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## AGENDA FOR THE CHILDREN'S SERVICES SCRUTINY COMMITTEE

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Members of the Children's Services Scrutiny Committee are summoned to a meeting, which will be held in Committee Room 1, Town Hall, Upper Street, N1 2UD on, **11 June 2015 at 7.30 pm.**

**John Lynch**  
**Head of Democratic Services**

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Despatched : 3 June 2015

### Membership

#### **Councillors:**

Councillor Kaya Comer-Schwartz (Chair)  
Councillor Nick Ward (Vice-Chair)  
Councillor Alice Donovan  
Councillor Rakhia Ismail  
Councillor Michelline Safi Ngongo  
Councillor Angela Picknell  
Councillor Diarmaid Ward  
Councillor Nick Wayne

#### **Co-opted Member:**

*Vacancy*, Church of England Diocese  
James Stephenson, Secondary Parent Governor  
Erol Baduna, Primary Parent Governor  
Mary Clement, Roman Catholic Diocese

**Quorum: is 4 Councillors**

### Substitute Members

#### **Substitutes:**

Councillor James Court  
Councillor Alex Diner  
Councillor Jenny Kay  
Councillor Alice Perry  
Councillor Dave Poyser

**A. Formal Matters**

**Page**

1. Apologies for Absence
2. Declarations of Interest

If you have a **Disclosable Pecuniary Interest\*** in an item of business:

- if it is not yet on the council's register, you **must** declare both the existence and details of it at the start of the meeting or when it becomes apparent;
- you may **choose** to declare a Disclosable Pecuniary Interest that is already in the register in the interests of openness and transparency.

In both the above cases, you **must** leave the room without participating in discussion of the item.

If you have a **personal** interest in an item of business **and** you intend to speak or vote on the item you **must** declare both the existence and details of it at the start of the meeting or when it becomes apparent but you **may** participate in the discussion and vote on the item.

**\*(a)Employment, etc** - Any employment, office, trade, profession or vocation carried on for profit or gain.

**(b) Sponsorship** - Any payment or other financial benefit in respect of your expenses in carrying out duties as a member, or of your election; including from a trade union.

**(c) Contracts** - Any current contract for goods, services or works, between you or your partner (or a body in which one of you has a beneficial interest) and the council.

**(d) Land** - Any beneficial interest in land which is within the council's area.

**(e) Licences-** Any licence to occupy land in the council's area for a month or longer.

**(f) Corporate tenancies** - Any tenancy between the council and a body in which you or your partner have a beneficial interest.

**(g) Securities** - Any beneficial interest in securities of a body which has a place of business or land in the council's area, if the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body or of any one class of its issued share capital.

This applies to all members present at the meeting.

3. Declaration of Substitute Members
4. Minutes of the Previous Meeting 1 - 8
5. Chair's Report
6. Membership and Terms of Reference 9 - 12
7. Items for Call In (if any)
8. Public Questions

| <b>B. Scrutiny Items</b>                        | <b>Page</b> |
|---|-------------|
| 1. Early Childhood Services                     | 13 - 28     |
| 2. Early Help: Draft Report and Recommendations | 29 - 56     |
| 3. Scrutiny Topics 2015/16                      |             |

**C. Urgent Non-exempt Items**

Any non-exempt items which the Chair agrees should be considered urgently by reason of special circumstances. The reasons for urgency will be agreed by the Chair and recorded in the minutes.

**D. Exclusion of Press and Public**

To consider whether, in view of the nature of the remaining item on the agenda, it is likely to involve the disclosure of exempt or confidential information within the terms of the Access to Information Procedure Rules in the Constitution and, if so, whether to exclude the press and public during discussion thereof.

**E. Exempt Items for Call In (if any)**

**F. Urgent Exempt Items (if any)**

Any exempt items which the Chair agrees should be considered urgently by reason of special circumstances. The reasons for urgency will be agreed by the Chair and recorded in the minutes.

The next meeting of the Children's Services Scrutiny Committee will be on 6 July 2015

**Please note that committee agendas, reports and minutes are available from the council's website: [www.democracy.islington.gov.uk](http://www.democracy.islington.gov.uk)**

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# Agenda Item 4

London Borough of Islington

## Children's Services Scrutiny Committee - Tuesday, 28 April 2015

Minutes of the meeting of the Children's Services Scrutiny Committee held at Committee Room 4, Town Hall, Upper Street, N1 2UD on Tuesday, 28 April 2015 at 7.30 pm.

**Present:**           **Councillors:**           Comer-Schwartz (Chair), N Ward (Vice-Chair),  
Donovan, Ngongo, Poyser, Turan, D Ward and  
Wayne

**Also Present:**   **Councillors**           Caluori  
  
                          **Co-opted Member**   James Stephenson, Secondary Parent Governor  
  Mary Clement, Roman Catholic Diocese

### Councillor Kaya Comer-Schwartz in the Chair

- 45**            **APOLOGIES FOR ABSENCE (ITEM NO. 1)**  
Apologies for absence were received from Erol Baduna and Councillor Nick Ward (for lateness).
- 46**            **DECLARATIONS OF INTEREST (ITEM NO. 2)**  
None.
- 47**            **DECLARATION OF SUBSTITUTE MEMBERS (ITEM NO. 3)**  
None.
- 48**            **MINUTES (ITEM NO. 4)**  
  
**RESOLVED:**  
That the minutes of the meeting held on 9 March 2015 be confirmed and the Chair be authorised to sign them.
- 49**            **CHAIR'S REPORT (ITEM NO. 5)**  
None.
- 50**            **ITEMS FOR CALL IN (IF ANY) (ITEM NO. 6)**  
None.
- 51**            **PUBLIC QUESTIONS (ITEM NO. 7)**  
The Chair outlined the procedure for public questions and the filming and recording of meetings.
- 52**            **EARLY HELP: WITNESS EVIDENCE (ITEM NO. B1)**  
The Committee received evidence from Stella Clarke, Programme Director for Preventative Services; Marcella McHugh, Delivery Lead for Multi-Agency Team 1; and Geraldine Abrahams, Delivery Lead for Multi-Agency Team 2 from the London Borough of Lambeth, during which the following main points were made –
- Lambeth's early help offering focused on families with children aged five to nineteen years.

## Children's Services Scrutiny Committee - 28 April 2015

- Lambeth had adopted a multi-agency approach to early intervention which included integration with health services, schools and special educational needs services.
- Lambeth's early help service was delivered by two multi-agency teams on a locality basis and had supported 470 families in the previous year.
- The service had strong relationships with statutory services with a clear step-up and step-down procedure. In the first three quarters of 2014/15, 174 families had stepped down from statutory to early help services, and 44 families stepped up from early help to statutory services.
- Multi-agency teams conducted regular visits to service user homes.
- Parenting programmes were provided at community venues through the service.
- Lambeth's service was consent based and had taken a motivational 'life coaching' approach to early help which officers considered to be successful.
- It was noted that the problems faced by families in Lambeth included children and adults with disabilities, children at risk of sexual exploitation, difficulties with housing and benefits, domestic violence, substance abuse, young people classified as NEET, gang violence and children at risk of exclusion.
- Lambeth had sought to improve its service by investing in workforce development.
- The performance of Lambeth's service was managed through the 'Multi-Agency Team (MAT) Outcome Framework' which measured performance against indicators set out in Lambeth's early help strategy. It was noted that these indicators were generally broader societal measures, such as reductions in young people classified as NEET and teenage pregnancy. Lambeth also assessed performance by reviewing the outcomes of individual cases.
- Lambeth was working to further integrate its early help service with its 'Troubled Families' programme. In doing this, Lambeth was considering the skills mix of its staff and case acceptance thresholds. It was considered that integrating the services would make the best use of the available resources.
- Lambeth was seeking to make its service more efficient by working further with schools and children's centres to identify and minimise duplication of services.
- Families could be referred to Lambeth's service by health visitors, schools, children's centres and other agencies. Families were able to self-refer to the service, however an assessment was carried out before self-referrals were accepted.
- A member queried how Lambeth knew if its service was effective. It was advised that, as well as measuring performance indicators, the service was also subject to external assessment and member scrutiny. The service had also recently introduced exit interviews for service leavers. However, it was noted that it was not possible to gauge how many families would otherwise have been referred to statutory services without support from the early help service.
- It was queried how Lambeth ensured that the service was accessible to local people. It was advised that the service carried out outreach work and maintained strong relationships with partner organisations which referred families to the service. The importance of working with the voluntary sector and community groups was emphasised. It was also noted that the service had appointed 'Parent Champions' to promote the work of the service in the community.
- A member queried how the progress of individual families was measured. It was explained that each family worked to an action plan and change was measured at the end of the intervention, however Lambeth did not routinely measure the proportion of families that completed their action plan.

## Children's Services Scrutiny Committee - 28 April 2015

- Lambeth's early help service aimed to work with families over a period of three to six months. This short time scale was considered effective and efficient as it kept families and workers focused on the task at hand.
- A member queried if Lambeth's service had undergone any reductions in funding and what the impact of this had been. It was advised that, although there had been reductions in funding to children's centres, the multi-agency teams had not yet experienced a decrease in funding. However, it was recognised that the service operated in a difficult financial climate and it was suggested that the service would seek to integrate further with other services to meet future financial challenges.
- It was noted that Lambeth had received a £36million Big Lottery grant to improve services to children aged 0-3.
- Lambeth recognised that providing employment support was one method of supporting families.
- It was queried how Lambeth would enhance its service if money was no object. It was advised that the authority would seek to invest greater resources into child and adolescent mental health services, the Family Nurse Partnership, and evidence-based parenting programmes. The authority would also seek to increase the skills of its workforce, increase community outreach work, and offer greater assistance to partner agencies in identifying families in need of early help services earlier.

The Committee received evidence from Ellen Ryan, Islington Learning and Working (ILW) Manager, during which the following main points were made –

- ILW delivered the iWork service, which provided coaching, mentoring and support to the long-term unemployed. The service was a member of the Parental Employment Partnership, which also included Jobcentre Plus and Children's Services.
- The service provided employment support to parents. It was explained that service users often had complex needs and required intensive support in finding work.
- The iWork service had a 'wrap around' approach and was integrated with early help services.
- The service was co-located with Jobcentre Plus. Clients could be referred to the service from Jobcentre Plus or the Council's early help services. Likewise, the service could refer clients to early help services as required. The service also had a good relationship with local children's centres.
- The service helped to fulfil the Employment Commission recommendation of providing better employment support to Islington residents.
- It was advised that in 2011/12 the service had helped 68 parents into paid work. This number had increased each year to 144 in 2012/13, 292 in 2013/14, and 380 in 2014/15. This increase in performance was attributed to a cultural change in the service. It was explained that the service previously focused on advice and guidance and identifying barriers to employment. The service had since adopted a more positive approach which was focused on motivating and encouraging clients. Officers considered this approach to be more successful.
- A discussion was had on barriers to employment. Many clients suffered from low self-esteem and confidence. Other issues regularly encountered by the service included domestic violence, a lack of affordable and safe childcare, and difficulties in adjusting to a new work/life balance.
- It was noted that service users were often most successful in finding employment when they considered finding employment to be a priority and understood how this would initiate change in other areas of their life.

## Children's Services Scrutiny Committee - 28 April 2015

- The service took a holistic approach to employment support and measured the progress of clients against the 'work star' assessment tool.
- Practical challenges facing the service included the sharing of data with the Department for Work and Pensions and the use of ICT at the Jobcentre Plus site.
- A discussion was had on the demographics of service users. A significant proportion of the service's clients were female and from BME backgrounds.
- It was commented that there was no particular timescale for helping clients to find paid work, and the service would continue to support clients so long as they were willing to seek employment.
- The Committee noted particular successes of the service; one client who had been out of work for fifteen years had found employment within one month of working with the service.
- Following a question, it was advised that the service did encourage clients to keep in contact after they had found employment, however there was no formal monitoring of this contact. The importance of retaining employment and in-work support was emphasised.
- The Committee noted that the annual cost of the service was £269,000. This was considered good value given the number of people helped into paid employment.
- It was suggested that some parents were unaware of the support services available to them and this could result in anxiety about making changes to their home life. For example, it was suggested that many parents were unaware that the Council funded a childcare bursary to help single parents with the cost of childcare.
- Following a question, it was advised that there were no particular groups which did not engage with the service, however further work would always be needed to reach out to those with the most complex needs.
- It was suggested that the service could be improved through increased promotion, increasing the number of referrals from existing services, and developing a 'hub and spoke' model, where iWork would have outreach 'spokes' in community venues.
- Following a query from a member of the public, it was advised that some clients had taken up employment on zero hours contracts.

The Committee received evidence from Hazel Jordan, CASA Islington Community Alcohol Service, during which the following main points were made –

- The CASA worked alongside early help services to help reduce parental drug and alcohol abuse.
- The CASA team was small, with one manager, three support workers and a part-time administrator.
- The service was previously independent however had merged with Blenheim, a larger addiction organisation, to realise efficiencies.
- Aside from direct work with parents, the organisation also provided training to professionals to increase their capability and confidence in working with those suffering from substance abuse.
- Many service users had complex needs. The organisation had a "whole family" approach to intervention and focused on reducing harm, increasing the strength of service users and building the resilience of children.
- The service received referrals from other agencies, however service users could self-refer and the organisation carried out outreach work to encourage self-referrals at an early stage.
- The organisation had a written partnership agreement with Families First which ensured that the services avoided duplication.



## Children's Services Scrutiny Committee - 28 April 2015

- The service assessed its outcomes and achievements against its own measures; however there was no nationwide performance framework to benchmark the service against.
- An external evaluation of the service was conducted in 2011. The results of this were very positive and highlighted the strong multi-agency work of the team.
- The service attended 'team around the family' meetings and had attended fifteen multi-agency meetings in the previous quarter.
- The service had received positive feedback from service users advising that the service was non-judgemental and helped to remove the stigma of accessing help. It was commented that this was particularly important for children, who were aware of the stigma surrounding drug and alcohol services from a young age.
- It was commented that service users were often secretive about their substance abuse and for this reason would not engage with other services. The service helped to develop the trust of service users, however also challenged service users when required.
- Following a question, it was noted that the service received few referrals from schools, however would welcome referrals from any school, including free schools and academies.
- The service had a caseload of approximately ten families at any one time. The service worked with families for a period of up to nine months, however service users could receive support for longer if required.
- It was considered that there was no immediate solution to substance abuse and reducing levels of substance abuse would take concerted effort from several agencies.

