

STRATEGY FOR EARLY HELP IN BIRMINGHAM

2015 - 2017



Agreed by
Birmingham Safeguarding Children Board
31st March 2015

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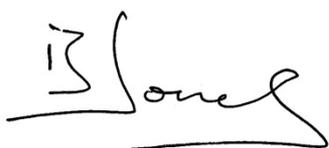
FOREWORD

This Strategy sets out how Birmingham's strategic partners and wider stakeholders will deliver Early Help in partnership with children, young people and families in order to improve the life chances of vulnerable and disadvantaged families. There are many excellent examples of Early Help already working in Birmingham and this strategy seeks to harness the work already in place and create an Early Help System which builds on existing good practice and partnership working. Families are best placed to understand, care for and nurture their children, however nationally it is estimated that 30% of children and young people will, at some stage, experience difficulties which, if addressed early enough, can be prevented from escalating into costly statutory services. If Early Help is not offered, this can, in the worst cases, result in children's social, emotional, health and educational development being irreparably impaired and family breakdown. If effective, Early Help empowers families to regain control of their circumstances and help transform the lives of vulnerable children.

Public services are operating within a climate of unprecedented challenge as demand for specialist services rapidly increases against a backdrop of dramatically reducing resources. An effective Early Help Strategy requires full commitment to an integrated multi-agency approach, consistent application of thresholds and alignment of agency resources. We believe delivering Early Help in order to keep children and young people safe is not a single agency responsibility and requires a whole family approach, owned by all stakeholders, working in partnership with families. This includes schools, health, police, probation, children's social care, services for adults, private, voluntary and community organisations and the wider public.

A new multi-agency Children's Strategic Leaders Forum is being formed in the City and will oversee the governance of this Early Help Strategy. This is a significant development that will support greater partnership working in order to improve outcomes for all children and families in Birmingham.

In the meantime, the Chair of the Birmingham Safeguarding Children Board has signed-off this strategy on behalf of partners in the City, with agreement that each agency will secure the necessary approvals from their own governance arrangements and adopt the strategy within their organisation.



Councillor Brigid Jones
Cabinet Member for Children and Family
Services



Jane Held
Independent Chair
Birmingham Safeguarding Children Board

April 2015

INTRODUCTION

Birmingham is a “Young City” with a population of over 287,000 children and young people. We believe that children are best supported to grow and achieve within their own families. The majority of children and families are strong, resilient and have good networks and resources to meet their needs. However some families will experience difficulties from time to time and need assistance.

Early Help means taking action to support a child, young person or their family ***early in the life of a problem, as soon as it emerges***. It can be required at any stage in a child’s life from pre-birth to adulthood, and applies to any problem or need that the family cannot deal with or meet on their own. It also applies to all children and young people, with any form of need

Birmingham Safeguarding Children Board, 2014

The central importance of providing support early in enabling children and adults to reach their full potential has been set out in four national reports¹. Key messages from these are that

- strong early help services prevent needs escalating within families,
- high performing early help services are integrated and co-ordinated at both strategic and operational levels
- families benefit more from preventative, rather than reactive services. This approach adds value and is cost effective for all concerned.

The experience of children and families tells us that it can be daunting asking for help and they would like to be supported by the first person they approach – this is often someone already known to them. This strategy helps us to ***make every contact count***.

Partners and communities want a simple, clear description about needs, thresholds and how families can access a range of services. This will enable them and front-line professionals to improve the wellbeing of children and quickly offer the support needed. This strategy sets out the ***early help offer*** and everyone’s role and responsibility in responding effectively to needs and managing risk in order to improve outcomes for children and families in Birmingham.

This Strategy describes who can benefit from early help, how it is accessed and who delivers it. It enables families, communities and all professionals to

- Respond quickly and effectively to the need for early help

¹ Allen, G (2011) *Early Intervention: the Next Steps*; Field, F (2010) *The Foundation Years: preventing poor children becoming poor adults*; Munro, E (2011) *The final report of the Munro review of child protection: a child centred system*; Tickell, C (2011) *The early years: foundations for life, health and learning*.

- Intervene and provide support to stop an issue escalating
- Ensure there is a consensual and partnership approach to working with all children and families.

The Strategy supports the *Right Service Right Time* framework and the *Think Family approach* already being adopted across Birmingham. It is not about creating new structures or services but establishing a cohesive early help offer delivered jointly by all partners with a commitment to

- working better together and in an open way with the consent of the child and their family,
- identifying strengths and needs and finding practical and achievable solutions,
- providing the right information and advice to enable families to make positive changes themselves with tailored support,
- helping families build protective factors and family resilience to prevent situations recurring

Through greater partnership working, better co-ordination of support and consistent application of clear pathways, we can make better use of our combined resources to make a difference. By doing so, we will also reduce the demand for costly specialist support services.

OUR VISION

Early help is everyone's responsibility; we want children, families, communities and agencies to work together so that families are assisted to help themselves and are supported as soon as a need arises, thereby improving the overall wellbeing and quality of life of all Birmingham's children and young people.

OUR PRINCIPLES

Problems may emerge at any point through childhood and adolescence. Early help is provided to prevent or reduce the need for statutory or specialist interventions wherever possible. Early Help seeks to meet the need, resolve the problem and prevent it becoming entrenched.

Within this context, our early help approach is based on a set of shared principles:

1. EARLY HELP IS EVERYONE’S RESPONSIBILITY. All children and young people should have the opportunity to reach their full potential. Parents have the primary responsibility to meet the needs of their children and ensure the wellbeing and prosperity of their family. Parenting can be challenging and asking for help should be seen as sign of responsibility rather than parenting failure. It is essential that when support is required, we all act in a timely manner, in the right way, with the right support to improve children’s life chances.

2. WHEREVER POSSIBLE ALL CHILDREN AND FAMILIES’ NEEDS WILL BE MET BY UNIVERSAL SERVICES. Universal services working with children and adults have a role to ensure families are achieving positive outcomes, to be aware of potential difficulties and act early to prevent needs escalating. Universal services must remain involved even if a child and family is receiving additional or specialist support so there is a joint, whole-system response to meeting needs.

