

# Early Intervention and Help Strategy

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2015-2025

Islington Council

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# Introduction

## Early help means taking action to support a child, young person or their family

- at an early stage in a child's life to prevent problems from occurring  
and/or
- at the first sign of a problem to prevent that problem from getting worse.

This document sets Islington's continuing commitment to make the borough a better place for children and young people, their families and their communities by making sure families get the support they need when they really need it.

Islington's Children and Families Prevention and Early Intervention Strategy 2015-25 sets out the Vision, Principles and Priorities that will drive the work of the Partnership over the next ten years.

The Children and Families Strategy places early intervention and prevention at its heart. It stresses the important role universal, targeted and specialist services they play in promoting resilience and supporting children, young people and families to achieve outcomes important for their wellbeing, recognising the importance of intervening as early as possible when families need additional help.

The plans for addressing Priority 2 – 'Strengthening our early help support for children and families who have additional needs' are detailed in this document.

The document has three parts:

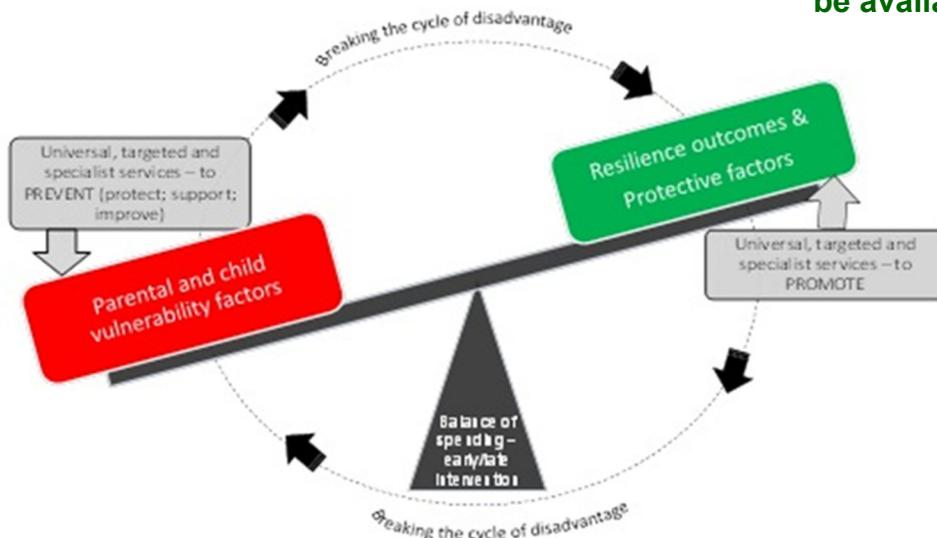
### Part One – the pledge – our commitment to Early Help

1. Every communication will count.
2. We will not pass the buck.
3. There will be one main point of contact.
4. Assessments will be uncomplicated and robust.
5. Services that are needed will be easy to access.
6. Services will be safe, practical and useful.
7. Children, young people and adult family members will be involved in agreeing what support is needed.

Developed in 2010, the pledge is becoming a reality for families and the staff who work hard to support them. Managers and staff in children's and adults' services have signed up to the six simple commitments to families contained within the pledge.

### Part Two – the strategy – how we will do it

### Part Three – the services – what will be available



# Part One: The Early Help Pledge to Families

Most of the time most families get on with their lives, coping with the ups and downs and challenges that come their way, with little or no involvement needed from those outside their circle of family and friends. However, most families need some support at some point. This can range from a one-off visit to their GP, attending a parenting programme or intensive support to manage a child's difficult behaviour.

Islington Children and Families Board pledges to ensure access to good quality universal services that help families and communities to deal with their own situations and problems themselves, only intervening when there is real concern for the safety or well-being of a child or young person, to address problems as early as possible.

This means:

**Every communication will count.** The first conversation is often the most important and we want to make sure that each contact is productive. Children, young people and adult family members will be welcomed and listened to and not judged. Staff will help families work out what can and cannot be done and by whom.

**We will not pass the buck.** We will support families to resolve difficulties at the point of enquiry wherever possible. When other services are needed to help, we will support the family and draw other services into a team around the family rather than making unnecessary referrals.



**There will be one main point of contact.** This will be someone who the child, young person and adult family members trust. They are usually called the Lead Professional. S/he or she will work with the family and other professionals to make sure that needs are assessed and the right support put in place as quickly as possible.

**Assessments will be uncomplicated and robust.** A thorough assessment will be carried out with the family to make sure that the whole family's situation is understood and taken into family members to verify and build on information already gathered rather than asking them to repeat themselves.

**Services that are needed will be easy to access.** Children, young people and adult family members will be able to go a place of their choice (may be their school, their GP, their children's centre or another venue) and receive the right level of information, advice or support to get the help they need as quickly as possible.

**Services will be safe, practical and useful** and available close to home or in a place where families can get to them. Services will make a real difference to families and to the individuals in them.

**Children, young people and adult family members will be involved** in agreeing what support is needed and drawing up goals in a plan that everyone can sign up to and that sets out mutual expectations.