The Chair thanked all witnesses for their contribution to the scrutiny review.

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### **EARLY HELP: NOTES OF SITE VISIT (ITEM NO. B2)**

The Committee considered the notes of recent site visits carried out as part of the early help scrutiny and the additional documents requested by members on those visits.

A debate was had in which the following main points were made –

- Further consideration needed to be given as to how the Council measured the success of early help services. It was suggested that the Committee had a role in shaping a vision of success for such services.
- It was commented that all of the parents interviewed had spoken positively of the Council's early help services, which contrasted to the negative experiences some parents had with social services.
- Many of the parents interviewed praised the services for being supportive and listening to their concerns. Although this was welcomed by the Committee, it was considered that the Committee must be careful not to conflate the service's popularity with its achievement of results. Although the Committee was pleased by the praise received for the services, the difficulty of measuring the outcomes of early help services was recognised.
- It was noted that many of the parents interviewed indicated that they would make use of a peer-to-peer support group alongside early help services. It was suggested that such a group would help with social isolation and building community resilience. It was also recognised that such a group would be relatively inexpensive to administer.
- It was noted that few of the parents interviewed had knowledge of the Council's early help services before their referral and it was suggested that

further outreach work may be required. The implementation of a buddying or 'community champion' scheme was suggested.

**RESOLVED:**

That the notes of the meeting be confirmed.

54

**EXECUTIVE MEMBER FOR CHILDREN AND FAMILIES PRESENTATION (ITEM NO. B3)**

The Committee received a presentation from Joe Caluori, Executive Member for Children and Families, on the work and performance of Children's Services, copy interleaved, during which the following main points were made –

- It was recognised that, although there had been an improvement in children's phonics in Year 1, further work was needed to secure significant improvements.
- Six out of ten young people in Islington achieved more than five A\*-C grade GCSEs including English and Maths at age 16. The Executive Member advised that the authority was working to improve this statistic.
- Two secondary schools had recently changed leadership and the Executive Member hoped that this would lead to significant improvements.
- It was welcomed that 69% of children attending primary schools in Islington stay in the Borough for secondary education, however the Executive Member advised that further work was needed to improve the attractiveness of Islington schools to prospective pupils and parents.
- It was explained that although there were sufficient school places for children in Islington, parents often wished to choose the school their child attended and this was not always possible. It was commented that some parents objected to their child not attending their nearest school, however it was suggested that the relatively short distances that Islington children had to travel to school would be considered acceptable in other major cities in the world.
- The Executive Member was keen to make capital investments in good and outstanding schools to increase the number of available places.
- The problem of school attendance was highlighted; one in thirteen children missed one day of school per fortnight. It was suggested that schools could better integrate their attendance strategies to deal with this issue.
- The Executive Member considered that too many children were in alternative provision and expressed concern that this often led to unsatisfactory outcomes for children. It was explained that attainment was higher in traditional education settings, however it was equally recognised that keeping children in schools which were not suitable for them was not appropriate. It was suggested that young people in alternative provision needed a clear vision of how their life would develop and the Committee was invited to consider this matter further.
- A member raised that children in alternative provision often had complex needs and may come from families with substance abuse or medical issues. The Executive Member clarified that he understood the difficult situation faced by providers of alternative provision; however it was not acceptable that 41% of young offenders had previously been in alternative provision.
- It was queried why four out of ten pupils were not achieving five A\*-C grade GCSEs including English and Maths at age 16. The Executive Member explained that there was no straightforward answer however contributing factors could include overcrowded housing and limited access to ICT at home.
- Reference was made to the presentation made by the Director of Schools and Young People's Services at the previous meeting, in which it was suggested that students with low levels of attainment were best supported through raising overall teaching and learning standards, as opposed to focusing support on

demographic groups with particularly low levels of attainment. The Executive Member reaffirmed that this was considered to be the best method of raising attainment. A debate was had on this; and reference was made to Saturday schools previously provided for BME pupils which were considered to be successful.

- The Executive Member supported the early help approach in terms of both improving outcomes for families and leading to savings in the long term. However, it was suggested that further work was required to intervene earlier in child health matters. It was commented that the Council should encourage greater use of early intervention approaches among its partners.
- It was suggested that the Health and Wellbeing Board had not yet focused on child health and further work in this area would be welcomed.
- The Executive Member compared the Council's social care performance to that of other local authorities. It was advised that, following a difficult inspection of the Council's youth offending service, a new service structure had been implemented. It was hoped this would reduce levels of knife crime in particular.
- Following a question, it was advised that levels of youth re-offending were comparable with other inner London boroughs, however the Borough did not perform as well as its statistical neighbours. It was noted that the rate of youth re-offending in Islington was decreasing, however not at the same pace as other areas. The Executive Member recognised that improvement in this area was needed and advised that he would be visiting other local authorities to learn more about best practice, including restorative justice schemes.
- In response to a question, it was advised that school governors were best placed to challenge head teachers on performance at GCSE level.
- In response to a question about why children in care do not perform as well as their peers at GCSE level, it was advised that these children faced a range of difficulties and the Corporate Parenting Board was investigating how the attainment of children in care could be improved. It was noted that children who had been in care for a longer period of time tended to have better educational outcomes, and for that reason work was being carried out to minimise the length of time it takes for care decisions to be made.
- The Executive Member advised that he would circulate data relating to any trends in the crimes of young offenders and first time offenders in particular.
- Following a question from a member of the public, it was advised that the Council found it difficult to influence education at AS and A2 level as many local children received this education outside of the Borough.

The Chair thanked Councillor Caluori for his attendance.

**55** **ADDITIONAL DOCUMENT FOR INFORMATION: ISLINGTON'S EARLY HELP INDEPENDENT EVALUATION - EXECUTIVE SUMMARY (ITEM NO. B4)**

Noted.

MEETING CLOSED AT 9.40 pm

Chair

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| <b>Report of: Assistant Chief Executive – Governance and Human Resources</b> |
|--|

| Meeting of                             | Date         | Agenda Item | Ward(s) |
|--|--------------|-------------|---------|
| Children’s Services Scrutiny Committee | 11 June 2015 | A6          | All     |

|                       |                   |
|-----------------------|-------------------|
| Delete as appropriate | <b>Non-exempt</b> |
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**Subject: MEMBERSHIP, TERMS OF REFERENCE AND DATES OF MEETINGS OF CHILDREN’S SERVICES SCRUTINY COMMITTEE**

**1. Synopsis**

To inform members of the terms of reference of the Children’s Services Scrutiny Committee.

**2. Recommendations**

- 2.1 To note the membership appointed by Annual Council on 14 May 2015, terms of reference and dates of meetings of the Children’s Services Scrutiny Committee for the municipal year 2015/16, as set out at Appendix A.

**3. Background**

- 3.1 The terms of reference of the Children’s Services Scrutiny Committee (as contained in Part 5 of the Council’s Constitution) are set out at Appendix A.
- 3.2 The membership and dates of meetings agreed are also set out at Appendix A for information.

**4. Implications**

**4.1 Financial Implications**

- 4.1.1 None.

**4.2 Legal Implications**

- 4.2.1 None.

### 4.3 Equalities Impact Assessment

4.3.1 An equalities assessment is not relevant in this instance.

### 4.4 Environmental Implications

4.4.1 The environmental impacts have been considered and it was identified that the proposals in this report would have no adverse impacts on the following:

- Energy use and carbon emissions
- Use of natural resources
- Travel and transportation
- Waste and recycling
- Climate change adaptation
- Biodiversity
- Pollution

4.4.2 Papers are circulated electronically where possible and consideration is given to how many copies of the agenda might be required on a meeting by meeting basis with a view to minimising numbers. Any agenda not used at the meeting are recycled.

### 5. Conclusion and reasons for recommendations

5.1 The report is submitted to ensure members are fully informed of the remit of the Committee.

**Background Papers:** None.

**Appendices:** Appendix A – Committee Membership, Future Meeting Dates, and Terms of Reference.

### Final Report Clearance

Signed by



Assistant Chief Executive (Governance & HR)

Date

Received by

Head of Democratic Services

Date

Report author      Jonathan Moore  
Tel                    020 7527 3308  
E-mail                jonathan.moore@islington.gov.uk

**CHILDREN'S SERVICES SCRUTINY COMMITTEE - 2015/16****1. COMMITTEE MEMBERSHIP**

| <b>Councillors</b>                     | <b>Substitute Members</b> |
|--|---------------------------|
| Councillor Kaya Comer Schwartz (Chair) | Councillor James Court    |
| Councillor Nick Ward (Vice Chair)      | Councillor Alex Diner     |
| Councillor Alice Donovan               | Councillor Alice Perry    |
| Councillor Rakhia Ismail               | Councillor David Poyser   |
| Councillor Michelline Safi Ngongo      | Councillor Jenny Kay      |
| Councillor Angela Picknell             |                           |
| Councillor Diarmaid Ward               |                           |
| Councillor Nick Wayne                  |                           |

| <b>Co-opted Members for education related issues</b> |
|--|
| Parent Governor – Primary – Erol Baduna              |
| Parent Governor – Secondary – James Stephenson       |
| Roman Catholic Diocese – Mary Clement                |
| Church of England Diocese – <i>Vacancy</i>           |

**2. FUTURE MEETING DATES**

|                 |                   |                 |
|-----------------|-------------------|-----------------|
| 6 July 2015     | 15 September 2015 | 9 November 2015 |
| 11 January 2016 | 3 March 2016      | 9 May 2016      |

**3. TERMS OF REFERENCE OF CHILDREN'S SERVICES SCRUTINY COMMITTEE**

1. To carry out the functions of an overview and scrutiny committee in respect of matters relating to the Children's Services Directorate.

2. To consider matters relating to the performance of the Council's partners in respect of the functions of the Children's Services department as appropriate.
3. To receive requests from the Executive or the Leader of the Executive for scrutiny involvement in education related matters.
4. To consider educational issues referred to it in accordance with the provisions contained in the call in procedure contained within Policy and Scrutiny Procedure Rules or the Budget and Policy Framework Procedure Rules set out in Part 4 of this Constitution and to decide whether such matters should be referred to Council or to the Executive for reconsideration.
5. To undertake a scrutiny review of its own choosing relating to a Children's Services Directorate function and any further reviews as directed by the Policy and Performance Scrutiny Committee and to make recommendations to the Executive thereon.
6. To consider all matters that have been referred to it in accordance with the provisions contained in the councillor call for action procedure contained within the Overview and Scrutiny Procedure Rules.

## **Composition**

Members of the Executive may not be members of the Children's Services Scrutiny Committee.

No member may be involved in scrutinising a decision in which he/she has been directly involved.

The Children's Services Scrutiny Committee shall be entitled to appoint a number of people as non-voting co-optees and shall include in its membership the following voting co-optees:

- (a) At least one Church of England diocese representative;
- (b) At least one Roman Catholic diocese representative;
- (c) Between two and five parent governor representatives; and
- (d) A representative from other faiths or denominations as appropriate.

These representatives will be entitled to vote on education functions related to the Council's education functions, in respect of which the Council has responsibility under the Education Acts.

## **Quorum**

The quorum for the Children's Services Scrutiny Committee shall be four members, not including co-opted members.





Report of: **Head of Early Years and Childcare**

| Meeting of:                            | Date         | Agenda item | Ward(s) |
|--|--------------|-------------|---------|
| Children's Services Scrutiny Committee | 11 June 2015 | B1          | All     |

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| Delete as appropriate |  | Non-exempt |
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### **SUBJECT: Early Childhood Services: progress on the First 21 Months, the two year old entitlement and integrated review and their contribution to improving health, well-being and educational outcomes for very young children**

#### **1. Synopsis**

1.1 This report provides members with a progress summary of three specific initiatives that have been introduced within the last 2-3 years to ensure that children and families have access to high quality services at the earliest stages of a child's life in order to improve outcomes in children's health, well-being and attainment, leading to improved "school readiness".

- The First 21 months programme is a strategic priority for Islington. It relates specifically to recommendation 7 from the Islington Fairness Commission that involves providing every child in Islington with the best start in life.
- The national entitlement to 15 hours of funded early education for two year olds who are likely to be more vulnerable to poor outcomes, was introduced by the coalition government and became statutory for Local Authorities in September 2013.
- The integrated review brings together the 2 year old health assessment (part of the national Healthy Child Programme) with the statutory Early Years Foundation Stage progress check for two year olds attending early years provision. It provides parents and professionals with one holistic assessment of the child at an early age, which supports early identification and intervention. Islington was one of five pilot Local Authorities for the integrated review prior to roll-out nationally this year.

Key to the success of all three of these initiatives is the improved integrated working required between professionals providing a range of services to parents and young children. The impact of improved co-ordination, uptake and quality of early childhood services on children's outcomes will contribute to children's "school readiness" at age 5, ensuring the best start in life they all deserve.

## 2. Recommendations

2.1 To note the progress made and discuss the issues raised in section 4 of the report.

## 3. The three initiatives

3.1 **The First 21 Months programme** was developed following the Fairness Commission report which called for a review of services to support parents and parents-to-be from conception to the child's first birthday to significantly improve the way in which the core universal services work with parents-to-be, parents and infants and with each other to improve health and social outcomes for children and families.

It has developed into a complex multi-agency programme with a number of specific outcomes for children and their families in the key phase of early life. It also aims to improve how services are provided across the borough to parents during pregnancy and the first year of life. The programme has three objectives:

1. Identify and engage parents-to-be and parents earlier and more effectively in universal early years health and children's centre services;
2. Ensure vulnerable families and those with additional needs are identified and supported by well-co-ordinated services in order to prevent problems escalating;
3. Improve parental (specifically mothers') emotional health and resilience during pregnancy and the first year of life including supporting models of social support and access to specialist support where necessary.

The programme encompasses work with two maternity services at Whittington Health and University College London Hospital (UCLH), the Health Visiting service, primary care, 16 children's centres (organised into 7 cluster areas) and specialist services such as Child and Adult Mental Health Services (CAMHS) and the Speech and Language Therapy service (SALT). The programme is co-ordinated by Public Health with support and involvement from the Early Years and Childcare Service.

Funding of £700K for the programme has come from Islington's Clinical Commissioning Group and Public Health for developments over a two year period up until March 2016.