3. LISTEN TO CHILDREN AND FAMILIES AND TREAT THEM AS PARTNERS. In the majority of cases it should be the decision of the parents when to ask for help or advice, but there are occasions when practitioners may need to engage parents actively and with their consent help them to prevent problems becoming more serious. All services will keep the child at the centre of the solution, encourage families to harness their own resourcefulness and build supportive community networks, thereby enabling families to develop the capacity to help themselves.

4. UNDERSTAND THE NEEDS OF THE CHILD AND YOUNG PERSON AND ENSURE THEIR WELFARE IS THE MAIN PRIORITY. All services for children and families will safeguard and promote the health and wellbeing of children and young people. Operating within the *Right Service Right Time* framework, skilled practitioners will work in an open and transparent way with families and with each other, with the confidence to intervene and challenge when appropriate.

5. ALL SERVICES THAT WORK WITH CHILDREN AND ADULTS MUST WORK TOGETHER TO DELIVER EARLY HELP. All services will work together with children and families to promote family strengths, build resilience, independence and support the transition from childhood to adulthood. This includes effective information sharing and joint working between professionals in children and adults services in order to reduce the impact that adults problems have on children’s experiences and the opportunities greater integration can bring for the whole family.

6. EARLY HELP RESOURCES WILL BE DEPLOYED BASED ON AN UNDERSTANDING OF THE NEEDS OF CHILDREN, YOUNG PEOPLE AND FAMILIES. Services for children and families will be commissioned and delivered to maximise our multi agency resources using evidence based approaches, learning from feedback and the voice of the child and family, with strong performance management to deliver positive impact and best value.

OUR EARLY HELP APPROACH

The Right Service Right Time Framework describes the relationship between four levels of need; **Universal Needs, Universal Plus, Additional Needs and Complex/Significant Needs.**

Effective understanding and application of these levels will ensure children receive help early in the life of a problem. Practitioners should take an open and honest approach to supporting children and families. Unless a child is at risk of significant harm, professionals should always seek a family's consent to share information to enable them to access the right support.

UNIVERSAL: *The majority of children and families will never come into contact with statutory or specialist services.* The basic needs of all children can usually be met by their family and community networks and universal services such as maternity care, GPs, health visiting, nurseries, playgroups, childcare, healthcare, schools and youth services. Universal services are provided as a right to all children including our most vulnerable children and those with additional, complex or specialist needs.

UNIVERSAL PLUS: *Some children and young people are likely to need extra help to be healthy, safe and achieve their full potential due to their own needs or their family circumstance.* They are usually best supported on a voluntary basis, by those who already work with them such as children centres, various health professionals or schools. These services are well placed to recognise, co-ordinate and respond when early help may be necessary so that support is coherent and addresses family vulnerabilities early.

ADDITIONAL NEEDS *Some children, young people and families may require a very intensive or a substantial package of support where the concerns can be managed without the need for statutory social work or other specialist interventions.* These needs may be numerous or more serious in nature and require a coordinated, multi-disciplinary response from a number of agencies working with the consent of the family, to deliver targeted or intensive support.

COMPLEX AND SPECIALIST: *Some children and young peoples' needs are so significant that immediate statutory social work or highly specialist intervention is required to prevent significant harm or serious risks to their health or welfare.* These needs may emerge after a series of, or despite targeted interventions, or be sudden and/or so serious as to require an immediate request for services. There will be a concern that the child is likely to, or is suffering significant harm or developmental delay.

This strategy places the delivery of Early Help, primarily at Universal Plus and Additional Needs levels. Case studies profiling the type of needs at these levels and how best to respond, are provided in **Appendix A**

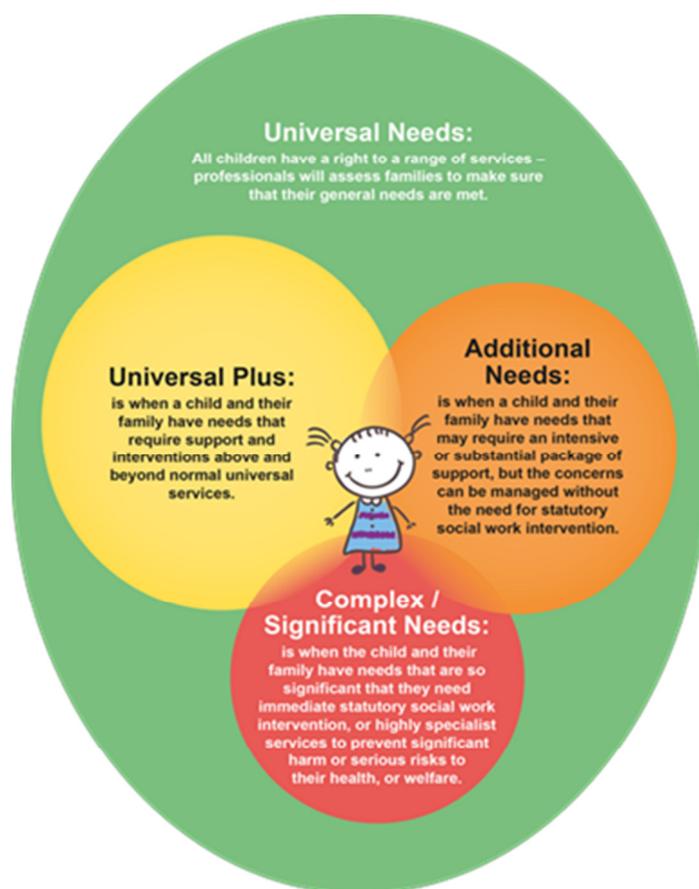
The Right Service Right Time Framework

describes more details about the four levels of need and aims to achieve consistency in understanding and practice, when responding to children, young people and their families who need extra support. The framework includes:

- Potential indicators of concern for children young people and their families
- Questions that help to determine the level of need
- When to offer and how to access support based on need

The full ***Right Service Right Time*** framework and guidance can be found on the Birmingham Safeguarding Children Board (BSCB) website:

www.lscbbirmingham.org.uk/right-service-right-time²



Families, communities, universal, targeted and specialist services must all work together effectively and efficiently to meet children’s needs at the earliest point to prevent their needs escalating. Fundamental to this is placing the child at the centre of all we do and recognising that each child and family is an individual and each family is unique.