# Part Two: The Early Help Strategy

## Our vision for children, young people and families in Islington

We want children and young people in Islington to have the best start in life.

This means we want healthy babies and good maternal health, and during the early years, for young children to have secure attachments to capable and confident parents.

Once children are in primary school, we want them to develop to their full potential, to be healthy, and ready to thrive in secondary school.

In secondary school, we want healthy adolescents who are able to prepare for adulthood by developing social skills and emotional resilience, to achieve and have realistic ambitions, understanding the paths that will help them achieve these.

We want healthy young adults aged 16+ who are in education, training or employment that fits with their abilities and aspirations, who have stable positive and respectful relationships and have independent living skills.

We want children and young people of all ages to be safe, able to learn from experience and have the confidence to make positive and safe choices.

As children and young people develop, we want to make sure their transitions through the stages of development are smooth and that their parents/carers feel confident in their parenting and can easily access early help if they need it.



## Our vision for services and how they are delivered in Islington

We want Islington to offer high quality, high value and easily accessible services that target the people who need them most. By 2025, we want an Islington where:

- Children and their families receive the services they need, when they need them and where they can best access them
- Service providers (for example, schools, children's centres, health services, play and youth, and voluntary and community sector services) work together to make sure families receive the services they most need when they need them most
- Commissioners work together across services and across sectors to achieve the best value for money
- We know and can demonstrate the difference that services make to the lives of children, their families and their community

## What Early help means

Early help can mean (a) taking action at an early stage in a child's life or it can mean (b) taking action at an early stage in the development of a problem. It is about stepping in as early as possible either at the first signs of a problem or before a problem becomes apparent to prevent that problem from getting worse.

This strategy outlines our approach to early help across all stages of a child and young person's development but it does not focus on a) taking action at an early stage in a child's life in detail. This is because we believe the 'Conception to Five' phase requires specific focus and this is set out in "Ten Steps to Healthy Child Development" at Appendix A as part of our Conception to 5 Framework. The main body of this strategy concentrates on (b) taking action at an early stage in the development of a problem or with families who are most at risk of developing problems. To be successful, we must involve all staff, whether they work in a service that primarily supports children and young people or adults, adopting the 'Think Child, Think Parent, Think Family' principle in their work. A whole family approach enables staff to identify the challenges for each person in the family unit and to help them develop strategies that will assist them as a unit to be more resourceful and resilient in the future.

**For people delivering services,** early help means looking out for vulnerable families, knowing when to intervene and what action to take so that problems are addressed when they first emerge. This requires all those working with children, young people and families to be able to make a quick assessment of the situation and to know what services are available and which ones would be appropriate. This might require professionals to step outside their immediate sphere of reference, (for example, for staff working in children's services to think about adults' services and vice versa). The *early help assessment* is the best way for staff to gather information about family's strengths and difficulties and help staff to speak in a common language and therefore make good decisions about which level and type of service will best suit the family's circumstances.<sup>1</sup>

**For people managing staff,** early help means building the confidence of front-line practitioners to identify concerns, engage families and solve problems at the lowest levels of need. They need to know how to carry out an *early help assessment*, to make a judgement on whether the family can resolve their problems with advice and information, or whether they will need more hands on support or to be linked into another service. Managers must ensure they put in place appropriate professional development, support and supervision so that staff feel confident in building effective relationships with families and delivering early help.

**For people managing budgets and commissioning services,** early help means thinking creatively. Commissioners across disciplines and services need to realign budgets so that more money is invested in early help for families. In doing so savings should be made, as fewer families need higher level, more expensive provision such as foster care or interventions from the police or youth offending services. These savings can then be reinvested in early help thus perpetuating the benefits of the of 'invest to save' approach. Commissioners will plan and coordinate services to avoid duplication and make services more efficient. Here too, there is a need to 'think child, think parent, think family.'

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<sup>1</sup> The early help assessment is a tool to help practitioners understand a child, young person and family's additional needs and develop a clear plan to help them find positive solutions. (It was formerly called the CAF). The early help assessment is completed on a simple electronic form which anyone working with children, young people and parents/ carers in Islington can gain access to after a short training session.

## Why Early Help is important

The importance of early help has had increased recognition in the UK since 2010.<sup>2</sup> This is because early help to children, young people and their parents and carers means:

- Children and young people have better social, emotional and community skills and are healthier.
- Parents and carers can provide the attachment and nurturing that children and young people need to develop and can manage their behaviour with confidence. They can also look after themselves and develop their own potential through learning and employment.
- Children have a stronger foundation for learning at school and for their future adult lives, including relationships, job prospects and general wellbeing.
- Early Help has economic benefits. Universal and targeted services can be delivered at a lower cost than higher-level specialist services.

The Early Intervention Foundation is an independent charity established in 2013 to support services to move from late reaction to early intervention. They gather and analyse evidence about what works and advise local authorities, charities and potential investors on how to implement early help to best effect in order to make the most impact for children and families. Islington is one of twenty 'Early Intervention Pioneering Places,' selected on the basis of the partnership's commitment to early intervention and the progress we have made on this agenda.