### 3.2 Progress to date

Health rooms in children's centres have been refurbished as part of the First 21 Months programme to ensure they meet a minimum clinical standard. Ante-natal appointments, post-natal and child health clinics are held in children's centres for most women and children to facilitate access, improve co-ordinated working between services and encourage parents to use the universal and, where appropriate, targeted services available at children's centres.

The ability to access their own ICT systems while working at children's centres has been a significant challenge for health staff. Work to improve access to ICT is underway in children centres and should be completed by the end of the year. This will enable staff to access and update clinical records whilst at the children's centre reducing both the need to return to base and improving clinical care and safeguarding.

Children centre learning pilots are underway in four children's centre clusters. Each learning pilot is unique in terms of specific activity undertaken but all are working on identifying and engaging vulnerable parents and seeking to improve the integrated working between health visiting, midwifery and children's centres. Some useful insight and learning is emerging that has already contributed to changes in how Health Visiting receive booking information from both UCLH and Whittington Health (see Appendix A).

The programme has developed a 'theory of change' model and principles of practice that underpin an effective integrated system (see Appendix A). The National Centre for Social Research (Natcen) has been commissioned to undertake a baseline assessment of the programme that will test these principles and provide metrics against which progress can be measured.

A needs assessment of parenting programmes provided both during pregnancy and after birth is currently being undertaken in order to assess uptake across the borough and whether the current provision is evidenced-based and supports the development of positive outcomes for babies.

### **3.3 Challenges and next steps**

Despite progress having been made, information governance and information-sharing between such a range of agencies remains challenging.

Similarly, although solutions have been put forward to enable health practitioners to use their own IT systems from children's centres, these have yet to be tested and technical challenges may still remain.

With two different health providers for maternity services, children's centres organised into clusters and health visiting on a locality model across the borough, there is still work to be done in ensuring consistency of services for parents to be and parents of very young children in Islington.

The evaluation of the First 21 months programme will provide useful information in terms of service organisation and impact. The health visiting transformation exercise, currently underway as local authorities prepare to take over commissioning responsibilities from October 2015, will also inform and support the development of consistent services and integrated working within the First 21 months programme.

### **3.4 Early education for funded 2 year olds**

The coalition government extended the entitlement of funded early education (equivalent to 15 hours per week during term time) to two year olds from families where less than £16,190 per year was earned. Children with severe and complex needs, children looked after, adopted, subject to special guardianship and children of armed forces personnel are also eligible for the entitlement. In total, this equates to about 40% of two year olds nationally.

The largest group comes from economically disadvantaged families and while the exact number changes from term to term, Islington is estimated to have about 1,190 eligible children under these criteria. Of these, about 2/3s are from families who are not working with the remaining 1/3 coming from low-income working families.

### **3.5 Progress**

Developing sufficient places and encouraging take-up have proved challenging in Islington and in other inner-London boroughs. Islington Council has committed to developing high quality provision, given the research which shows that it is only high quality provision that has a lasting impact on children's outcomes (Effective Provision of Pre-Schools Practice, Research Brief, Institute of Education).

From the outset Children's Services sought to develop new provision in primary schools as well as to encourage the traditional early years sector to offer places. The last figures issued by the Department for Education (March 2015) show that Islington - with 644 children benefitting – compares well with other most inner London boroughs (see Appendix B).

The capacity of children's centre nurseries in Islington to take more funded 2 year olds is limited, given the number of childcare places they already provide, with one third being for priority referral children (for social and/or emotional needs) and the remainder being for working parents, most of which are offered at a subsidised rate.

Some additional places have been created in the early years voluntary sector and with childminders. The private sector has largely not engaged, having few vacancies and their client base coming from higher-income working parents.

The Council and Schools Forum has backed a number of initiatives to support the development of 2 year old places. This includes agreeing substantial additional funding for capital works to ensure the physical space is appropriate (over £4m to date); agreeing a higher rate of revenue funding per child for providers who employ a graduate early years professional to lead provision and guaranteeing children

continuity from their 2 to their 3 year old place.

Providers developing new provision also receive professional support and training from the Early Years and Childcare Service to help with recruitment and ensuring that new providers are ready for Ofsted registration; understand and are able to implement evidence-based practice in relation to child-development; and are aware of the range of universal, targeted and specialist services available for children and their families. As a result 94% of funded 2 year olds are at providers Ofsted-rated good or better.

The publicity campaign to encourage take-up has recently been refreshed with new branding; bus-stop publicity; tweets and posts and regular publicity in Islington Life. Children's centres and the Family Information Service are also contacting eligible families regularly to encourage them to take up a place and health visitors are also promoting the offer with parents.

### 3.6 Challenges and next steps

Despite the work undertaken so far, there is still a significant predicted shortfall in the borough, particularly in the Hornsey South and Holloway children's centre cluster areas. To address this, plans are in place to continue to expand provision in primary schools where possible. The escalating capital costs, combined with the uncertainty of the implications for schools in the new government's initiative to provide 30 hours of free childcare for all 3 and 4 year olds of working parents, makes this increasingly challenging.

The Early Years and Childcare Service is also looking at the impact of converting some of the subsidised places in children's centres and the voluntary sector for very low-income working parents into funded 2 year old places, as some of the subsidised places will be filled by eligible families.

Models of 'stay and plays' for families who feel their two year old is too young to attend a setting are also being pursued. The Department for Education has not yet confirmed that they will fund this model but are now interested in the idea. The stay and play model has an added advantage in that practitioners work closely with parents to support their child's development and, although only suitable for non-working parents, it affords opportunities for regular conversations about training and pathways to employment for families.

A further challenge is around encouraging families to take up a place with a childminder. Rarely seen as a positive option by non-working families, childminder uptake has increased recently as this form of childcare can often provide the flexible hours which meet the individual needs of working families. Additionally, the overall quality of childminders in Islington has improved significantly over the past 3 years with 87.5% of Islington childminders now judged good or better by Ofsted (up from 71% in 2012). Articles in Heatwave and Islington Life are scheduled for this summer to promote childminding as a flexible option for childcare and the funded early education entitlement.

Since April 2015, the Government has moved to fund local authorities on participation rather than places which means it is essential that IT systems are capable of reporting every eligible child in order to maximise the amount of funding coming into the council from central government. To ensure this, Children's Services are moving to a single IT system for early years which includes the private, voluntary and independent sector as well as schools. It is about to be trialled for roll-out in 2015-16.

The final area for focused development this year is to ensure that practitioners working with the funded 2 year olds are using the new entitlement to identify those children who need some additional support and are signposting or referring children and families for additional universal, targeted and specialist services as appropriate, where support cannot be provided from within their own school/setting (e.g. targeted family support; employment advice). Greater knowledge and understanding of the range of services available and the integrated review (see below) will support this.

### 3.7 The Integrated Review

The progress check at age 2 is a statutory requirement of the Early Years Foundation Stage and the health check at age 2 a key part of the Department of Health's Healthy Child Programme. The two reviews have many common features but neither gives the complete picture. A review of the Early

Years Foundation Stage by Dame Claire Tickell (2010) recommended that, as age 2 is a crucial stage in child development, the two processes be brought together to support early identification and intervention and to provide for increased opportunities for joint working between services to support families more effectively.

The rationale for supporting such a review from the Department of Health was to provide a national public health measure at age 2, which could then be used to inform the planning and delivery of early childhood services and by providing a baseline by which to evaluate the impact of services in the early years.

### 3.8 Progress

In Islington partnership working between the Health Visiting and Early Years Services at strategic and operational levels has been required to develop and embed the integrated review in the borough. Both services have undertaken joint training, a conference was held in February 2015 and materials have been produced.

Islington has adopted a truly integrated approach with a 3-way meeting between parent/s and child, a health visiting professional and nursery practitioner/childminder. The review takes into account the views of all 3 parties and covers all aspects of the child's development and the wider contextual issues for the family. Next steps for the child are agreed, including if any further assessment is needed from a targeted or specialist service (e.g. Speech and Language).

A phased approach to the roll-out saw the reviews starting in children's centre nurseries, where health and education were already used to working together. This has now been extended to the private, voluntary and independent sector and childminders. All private, voluntary and independent nurseries and primary schools with 2 year olds now have a named Health Visiting link and are undertaking integrated reviews.

At least 350 reviews have been completed so far in Islington and extensive feedback has been gathered from professionals and parents. Feedback from parents is consistently highly positive (for further information, please see the integrated review film detailed at the end of this report).

### 3.9 Challenges and next steps

There are very real practical challenges in carrying out integrated reviews ranging from there being insufficient space at smaller nurseries; agreeing a date and time for a 3-way meeting; ensuring the review is timely, and neither too late to meet the requirements of the health check or too early for the nursery practitioner to know the child well enough to contribute.

Shortages in staffing levels within the health visiting service in some areas have contributed to a backlog of reviews.

Given these issues, it has been acknowledged that those children who are entitled to the new funded early education entitlement should be prioritised for an integrated review, as this group has already been identified as more vulnerable to poor outcomes.

Feedback from both health and education practitioners on the new review is mixed although generally improving over time. Establishing the practice of an integrated review has required the development of a shared language between practitioners and an acknowledgement of professional anxieties.

The infrastructure for handling and sharing data is complex and, although systems are in place, they have occasionally not been consistently adhered to.

The collecting and recording of data needs improvement. Currently, reviews are recorded on the IT system used by health visiting but this is not a system which allows for reporting. Plans to record on the Early Years EYMIS system (used by children's centres) are being held until clear information is available about the new system to be adopted by Health Visiting later in 2015. If the new system is flexible enough, and with the commissioning responsibility for health visiting transferring to the council, the impact of the review in terms of early identification and intervention should be able to be analysed.

#### 4. Conclusion and ways forward

While there are specific challenges and solutions for each of these initiatives, there are some common issues.

Information-governance, ensuring consent for information-sharing is consistently sought, clarity about what can be shared and the transfer of information between services – all remain a challenge, despite the progress made. This is being addressed at national and local level but anxieties around this remain high amongst professionals.

It is intended to continue to work through these issues with information-governance officers, drawing on the guidance being developed at national level and best practice from other local authorities, with the aim of improving the practice and understanding amongst professionals of the importance of information-sharing for children and families.

We are also seeking to address the issue of consent by having an opt-out system for children's centre registration. Most families have their details registered by a health professional, and with an opt-out, there will be clarity for parents and health professionals about information-sharing.

There still needs to be a continued focus on promoting the importance of integrated working amongst early childhood practitioners, particularly those working in education where there has been less involvement with other services. Linked to this is the need to ensure that the multi-agency children's centre offer is better known, understood and used by these practitioners. The promotion of a coherent conception to age 5 vision will support this.

A key area for development for the next year is to ensure the IT systems enable us to track at child level the short and longer-term impact of early childhood services from First 21 months activity; funded 2 year old places, and attendance at speech and language groups in local children's centres. This will enable us to evidence the impact of such services on key health indicators, school readiness at age 5 and also later school outcomes. We have recently begun this piece work.

#### Appendices:

##### Appendix A: First 21 Months

- model of change
- principles of practice
- summary of pilots

##### Appendix B: 2 year old entitlement

- LA ranking
- Summary tables

#### Background papers:

[www.islington.gov.uk/free2](http://www.islington.gov.uk/free2) (information on the 2 year old funded offer)

[http://www.islington.gov.uk/services/children-families/cs-about-childrens-services/early\\_years/2-Year-Old-Offer/Pages/integrated-review.aspx](http://www.islington.gov.uk/services/children-families/cs-about-childrens-services/early_years/2-Year-Old-Offer/Pages/integrated-review.aspx) (further information on the integrated review)

<https://www.youtube.com/watch?v=23RVKbHNg0I> (integrated review film)

**Final report clearance:**

**Signed by:**

Corporate Director of Children's Services

Date:

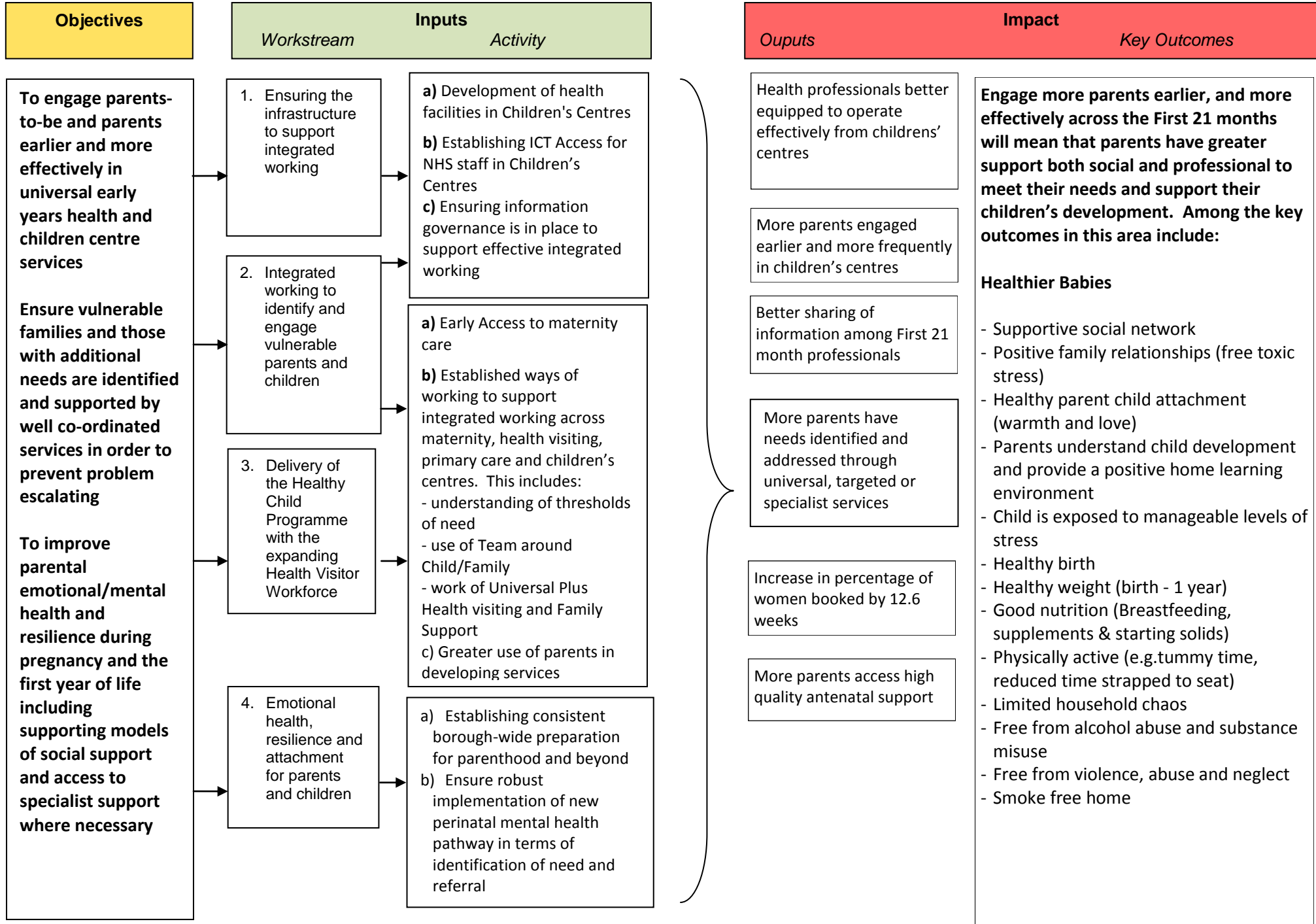
**Received by:**

Head of Democratic Services

Date:

Report Author: Penny Kenway, Head of Early Years and Childcare  
Tel: 020 7527 6103  
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# First 21 Months – Model of Change





## First 21 Months

### Principles of Practice that underpin a high quality First 21 Months system

This describes the characteristics of a First 21 Months system and professional ways of working within that which achieves the best outcomes for children and families, building resilience, identifying the need for support and addressing it where needed.

