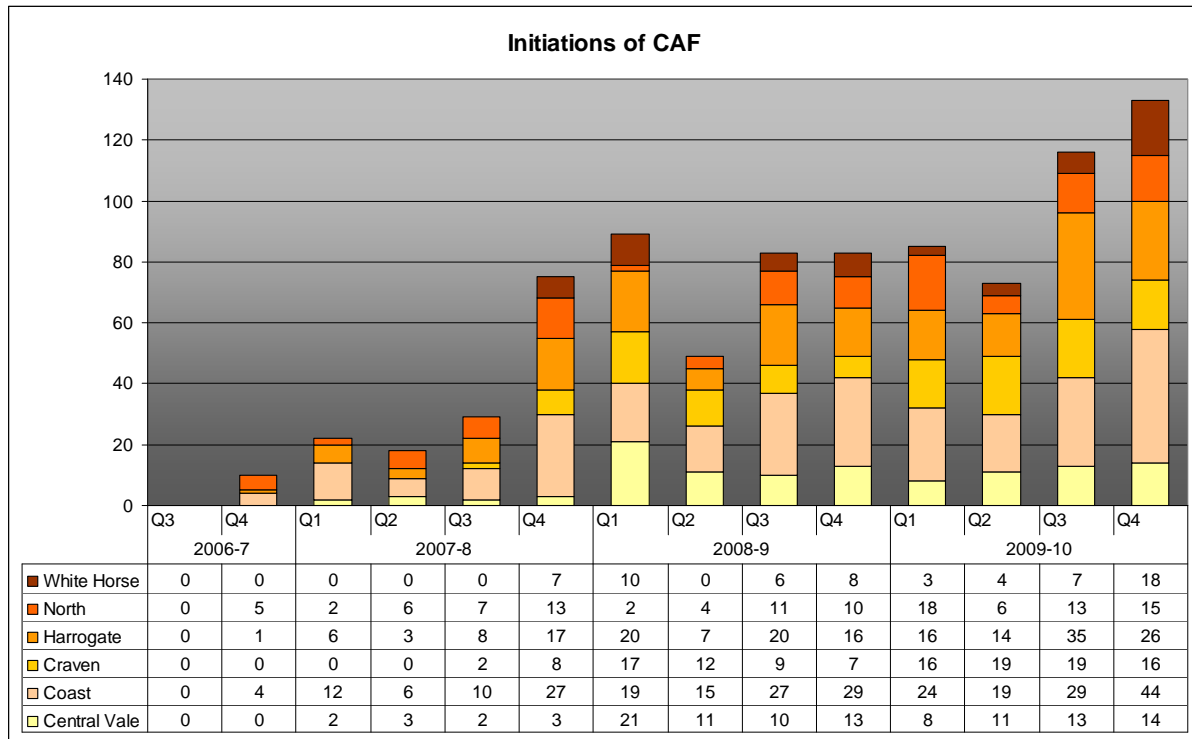
Children's Centres act as central 'hubs' for most of the local services that children and families need, with health a key element. Their role is, in turn, supported by integrated systems and processes: the CAF, the Team around the Child model and the Lead Professional; and by improved information sharing. Across the country, Children's Trust partners are working hard to implement these initiatives as best fits with their own local circumstances.

- 4.35 In every local area there therefore needs to be a continuum of services. It is unrealistic to think early intervention can ever replace later intervention. It does though have a crucial role in complementing and reinforcing prevention and later intervention, thus making the overall system of services for children, young people and families work more effective overall.
- 4.36 A balanced approach to prevention, early intervention and later intervention is required. Locally based interventions that address disadvantage at a neighbourhood or population level are important and can reinforce efforts to help individual children identified as having difficulties. Neither approach is enough on its own; both are required and need to be informed by the assessed needs of communities.