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<sup>2</sup> Allen (2011), 'Early Intervention, the Next Steps' and 'Early Intervention: Smart Investment, Massive Savings'; Field (2010), 'The Foundation Years: preventing poor children becoming poor adults'; Munro (2011), 'Part One: A System Analysis', 'Part Two: The Child's Journey' and Part Three: A Child Centred System'; Tickell (2010), 'The Early Years: Foundations for life, health and learning' and Marmot (2010), 'Fair Society, Healthy Lives'



Early Help has also increased in importance as the **national context** has changed since our last strategy in 2012. Changes include:

- Cuts affecting public services, a reduction in ring-fenced funding from the centre and an increased emphasis on local decision-making in relation to spend. Delegation of budgets for some early intervention and prevention provision 'away from' the local authority, for example to schools.
- Reorganisation of health services including new arrangements for public health and for commissioning community health services (by Clinical Commissioning Groups).
- Local government reorganisation.
- An increased emphasis on councils arranging and brokering (rather than delivering) services.
- Increased demand on adult social care to meet the needs of an ageing population.
- Increased demand on children's social care due to the wider economic context and changes to welfare systems.
- The national troubled families programme has demonstrated the exorbitant costs associated with families with multiple and complex needs, which average £70,000 per year per family. Where early help is not available or is unsuccessful, families require intensive high cost support to divert them from truancy, crime and the benefits system

## Why Early Help is no longer an optional extra

### 'Troubled Families'

Nationally, the government has recognised that earlier help is needed for families at risk of developing multiple and complex problems. The expanded Troubled Families Programme began in April 2015. It will retain the current Programme's focus on families with multiple high cost problems and continue to include families affected by poor school attendance, youth crime, anti-social behaviour and unemployment. However, it will also reach out to provide earlier help to families with a broader range of problems, including those affected by domestic violence and abuse, with younger children who need help and with a range of physical and mental health problems.

Rather than a small number of nationally defined criteria, the inclusion of families into the Programme will be based upon a cluster of six headline problems.

- Parents and children involved in crime or anti-social behaviour.
- Children who have not been attending school regularly.
- Children who need help;<sup>3</sup>
- Adults out of work or at risk of financial exclusion and young people at risk of worklessness.
- Families affected by domestic violence and abuse.
- Parents and children with a range of health problems.

In Islington, we deliver the national troubled families agenda positively through our 'Stronger Families programme.' There is no specific 'troubled families' service, as we use the Stronger Families programme to change the way ALL services support and challenge families to achieve positive and lasting changes in their lives.

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<sup>3</sup> Children who need help is a broad category that includes those not taking up early years entitlement, and vulnerable children who need services whether above or below the threshold for children's social care.

### The Legislative Framework – Working Together to Safeguard Children

Early Help is now required and Working Together to Safeguard Children 2013 sets out the legislative requirements and expectations on individual services to safeguard and promote the welfare of children.

Working Together 2015 identifies that providing early help is more effective in promoting the welfare of children than reacting later and specifies that this means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years.

Working Together states that effective early help relies upon local agencies working together to:

- identify children and families who would benefit from early help;
- undertake an assessment of the need for early help; and
- provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to significantly improve the outcomes for the child.

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 our local assessment of need and the latest evidence of what works in terms of early help programmes.

In addition to high quality support in universal services, specific local early help services will 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 and carers but should always be evaluated to demonstrate the impact they are having on the outcomes for the child.

Working Together notes that professionals should, in particular, be alert to the potential need for early help for a child who:

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

## Key Achievements since our 2011-2015 Early Help Strategy

- ❖ All relevant Council departments and external partners made a commitment to our Early Help Pledge to Families.
- ❖ We established a community budget in 2011. The budget includes pooled resources in cash and in kind from the Council; NHS Islington; Job Centre Plus; Probation; Police; plus the housing and voluntary sector. The community budget has enabled a better alignment of priorities across departments and organisations, better management of resources, and has funded a range of early help services for vulnerable families including family support and parenting programmes.
- ❖ We used the community budget to set up a new service – Families First - one consistent family support service for families with school aged children. Families First supports over 1,000 vulnerable families each year and is making a measurable difference in helping them reduce their problems.
- ❖ We know that our children’s centres are better quality than most with 91% judged good or outstanding by Ofsted.
- ❖ Our children’s centres have focused on reaching many more families, including those who are most vulnerable. Our reach to families in workless households has grown from 60% in 2011 to 94% in 2014.
- ❖ We have re-aligned the way our children’s centres work together and have strengthened locality working across 7 cluster areas
- ❖ We have developed and are piloting an integrated Health and Education review for children aged two to improve early identification and intervention.
- ❖ We have implemented a First 21 Months project through children’s centres and with our partners in maternity and health visiting following priorities identified by the Islington Fairness Commission to improve services for families during pregnancy and the first year of life.
- ❖ We have increased our offer for the most vulnerable two year olds and are now offering over 600 part-time early education places across the borough with primary schools particularly well-engaged
- ❖ Our Targeted Youth Support service provided a diversionary intervention to 105 young people who had come to the attention of the Police. 85% of these young people did not go on to reoffend within a year.
- ❖ We redesigned our Targeted Youth Support service to help staff provide support to young people when they need it and to build long term relationships. This has helped the team to support, for example, 60 young people to improve their school attendance and 40 young people to move into and sustain education, employment and training.
- ❖ We established a new intensive early help service (IFIT) for families where

adolescents were at risk of going into custody through anti-social behaviour and offending.