Reaching decisions about levels of need and the best intervention requires discussion, reflection and professional judgement. All professionals should work together to provide support to families at the lowest level possible according to their needs, but also be ready to respond if there is an escalation in the child’s needs.

Universal services must remain involved even when more specialist services are working with the family. A strong early help offer along the continuum of need, involving a robust range of interventions to support families to meet additional needs, including Think Family and Family Support Services, will ensure need is appropriately met and reduce the need for costly reactive services.

In Birmingham we want to continue to embed a **WHOLE FAMILY APPROACH** across all children and adult services, building on its success within **THINK FAMILY**. This approach recognises how problems that adults and children experience for example mental health, substance misuse, domestic violence and learning disabilities can impact on the whole

² <http://www.lscbbirmingham.org.uk/index.php/right-service-right-time-meeting-childrens-needs>

family and highlights the contribution all agencies can make in ensuring services are provided to support better outcomes. It means creating a different approach to engaging with families, working 'with' families not 'to' and fundamentally changing how organisations work together. This includes greater integration of local services, better systems for recording and sharing information, treating the family's problems as a whole, appointing a single case worker to get to grips with the family's problems and using a range of universal and targeted services to meet need. The approach is intelligence-led, assertive and challenging, capable of delivering practical 'hands on' support and firmly embedded within a partnership approach. The Phase 2 Think Family programme will require each local authority and its partners to have a **FAMILY OUTCOMES PLAN**, which will support this Early Help strategy and the transformation of services.

The **SPECIAL EDUCATIONAL NEEDS AND DISABILITY CODE OF PRACTICE 0-25 (2014)** promotes Early Help for children with special educational needs. It requires universal and specialist agencies to work together, using a whole-family approach to assess, plan and deliver support to meet the educational, health and social needs of children with SEN and disabilities. Equally, **EARLY SUPPORT FOR DISABLED CHILDREN** provides integrated co-ordination; planning, assessment and sharing information between agencies and the families. It enables emotional and practical support to be delivered to assist parent/carers with their parenting responsibilities as well as self-help options and information journals to understand the developmental needs of their child.

Birmingham has one of the youngest populations of any city in Europe. Birmingham's **YOUTH PROMISE** has been co-ordinated by the City Council and developed with key partners across the City to foster and promote youth engagement and mobilise and co-ordinate resources to deliver an integrated offer to young people, making better use of information technology. The Youth Promise will provide young people with the support they require to develop their skills, competencies and qualifications, access a range of learning opportunities and move into employment:

'We promise Birmingham's young people aged (14-25yrs old) access to employment, education, training, apprenticeship or experience of work – within four months of leaving education, employment and training.' (Birmingham's Youth Promise)

The Youth Promise will be delivered by working in partnership with a range of key stakeholders, including:

- Birmingham City Council
- The Birmingham Education Partnership
- Birmingham Employment & Skills Board
- Department for Work & Pensions
- Birmingham Youth Partnership
- Schools and Academies
- Further Education Colleges and Universities
- Apprenticeship and Training providers
- Employers
- Third Sector Organisations including Social Housing Associations

WHO BENEFITS FROM EARLY HELP?

WORKING TOGETHER TO SAFEGUARD CHILDREN (2015) states that professionals should, in particular, be alert to the potential need for early help for a child who:

- is disabled and has specific additional needs;
- has special educational needs;
- is a young carer;
- is showing signs of engaging in anti-social or criminal behaviour
- is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health, domestic violence;
- has returned home to their family from care; and/or
- is showing early signs of abuse and/or neglect.

This strategy covers all of these groups as well as other vulnerable groups such as

- children and young people needing more support with education, health or other developmental needs
- care leavers
- children with behavioural difficulties
- young people on the cusp of care,
- young offenders and those at risk of offending,
- teenage parents,
- children at risk of sexual exploitation
- families where parents have their own complex needs

The *Think Family Programme* also identifies priority groups who can benefit from Early Help. Each family will be experiencing at least two of the following problems, with priority given to families with multiple needs, who are high cost to the public purse and most likely to benefit from an integrated whole family approach:

- Parents and children involved in crime and anti-social behaviour
- Children who have not been attending school regularly
- Children of all ages who need help; identified as in need or who are subject to a Child Protection Plan
- Adults out of work or at risk of financial exclusion and young people at risk of worklessness
- Families affected by domestic violence and abuse
- Parents and children with a range of health problems

The vision across Birmingham is to deliver the right service to the right child supported by flexible and responsive professionals. Outcomes planning will deliver Birmingham's **Right Service Right Time** framework whilst ensuring the correct families are identified for Think Family Phase 2. The principles for phase 2 are:

Trust: Flexibility to work with the families of greatest concern and to shape the outcomes achieved locally.

Transformation: Ambitious service transformation goals to embed integrated, whole family approaches.

Transparency: Introduction of a model of transparent local accountability for the success of the programme as a tool to drive greater service transformation, using streamlined data collection tools.

THE NEEDS OF BIRMINGHAM

Analysis undertaken by Children Services and Public Health³ identifies factors that can increase vulnerability and lead to poor outcomes for children and families in Birmingham including:

- Mental Health Issues including depression/ anxiety (in adults and children)
- Substance and/or alcohol misuse (in adults and children);
- Violence in the home or in the community;
- Past personal physical, emotional, and/or sexual abuse;
- Poor educational engagement and/or attainment ;
- Family financial difficulties
- Poor quality unsustainable family accommodation.
- Child neglect and/or abuse
- Breakdown of relationships between adults in the family resulting in dysfunction, separation, and/or divorce
- Parent/carers being over-burdened by parenting
- Missing from school, home or care
- Poor self-esteem and low confidence
- Challenging Behaviour
- Child's parents having ever been in care
- Other stressful life events such as bereavement,
- Disabilities

The needs analysis supports the development of this strategy and identifies risks and contributing factors, which can impact on a child's ability to reach their full potential and affect family resilience. Emerging themes from the needs analysis are organised under three broad categories.

- A good childhood
- A great education
- The best health outcomes

The needs analysis will be used to develop an Early Help Performance Framework and key outcome measures. Key facts are illustrated in the following map.