At the centre of the First 12 Months is the child, family, community and home. This recognises this as the primary place where outcomes shaped is in this context.

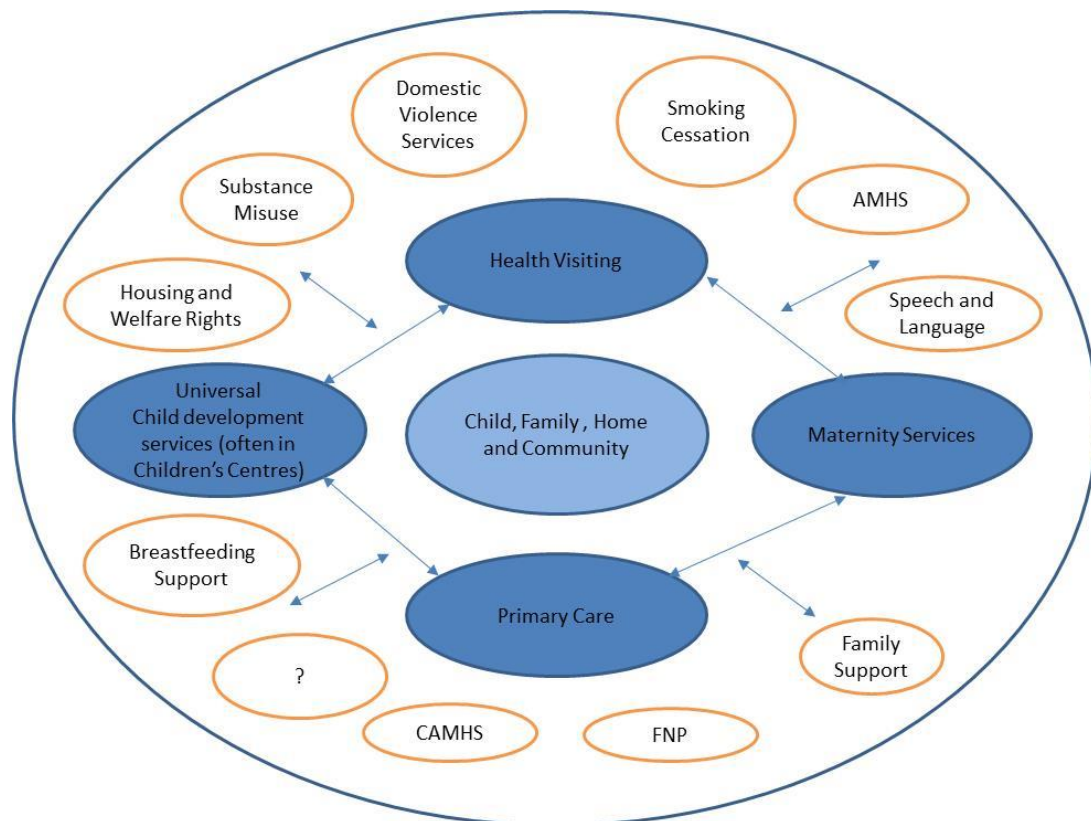
Outside these are a set of services that we consider the core universal services that support all families, act as the foundation for providing resilience to families, and the places that primarily identify further need.

Beyond these are set a set of services that some families require some of the time. These are specialist services and require a strong functioning universal core to ensure that the right families are referred and supported to access them.

By the First 21 Months system we are predominantly referring to a core set of universal services around the family, the links between them and the links to specialist and targeted services.

By First 21 Months professionals we mean all those who work within the First 21 Months universal system.

**Figure 1: The First 21 Months System**



## Principles of Practice

**An effective First 21 month's system is one in which:**

- 1. Services are well understood by the population, they understand what is on offer, make good use of it, and feel well supported by it.**
  - 2. The system encourages family resilience by providing high quality advice and support across key areas of need in the First 21 months and by facilitating networks of informal support.**
  - 3. Information is shared appropriately to ensure that vulnerable families have their needs met no matter where they are in the system.**
  - 4. Professionals maximise the opportunities to identify vulnerable families, give support where possible, and make referrals where appropriate.**
  - 5. Professionals have access to high quality, robust data, evidence and training to inform practice.**
- 1. Services are well understood by the population, they understand what is on offer, make good use of it, and feel well supported by it.**
    - a) Parents have a full understanding of the ante and post natal offer in their area
    - b) Parents know who they can turn to when they need support
    - c) The Children's Centre offer is communicated effectively sufficiently and in the best way, particularly for those who may be most reluctant to engage
    - d) Are fathers being engaged sufficiently
    - e) Parents are consulted and involved in developing services
  - 2. The system encourages family resilience by providing high quality advice and support across key areas of need in the First 21 months and by facilitating networks of informal support.**
    - a) Children's centres have up-to-date information on children born in their area
    - b) Health visitors able to and giving adequate support to those who need it most
    - c) Children's Centres know who their non-registered population are and who are registered but infrequent attenders
    - d) Children's centres able to reach out to those for whom English is not their first language
    - e) Children's centres making sufficient use of peers to engage potential users
  - 3. Information is shared appropriately to ensure that vulnerable families, have their needs met no matter where they are in the system.**
    - a) Health visitors routinely finding out information about family vulnerability
    - b) Children's centres be informed about families with vulnerabilities in their area
    - c) GPs share information with others in the First 21 Months system
    - d) Multi-agency meetings whether based in health or children's centres sufficiently meeting the needs of all professionals in the system

- 4. Professionals maximise the opportunities to identify vulnerable families, give support where possible, and make referrals where appropriate.**
- a) We using sufficient opportunities to proactively identify vulnerability particularly around mental health and parenting
  - b) Professionals are able to identify mental health issues even when not proactively attempting to
  - c) Professionals understand and use the referral pathways available for the range of targeted and specialist support
  - d) Professionals know whether targeted and specialist support is being accessed
- 5. Professionals have access to high quality, robust data, evidence and training to inform practice**
- a) There sufficient capacity to deliver the necessary offer appropriately given need
  - b) First 21 Months professionals operate in learning culture which embraces evidence, data and reflective practice and takes necessary steps to ensure these inform practice development
  - c) Are Health professionals able to access their records when seeing people in children's centres
  - d) Do we have the right metrics as a system to understand how effective we are being in meeting need
  - e) Are children's centres data systems as accurate as they can be
  - f) Are systems in place to ensure where pregnancies are not carried to birth or where there are deaths these records do not appear as children in children's centres data system



# ISLINGTON

## **FIRST 21 MONTHS – Children Centre Learning pilots summary - March 2014**

Public Health Islington and Islington CCG have jointly funded 4 Children Centre cluster areas to be Learning Pilots for the first 21 months programme. Pilots are intended to be sites of developing best practice with funding providing additional capacity and support to Children Centres order to help them build on and extend existing good practice within centres. The pilots will develop evidence based best practice models and ways of working the can then be implemented across the borough. . Funding is for 2 years and an independent research evaluation will be commissioned to evaluate the success and learning from the Pilots in order to help embed practice across the Borough. The Cluster areas funded are Canonbury, Finsbury, Highbury and Holloway. The focus of the learning pilots is to improve how services work together by developing a seamless model of care, from early pregnancy through to the first year of life, that is well communicated and coordinated, promotes access and offers help earlier to parents to be, parents and their children.

Pilots will do this by:

1. Building upon the evidence-based good practice amongst professionals from children's centres and key services in order to engage with parents and families earlier, including in pregnancy,
2. Improving communication, information sharing and links between general practice, midwifery, health visiting and other services in order to provide more holistic and seamless care and support for families.
3. Increasing engagement of parents to be/ parents from target families (or families with most to benefit from services) and their children and/ or women with high risk pregnancies and their partners depending on the need within their locality
4. Increasing engagement of fathers and fathers to be from above families.

Each Pilot site has identified a particular focus and project to develop that will help them deliver the above objectives. They are led by Children Centres with strong involvement from health services from UCH and Whittington especially midwifery and health visiting services but also CAMHS and speech and language therapists.

The table below sets out the specifics areas of work the Pilots are focusing on and who is involved.

|                              | Holloway Cluster   | Highbury Cluster  | Finsbury Cluster   | Canonbury Cluster  |
|------------------------------|--|---|--|--|
| <b>COLLABORATIVE WORKING</b> | F21M project will develop a Charter of good practice<br><br>Improved identification and follow up of vulnerable clients at antenatal and post natal clinic | F21M workshop and steering group  | F21 Workshops and steering group<br>Develop a Charter of good practice<br>Improve partnership working with UCLH midwives and health visiting | Identify at an early stage vulnerable pregnant women<br><br>No F21M steering group? AST meeting-asked Ana for more info<br><br>Improve partnership working with midwives |
| <b>COMMUNICATION</b>         | Improving communication with clients in target group and dissemination of relevant information   | Producing resources on local services<br>First 21 month project co-ordinator to lead on partnership working with health | Develop welcoming and enabling environments for ante and post natal services, improved publicity and promotion                               | Referral system in place and shared with UCH and Whittington. Information shared at GP meetings and all referrals discussed at MAM meetings                              |
| <b>DATA</b>                  | Data and Publicity Officer to cleanse EYMIS Effective systems database, record and track contact for all families  | First 21 month project co-ordinator to evaluate data relating to expectant parents and impact                           | Mapping and data analysis  | Create a system for registering parts to be at the centres from first booking appointment. Record number of referrals  |
| <b>STAFFING</b>              | Employ 3 x p/t project outreach workers plus Data officer (7hr each post)  | Employ project co-ordinator to evaluate activities, produce data and improve partnership working                        | Additional admin support (10 hrs a week) to support the pilot ,data entry and analysis   | Additional MCA (Midwifery support worker) 1 day per week   |
| <b>OUTREACH</b>              | Additional outreach worker/s to deliver new birth visits to all families where child not registered at 2-3 months  | Breast feeding supporters on each social housing estate for targeted support  | Develop role of new Maternity Support Worker post and visits to women identified as needing more support                                     | Ante-natal home visits to all target women from 20 weeks gestation.  |
| <b>GROUPS</b>                | Development of targeted post natal wellbeing groups. Establish weekly group with psychologist (across cluster)   | Engage with parent's to be through running groups, producing resources on local services                                | Develop antenatal & postnatal offer based on parent feedback and good practice   | Run breast feeding drop-in session alongside post-natal clinic<br><br>Develop ante natal/post natal support groups ie. parentcraft (with CAMHS and child psychology)     |
| <b>TRAINING</b>              | Multi-disciplinary training on EEPF ante/postnatal interviewing<br>Techniques used to increase identification of vulnerable women group.                   | Breast feeding supporter training   | Training parent interviewers to find out parents experiences of maternity pathway by Commissioned organisation                               | Staff training on perinatal mental health  |

## APPENDIX B



### Early learning for two-year-olds

Islington

In February 2015 Islington reported take-up of the entitlement to early learning for two-year-olds as 55% or 644 children.

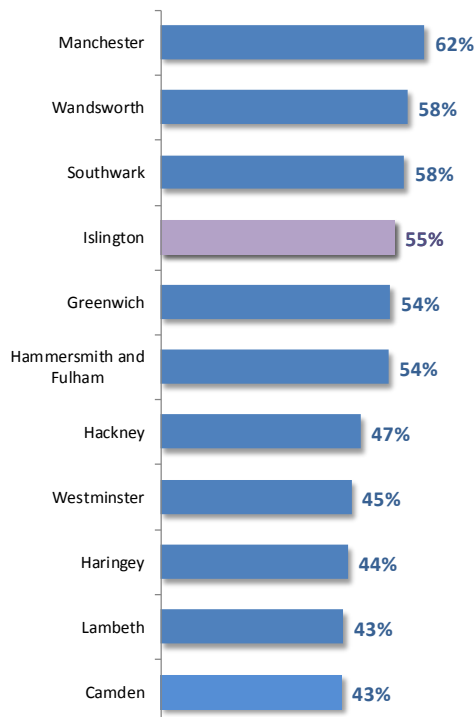
This is a change of 7.3ppts from October 2014.

Within the London region the average take-up was 50%, placing Islington 12 out of 33.

Within statistical neighbours the average take-up was 54%, placing Islington 4 out of 11.