- ❖ We have embedded parental mental health staff within our early help family support (Families First and IFIT) and are introducing a new parental mental health service for the younger age group.
- ❖ Through our Stronger Families programme, Islington has performed well in terms of helping families turn their lives around in the first phase of the national 'troubled families' programme. Over 500 families have made positive changes to their lives and because of that, we are an early starter for phase 2 of the programme, which will provide more funding for early help.
- ❖ Practitioners who consider that a child or young person requires support are asked to carry out an *early help assessment* to gain a complete picture of a child or young person's additional needs. This helps them to identify children and families with additional needs, to understand the family's strengths and needs, and to wrap support around them. We have improved the quality of *early help assessments and plans* and many more services are taking a whole family approach.
- ❖ We have introduced a single point of contact to all children's services, from early help to the specialist level, called the Children's Services Contact Team. Referrals to CSCT are now made using an *early help assessment* (with parents/carers consent unless there are urgent safeguarding concerns). This helps in our aim to achieve a consistent approach and to avoid families having to repeat their story over and over. Once the

*early help assessment* is received by the CSCT, a decision is taken as to whether the family requires support from targeted early help services (Families First, children's centre family support, targeted youth support) or, if there are concerns about the safety or welfare of a child, from Children's Social Care.

- ❖ The number of contacts to Islington's children's social care has fallen since the introduction of Families First. An increase in the numbers of attendances at children's centre family support activities since 2011/12 is also having an impact.
- ❖ We have made steady improvements to our monitoring of early help services and introduced a consistent way of reporting on activity and quality across services. This is an ongoing work in progress and we will also be introducing a shared case management system over the period of the next strategy.
- ❖ We commissioned an external evaluation of our early help targeted family support delivered through children's centres, Families First and IFIT) and the learning from this is incorporated in our 'next steps.'

## What families and staff have told us about Islington's Early Help services

### Parents and carers

- "Having only one worker to talk to meant that I didn't have to repeat my story to lots of different professionals."
- Parenting courses should be part of a standard offer to all families, used as a preventative tool: "forewarned is forearmed."
- Groups are a "safe environment to share experiences."
- "Never too old to learn. Parenting is difficult and every child is different and you have to learn to deal with them as an individual..."
- Need to promote the work of Families First more: former or current service users should be involved in actively promoting the service by participating in talks at schools, community groups, activities explaining their experience of the service.
- "I now have more self-confidence and am more ambitious. I did feel that I was all alone but now I can talk to the staff at the children's centre. I felt before that I was falling down hill. Now I feel that I enjoy my time more with the kids. I am looking forward to waking up in the morning now, I'm more happy and that kids are more happy."
- "Very helpful, any time I need I get what I am looking for, they helped me get volunteer job to get skills, attended workshops for FGM and child development program."
- "Dads club - A very positive space for children & parents creating a very positive experience. Empowering & confidence building as a father."
- The Job Centre should offer Families First services to all families that are signing on with them.
- More should be done to include fathers so that groups have both male and female participants. There should be some male facilitators to provide a different perspective.

- "More information about what research / current literature says."
- "Made a point of asking me my input at professionals' meetings and that I understood plans and decisions."
- "I was a bit nervous at first. I wasn't sure I wanted someone poking into my family business – but she made me feel relaxed and like I was in control."

### Staff and partners

- We need to receive good quality, clinical supervision
- We need to understand the importance of building and developing relationships with parents and carers to support them to engage and stay with parenting support or parenting programme
- We need to build in time to plan parenting programmes and recruit the parents/carers.
- We need an accurate timetable of parenting programmes available in a rolling programme.
- We need more information about the evidence of what works and to understand which programmes will suit which parents/carers.
- We need more accessible parenting information on the website.
- We need better relationships with school staff and to run more programmes in partnership with schools.
- Parenting programmes provide a good opportunity to support parents/ carers on a pathway to work – we need to incorporate this.
- We need to encourage parents and carers to develop friendships and support networks that can continue after they do a parenting programme or have family support.
- We need to explore commissioning targeted programmes with neighbouring boroughs.

## What we know about the needs of Islington families

### General context

- ❖ Islington is a small and densely populated borough, in which there is a sharp contrast between wealth and poverty. There are approximately 43,500 children and young people aged 0-19 living in around 21,000 households.
- ❖ Approximately 42% of children living in income deprived households. Almost a third of children in Islington live in a household where no-one is working. 44% of all school children are eligible for free school meals.
- ❖ The proportion of children from a black or minority ethnic background is relatively high at 66%, and a significant proportion of children live in households where English is not the first language.
- ❖ Just under a third of children live in single parent households.
- ❖ 60% of children live in social housing, compared with 20% nationally. 75% are living in flats with limited access to outdoor space; the borough has very little land designated as green space and; 11% of households are overcrowded.
- ❖ Educational attainment is improving, with the number of young people gaining five GCSEs A\*-C now above the 2013 national and Inner London averages.
- ❖ There is a strong link between school absence and educational attainment, and whilst our attendance rates are improving, more progress is needed.
- ❖ There are a higher proportion of young people not in employment, training or education in comparison with their peers in other central London boroughs.
- ❖ 21% of residents have low or no qualifications, whilst 51% have university degrees.