Appendix B provides key facts and factors that contribute to risk as outlined in the needs analysis.

³ Early interventions to improve the health & wellbeing of children & young people of Birmingham, BCC 2013

BIRMINGHAM IS A YOUNG CITY 45% of residents are under 30 (National average 37%) and 27% are under 18, approximately 287,000 children and young people.

59.8% OF 16 YEAR OLDS ACHIEVED 5 A*-C GRADES at Key stage four. Close to the national average of 60.6%

BIRMINGHAM IS A SUPER-DIVERSE CITY around 42% of residents come from a minority ethnic group (National average 14%), with about 50 languages spoken in the city.

31% OF BIRMINGHAM'S CHILDREN LIVE IN POVERTY, there is considerable deprivation in Birmingham; the most deprived wards are predominantly in the inner city areas.

6% OF 16-19 YEAR OLDS IDENTIFY AS BEING A YOUNG CARER

87,000 CHILDREN UNDER 5, nearly enough to fill a district. 78% of our under 5's live in 40% of the most deprived areas

39% OF CHILDREN AT AGE 11 ARE OBESE AND OVERWEIGHT, higher than the national average. 23% of children are obese and overweight at age 5.

33% YOUTH RE-OFFENDING RATE this is lower than the national average of 35.3%



7.7 CHILDREN PER 1000 ARE HOMELESS
12.4% of households in Birmingham are overcrowded. (National average 2.3%)

42,000 CHILDREN HAVE SPECIAL EDUCATIONAL NEEDS, higher than the national average 7,000 have statements and 91% are educated in mainstream schools

28% OF BIRMINGHAM RESIDENTS HAVE NO QUALIFICATIONS (National average 22.5%) 7.4% of families have an unemployed adult. 6% of young people are not in education, employment or Training. 6% of the population claim JSA compared with the national figure of 3.7%

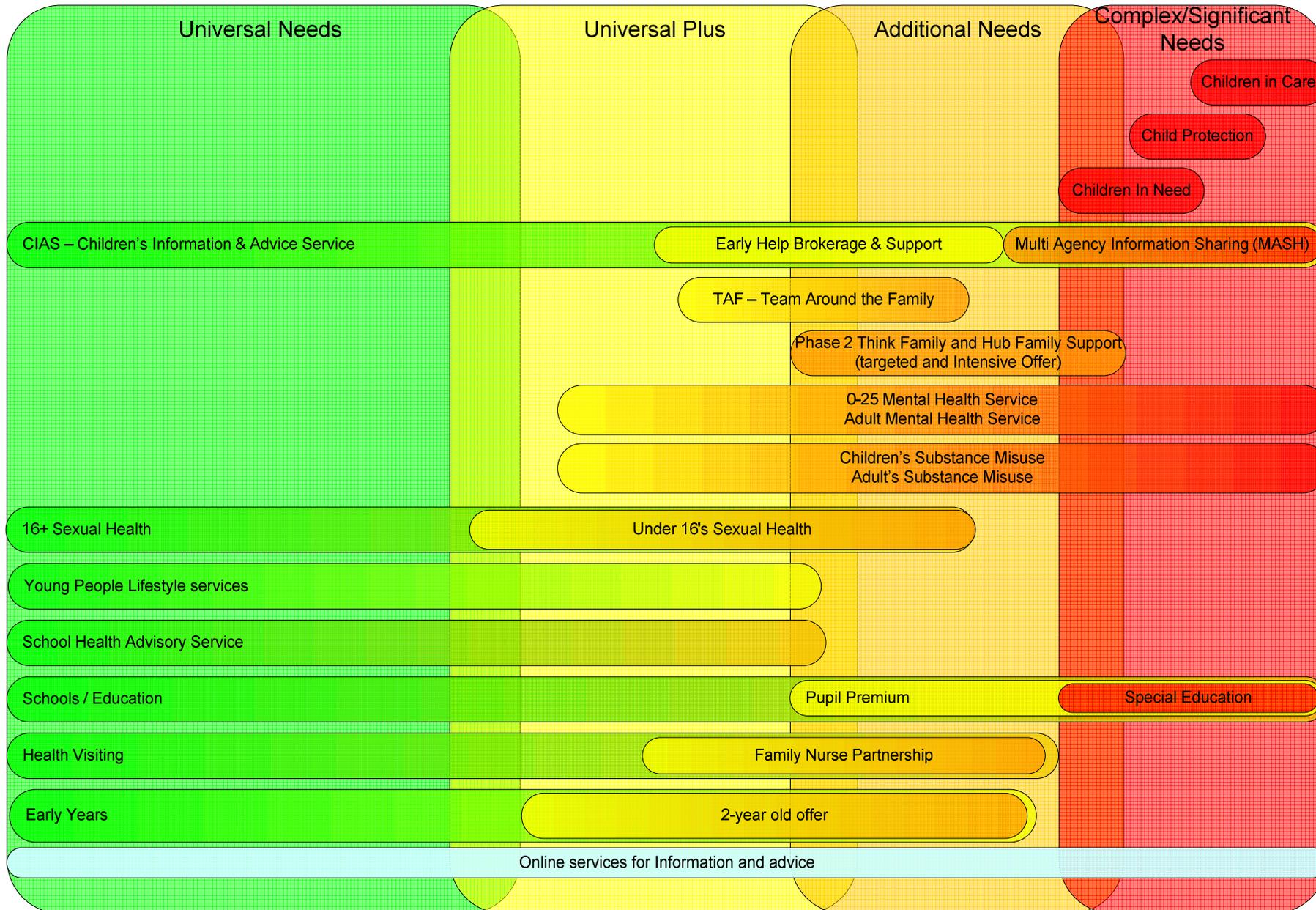
THE EARLY HELP OFFER

The following table provides a conceptual model of our Early Help Offer. It should be read in conjunction with the *Right Service Right Time* framework and the indicators of need at each level.