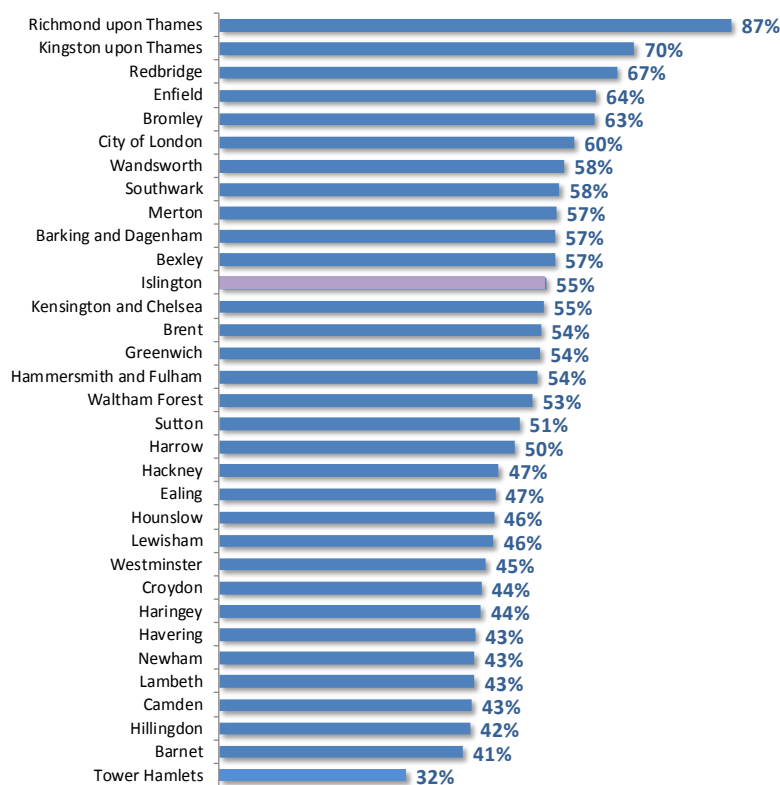
Nationally the average take-up was 62%, placing Islington 119 out of 152.

### Statistical Neighbour Take-up - February 2015



Take-up rate based on DWP eligibility list - November 2014

### London region take-up - February 2015



## Summary tables

**Table 1: Cost per place summary**

| Phase        | Status           | P/T places | £ /place |
|--------------|------------------|------------|----------|
| Phase 1      | Open/nearly open | 653        | 4,380    |
| Phase 2      | Nearly open      | 24         | 5,989    |
| Phase 3      | Planned          | 106        | 9,736    |
| Phase 4      | Potential        | 104        | 12,500   |
| <b>TOTAL</b> |                  | <b>887</b> |          |

**Table 2: Current estimated shortfall of places**

| Table 2: Current estimated shortfall of places |             |
|--|-------------|
| Cluster  | Shortfall   |
| Hornsey South                                  | -140        |
| Holloway                                       | -110        |
| Canonbury                                      | -87         |
| Finsbury                                       | -83         |
| Highbury                                       | -40         |
| Hornsey North                                  | -36         |
| Barnsbury                                      | -15         |
| <b>TOTAL</b>                                   | <b>-512</b> |

**Table 3: Capital funding position**

| Source                           | £                |
|----------------------------------|------------------|
| LBI                              | 1,100,000        |
| DSG                              | 600,000          |
| DSG 2015                         | 1,000,000        |
| CIL                              | 700,000          |
| DFE                              | 797,673          |
| <b>Total</b>                     | <b>4,197,673</b> |
| Existing and current schemes     | -1,787,635       |
| Schemes in feasibility           | -1,032,000       |
| Potential new schemes - costed   | -1,300,000       |
| <b>Balance after new schemes</b> | <b>78,038</b>    |
| New schemes as yet un-costed     | 7                |

**Table 4: Current provision summary:**

| Type                     | % of places* | % good or better |
|--------------------------|--------------|------------------|
| School / Nursery school* | 43%          | 100%             |
| PVI                      | 29%          | 87%              |
| CC                       | 28%          | 76%              |
| <b>TOTAL</b>             | <b>100%</b>  | <b>90%</b>       |

\*Nursery schools counted as schools

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# **Draft Impact of Early Help on Preventing Escalation to Statutory Services Review**

## **REPORT OF THE CHILDREN'S SERVICES SCRUTINY COMMITTEE**

London Borough of Islington  
June 2015

## EXECUTIVE SUMMARY

### Impact of Early Help on Preventing Escalation to Statutory Services Review

#### Aim

- To analyse the extent to which services provided by Islington Council and its partners are preventing needs escalating to the point children, young people and families need statutory intervention (statutory social work services and youth offending service).
- To highlight areas of good practice.
- To make recommendations to further improve outcomes for families with multiple problems.

#### Evidence

The review ran from September 2014 until April 2015 and evidence was received from a variety of sources:

1. Presentations from Council Officers

Ruth Beecher, Service Manager for Early Help for Families  
Lucinda Hibberd-French, Deputy Service Manager with responsibility for the Families First service  
Ellen Ryan, Islington Learning and Working (ILW) Manager

2. Site visits

Families First (Highbury and Hornsey Team), Holland Walk Area Housing Office, N19  
Families First (Holloway and Canonbury Team), The Exchange, N7  
Islington Families Intensive Team (IFIT), New River Green Children's Centre, N1

3. Documentary evidence

Impact of Early Help on preventing escalation to statutory services, background report – October 2014  
Families First Early Impact Report, Executive Summary  
Family Intervention Employment Advisor Evaluation – July 2014  
Families First mystery shopping feedback – November 2014  
Data from exit interviews with former Families First service users – March 2015  
Evaluation of Islington's Early Help Family Support Services, Executive Summary – April 2015  
Families First service specification – April 2014

4. Information from witnesses

Elaine Sheppard, Operational Manager of Family Action  
Mairead McDonnell, Deputy Head of Newington Green School,  
Win Bolton, Camden and Islington Mental Health Foundation Trust  
Michelle Tolfrey, Camden and Islington Mental Health Foundation Trust  
Hazel Jordan, CASA Islington Community Alcohol Service  
Families using the Families First and IFIT services  
Families First and IFIT staff

5. Information about a comparable service of another local authority

Stella Clarke, Programme Director for Preventative Services, London Borough of Lambeth  
Marcella McHugh, Delivery Lead Multi-Agency Team 1, London Borough of Lambeth  
Geraldine Abrahams, Delivery Lead Multi-Agency Team 2, London Borough of Lambeth

## **Main Findings**

Overall the Committee was impressed with how Islington's early help services operated. Families First and IFIT provided comprehensive support to families with complex and multiple issues. The support offered was wide-ranging and practical; focusing on issues such as housing, benefits, social problems and relationships with schools, as well as parenting, mental health, employability and substance abuse. Each family was assigned a support worker who was the primary contact throughout their intervention.

The Committee was pleased with the level of integration between early help services, statutory services, and partner organisations such as schools. A range of supplementary wrap-around services were available which focused on issues such as mental health, employment and substance abuse.

The Council offered a single point of contact for families requiring support via the Islington Children's Services Contact Team. Families could self-refer to the team, or could be referred by professionals with parental consent. This method was considered to be efficient and less complex for service users; the single point of contact enabled families to be placed with the right support service first time, which meant that families did not need to repeat information multiple times to different agencies.

The evidence received from service users was overwhelmingly positive, with all of the families interviewed praising the early help services. The families indicated that, as well as providing practical support, early help services had helped to increase their confidence and raise their aspirations. Support workers received particular praise from service users, and were described as professional, friendly, approachable, dedicated, knowledgeable, non-judgemental and good with children.

Islington's early help services used a mentoring and supportive approach which was intended to empower service users and build resilience. The services also took a holistic "whole family" approach where support was offered to parents, children and siblings. These approaches were well received by families. Parents felt engaged in their own support, and that early help services were being delivered in cooperation with them.

Many of the families interviewed compared the welcoming approach and positive experiences they had with early help services to the negative experiences they had with other services. In particular, families had little trust in social services, housing providers and schools and found these services difficult to work with. Although early help services worked to build the resilience and increase the confidence and independence of service users, the Committee speculated if more could be done to make other council services more approachable to the borough's most vulnerable residents. For this reason the Committee recommend that the positive feedback received on the Council's early help services be noted and consideration be given to how similar approaches to positive relationship building can be adopted by other services.

Many of the families interviewed had not heard of either Families First or IFIT before their intervention began. It was thought that this unfamiliarity led to anxiety about engaging with the services. Some service users had assumed the early help services would be similar to the statutory services they either had negative experiences with or negative perceptions of, and were then surprised when this was not the case. The Committee also noted the stigma attached to accessing help and thought that targeted promotion could help to normalise access to help. Following the work carried out by the London Borough of Lambeth to address these issues, the Committee recommend that the early help services appoint former service users as ambassadors to work in the community, both publicising the service and removing the stigma of accessing early help services.

Another improvement which could be made is better publicising that families may change support worker in exceptional circumstances. It was reported that some families had changed support worker, and others were unaware of this possibility.

Users of both services interviewed by the Committee expressed their anxiety at their case being closed and some worried they would not be able to cope after their intervention ended. Some service users explained that early help services carry out a great deal of advocacy work, liaising with schools, housing providers and others on their behalf, and worried that they would not be able to engage positively without the help of their support worker. Some families suggested that a longer time period for interventions was needed; however officers suggested that a fixed and relatively short timescale was most effective in focusing service users on achieving their goals and leaning to live independently. Many of the families interviewed expressed that they were socially isolated and it was considered that their anxieties about their intervention ending were partially connected to their lack of a social support network. This presented problems as it was suggested that those without a support network were more likely to require follow up support from early help services. The Committee heard some evidence to suggest that support workers helped to reduce social isolation by recommending social groups to service users; however the Committee considered that further work was needed in this particular area. It was recommended that early help services better prepare service users for their intervention ending by working further to build resilience, which will reduce social isolation and empower families to live independent and fulfilled lives;

The Committee gave a great deal of thought to how the success of early help services could be measured. It was agreed that any measure of success must be focused on outcomes for families, however as the purpose of early intervention programmes is to turn around families before significant problems arise, it can be difficult to evaluate the outcomes and impact of the service quantitatively.

Internal assessment carried out by the services included measuring how families had progressed on the 'family star' assessment tool, mystery shopping exercises, exit interviews with service users and cross-auditing the work of other teams. The Council had commissioned an external evaluation of the service, which concluded that Islington's early help services had been '*successful in directing their services at families who face the 'priority issues' outlined in their service specifications*'; however noted that that no local authority had yet demonstrated a reduction in need for statutory services since the introduction of early help strategies and the Troubled Families agenda. The evaluation also highlighted that early help services appeared to support a disproportionately high number of younger children and recommended that the service should carry out more targeted work to engage families with adolescents. The Committee recommended that the service adopt this recommendation.

The available evidence suggested that Islington's early help services had a positive impact on families and led to improved outcomes for children. There were positive indications that early help services were reducing demand on statutory services, however not enough evidence was available to make a firm conclusion on this point. To ensure that the services continue to perform favourably, the Committee recommend that the internal monitoring and evaluation of early help services continue to be prioritised through further exit interviews and mystery shopping exercises. The service may wish to consider the methodology of this type of internal evaluation to ensure that the widest possible range of views on the service is sought.

The Committee noted how early help services worked with other support services and emphasised the importance of joined up working to achieve the best outcomes for families. For example, early help services could be supplemented by wrap-around employment support services which thought to be crucial in improving outcomes for workless families. Service users were often most successful in finding employment when they considered employment to be a priority and understood how this would initiate change in other areas of their life. Employment could help to improve a family's financial position, increase aspirations, and broaden social networks. The Committee noted that the

annual cost of the wrap-around iWork service was £269,000 and considered this good value given the number of people helped into employment.

The Committee also noted the high prevalence of mental health need Islington and that a significant proportion of early help clients needed related support. It was thought that 46% of families engaging with Families First had a mental health need; these were often complex and related to trauma. The Committee was particularly concerned with the mental health of early help service users and suggested that better targeting of mental health services could improve outcomes for these families. For this reason it was recommended that the Council work with its partners, such as clinical commissioning groups, to ensure better access to effective mental health provision;

The Committee was pleased with the integration and wrap-around approach adopted by the service and the number of projects available to assist families with particular needs. It was recommended that the Executive continue to recognise mental health, school attendance, domestic violence and parental employment as key factors in achieving family wellbeing.

In carrying out the review the Committee asked service users and support workers for their suggestions to improve the early help services. Some suggestions were made which the Committee thought warranted further consideration. It was thought that a greater emphasis could be given to helping families to access other services and support available to them. One theme that emerged through the review was that some families needed help in accessing the Council's online services. Demonstrations of how to access these from council facilities or local libraries could be beneficial. Support workers also expressed that some families may benefit from cultural and social trips and outings, and although the service could not fund these directly, it was understood that some local theatres had outreach schemes and the service could help families access these and other similar opportunities. It was noted that such trips can inspire and raise the aspirations of young people and strengthen family relationships. The Committee recommended that consideration be given to how information about cultural and social opportunities can be more accessible to families and staff.

Some support workers suggested that increased access to remote working would be useful, as this would give them the ability to take technology on home visits. However officers said that this would require a significant financial outlay and may not achieve value for money given the relatively small amount of written work completed by support workers. It was also noted that staff had laptops to enable home working when appropriate and the Council was in the process of upgrading its case recording system which would lead to efficiencies.

Support workers also suggested that a discretionary 'crisis fund' could be available, offering small amounts of money (£10-20) for families in extreme crisis situations. It was understood that Children's Social Care had a similar budget. The Committee noted that such a fund would add additional costs to the service which would be difficult find, however the Committee recommended that officers investigate if such a fund could be provided within existing budgets.

## **Conclusions**

The Committee found Islington's early help services to be of a high quality. The services worked well with partner agencies, were integrated with other support services, and took a comprehensive 'whole family' approach. The services were very well received by service users, with families praising the accessibility of the service and the work of support workers. There was evidence that the Council's early help services and associated wrap-around support services were leading to better outcomes for families, and there were positive indications that early help services were reducing the demand for statutory services. It was known that school attendances were increasing, parents were being helped into paid employment, and parents had expressed that they feel empowered and more confident as a result of their interaction with the services. Although there was scope for further innovation, the Committee supported the work of the Council's early help services and recommended that the Executive continues to prioritise the early help approach. It was hoped

that continuing the early help approach over a sustained period of time would further decrease demand for statutory services.

In carrying out the review, the Committee has met with officers, support workers and members of the public to gain a balanced view. The Committee would like to thank all witnesses that gave evidence in relation to the scrutiny. The Executive is asked to endorse the Committee's recommendations.