### Vulnerability factors – children and young people

- ❖ **Child obesity** and high levels of **tooth decay** are a particular problem.
- ❖ Although emergency admissions for **long term health conditions** such as asthma and epilepsy are falling, the rates remain above the London average. As well as ongoing health risks, children with long term conditions are more likely to have their educational opportunities affected by absences related to their health and there may be negative impacts on children's emotional wellbeing.
- ❖ The rate of **teenage pregnancy** is falling, but higher than London and England.
- ❖ 277 (10%) of assessments carried out by Children's Social Care in 2013 recorded a concern about the **mental health of a child**. The estimated prevalence of mental health conditions among children and young people is high, with over 3,000 Islington children aged five to 17 with a mental health disorder. Mental health problems in childhood can have an impact in adult life, including qualifications and employment, relationships and family formation, health and disability. Good mental health allows children and young people to develop resilience to cope with problems they may face as they grow up.
- ❖ 268 (10%) of assessments carried out by Children's Social Care in 2013 recorded a concern about a **child's learning disability** and 165 (6%) about a **child's physical disability**. Estimates based on the Family Resources Survey suggest there may be around 2,500 disabled children and young people in the borough.
- ❖ Almost one in four Islington pupils have a **special educational need**, significantly higher than London and England (19%). In Jan 2013, 822 of those under nineteen years had a statement and around 5,000 had an additional educational need without a statement.

- ❖ Pupils with SEN or a disability face barriers that make it harder to learn than most pupils of the same age. They also face poorer outcomes than their peers in terms of educational achievement, physical and mental health, social opportunities and transitions to adulthood.
- ❖ The proportion of young people in Islington aged under 26 providing unpaid care (3.1%) for a parent or other family member who has a learning or physical disability, long term illness, mental ill health or drug and/or alcohol problem is higher than the averages for London and England (2.7%, 2.5% respectively). The majority of these **young carers** are between 16 and 24 years with 375 young people under sixteen years providing unpaid care to another person (same % as London and England). These figures are likely to underestimate the number of young people providing unpaid care.
- ❖ Being a young carer can have an effect on young people's emotional and physical health, their school attendance and social networks. Their families often struggle financially without a working parent and their choices as adults may be restricted because of the time they spend caring.
- ❖ Children's Social Care assessments in 2013 indicated a concern about **drug misuse by a child** in 114 instances (4%), about **alcohol abuse** by a child in 61 instances (2%) and about both drug and alcohol misuse in 41 instances (1.5%). If Islington young people have the same rate of drug use as national figures, about 1,400 Islington children would have used drugs, with 1,000 using drugs in the past year and 500 in the last month.<sup>4</sup>
- ❖ Islington Young People's Drug and Alcohol Service (IYPDAS) work with young people up to their 19th birthday who have been identified as having **drug and/or alcohol concerns**. In 2013/14 IYPDAS worked with 83 young people. 97% of all IYPDAS service users in treatment were primarily using cannabis or alcohol (77% Cannabis; 20% Alcohol). The majority (83%) of young people accessing IYPDAS are male. Young people who persistently misuse substances can experience a range of problems in relation to education, health, peer relationships, and involvement with anti-social behaviour and crime.
- ❖ The number of first time entrants to the **youth justice** system has decreased year on year since 2007 but is still above the London average. The reoffending rate for young people has been higher than comparator boroughs for four years but the gap has narrowed since 2010/11. A minority of those who reoffend go on to commit a more serious offence. The numbers of young people in custody are low and decreasing. In 2013, 113 Children's Social Care assessments were completed in relation to 110 children and young people considered at risk of harm because of involvement with gangs.
- ❖ Islington has a higher rate of **missing children** and young people, compared to the national average and such young people are known to be at greater risk of child sexual exploitation.
- ❖ **Child sexual exploitation** was a concern in 78 Children's Social Care assessments in 2013 (3%). Child sexual exploitation is often hidden, due to victims' feelings of confusion or fear and male victims are likely to be underrepresented. Some young people are not aware that they are being abused as they may be coerced into believing that they are in a loving relationship, or they are dependent on their abuser for protection. The impact of child sexual exploitation can be on a child's health, wellbeing and behaviour, their engagement with education, and leaves young people more vulnerable to mental health problems, teenage pregnancy and substance misuse.

### Parental factors

- ❖ In 2013 959 (35%) of Children's Social Care assessments recorded that the parent / carer was the subject of **domestic violence** and 363 (13.4%) that a child was the subject of domestic violence. The estimated prevalence from national reports is high, suggesting that there are around 3,100 children and young people aged under 11 years (12%), 2,300 aged 11 to 17 (18%) and 6,000 aged 18 to 24 (24%) who have witnessed

<sup>4</sup> HSCIC, 2013.

domestic violence during childhood.<sup>5</sup> Research has demonstrated that the effects of domestic violence on children can be severe and long-lasting and include behavioural, social and emotional problems; cognitive and attitudinal problems.