	Level of Need	Accessing Support	Example services
Universal Needs	<p>All children have a right to a range of services. Professionals will assess children to make sure their general needs are being met.</p> <p>Outcome: Children are supported by their family and universal services and make good progress in most areas of development</p>	<p>All children will receive routine health, education and development checks, which provides the opportunity to ensure that the child's needs remain at universal level.</p> <p>Information for families and professionals is available online and through, for example:</p> <ul style="list-style-type: none"> • NHS Choices for a range of health advice • The Children's Information Advice and Signposting Service (CIAS) and My Care in Birmingham (MCIB) Website, covering a range of advice and guidance including: Parenting and family life, the Local Offer for children with SEN and disabilities, Education, Employment, Health, Housing, Keeping Safe and Services for Adults (online) • School Websites, Parenting Forums or Voluntary sector Advice sites 	<ul style="list-style-type: none"> • Education settings including schools and colleges • Health Services: GPs, School Health Advisory Service, Midwives, Health Visitors, paediatricians, community nursing, • Early Years Services i.e. Children's Centres, childcare, early education, stay and play activities • Police and emergency services • Youth, adult education & Leisure Services • Parks, Sports and play services • Voluntary, community and faith-based support groups • Careers advice, Job Centre Plus and money advice • Information advice and guidance i.e. online directories, helplines, self-service • Housing and Social Housing • Tenancy visits and tenancy support package
Universal Plus Needs	<p>When a child and their family have needs that require support and interventions above and beyond normal universal services.</p> <p>Outcome: The life chances of children and families will be improved by offering some support.</p>	<p>In partnership with the family, universal services will co-ordinate, time-limited support and may consider using an fCAF (family Common Assessment Framework) or their own agency assessment to identify any relevant universal plus needs, identify family strengths and make an action plan. This could include organising extra support with partners.</p> <p>Help for disabled children, young people and families will be co-ordinated through Early Support for disabled children.</p> <p>Information for families and professionals is available online and through, for example:</p> <ul style="list-style-type: none"> • NHS Choices for a range of health advice • The Children's Information Advice and Signposting Service (CIAS) and My Care in Birmingham (MCIB) Website, covering a range of advice and guidance including: Parenting and family life, the Local Offer for children with SEN and disabilities, Education, Employment, Health, Housing, Keeping Safe and Services for Adults (online) • School Websites, Parenting Forums or Voluntary sector Advice sites <p>The Early Help Brokerage Service provides advice, guidance and training for professionals using an fCAF.</p>	<p>As above plus:</p> <ul style="list-style-type: none"> • Advice agencies (Citizens Advice / Welfare / Benefits / Housing/ Social Housing) • Targeted Health Support (Health Visitors / School Nurses / Speech & Language / Family Nurse Partnership) • Low-level / time-limited support (Parenting / family support / counselling) • Education targeted support (educational / attendance / PSE) • Birmingham Careers Service (Young People) • Voluntary sector provision • Short-breaks for Disabled Children • Housing related support

	Level of Need	Accessing Support	Example services
Additional Needs	<p>When a child and their family have needs that may require an intensive or substantial package of support, but the concerns can be managed without the need for statutory social work or other specialist interventions</p> <p>Outcome: The life chances of children and families will be improved by offering co-ordinated multi-agency support.</p>	<p>For children and families requiring substantial or intensive support a co-ordinated multi-disciplinary approach is usually best. Using an fCAF a lead professional must work closely with the child and family, gaining their consent to the information sharing and agree their identified additional needs. These meetings will also develop an effective whole family plan, which is regularly reviewed.</p> <p>Help and Advice is available from:</p> <ul style="list-style-type: none"> • CIAS offer signposting and provide guidance on available services to support families and professionals with additional needs. • The Early Help Brokerage and Support Service provide ongoing support and guidance for the family Common Assessment Framework and access to the wider Think Family offer. • Area based Local Family Support and Safeguarding Hubs provide support for lead professionals and convene and chair Team Around the Family Panels to coordinate the provision of services in that locality for children with additional needs. • Help for disabled children and families will be co-ordinated through Education, Care and Health Plans. 	<p>All the above working together with Services above:</p> <ul style="list-style-type: none"> • Emotional and mental health support • Family Support (Intensive and Think Family) • Targeted support for example, domestic violence, rape and sexual violence, child sexual exploitation • Child Development Centres • Targeted Mental Health Services (Children and Adult provision) • Therapeutic health services e.g. occupational therapy, physiotherapy, speech and language and paediatric liaison service • Substance Misuse services (Children and Adult provision) • Targeted education and pastoral care services • Special schools/ complex care nursing • Targeted support for Disabled Young People, refer the Local Offer • Supported & temporary accommodation • DWP Think Family advocates • Targeted support from Safer Communities Groups
Complex/significant needs	<p>When a child and their family have needs that are so significant that they need immediate statutory social work intervention, or highly specialist services to prevent significant harm or serious risks to their health and welfare.</p> <p>Outcome: Support at this level keeps children safe and helps families improve their long-term outcomes.</p>	<p>A statutory assessment will be undertaken and a plan developed, co-ordinated by a designated lead (for example, Social Worker, Consultant, Youth Offending Officer) and specialist interventions are provided to minimise the negative impacts experienced by the child and family and prevent their needs getting worse or recurring. The holistic needs of the child and family are met through a range of universal, targeted and specialist services working effectively together.</p> <p>Disabled children with complex needs will have an Education, Health and Care Plan and the option of personal budgets</p> <p>If the assessment indicates that a child is at risk of physical, emotional or sexual abuse, seek advice from the designated manager in your organisation, then contact the Multi Agency Safeguarding Hub (MASH). This will enable you to discuss your concerns with a qualified social worker.</p> <p>A Multi-Agency Referral Form (MARF) should be completed. You should inform the family of the action you intend to take unless you have grounds to believe this will increase the risk of harm.</p>	<p>Working together with Services above:</p> <ul style="list-style-type: none"> • Children's Social Care / Child Protection / Care Proceedings / Fostering and Adoption and Residential Care • MASH • Adult Social Care • Services for Looked after Children • In-patient and continuing health care / Health care for children with life limiting illness/ Specialist mental health/ Hospices • Youth Offending Service • Probation • Approved Accommodation • Specialist support services for Disabled YP including Education, Health and Care Plans and Looked after YP • Specialist support for Care Leavers, looked after children, young parents, children with SEN and young offenders

EARLY HELP SERVICE MAP - EXAMPLES



This diagram illustrates a small selection of services mapped across the Right Service Right Time needs levels. More detailed mapping of services and programmes can be found in **Appendix C**. This is an ongoing piece of work to analyse the full range of resources available to children and families.