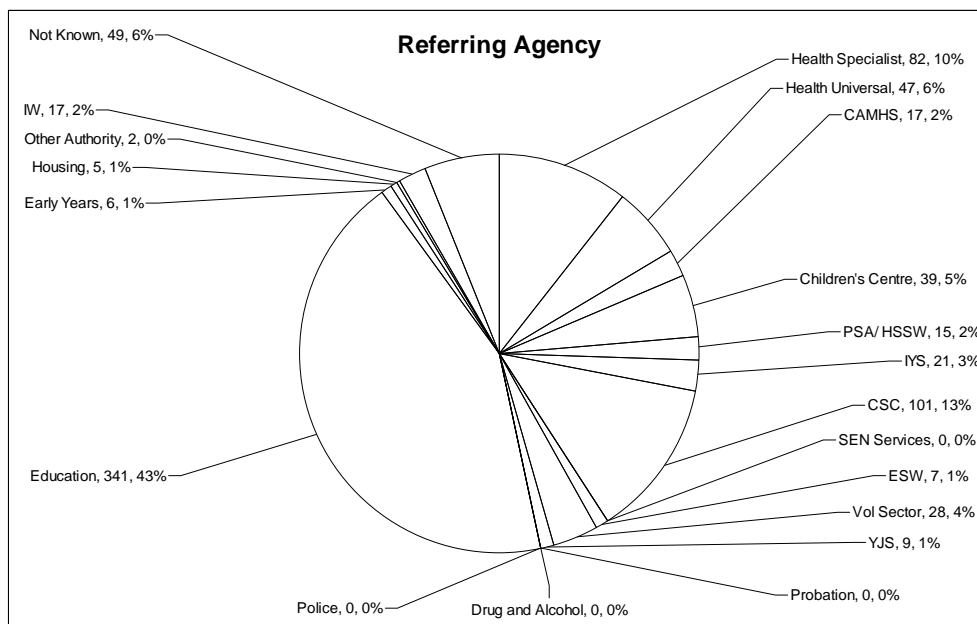
### **The situation in North Yorkshire**

- 4.37 The early intervention and preventative approach as developed in North Yorkshire is one of our strengths and represents a very positive model that has been commented on favourably by outside bodies, e.g. in the recent IYS inspection. The strategy has been imaginative, based on understanding our area. It has been good at weaving together a complex range of strands whilst maintaining the golden threads of Every Child Matters and putting children and families first. Having Integrated Service Managers and Integrated Service teams has been crucial in providing the cohesion to making it work in localities. It has given us local coordination and a local focus point for practitioners and managers.
- 4.38 One of the biggest, and probably most exciting, changes in early intervention services in the last few years has been the creation of children's centres. There are 37 designated centres in North Yorkshire covering the whole County. By the end of this year each will have at least one building out of which services can be delivered. In addition there is a range of outreach provision, which ensures all families have easy access to early years services. The children's centres work in partnership with a variety of partners, including childminders, childcare providers, health teams, Job Centre Plus and schools, in a truly integrated model of provision.
- 4.39 The children's centres are developing their work supporting parents. In line with Government thinking the provision is becoming increasingly targeted on those in most need, i.e. focussed early intervention work. This has presented some challenges, not least the availability of robust data for each children's centre area. Integrated Services Managers are seeking to develop a strategic approach to co-location, joint working and information sharing with the health providers who one of the key partners for our children's centres.

4.40 The commitment in Integrated Services of senior managers' time to chair Team Around the Child (TAC) meetings has given the implementation of the Common Assessment Framework (CAF) an impetus and a standing that is not found in all Authorities. This can be seen in the following graph where there is clear pattern of increased use of the CAF over the last 3 years.