- ❖ The number of Islington children who lives with **parents with a learning difficulty or disability** is not known. National research suggests there would be around 50 such parents in Islington, just over half of whom would look after their children. However, there were more than 90 children who had a social care assessment in 2013/14 who had at least one parent with a learning difficulty or disability, highlighting how differences in classification can cause difficulties in estimating prevalence. Children born to parents with a learning disability are at increased risk of inherited learning disabilities and psychological and physical disorders. They may suffer neglect as a result of a lack of parental education combined with a lack of support. However, not all parents with learning disabilities will require the same level of support, and many will face barriers based on negative expectations of their parenting ability.
- ❖ There is little information available on the **physical health needs of parents**, for example, where a long term condition affects family life. However, our Early Impact study of Families First (2012) indicated a stronger prevalence than expected of physical health problems as did the national troubled families profile (a third of families where a family member has poor physical health).
- ❖ In 2012/13, 1,600 children and young people were living in an Islington **household where offending occurred**. This may not include families where there is a young offender, although offences may relate to older siblings who live in the household, rather than parents. Although poorer outcomes are not proven to be caused by parental imprisonment, children of prisoners have three times the

risk of antisocial/ delinquent behaviour compared to their peers. 65% of boys with a convicted parent go on to offend compared with 22% of boys whose parents are not offenders.<sup>6</sup>

- ❖ In 2013 750 (28%) of assessments by Children's Social Care indicated a concern about the **mental health of a parent/carer**. A further 109 (4%) recorded concern about the mental health of another member of the household. Applying the results of a high quality, large national study of children aged five to 16 to the Islington population suggests that there could be as many as 6,000 in this age group whose mothers would be classed as at risk of common mental health problems.<sup>7</sup> Research suggests that children of patients with severe and enduring mental illness can experience greater levels of emotional, psychological and behavioural problems than their peers.
- ❖ 484 Islington drug users in treatment in 2012/13 were recorded as adults living with children. In 2013, 315 (4%) of Children's Social Care assessments noted **parental drug misuse** and over 300 recorded **parental alcohol abuse** as a key factor.
- ❖ When national estimates from recent research are applied to the Islington population, there are an estimated 10,000 children under 16 (29%) living with a binge drinking parent, 9,000 (28%) with parental hazardous or harmful drinking and 3,000 (8%) living with a parent using illicit drugs.<sup>8</sup> Children of parents who misuse substances can experience a number of negative effects. The impact can be physical, psychological and socioeconomic.
- ❖ In 2013, 317 (5%) of assessments by Children's Social Care indicated a concern in relation to **neglect**, i.e. the

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<sup>5</sup> NSPCC, 2011. Considering the response rate (60%) and the nature of the problem, these estimates may under represent the real extent of domestic violence in Islington.

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<sup>6</sup> Murray and Farrington, 2008; Farrington and Coid, 2003; MoJ & DCSF, 2003.

<sup>7</sup> Parker et al, 2008. A clear association was found between poor socio-economic circumstances and mental health problems. Given the high proportion of lone parent families, this may be an underestimate.

<sup>8</sup> Manning et al, 2009. Islington rates are likely to be higher than national, considering the relatively young population structure and high levels of deprivation.

persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Research suggests that up to one in six young adults may have been neglected at