EARLY HELP OUTCOMES FRAMEWORK

In order to measure the effectiveness of the Early Help strategy, a multi-agency outcomes framework will be developed to capture the performance indicators which measure outcomes for children, young people and their families.

A GOOD CHILDHOOD, FOR THE BEST START IN LIFE

Parents have the confidence to raise their children to have a good childhood and reach their potential.

- Early Help reduces the need for specialist interventions.
- Fewer children and young people are victims of crime including sexual exploitation
- Fewer young people are involved in crime and anti-social behaviour
- More adults (in a family) are in employment, education or training
- Fewer families experiencing homelessness and overcrowding
- Fewer children and young people obtain preventable injuries
- Fewer children and young people are affected by domestic abuse

A GREAT EDUCATION TO GIVE THE BEST CHANCE IN LIFE

All children are eager to learn and confident in achieving their potential

- More children attend early education at age 3 and where eligible at age 2
- More children achieve a good level of development at the end of the foundation stage
- More children and young people achieve good results at key stages 2,3 and 4
- More vulnerable children achieve good levels at each key stage
- More children have regular attendance at school
- All young people are engaged in education training and employment

THE BEST HEALTH OUTCOMES

All children achieve good health

- More babies are breastfed
- More babies and children survive infancy
- More children and young people maintain a healthy weight
- More children, young people and adults (in a family) sustain good emotional health and well being
- Fewer young people and adults (in a family) misuse substances
- Long term conditions within families are better managed
- More young people have good sexual health
- Fewer young people conceive or become parents

MEASURING EFFECTIVENESS OF EARLY HELP PROCEDURES

Early Help is an effective and proactive system in Birmingham

- The Early Help Strategy is universally and consistently implemented across Birmingham
- More evidenced based and effective practice interventions are used
- The Workforce is skilled and competent and have taken up workforce development opportunities
- Partnership working is at the centre of all opportunities to support children and families.

EARLY HELP DELIVERY MODEL – PRIORITIES FOR 2015-16

The Early Intervention Foundation has developed an Early Help Maturity Matrix, and following an initial self-assessment it was found that Early Help in Birmingham was still operating at a basic level: *some families get support that helps them when they need it; there is a lot of demand for late intervention services; outcomes vary and some children are not doing as well as they could be.*

A mature level of early help is defined as: *all children and their families from groups that are a priority in a local area can access the support they need, when they need it. Outcomes for children, particularly those in 'target groups' who might otherwise not have done so well, are excellent and continuing to get better.* (The Early Intervention Foundations Maturity Matrix www.eif.org.uk/maturity-matrix⁴)

Building a mature early help system means transforming the way professionals work with each other and with families, and developing the right culture, systems and behaviours that support delivery of the model across the partnership.

The seven priorities for development during 2015-16 are:

1. ESTABLISH EFFECTIVE LEADERSHIP, PARTNERSHIP WORKING AND GOVERNANCE

There are many positive examples of multi-agency working across the City to deliver good outcomes for children and families, for example, School and Police Panels, Sexually Harmful Behaviour Service, Youth Offending Service and the Multi-Agency Safeguarding Hub (MASH). We will continue to expand this focusing on developing more streamlined and co-ordinated processes.

With partner commitment, we will establish a multi-agency Children's Strategic Leaders Forum for the City's Children and Families. Delivery and accountability for this Strategy and the Early Help Performance Framework rests with this group, including oversight of

- each partner agency's response to implementation of this Strategy and its contribution towards other city-wide strategies, for example, the Neglect Strategy, Child Sexual Exploitation (CSE) Strategy .
- developing a combined **Early Help Implementation Plan** based on the single-agency responses.
- developing an effective **performance management** and **quality assurance framework** to assess impact.

2. ESTABLISH EASY TO USE ONLINE SELF-HELP OPTIONS

In order to help families and practitioners across the partnership understand the wide range of information and services available, we will build on the website My Care in Birmingham as a central portal to bring information together. My Care in Birmingham already provides information, advice and guidance to the public on a range of family issues, including support from partner agencies. Other on-line websites, telephone helplines and drop-in advice centres that families can access will be connected to this. An Early Help Service Offer which

⁴ <http://www.eif.org.uk/publications/the-early-intervention-maturity-matrix/>

covers the wide-range of services offered across the partnership will also be available on My Care in Birmingham to make sure it is accessible from one place for parent's and professionals. www.mycareinbirmingham.org.uk

3. DEVELOP EARLY HELP ASSESSMENT AND SUITE OF TOOLS

The Birmingham Safeguarding Children Board (BSCB) will develop an **early help assessment** that will replace the current family Common Assessment Framework (fCAF) and will become the single multi-agency assessment for early help. To accompany this, they will develop a suite of **early help tools** to help practitioners understand the child and family journey, consistently monitor and review children's progress, evaluate the impact of support and interventions offered to improve outcomes and how to measure a family's engagement and their satisfaction level.

4. DEVELOP SPEEDY AND EFFECTIVE PROCESSES FOR SHARING INFORMATION BETWEEN AGENCIES

To enable early help to be more effective, we will work with partners to improve the following areas and remove the barriers to effective working:

- Clear information sharing arrangements
- Making better use of IT systems and portals across agencies
- Common use of assessments agreed at BSCB
- Availability of effective Information, advice and guidance

5. REFRESH STRUCTURES AND PROCESSES THAT SUPPORT THE EARLY HELP PATHWAY

The Early Help approach is embedded within the Right Service Right Time Framework, which is available through the BSCB website: www.lscbirmingham.org.uk/right-service-right-time.

The role and function of the following areas will be refreshed to support delivery of Early Help:

The **Children's Information and Advice Service (CIAS)** which offers signposting to the public as well as being the front door to Early Help Brokerage Support Service, Local Family Support and Safeguarding Hubs and the Multi-Agency Safeguarding Hub.