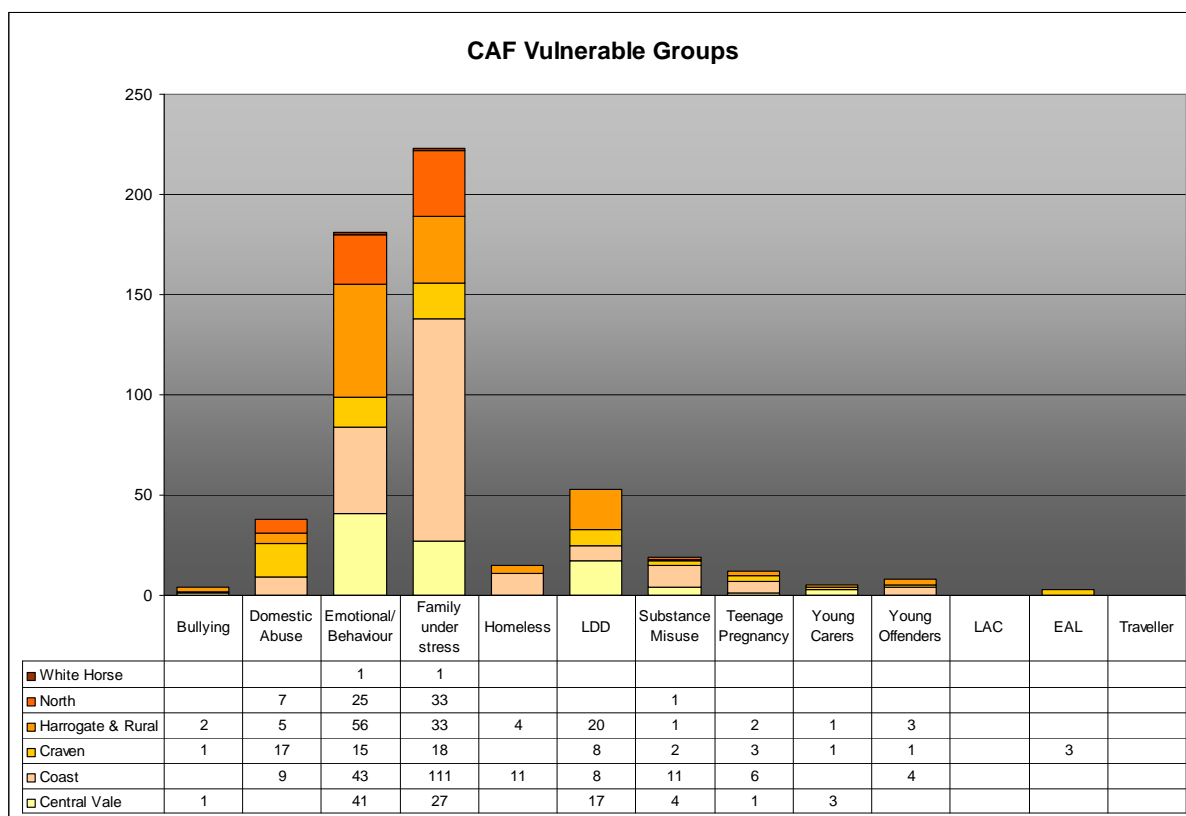
4.41 There has been a considerable commitment from most agencies in North Yorkshire to use the CAF that is illustrated in the pie chart below.



Meetings have been arranged with the police and the housing officers to discuss how we might enhance their involvement with the CAF.

4.42 We have been less successful in terms of services changing practice in real terms and adopting integrated processes - for most agencies the Common Assessment is an additional assessment to be carried out when a TAC is needed. Consequently there is still too much duplication on the ground and not enough safe and effective information sharing. The Integrated Services team is working with partners to create a situation where the common assessment form is the only form used by all agencies, it is never used as a referral form and any specialist information is collected as supplementary to the common assessment. There is also going to be another phase of training for middle and senior managers to give them the skills to lead on TAC meetings.