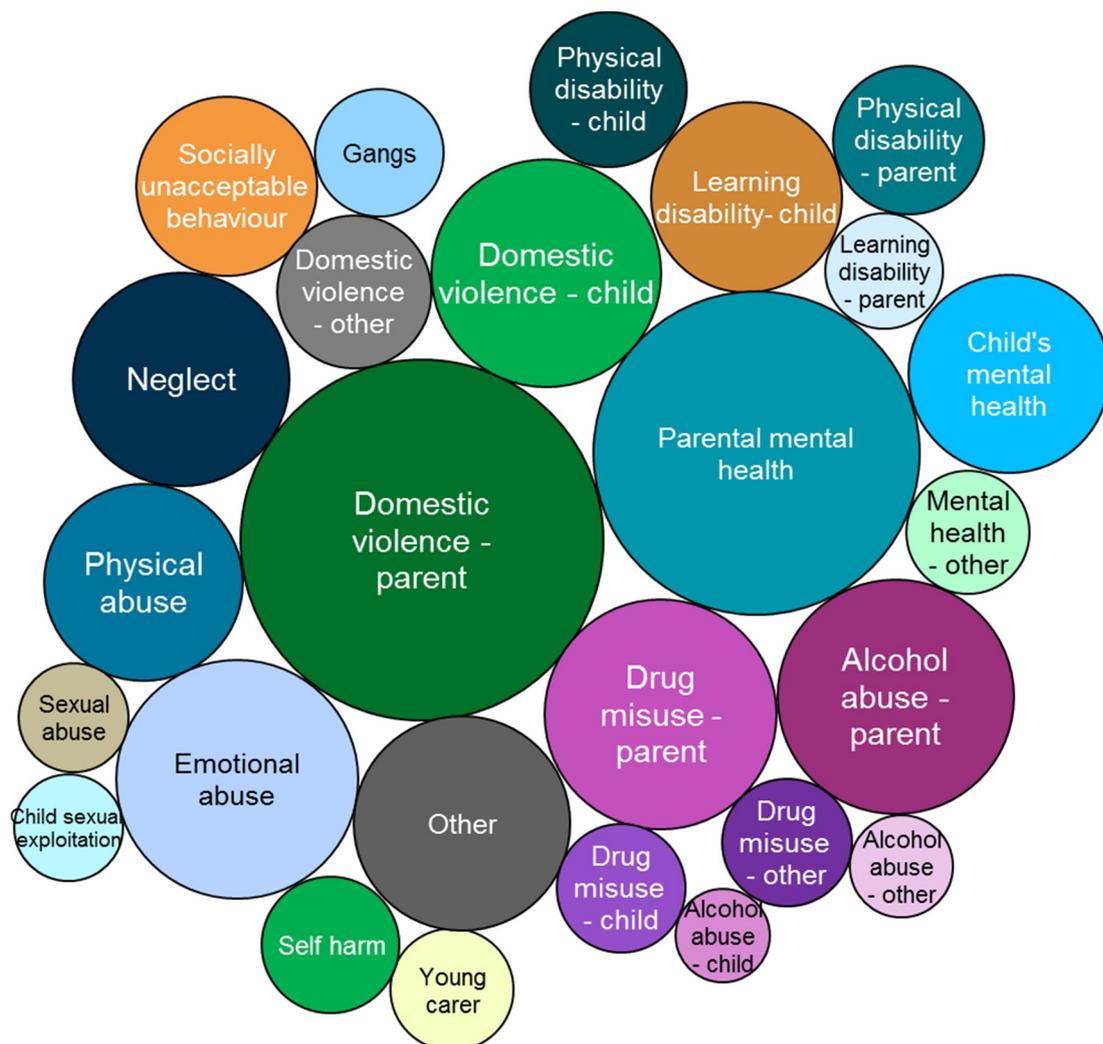
some point in their childhood. Neglect can have negative, long-term effects on a child's mental and physical development, their behaviour, educational achievement and emotional wellbeing.

### Key factors identified in Children's Social Care Assessments – A Visual Map

The following graphic represents the number of children for whom each key factor has been identified through a children's social care assessment during the year 2013/14. More than one key factor can be recorded for each assessment, and each child may have more than one assessment during the year. Large proportions of the assessments identified a combination of domestic

violence, substance misuse and mental ill-health.

**Domestic violence, parental mental ill-health and substance misuse** are the most common features of families where children and young people experience harm and are the most common reasons for families requiring a more reactive and expensive statutory service



## Vulnerability factors – families with multiple problems

Our community based budget and the first phase of the national troubled families programme has provided greater insight into the interlinking pressures of families experiencing multiple problems. Over 1,000 families were identified as meeting the **national ‘troubled families’ criteria** between 2012 and 2015 due to **youth offending, anti-social behaviour, low school attendance or exclusion from mainstream education, worklessness plus a range of other problems including domestic violence, parental mental ill-health and substance misuse.** (Nationally, families in the programme have an average of nine serious problems).

Families First, established in 2012 to provide early help to families with multiple problems, supported 1,000 families in 2013/14 with demand doubling in the year 2014 to date. Poverty, low qualifications and worklessness are an added pressure on families and Islington has the second highest proportion of children in low-income families in England each year from 2009 to 2012. Where families have multiple problems, it is a challenge to support them off out-of-work benefits and **into sustained employment.** For example, only five per cent of the families ‘turned around’ within the troubled

families programme in Islington did so through moving into and staying in paid work. Many more families made excellent progress towards work by stabilising family life and completing training, volunteering or work experience.

The impact of **welfare reform** is difficult to predict. However, the changes will reduce income for many workless families, especially those unable to move into work. This could entrench existing relative poverty and increase levels of absolute and severe poverty.

Since the economic downturn of 2009, Islington has seen an increase in the **numbers of people applying as homeless.** 290 Islington households with dependent children or pregnant women were accepted as unintentionally homeless and eligible for assistance in 2012/13. Homeless children are three to four times more likely to have mental health problems, two to three times more likely to be absent from school and more likely than other children to have behavioural problems that compromise academic achievement and relationships with peers and teachers.

The full vulnerable children’s needs assessment is available on [Islington’s Evidence Hub](#)

## Implementing our Early Help Strategy – our priorities

### 1. Continue to develop and improve our approach to early intervention and prevention support for vulnerable children, young people and families

Our Early Help core offer to families will continue to:

- Encourage stable and resilient families where parent(s) are able to meet children's needs.
- Focus on supporting couple and family relationships, with an emphasis on managing the stresses of family life and minimising the impact of conflict or relationship breakdown on children.
- Increase families' networks of support within their community.
- Help families to get their needs met and prevent escalation of difficulties.
- Support young people to make successful transitions throughout childhood and into adulthood.
- Get parents and carers work-ready and into work.