The development of a multi-agency **Early Help function**, supporting the screening and guidance arrangements, aligned to the MASH front door.

The **Early Help Brokerage and Support Service (EHBS)** which offers support and advice to all organisations on Early Help, completing a Family Common Assessment (fCAF) and when to present a case at the Team Around the Family (TAF) Panel.

The multi-agency **Team around the Family Panels (TAF Panels)** will be reviewed with a view to achieving greater consistency of approach in delivering early help across the City and building upon the best practice currently in place such as the membership and engagement of Safer Communities, the Police, Housing and Health Visiting. The

intention is to establish if TAF Panels could act as a gateway, managing demand and accessing a range of complex and specialist assessments and services.

The **Family Support and Safeguarding Hubs** will continue to reinforce greater integration and alignment with partner agencies, exploring co-location or co-ordination of processes with health visitors, children and adult substance misuse services, 0-25 mental health services and sexual health services.

Following the strategic review of **Early Years and Children Centres** and proposed model of delivery, we will work with commissioners and providers to specify the type of early help services required in each locality.

6. DEVELOP A SKILLED AND COMPETENT WORKFORCE ACROSS THE PARTNERSHIP

Delivery of early help requires effective working between professionals and between services including an understanding of each other's role, responsibility, organisational culture and values. The BSCB, working in conjunction with Think Family, will develop a programme of multi-agency learning and development to strengthen and enhance the Early Help offer, to build on the delivery of evidence-based practice. This includes

- Awareness raising to ensure that the thresholds relating to risk are clearly communicated and understood between professionals so that families can move between early help and specialist statutory intervention at the right time.
- Information sharing and conversations between professionals to identify families who would benefit from early help
- Implementing whole-family approaches and undertaking strengths-based assessments of families including effective conversations and engagement with children and families
- Holding and managing risk
- Working with families when there is consent and when there is no consent
- Embedding evidence-based approaches across the partnership
- Develop on-line resources for practitioners about evidence-based approaches and interventions

7. DEVELOP A JOINT COMMISSIONING FRAMEWORK FOR EARLY HELP

The challenging financial climate demands a broader commissioning framework across partner agencies to direct the commissioning intentions for early help and whole family approaches and maximise effectiveness, impact and value of all available resources. It is essential that there is financial transparency and alignment of commissioning processes if we are to develop a robust and cohesive early help system.

There are a number of key public funding streams that feed into the early help field and also a wide array of voluntary sector and community resources. An intelligence-led approach to commissioning will be adopted that takes into account the totality of the resources available in the City. This includes engagement tools to collect feedback from children and families to measure and review impact and re-design services.

The City Council is establishing a Commissioning Centre of Excellence, with the Clinical Commissioning Groups (CCGs) as virtual partners. The ambition is to align commissioning and resources from different business areas and undertake commissioning activities jointly at a strategic, district and operational level, building on commissioning opportunities presented through engagement with schools and GPs. Oversight of this work will be through the Children's Joint Commissioning Partnership Board which involves health partners and Birmingham City Council. The commissioning principles for the Centre of Excellence are:

- Outcome focused and evidenced based
- Putting customers and service users first
- Enabling and preventative-focused
- Providing value for money and affordability into the future
- Collaborating with partners
- Offering opportunities for learning and innovation
- Allowing proportionate risk that is robustly managed
- Being provider neutral
- Commissioning across the life course

Examples of where we have broadened the commissioning approach to supporting children's and family's outcomes by using our combined resources include:

- 0-25 Child and Young Adults Mental Health Service that promotes and supports early intervention
- Adult and Young People's Substance Misuse Contracts that support broader family outcomes
- Think Family commissioned services supporting whole family working in the Children's Hubs, Housing and Youth Offending Service. An increase in Intensive Family Support provision and secondment of DWP staff has created new partnerships within the City
- A wide range of voluntary and community sector services providing early help to families
- Supporting People Commissioned services including services for families experiencing domestic violence
- Carer's Support including Young Carers and short breaks for disabled children that seeks to improve earlier identification and timely support to improve outcomes.
- Secondary School and Police Panels that work locally to deliver pro-active early responses to reduce anti- social behaviour
- Local offers from schools that deliver Triple P and other parenting programmes
- A Police early help information portal for front line officers on local adults and children's resources
- Social Housing Associations, supporting vulnerable young people into training and employment
- Sexual Health Services, Health Visiting and School Nursing which are promoting more preventative and early intervention approaches.

Universal Plus needs – Early Help

Danny is currently experiencing some difficulties adjusting to his new school after an unsettling move. There is no evidence of any longer term issues, and parents are very willing to engage with school to support their son. School will put in place a behaviour plan. It will also offer him a learning/peer mentor and pastoral support to ease his transition. It may also offer some organised in or after school activities to help him get to know more of his fellow pupils in a different setting. While there is a concern about his behaviour, it appears that parents and school have a plan in place to address them within the school's capability. However, if the parents reported that there were similar concerns with the other children, or housing issues, or that mum is having a difficult pregnancy, would your response be different?

- In Birmingham we take a holistic approach based on the needs of the whole family.
- When talking to families about identified needs of the child on your caseload don't forget that the other children in the family and /or the adults themselves may have unmet needs.
- Several agencies may have identified interventions at Universal Plus but in order to provide appropriate Early Help an fCAF assessment may well be needed to coordinate the interventions and avoid duplication.
- Children with Universal Plus needs are best supported by those who already work with them, such as children's centres or schools.
- Universal Plus – seek advice from the designated manager in your organisation.

Additional Needs – targeted/intensive Early Help

Corey, aged 6, has siblings aged 3, 6, 9 and 13. During a play session at the local park, Corey was spotted by a member of the public with a knife who immediately reported his concerns to the Police. Corey and his brother William (aged 9) are both bed wetting and have recently failed to attend appointments with school health to address this issue. Their behaviour is reported to be poor at home and at school and Corey has hit the teacher when reprimanded. The children's parents have not always responded to requests from their primary school to discuss their behaviour and attendance at school which is at around 80%. Despite negotiations with the housing landlord the family are due to be evicted from their accommodation owing to rent arrears. Information from William has disclosed a history of domestic abuse. There are several factors here which raise serious concerns regarding the children's wellbeing:

- The presence of the children at the park in the sole care of the 13 year is a concern as is the children's behaviour, the bed wetting and the family's history of intermittent engagement with services.
- The whole family is in need of coordinated support from services and may need some targeted help from specific agencies.
- An fCAF assessment should be completed and consent obtained.
- Case can be presented at the Team Around the Family (TAF) Panel if it is thought that family support would be needed.
- See - Plan – Do – Review and remember the voice of the child.