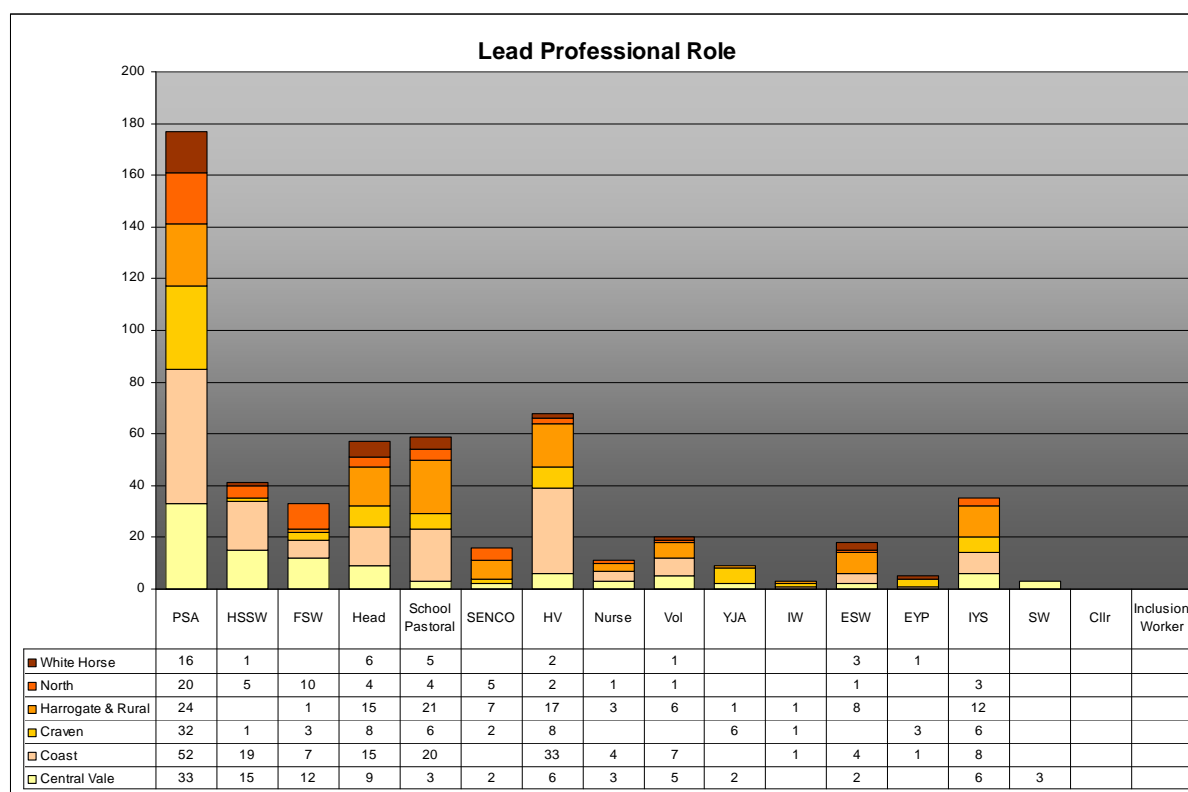
4.43 The types of CAF interventions has been analysed and it can be seen below that, not unsurprisingly, it is families under stress that receive the bulk of the support, with children that have emotional and behavioural problems being the second largest group. As we have more interventions, it is also possible to see other groups that although smaller in number are requiring early interventions, such as families experiencing domestic abuse, substance misuse or have children with LDD.



4.44 As mentioned in paragraph 4.23 and 4.24 above the linkage of the CAF to specialist services is crucial, including CAMHS, YJS, Complex Needs and Social Care – none more so than that to Social Care. Considerable work has taken place over the last year to improve the screening and movement of

cases through the system. Managers from Integrated Services and Social Care have been meeting regularly and working together well but they all recognise we can still make improvements on the current situation. Work is ongoing to streamline the transfer of cases for which social care have completed the care plan but the family still require some low level interventions. Cases have also started to be redirected to Integrated Services that do not meet the threshold for social care involvement but there is more work required to refine the current processes.

4.45 Another success in North Yorkshire has been the use of our Parent Support Advisers (PSAs). A report was brought to the Children' Trust board on November 16<sup>th</sup> 2009 that gave details of the PSAs in school settings. We now have 42 PSAs based in children's centres that complement the school-based PSAs. The importance of the PSAs in early intervention work can be seen in the graph below that details the staff who become the lead professional role in TAC meetings. By far the largest number is PSAs.



4.46 The Integrated Youth Service (IYS) has also been developing its early intervention services. The Service now has a clear referral pathway that is part of the Common Assessment Framework and has embedded the common assessment within its processes. The IYS has developed a skilled workforce with high standards of case file management. It has increased numbers of appropriate referrals and has better management of its systems.

4.47 The IYS is part of Targeted Youth Support (TYS), which involves youth practitioners from agencies across North Yorkshire. There are still a limited number of TYs practitioners to whom referrals can be made. Although there

are a large number of practitioners that work in a targeted way this is often issue specific or constrained by their individual organisation's assessment/ case management requirements. To be part of the TYS process it is necessary for the practitioner to be able to operate within the same referral process which includes the use of the common assessment and inputting onto the data management system. As a result the numbers of TYS practitioners has not increased since the introduction of TYS. Obviously this needs further consideration by all partners.

## **Conclusion**

- 4.48 There is a considerable amount of early intervention and preventative work being undertaken in North Yorkshire by a large number of organisations, which needs to be applauded and celebrated. However, and especially with reducing resources, it is important that the support is provided through a co-ordinated and systematic approach with the Common Assessment Framework used as the overarching structure.

Report prepared by:

Name: Marc Mason

Job Title: Strategic Development and Commissioning Manager

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