## **Recommendations**

- 1. That the Executive continue to prioritise the Early Help approach to preventing escalation to statutory services;**
- 2. That the positive feedback received on the Council's early help services be noted and consideration be given to how similar approaches to positive relationship building can be adopted by other services;**
- 3. That early help services better prepare service users for their intervention ending by working further to build resilience, which will reduce social isolation and empower families to live independent and fulfilled lives;**
- 4. That the Executive continue to prioritise mental health, school attendance, domestic violence and parental employment as key factors in achieving family wellbeing;**
- 5. That the Council work with its partners, such as clinical commissioning groups, to ensure better access to effective mental health provision;**
- 6. That consideration be given to introducing 'Early Help Ambassadors', resident volunteers that can assist with outreach, promotion, and reducing the stigma of accessing help;**
- 7. That the internal monitoring and evaluation of early help services continue to be prioritised through further exit interviews and mystery shopping exercises;**
- 8. That consideration be given to how information about cultural and social opportunities can be more accessible to families and staff;**
- 9. That officers investigate if a discretionary fund to support families in extreme crisis situations could be provided within existing budgets;**
- 10. That the service adopts the recommendation of the external evaluation to work further with families with adolescent children.**

## MEMBERSHIP OF THE CHILDREN'S SERVICES SCRUTINY COMMITTEE – 2014/15

### **Councillors:**

Councillor Kaya Comer Schwartz (Chair)  
Councillor Nick Ward (Vice-Chair)  
Councillor Alice Donovan  
Councillor Michelline Safi Ngongo  
Councillor Dave Poyser  
Councillor Nurullah Turan  
Councillor Diarmaid Ward  
Councillor Nick Wayne

### **Co-opted members:**

James Stephenson, Secondary Parent Governor  
Erol Baduna, Primary Parent Governor  
Mary Clement, Roman Catholic Diocese

### **Substitutes:**

Councillor Mouna Hamitouche MBE  
Councillor Angela Picknell  
Councillor James Court  
Councillor Satnam Gill  
Councillor Asima Shaikh (to February 2015)

### **Acknowledgements:**

*The Committee would like to thank all the witnesses who gave evidence to the review.*

### **Officer Support:**

*Nikki Ralph – Children's Partnership Development and Strategy Manager  
Cathy Blair – Director, Targeted and Specialist Children's Services  
Jonathan Moore and Zoe Crane – Democratic Services*

## 1. Introduction

- 1.1 The Committee commenced the review in September 2014 with the following aims:
- to analyse the extent to which services provided by Islington Council and its partners are preventing needs escalating to the point children, young people and families need statutory intervention (statutory social work services and youth offending service);
  - to highlight areas of good practice;
  - to make recommendations to further improve outcomes for families with multiple problems.
- 1.2 In carrying out the review the Committee met with Council officers, service users, support workers from both the Families First and IFIT teams, and representatives of partner organisations. Visits were carried out to offices which the Families First and IFIT services operate from, and the Committee also considered a range of written evidence including evaluation documents and service specifications.

### National context

- 1.3 Early Help services were provided within the context of the *Working Together to Safeguard Children* statutory guidance. This set out the legislative requirements and expectations on individual services to safeguard and promote the welfare of children. The guidance identified that providing early help is more effective in promoting the welfare of children than reacting later.
- 1.4 The guidance required local agencies to provide early help services and to work together to identify and assess families which may benefit from those services. In particular, early help was expected to be required by a child who: is disabled or 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; and/or is showing early signs of abuse or neglect.
- 1.5 The guidance specified that local areas should have a range of effective, evidence-based services in place to address assessed needs early. The early help offer should relate to each area's local assessment of need and the latest evidence of what works in terms of early help programmes. Local early help services typically include family and parenting programmes, assistance with health issues and help for problems relating to drugs, alcohol and domestic violence. Services may also focus on improving family functioning and building the family's own capability to solve problems; this should be done within a structured, evidence-based framework involving regular review to ensure that real progress is being made. Some of these services may be delivered to parents but should always be evaluated to demonstrate the impact they are having on the outcomes for the child.
- 1.6 Early help services also operated in the context of the Government's Troubled Families programme, which started in 2012. In its first phase, local authorities were required to engage families with multiple problems defined nationally in relation to (1) crime and antisocial behaviour, (2) poor school attendance and (3) adults in the family on out-of-work benefits. Local factors could also be taken into account. The programme was expanded in 2015 to include families with a broader range of problems, including those affected by domestic violence and abuse, and those who need help with a range of physical and mental health problems. The Government estimates that each troubled family costs local services an average of £75,000.



1.7 The Committee noted that early help services cannot be considered in isolation. Early help services operated in the national context of reorganisation and cuts to local government and health services; and increased demand on children's social care due to the wider economic context and changes to welfare systems.

### Local context

1.8 In Islington the Troubled Families Programme was 'branded' as the Stronger Families Programme. There was no specific troubled families service, instead the programme was used to change the way that all services support and challenge families to achieve better outcomes. At 30<sup>th</sup> September 2014, Islington had identified 848 families as eligible for inclusion in the safer families programme.

1.9 Islington's approach to early help was set out in the Early Help Strategy. Islington's definition of Early Help was:

- Understanding Islington's families and pro-actively reaching out to those at risk;
- Preventing problems from arising in the first place;
- Nipping problems in the bud – getting involved to support families and help them build resilience so that emerging problems do not become serious.

1.10 Local partners signed up to an Early Help Pledge to Families which sets out the ways in which local early help services will work with families. This included the following pledges:

- Every communication will count;
- We will not pass the buck;
- There will be one main point of contact;
- Assessments will be uncomplicated and robust;
- Services that are needed will be easy to access;
- Services will be safe, practical and useful and available close to home or in a place where families can get to them;
- Families will be involved in drawing up goals in a plan that everyone can sign up to and that sets out mutual expectations.

1.11 Islington worked closely with the Early Intervention Foundation, an independent charity established in 2013 to support services in moving from late reaction to early intervention. They gathered and analysed evidence about what works and advised local authorities, charities and potential investors on how to implement Early Intervention to best effect in order to make the most impact for children and families. Islington has been selected as one of the charity's twenty 'Early Intervention Pioneering Places'.

### Islington's early help services

1.12 Islington's early help services included Children's Centres, Families First, the Islington Families Intensive Team (IFIT) and the Adolescent Multi-Agency Support Service (AMASS). These services were supplemented by a variety of parenting programmes and specialist wrap-around services which focused on issues such as mental health, employment and substance abuse.

1.13 Children's Centres provided universal support to children aged 0-5 years, targeting the most vulnerable to focus on child development, school readiness, parenting skills, child and family health and pathways to employment. Children's Centres were not covered by the scope of this review.

- 1.14 Families First provided outreach and regular home visiting support to families from vulnerable groups with children aged 5-19 years and multiple problems (such as managing difficult behaviour, poor school attendance, low income, single parents, and health problems). Each family's intervention was expected to last six months. The service had 24 support workers operating from three geographic hubs which worked with around 1,150 families in 2013/14. The Highbury and Hornsey Families First service was provided directly by the Council whereas the Holloway and Canonbury and Barnsbury and Finsbury hubs were provided by Family Action, a voluntary sector organisation, on behalf of the Council.
- 1.15 IFIT provided multi-disciplinary support and challenge to families with young people aged 10-18 years. The service worked with families with more complex issues such as high risk of eviction, children not attending school, and children involved in crime and anti-social behaviour. The support provided by IFIT was more intensive, with families meeting their support worker at least twice a week. Each family's intervention was intended to last twelve months. The service had 15 Family Intervention Workers which worked with around 90 families in 2013/14.
- 1.16 The AMASS service was for adolescents on the edge of care. As all service users were already in receipt of statutory social work support this service was not included within the scope of this review.
- 1.17 Families First received funding from Islington's 'community budget'. This included pooled resources from the Council, NHS Islington, Job Centre Plus, the Probation Service, the Police, housing agencies and the voluntary sector. The main benefit of this approach was that it provided a single, borough-wide support service which reflected the priorities of all local agencies. This ensured that the service maintained a high profile with partner agencies, and that more specialist services provided by partner agencies could 'bolt on' to the core Families First service, providing an integrated approach and avoiding duplication. Examples of this included joint working with Child and Adolescent Mental Health and Pentonville Probation.

## **2. Findings**

### The operation of early help services

- 2.1 Overall the Committee was impressed with how Islington's early help services operated. Families First and IFIT provided comprehensive support to families with complex and multiple issues. The support offered was wide-ranging and practical; focusing on issues such as housing, benefits, social problems and relationships with schools, as well as parenting, mental health, employability and substance abuse. Each family was assigned a support worker who was the primary contact throughout their intervention.
- 2.2 The Committee was pleased with the level of integration between early help services, statutory services, and partner organisations. Two clinical psychologists from Camden and Islington Foundation Trust were embedded in the Council's early help services. Although the psychologists occasionally carried out home visits with support workers, the primary intention was for them to provide support and training to early help staff. Support workers were able to consult with the psychologists on their client's mental health issues and discuss possible solutions. There was no waiting list for support from the clinical psychologists.
- 2.3 The services were also integrated with the iWork service delivered by Islington Learning and Working, and the CASA Islington Community Alcohol Service. A wrap-around approach enabled early help services to be complemented by specialist support on issues such as employment and substance abuse. It was assumed that service users consented to their data being shared with other support services, with the exception of the police.

- 2.4 Early Help services worked closely with schools. A Families First support worker was linked to every school in the borough and maintained close relationships with pastoral care staff and attendance officers to ensure that families in need of additional support were identified early. It was suggested that this was well received by parents as it provided a 'face' to the service. Newington Green School verified that the service's relationship with schools was positive, noting that the service was well coordinated, tailored to the specific needs of schools, and was easily accessible. Teachers were aware of the service and knew how to make a referral. It was welcomed that Families First had established outreach coffee mornings and parenting groups in local schools, and regularly attended school safeguarding meetings with other agencies.
- 2.5 Families First was also linked with GPs and other health services. The service offered support to families where children were regularly accessing emergency rather than routine health care, as this could be an indicator of wider problems.
- 2.6 Early Help services had a clear and effective partnership with statutory services. There was a clear procedure through which families in need of statutory intervention could be stepped-up to Children's Social Care, and families who had finished working with Children's Social Care could be stepped-down to early help services for ongoing support. Some families were stepped-down from social care on the proviso that the family would be referred back to social services if they did not engage with early help services. In such instances a joint home visits were carried out by social workers and family support workers to ensure continuity in service. It was noted that families were consulted on escalation to statutory services, unless it was considered that this would put children at risk.
- 2.7 The Committee considered the benefits of the Families First service being provided both in-house and by Family Action. This structure provided service users with a comprehensive service which recognised the strengths of both the public and voluntary sectors. There was no evidence of disparity in how the services were implemented or how the different hubs were integrated with other services.
- 2.8 Although the Committee was pleased with the level of integration and partnership approach, it was recognised that further innovations could always be made. The Council had previously considered that there were too few referrals for families in which young people showed signs of engaging in anti-social or criminal behaviour. As a result work had taken place to try and increase such referrals. It was also noted that, with the increasing independence of schools, further work would be required to ensure that schools remained engaged with the service. Although greater linkages could be developed, officers could not identify any partner services that were difficult to engage with.
- 2.9 The Council offered a single point of contact for families requiring support via the Islington Children's Services Contact Team. Families could self-refer to the team, or could be referred by professionals with parental consent. Professionals carried out an early help assessment which helped to identify the particular needs, strengths and support required by the family. Once contact was made with a family, a judgement was made on which support service would be most suitable. This method was considered to be efficient and less complex for service users; the single point of contact enabled families to be placed with the right support service first time, which meant that families did not need to repeat information multiple times to different agencies. It was also commented that the referral form for professionals was particularly detailed and sought to capture a great deal of useful information about the family. Such a form was not required for self-referrals; the Council had worked to remove bureaucracy for service users and as a result self-referrals could be made through email or telephone call. There was no backlog at

the central referral point; initial visits were arranged within three days of a referral, and visits then took place within a week.

- 2.10 Parenting programmes available through early help services included 'Triple P' and 'Strengthening Families Strengthening Communities'. The 'Triple P' Positive Parenting Programme had a focus on research into behaviour management techniques and was particularly suitable for more academically able parents. The 'Strengthening Families, Strengthening Communities' programme was a longer programme with an emphasis on peer support. It was more suitable for parents whose first language is not English.
- 2.11 Support workers had a broad range of skills. Families First includes specialists in disability, fostering, social care, employment support and mental health. Staff were encouraged to share their experiences and learning through fortnightly group reflection sessions. Support workers sometimes carried out joint home visits with other professionals to maximise the support available to the family. Staff turnover was manageable and current vacancies had a high number of good quality applicants. Although management were aware of the risks of staff "burnout" it was advised that the service was very supportive towards staff. In general staff had left the service for career progression.
- 2.12 Early help services could uncover further, more complex issues through their work, such as domestic violence. This was a sensitive issue and family support workers had received relevant training. On uncovering a case of domestic violence, support workers would carry out a risk assessment in order to determine if a MARAC (Multi Agency Risk Assessment Conference) was required. Support workers always sought to minimise the risk to victims.

#### The experiences of service users

- 2.13 The Committee received evidence from users of both the Families First and IFIT services. The evidence received was overwhelmingly positive, with all of the families interviewed praising the early help services. The families indicated that, as well as providing practical support, early help services had helped to increase their confidence and raise their aspirations.
- 2.14 Support workers received particular praise from service users. Support workers were described as professional, friendly, approachable, dedicated, knowledgeable, non-judgemental and good with children. Families indicated that trust between families and support workers was very important. It was extremely important to service users that they had a single support worker, so that they could develop a working relationship and didn't have to re-tell their story. Some service users commented that support workers were from a similar background to their own and this helped to develop a bond between them. Families were generally clear on what their support workers could and couldn't do and recognised the importance of maintaining professional boundaries. It was reported that some support workers had provided support outside of usual working hours during crisis periods; it was highlighted that this required management approval, but service users valued this flexibility.
- 2.15 Islington's early help services used a mentoring and supportive approach which was intended to empower service users and build resilience. The services also took a holistic "whole family" approach where support was offered to parents, children and siblings. These approaches were well received by families. Parents felt engaged in their own support, and that early help services were being delivered in cooperation with them.
- 2.16 Islington's early help services were consent based; families had to choose to engage with the services. Given this element of choice, the Committee was encouraged that 91% of families referred to IFIT engaged with the service. Some families reported that they were initially anxious

about engaging with the service, however were eventually glad they had engaged. The Committee welcomed the persistence of support workers; it was advised that if a family was not engaging, early help services considered whether other communication methods could be used and how links with other services could encourage engagement. Early help services would make telephone calls, send letters, and even carry out unannounced visits to encourage engagement.