Birmingham is the largest local authority in Europe and the UK's second city, home to an estimated current population of 1,092million (ONS mid-year estimates 2013). The city has a younger population compared to the England average, a more diverse background and higher than average levels of deprivation.

Our needs analysis sets out key outcomes and risk factors that underpin the development of this strategy. It attempts to measure outcomes for children and young people and enables comparisons to be made at city and ward level to identify poor performance against outcome measures. The use of “contributing factors” helps to improve understanding of the reasons for poor or good performance against outcome measures. For the City, each data set, where possible, is compared against national figures and for each ward, Birmingham averages are applied. The following criteria are used in either case:

The information below begins to highlight emerging themes and issues where activity is required to improve outcomes.

KEY FACTS

- The population is relatively young with 27% under- 18s and 45% of residents under 30, compared to the national average of 37%.
- Our population of young people is projected to grow by 9% to 314,000 children by 2020.
- There has been a significant increase in the number of children aged 0-4 years and many of these children live in areas of high deprivation
- Birmingham has one of the most diverse populations in the UK with around 42% of residents from a BME group, compared to just 14% nationally.
- 57% of under 5's belong to a BME group and 78% live in 40% of the most deprived areas.
- Birmingham is ranked 9th most deprived area out of 354 local authorities.
- Around 28.2% of residents have no qualifications against the England average of 22.5%.
- The level of unemployment in July 2104 (8.8%) is more than twice the national average.
- 23.8% of households have dependent children, 10.1% are lone parents
- 56.2% of households are owner occupiers compared to the England average of 64.2%.
- 12.4% of households are overcrowded against the national average of 2.3%.

RISK FACTORS TO A GOOD CHILDHOOD

- 7% of young people Not in Education, Employment and Training, compared to 3.9% nationally
- Levels of statutory homelessness are very high – 7,344 children and young people experienced homelessness in 2013/14.
- Young males are over 4 times more likely than females to commit criminal acts.
- A rate of 6.7 children per 1,000 died as infants during 2010-12.
- 3,088 children in the city are either “looked after” or recorded as being “in need”. This is almost 9% of children in the city.
- Nearly 8,000 children are living in the top 1% most deprived areas in the country.
- A third of children are classed as living in poverty.
- Over 40% of young people self-report that English is not their primary language.
- Significantly worse than the national average in respect of family unemployment, overcrowding, persistent absence from school (ages 5-9) and the number of young carers.

RISK FACTORS TO A GREAT EDUCATION

- Educational outcomes for young males are significantly worse than for females.
- The City performs worse than the national average for educational attainment for females/males of all age groups.
- Lower than national average attainment at Foundation Stage and Primary School. Although below national average for Secondary School the gap is reduced. Performance is worse for males.
- School attendance is worse than national average up to year 6. This could be linked with dip in achievement between Key Stage 1 and Key Stage 2.
- Performs worse than the national average in respect of the proportion of school leavers who are considered by their employer to be poorly prepared for work.
- Young males are more likely to be excluded from school with links to poorer educational performance compared to females, youth offending and take up of CAMHS.
- In areas where there is the most need take up of the early education entitlement for 2-year olds is only just over 50%, much lower than the national target.
- Young males are over 5 times more likely to be excluded from school than females.
- A total of 42259 children and young people are recorded as having a special educational need with around 6,000 having SEN statements.

RISK FACTORS TO HEALTH OUTCOMES

- 23% of 4-5 years old and 39% of 10-11 year olds are obese. This is higher than the national average and increases as children get older.
- The City performs significantly worse than the national average for teenage conceptions and obese and overweight 10-15 year olds.
- Almost twice as many males than females aged 0-9 access community mental health services. However, this trend changes for 10-17 with more females accessing these services.

SOURCE: EARLY HELP NEEDS ANALYSIS, BCC, NOVEMBER 2014

RISK FACTORS TO PHYSICAL AND EMOTIONAL HEALTH AND WELL BEING

Over 8,200 children and young people took part in the Child Well-Being Survey 2013-2014, conducted annually in schools since 2006.

- The majority of children report being physically active. 1 in 7 children aged 12-18 is engaged in healthy eating habits. The trend shows that the percentage of 12-18's who eat junk food daily, has decreased in the last year by 7%.
- For emotional health outcomes, the proportion of 7-11's with conduct disorder and poor pro-social skills has been similar to the past five years. However the percentage of 12-18's with significant difficulties in their overall mental health has increased during past three years.
- 13% of young people have significant behaviour problems or conduct disorders and 10% have emotional problems such as anxiety and depression. The trend is increasing and is worse during the secondary than at primary level.
- 7% have problems with attention, concentration or hyperactivity
- Approximately 1 in 5 children ages 7-11yrs and 1 in 8 children aged 12-18yrs are being bullied. However more than three quarters of 7-11s and almost half of 12-18s have said they enjoy school most of the time.
- In particular approx. over one third of children aged 7-11yrs and over half of the children ages 12-18 feel safe in their neighbourhood.

SOURCE: CHILD WELL BEING SURVEY FOR PUPILS AGED 7-18YRS, BCC, 2014

The DfE Children In Need census (2014) identifies that there were 16,813 Children in Need throughout 2013-2014 with abuse and neglect being the primary issue in around 50% of cases. Other significant issues included child's disability or illness, parent's disability or illness, family in acute stress, family dysfunction, socially unacceptable behaviour, low income and absent parenting

The rate of Looked After Children in Birmingham is 65 per 10,000 children, averaging at around 1900 children. Strong partnership arrangements at the MASH and aligning more services across the districts will continue to improve our identification of risk. There is a disproportionate representation of adolescents in the LAC population. There are a higher proportion of females than males in care, and they are more likely to have suffered abuse or neglect.