- 2.17 Many of the families interviewed compared the welcoming approach and positive experiences they had with early help services to the negative experiences they had with other services. In particular, families had little trust in social services, housing providers and schools and found these services difficult to work with. IFIT intervention workers agreed that some services were not as sympathetic to service users as early help services. However, it was suggested that service users' negative experiences of other services may be influenced by the purpose of their interaction with them. For example, service users were most likely to engage with schools, housing and social services when there was a particular problem. In such instances, the service often had statutory powers to sanction service users and this was likely to lead to negative experiences. This was very different to early help services, the only purpose of which was to support parents and families. It was also noted that other services, such as housing providers, often did not know the background of service users, and service users did not want to disclose personal information to other agencies.
- 2.18 The Committee was pleased with the extremely positive feedback received on the services, however was cautious not to conflate the services' popularity with its achievement of results. At the very least, the approach of early help services was clearly working to engage families with complex needs, and the Committee suggested that other front line services may be able to learn from this approach. Families reported that they were sometimes anxious about contacting other services, or believed that their interactions with them would not be as positive as those with early help services. Although early help services worked to build the resilience and increase the confidence and independence of service users, the Committee speculated if more could be done to make other council services more approachable to the borough's most vulnerable residents. For this reason the Committee recommend that the positive feedback received on the Council's early help services be noted and consideration be given to how similar approaches to positive relationship building can be adopted by other services.

#### Promotion and outreach

- 2.19 The promotion and outreach work already undertaken by Families First included advising council tenants of the service at the start of their tenancy, attending community events and working in local schools and doctor's surgeries. Information was also available from the Council's website.
- 2.20 Many of the families interviewed had not heard of either Families First or IFIT before their intervention began. It was thought that this unfamiliarity led to anxiety about engaging with the services. Some service users had assumed the early help services would be similar to the statutory services they either had negative experiences with or negative perceptions of, and were then surprised when this was not the case. It could be thought that simply increasing publicity of the services could counteract this issue; however officers noted that this may have the unintended consequence of attracting families who may not have the greatest needs. The resources of early help services were limited and for this reason promotion should be targeted at those with the most complex needs.
- 2.21 Promotion and outreach work should also help to reduce the stigma associated with accessing help services. Although it was thought that there was less stigma attached to early help services than statutory services, some of the service users interviewed suggested that they previously considered accessing help to be shameful and explained that, for example, their own parents would not have accessed early help services. Some work was already carried out to remove

stigma; the integration with universal services and co-location with area housing offices and other community buildings was intended to normalise access to help, however it was thought that more could be done in this area.

- 2.22 The Committee learned that the London Borough of Lambeth had appointed 'Parent Champions' to raise the profile of early help services in the community and to normalise accessing help. Some early help service users expressed that they would be willing to work as volunteers and it was thought that a similar role could be introduced in Islington for these parents. The Committee recommend that the early help services appoint former service users as ambassadors to work in the community, both publicising the service and removing the stigma of accessing early help services.
- 2.23 The need to increase publicity and outreach to the most vulnerable was also emphasised by the evidence received from Islington Learning and Working. It was suggested that some parents were unaware of the full range of support services available to them and this could result in anxiety about making changes to their home life. For example, it was suggested that many parents were unaware that the Council funded a childcare bursary to help single parents with the cost of childcare.
- 2.24 Another improvement which could be made is better publicising that families may change support worker in exceptional circumstances. It was reported that some families had changed support worker, and others were unaware of this possibility.

#### Building resilience

- 2.25 Families First had a target of each intervention lasting six months, however this could last longer if service users were not yet ready for their intervention to end. This was often the case if families were particularly slow to engage with the service or had more complex needs. IFIT interventions were intended to last for a twelve month period split into three stages; assessment, intensive intervention, and maintenance. Support reduced during the maintenance stage and families were supported in sustaining the changes made during the intervention stage. Support through IFIT could be extended if a family was not yet ready for their intervention to end.
- 2.26 Users of both services interviewed by the Committee expressed their anxiety at their case being closed and some worried they would not be able to cope after their intervention ended. Some service users explained that early help services carry out a great deal of advocacy work, liaising with schools, housing providers and others on their behalf, and worried that they would not be able to engage positively without the help of their support worker. Support workers agreed to an extent, indicating that some schools seemed more willing to engage with professionals than parents. It was also commented that support workers could identify service failures due to their familiarity with the processes of schools and other agencies, whereas parents would not necessarily be able to do so.
- 2.27 Some families suggested that a longer time period for interventions was needed; however officers suggested that a fixed and relatively short timescale was most effective in focusing service users on achieving their goals and leaning to live independently. It was highlighted that families were always able to re-refer to the Council's early help services, or ask for advice and guidance when required. Members of the Committee commented on the drastic change in service users; from being anxious about engaging with the service to not wanting to end their intervention within a relatively short time period. This was considered to be indicative of the effectiveness of the service.
- 2.28 Some of the families interviewed were unsure of their progress and what would happen when their intervention ended. The Committee understood that this topic had to be handled sensitively

with families, however it was suggested that greater communication around timescales and individual progress with their intervention could minimise the anxiety families felt about their support ending.

- 2.29 Many of the families interviewed expressed that they were socially isolated and it was considered that their anxieties about their intervention ending were partially connected to their lack of a social support network. This presented problems as it was suggested that those without a support network were more likely to require follow up support from early help services. The Committee heard some evidence to suggest that support workers helped to reduce social isolation by recommending social groups to service users; however the Committee considered that further work was needed in this particular area. It was recommended that early help services better prepare service users for their intervention ending by working further to build resilience, which will reduce social isolation and empower families to live independent and fulfilled lives;

### Outcomes and impact

- 2.30 The Committee gave a great deal of thought to how the success of early help services could be measured. It was agreed that any measure of success must be focused on outcomes for families, however as the purpose of early intervention programmes is to turn around families before significant problems arise, it can be difficult to evaluate the outcomes and impact of the service quantitatively.
- 2.31 It was possible to monitor the outcomes and impact of the service through the service's own assessment tools. Each family was measured on the 'family star' assessment tool at the beginning and end of their intervention. The purpose of this was to identify the areas in which the family needs the most support and to enable the family's progress to be measured over time. Through this tool, Families First was aware that the majority of clients had made good progress, and that it had been most successful in improving the safety of children, however further work was needed to improve the social networks of clients. Although this monitoring was considered useful, it was recognised that this was not an independent measure of the service's outcomes, and although the family star indicated the service's successes with particular families, it would not highlight the performance of the service more generally, or identify any problems with the quality of the service encountered by service users.
- 2.32 Families First had evaluated customer service internally through a mystery shopping exercise in November 2014. Former service users were asked to make a telephone call to Families First, and were given a fictional case study to present to the service. This exercise yielded two inadequate responses and one good response. Although the results of this exercise were not encouraging, the Committee was pleased that the service had made changes and increased staff training as a result of this exercise.
- 2.33 The service had also undertaken exit interviews with former service users in March 2015. 45 former service users were randomly selected and of those 16 agreed to give feedback. All service users had ended their intervention within the previous six months. The results of this exercise were very positive, with over 50% stating that Families First 'definitely' provided the family with the support they wanted, and the same number indicating that they felt involved in planning the work with their family. A significant proportion, 81%, advised that Families First had helped them feel less stressed and anxious, and the same number rated their experience with Families First as 'good' or 'excellent'. No negative feedback was received through the interviews.
- 2.34 Although the Committee considered the results of the exit interviews to be very positive, it was recognised that the survey was of a relatively small sample of service users, and families who felt they had received a good service may be more inclined to provide feedback. Families who experience difficulties with spoken English were also not interviewed as part of the exercise. It

was noted that while exit interviews provide the service with valuable information in regards to service quality, the interviews do not objectively assess the impact of the service and are sometimes dependent on service user expectations; for example, one interviewee gave the service a neutral rating as their housing situation had not improved, however such matters are beyond the control of the service. It was noted that other internal evaluation is undertaken, such as the three Families First teams cross-auditing each other's work.

2.35 Objective and independent evaluation of the service can be conducted externally. The Council commissioned an external evaluation of the service, the conclusions of which became available towards the end of the scrutiny review. This concluded that Islington's early help services had been *'successful in directing their services at families who face the 'priority issues' outlined in their service specifications.'* The evaluation made a number of recommendations, one of which was to work further with families with adolescent children. The evaluation noted that the Families First service had a disproportionate focus on children of a primary school age, with 67% of the 2013/14 cohort under the age of ten. Although it was noted that Targeted Youth Support service supported a large number of adolescents, this service did not work with parents on wider family issues. The evaluation suggested that further thought is required in regards to how early help services can work more collaboratively with other youth services on this issue, and how adolescents with escalating needs can be identified and engaged before their needs become entrenched. The Committee welcomed this detailed external assessment and recommended the service to adopt its recommendations on working further with families with adolescent children.

2.36 One aim of this scrutiny was to analyse the extent to which early help services prevent needs escalating to the point children, young people and families need statutory intervention. Unfortunately it was not possible for the Committee to make a firm conclusion on this point. Due to the nature of early help services, there were difficulties in assessing how many families would have otherwise gone on to require statutory services. The independent evaluation of the Council's early help services advised that no local authority had yet conclusively demonstrated a reduction in need for statutory services since the introduction of early help strategies and the Troubled Families agenda. However, there were promising indications that the Council's early help approach was working. In 2014/15 the Children's Services Contact Team received an 11% increase in contacts, however experienced a 13% reduction in the number of cases referred to social care, which in turn meant that social care carried out 12% fewer assessments. Of those assessments carried out by Children's Social Care, 70% went on to receive a service as opposed to 50% in the previous year. The implication of this was that more contacts were being made for early help services, and more contacts were being diverted to early help services rather than social care. As a result fewer and more appropriate cases were being dealt with by social care, and a greater proportion of social care assessments resulted in a service.

2.37 The Committee was pleased with the indications that the early help approach was working to reduce demand on statutory services, however in the absence of conclusive evidence, the Committee expressed that a vision of success is needed for early help services and the Council may wish to further consider what success will look like and how this can be monitored.

2.38 It was also difficult to objectively assess how particular areas of the service were performing. A member queried how the effectiveness of the psychologist support to Families First was measured. It was recognised that this was difficult to evaluate as the psychologists did not frequently work with service users directly, however it was possible to undertake staff surveys, measure family wellbeing, and review how the recommendations of the clinical psychologists were being implemented. These indirect evaluation measures were welcomed by the Committee, however further illustrated the difficulties faced in quantitatively evaluating the impact of the service.



- 2.39 There were other measured outcomes which indicated that the service was performing well. Early help services (including children's centres) reached 12% of children and young people in Islington. Families found Islington's early help services accessible, flexible, and it was easy to get an appointment. Internal evaluation indicated a very high level of satisfaction with the services, and all of the families interviewed by the Committee as part of the review indicated that early help services had made a positive impact on their lives. 68% of families engaging with Families First and 31% of families engaging with IFIT had experienced a reduction in school absence. 48% of young offenders known to IFIT did not re-offend, and of those that did, 37% reduced the frequency of their offending. Many of the families interviewed by the Committee spoke of their increased confidence, improved family relationships, and expressed gratitude towards the service. In conducting the review the Committee heard positive anecdotal evidence of ways the services had helped families, including how the service had helped a family avoid eviction, and how the service had helped source funding for a family with a child with medical needs.
- 2.40 The available evidence suggested that Islington's early help services had a positive impact on families and led to improved outcomes for children. There were positive indications that early help services were reducing demand on statutory services, however not enough evidence was available to make a firm conclusion on this point. To ensure that the services continue to perform favourably, the Committee recommend that the internal monitoring and evaluation of early help services continue to be prioritised through further exit interviews and mystery shopping exercises. The service may wish to consider the methodology of this type of internal evaluation to ensure that the widest possible range of views on the service is sought.

#### Comparisons with other local authorities

- 2.41 The Committee received evidence from officers of the London Borough of Lambeth about their early help offering. It was noted that Lambeth's service had a multi-agency approach with similar step-up and step-down procedures to Islington's. Lambeth's service had a similar approach to Islington's and had also provided parenting programmes. Differences between the borough's services included the length of intervention and evaluation measures. Lambeth's early help interventions lasted between three and six months, and the impact of the service was assessed against broader societal measures, such as overall reductions in the number of young people classified as NEET and teenage pregnancies. Although the early help services of Islington and Lambeth were similar in many ways, it was thought that benchmarking services was a useful tool in learning best practice from other local authorities.

#### Specialist services and projects

- 2.42 The Committee noted how early help services worked with other support services and emphasised the importance of joined up working to achieve the best outcomes for families. For example, early help services could be supplemented by wrap-around employment support services which thought to be crucial in improving outcomes for workless families. Islington Learning and Working delivered the iWork service which provided coaching, mentoring and support to the long term unemployed. The service was co-located with Jobcentre Plus. Early help services could refer parents to the service, and likewise iWork clients could be referred to early help services. The service had adopted an approach to building relationships similar to the Council's early help services and it was thought that this had contributed to the service's success in increasing the number of parents helped into paid work. In 2012/12 the service helped 68 parents into paid employment and following the change of approach this number increased annually, to 380 in 2014/15. Service users were often most successful in finding employment when they considered employment to be a priority and understood how this would initiate change in other areas of their life. Employment could help to improve a family's financial position, increase aspirations, and broaden social networks. The Committee noted that the annual cost of the service was £269,000 and considered this good value given the number of people helped

into employment.

- 2.43 Early help services could also be supplemented by substance abuse support from the CASA Islington Community Alcohol Service, which the council had a partnership agreement with. The organisation was small, with one manager, three support workers and a part-time administrator, and was previously independent but had merged with Blenheim, a larger addiction organisation, to realise efficiencies. The organisation offered direct work with clients and training and support to professionals to increase their capability and confidence in working with those suffering from substance abuse. Similar to the council's early help services, the organisation had a "whole family" approach and welcomed self-referrals. An evaluation of the service was carried out in 2011, the results of which were very positive. Since this date the service has assessed its outcomes and achievements against its own measures. It was noted that there was no nationwide performance framework to benchmark the service against.
- 2.44 The Committee also noted the high prevalence of mental health need Islington and that a significant proportion of early help clients needed related support. Two clinical psychologists had been co-located with Families First since November 2013 and had provided support on 400 cases in their first year. It was thought that 46% of families engaging with Families First had a mental health need; these were often complex and related to trauma. The Committee emphasised the importance of effective, targeted mental health support for these families. Some families had a history of not engaging with mental health services and therefore the psychologists would need to consider how to improve the wellbeing of those in need without necessarily referring to specialist services. Although this work was commended, the Committee was particularly concerned with the mental health of early help service users and suggested that better access to mental health provision could improve outcomes for these families. For this reason it was recommended that the Council work with its partners, such as clinical commissioning groups, to ensure better access to effective mental health provision.
- 2.45 There was a high prevalence of domestic violence in families accessing the Council's early help services and new programmes were being piloted for both victims and perpetrators. The Committee also welcomed the projects undertaken by early help services themselves to address the particular issues faced by service users. Families First was piloting a project for families whose children struggled with school attendance, which would involve working with a small number of families in the early mornings and evenings. A support worker at the Highbury and Hornsey Team had also worked in her own time with teenage service users to produce a short film, the aim of which was to raise aspirations.
- 2.46 The Committee was pleased with the integration and wrap-around approach adopted by the service and the number of projects available to assist families with particular needs. The Committee wished for these to continue, especially those which focus on mental health, school attendance, domestic violence and parental employment which were considered crucial to improve the outcomes for families. It was recommended that the Executive continue to prioritise mental health, school attendance, domestic violence and parental employment as key factors in achieving family wellbeing.

#### Enhancing the service

- 2.47 In carrying out the review the Committee asked service users and support workers for their suggestions to improve the early help services. Service users had very few suggestions, with many re-stating their satisfaction with the services. Some parents suggested extending the working hours of support workers. Family support workers were available during usual working hours (9am – 5pm) and it was suggested that extending these could provide a more comprehensive service. However, family support workers were already available for early and late appointments, and weekends, on request. Officers highlighted that support workers were not an emergency service which needed to be able to respond immediately, and as the majority of

service users were not in full time employment, there was no reason to amend working hours. The Committee agreed with this view and found the current flexibility of the service to be good.

- 2.48 Parents also suggested that Families First could offer crèche facilities for families who had to attend appointments with other services where it would not be appropriate for their child to attend. Although the Committee understood the need for affordable and good quality childcare, providing such facilities directly was not thought to be a priority for the service. It was also suggested that more joint meetings could be had between early help support workers and social workers, if a family is receiving support from both services.
- 2.49 Some support workers suggested that increased access to remote working would be useful, as this would give them the ability to take technology on home visits. However officers said that this would require a significant financial outlay and may not achieve value for money given the relatively small amount of written work completed by support workers. It was also noted that staff had laptops to enable home working when appropriate and the Council was in the process of upgrading its case recording system which would lead to efficiencies.
- 2.50 Support workers also suggested that a discretionary 'crisis fund' could be available, offering small amounts of money (£10-20) for families in extreme crisis situations. It was understood that Children's Social Care had a similar budget. The Committee noted that such a fund would add additional costs to the service which would be difficult find, however the Committee recommended that officers investigate if such a fund could be provided within existing budgets.
- 2.51 Other suggestions of support workers included a dedicated and well-resourced meeting room, external therapeutic support for support workers, further professional development, and further programmes for perpetrators of domestic abuse.
- 2.52 Some suggestions were made which the Committee thought warranted further consideration. It was thought that a greater emphasis could be given to helping families to access other services and support available to them. One theme that emerged through the review was that some families needed help in accessing the Council's online services. Demonstrations of how to access these from council facilities or local libraries could be beneficial. Support workers also expressed that some families may benefit from cultural and social trips and outings, and although the service could not fund these directly, it was understood that some local theatres had outreach schemes and the service could help families access these and other similar opportunities. It was noted that such trips can inspire and raise the aspirations of young people and strengthen family relationships. The Committee recommended that consideration be given to how information about cultural and social opportunities can be more accessible to families and staff.
- 2.53 The Committee also asked partner agencies for their suggestions to enhance the service. Newington Green School commented that it would be helpful for schools to receive updates on families that had self-referred to the service, however the importance of confidentiality was accepted. The opinion of the school was that the Families First budget should be protected.

### **3. Conclusions**

- 3.1 The Committee found Islington's early help services to be of a high quality. The services worked well with partner agencies, were integrated with other support services, and took a comprehensive 'whole family' approach. The services were very well received by service users, with families praising the accessibility of the service and the work of support workers. There was evidence that the Council's early help services and associated wrap-around support services were leading to better outcomes for families, and there were positive indications that early help services were reducing the demand for statutory services. It was known that school attendances were increasing, parents were being helped into paid employment, and parents had expressed

that they feel empowered and more confident as a result of their interaction with the services. Although there was scope for further innovation, the Committee supported the work of the Council's early help services and recommended that the Executive continues to prioritise the early help approach. It was hoped that continuing the early help approach over a sustained period of time would further decrease demand for statutory services.

- 3.2 In carrying out the review, the Committee met with officers, support workers and members of the public to gain a balanced view. The Committee would like to thank witnesses that gave evidence in relation to the scrutiny. The Executive is asked to endorse the Committee's recommendations.

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|---|
| <b>SCRUTINY REVIEW INITIATION DOCUMENT (SID)</b>  |
| Review: <b>Impact of Early Help on preventing escalation to statutory services</b>  |
| Scrutiny Review Committee: <b>Children’s Service Scrutiny</b>   |
| Director leading the Review: <b>Eleanor Schooling</b>   |
| Lead Officer: <b>Ruth Beecher</b>   |
| <p>Overall aim:</p> <ul style="list-style-type: none"> <li>• To analyse the extent to which services provided by Islington council and its partners are preventing needs escalating to the point children, young people and families need statutory intervention (statutory social work services and youth offending service).</li> <li>• To highlight areas of good practice</li> <li>• To make recommendations to further improve outcomes for families with multiple problems</li> </ul>   |
| <p>Objectives of the review:</p> <p>To identify how well the early help approach is:</p> <ul style="list-style-type: none"> <li>• <b>identifying issues</b> at the onset to nip problems in the bud</li> <li>• providing a system of support that is <b>easily accessible</b> for families</li> <li>• providing a <b>range of services</b> to meet the differing levels of need of families and how they address issues related to school attendance, offending and employment including parental employment.</li> <li>• providing <b>effective programmes</b> of support</li> <li>• effectively <b>building family functioning</b> and ability to solve/overcome problems</li> <li>• effectively <b>solving problems</b> faced by children, young people and families identified as having multiple needs that can’t be met by universal services, preventing offending and the need for entry into social care services.</li> <li>• making efficient and effective <b>use of all resources</b> available</li> </ul> |
| <p>How is the review to be carried out:</p> <p>Scope of the Review</p> <p>The review will focus on:</p> <ol style="list-style-type: none"> <li>1. The national and local context <ul style="list-style-type: none"> <li>• The legislative framework</li> <li>• National early intervention and prevention policy context</li> <li>• National policy context including Troubled Families Programme</li> <li>• Local strategies including the Early Help Strategy and Family Support Strategy</li> <li>• Our role as a local authority and that of our partners</li> </ul> </li> <li>2. Local need <ul style="list-style-type: none"> <li>• National and local definition of need</li> <li>• Troubles Families Programme Data on families with multiple problems</li> </ul> </li> </ol>   |

3. Community budget approach
  - Pooled resources
  - Financial information
  
4. The local early help offer
  - Early help services including Troubles (Stronger) Families, Families First, Islington Family Intensive Team (IFIT)
  - Parenting programmes
  - Evidence of 'what works'
  
5. Partnership working
  - Interagency working (i.e. Family Action; Parent Employment Partnership)
  - Inter-departmental working
  - Work with schools and other partners (i.e. police and health)
  
6. Systems and processes
  - Referral pathways
  - Common Assessment Framework
  - Lead Professional
  
7. Current performance
  - Phase 1 Families First evaluation
  - Troubled Families PBR
  - Phase 2 evaluation plans

Types of evidence:

1. Documentary submissions including:
  - Contextual report
  - Early Help Strategy and Family Support Strategy
  - Evidence of Islington's early help programmes and approaches - best practice and what works
  - Evaluation of Families First
  - Evidence of revised systems (referral routes/assessment tools/ outcome recording and measurement tools)
  - Evidence from diversionary work (IFIT)
  - Parent Employment Partnership evaluation
  - Case studies/user survey information
  
2. Witness evidence including:
  - i) Officer presentations  
(eg. Families First, IFIT, Targeted Youth Support, Chair of Community Budgets Steering Group)
  - ii) Partners  
(eg. schools, health, police, Family Action (the organisation contracted to deliver Families First))
  - iii) Contractors  
(i.e. Family Action – the provider delivering Families First)
  - iv) Parent Employment Partnership

### 3. Visits

- Families First
- Schools
- Targeted Youth Support (i.e. detached youth work)

Additional Information:

## Children's Service Scrutiny – Work Programme: Early Help Scrutiny

### Scrutiny topic: Impact of Early Help on preventing escalation to statutory services

#### Our role as a scrutiny committee:

- To ask questions about decisions that have already been taken
- To ask whether these decisions are good enough
- To make recommendations to further improve what the council (with partners) are doing

#### Focus: Access and Effectiveness

Section 4 of SID: The local early help offer

- Early help offer: Families First; IFIT (Islington Family Intensive Team)
- Parenting Programmes
- Evidence of what works

Section 5 of SID: Partnership working

- Interagency working (ie. Family Action; Parent Employment Partnership)
- Inter-departmental working
- Work with schools and other partners (ie. Police and health)

#### Key questions

- Is Families First reaching the right families, those families who, without the additional support, are more likely to require statutory intervention?
- Do parents get the right help when they need it? And do parents feel this help is beneficial?
- How do we know Families First is making a difference?
- Do we know Families First is reducing demands on statutory services?
- Are parenting programmes working?
- Is Families First an effective use of resources? Is it value for money? Are we going to save money/avoid costs in the future?

#### Work programme for early help scrutiny

##### Additional documentation

- Families First Service Specification
- Finance report
- Families First evaluation (TBC) – we have previously provided the committee with the early impact evaluation of Families First. We have commissioned a follow up evaluation which is currently in progress and we will share the findings with the scrutiny committee if we receive the final report in time.



**9 March 2015: Witnesses**

| <b>Who</b>                                    | <b>Organisation/remit</b>  | <b>Area of focus</b>   |
|---|--|--|
| Elaine Sheppard<br><br>Lucinda Hibberd-French | Family Action – VCS organisation contracted to deliver part of the Families First geographical offer<br><br>Deputy Service Manager, Islington Children’s Services - responsible for the Families First Service | <b>Families First model of delivery</b> – how do they engage with families – proportion that are self-referrals, how closely the <b>profile of families</b> receiving a service match the <b>profile of needs</b> , what sort of families do they engage with, are these the <b>right families?</b> , how does the service work with universal services including schools?, reducing stigma, <b>impact of service</b><br><br><b>Safeguarding</b> – identification of need – importance of and effectiveness of system addressing continuum of need, step up and step down from statutory services. Families First work re: <b>Domestic Violence.</b> |
| School staff                                  | Newington Green School   | Change in way <b>school works in providing early help</b> to children and parents and co-ordination with other services, including Families First and CAMHS; difference it makes for students.   |
| Win Bolton/Michelle Tolfrey                   | Camden and Islington Mental Health Foundation Trust  | <b>Parental mental health service</b> in IFIT, Families First and CIN  |

**28 April 2015: Witnesses**

| <b>Who</b>  | <b>Organisation/remit</b> | <b>Area of focus</b>   |
|---|---------------------------|--|
| Stella Clarke – Programme Director Preventative Services<br><br>Geraldine Abrahams – Delivery Lead Multi-Agency Team 2<br><br>Marcella McHugh – Delivery Lead Multi-Agency Team 1 | London Borough of Lambeth | To provide a <b>comparison with the way another borough</b> delivers early help, the way they work with partners, tackle the issue of getting the balance between being non-stigmatising and yet reaching those families most in need of support, key challenges they face, impact of services, what works, plans to develop their service |

|  |   |  |
|--|---|--|
| Ellen Ryan   | Islington Learning and Working (ILW) Manager, LBI | <b>Employability/poverty</b> -<br>Parental Employment Partnership – partnerships between ILW, Children’s Services and Jobcentre Plus to set parents/adult children on the pathway to employment  |
| Hazel Jordan   | CASA Islington Community Alcohol Service          | CASA works with families First but also deliver separate pieces of work specifically around <b>substance misuse</b> .  |
| Families (at a special witness evidence session from 7-7.30pm prior to main meeting) |   | To find out about <b>families’ experiences</b> of support from Families First and IFIT, whether the support was what they needed and at the time they needed it. Whether we are delivering our Early Help Pledge. And what difference the support has made to families. How could the service be more effective? |

**Visits (to take place between March and May)**

| Who                         | Organisation/remit                            | Area of focus   | When                                    |
|-----------------------------|---|---|---|
| Family Intervention Workers | Islington Families Intensive Team (IFIT), LBI | <b>Family Intervention Workers</b> provide intensive outreach support and challenge to (usually workless) families who with young people aged 10-18 years. The families are at high risk of eviction, children are not attending school, and/or are involved in crime and anti-social behaviour. Find out methods of <b>engaging</b> with families, <b>challenges</b> of working with families with complex needs, the <b>difference</b> their support makes. | Wednesday 22 April 2015<br>1pm – 4.30pm |

|  |                        |   |  |
|--|------------------------|---|--|
| Family Support Workers (visit to 2 area teams) | Families First         | Find out methods Family Support Workers use to <b>engage</b> with families, <b>challenges</b> of working with families with complex needs, the <b>difference</b> their support makes.   | Monday 13 April 2015<br>10-12noon<br>1-3pm |
| Parents/families                               | At Families First site | To find out about <b>families'</b> <b>experiences</b> of support from Families First and IFIT, whether the support was what they needed and at the time they needed it. Whether we are delivering our Early Help Pledge. And what difference the support has made to families. How could the service be more effective? | Monday 13 April 2015<br>10-12noon<br>1-3pm |

- **11 June 2015: Draft recommendations and report**
- **6 July: Final Report**

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