### 2. Make the Early Help pledge a reality for all families

We will focus on the workforce to do so by:

- Increasing the use and completion of *Early Help Assessments and Plans* and reducing the range of forms and assessments used by organisations in Islington.
- Building the confidence of our workforce to take on the *lead professional* role for families – acting as a point of contact for the family and co-ordinating services with them.
- Strengthening our engagement with the families who are most vulnerable or whose children are at higher risk of poor outcomes in the future.
- Increasing the co-ordination of assessment and service provision across children's and adults' services.

### 3. Use our Conception to Five Framework to lay strong foundations for children and their families

We will do this by:

- Supporting families and services to recognise the importance of the conception to five phase and the unique opportunity it provides for change.
- Increasing knowledge of services and help available for families in the conception to five phase, engaging more families particularly those who will benefit most.
- Promoting the model to reduce stressors and build resilience, challenging ourselves and our partners to reflect and respond in service design using high quality and up to date evidence.
- Building the ability of the early childhood workforce to work better together, identifying problems as they emerge and empowering families to take action.

### 4. Review and Implement Phase 2 of the Stronger Families Programme incorporating our Community Based Budgets

We will continue to offer intensive and better co-ordinated support to improve the lives of families with multiple needs, prioritising

- Building an effective response to domestic violence and abuse in order to reduce harm to women and children.
- Supporting young people and adults into sustainable employment as the best route out of poverty.
- Recognising the impact of health problems on family functioning and ensuring that joint working at all levels between health, family support and social care services is improved.
- Pooling organisational budgets to get better value for money and avoid duplication.

- Ensuring that we work across agencies in relation to the engagement of families where young people or adults are involved in anti-social behaviour and/or crime and co-ordinate support and enforcement to disrupt crime.

#### **5. Ensure evidence based approaches are introduced and sustained in the delivery of family support**

- Maintaining the parenting programme framework and developing proposals for commissioning and evaluating programmes.
- Embedding interventions that are based on the best evidence on what

works to make positive lasting changes in families.

- Introducing new case management systems, consistent monitoring, evaluation and quality assurance to enable our core early help family support services to measure outcomes and quality of service in a coherent way and enable an interface with Children's Social Care.

See also Islington's Children's and Young People's Health Strategy and Camden and Islington's Young Carer's Strategy [insert links].

## **Part Three: Early Help Services in Islington**

The Islington Children and Families Board has committed to Early Help as a strategic priority and is committed to reprioritising funding through Community Based Budgets over time.

### **Universal Services**

Universal services are those that are available to all families. Families are able to identify their own needs and gain access to the services they need with minimal intervention from professionals.

To effectively deliver universal services within the context of Early Help, providers and professionals will support families to identify their own solutions to problems. This will involve:

- Making information available to families so that they can find out what services there are and where and how they can access them when they need them. This would include raising awareness of the Family Information Service and the Family Directory [www.islington.gov.uk/familydirectory](http://www.islington.gov.uk/familydirectory);
- Providing general advice and information;
- Assessing needs – using an *early help assessment* where it is identified that the involvement of more than one agency to meet the child, young person or family's additional needs;

- Monitoring needs in a low-key 'at a distance' way and be ready to step in if the family exhibits signs that indicate a more targeted response is required;
- Being aware of the range of targeted and specialist services available and an understanding of how to link with them. This may involve targeted services (such as Families First or Child and Adolescent Mental Health) being delivered within universal settings so that families can 'step up and step down' between tiers of need quickly as needs emerge and are dealt with.

This approach will enable families to get support quickly and easily. Opportunities for families to meet each other and develop informal support networks will underpin this and will foster greater social and community cohesion. This approach will enable commissioners to focus their resources, and providers to focus their interventions, on those parents and families that need them most whilst also reaching families where parents are able to meet their children's needs with minimal or no intervention.

## Targeted Services

Targeted services are those that are available to families who have a range of needs that they cannot address on their own and that may require the input of more than one service for a limited amount of time at a particular point in time.

In Islington, evidence based early help to families is delivered through our core offer: Children's Centres (families with children under 5) and Families First (for families with children aged 5-19 years). Both services target the most vulnerable families with multiple problems who incur higher costs to statutory services if they do not receive early help. Both services:

- Are open access and available to any family who feels that they need help;
- Carry out outreach activities to reach vulnerable families;
- Work with family members to understand their needs, what they want to change and agree a family plan;
- Deliver support in community venues or through home-visiting;
- Aim to link families into universal services
- Help to build the strengths and capabilities of family members and reduce the stresses on families.

Delivering targeted services within the context of Early Help will require providers to identify opportunities for supporting families at the earliest opportunity. This might involve:

- Delivering services within universal settings
- Ensuring staff are trained to use the *early help assessment* to assess needs and work with families to put in place and monitor family plans
- Using funding to identify and support families in greater need. For example this might involve schools making better use of their pupil premium funding to target children from low income / disadvantaged families;
- Engaging with adult services such as the Probation Service, Adult Mental Health

and Adult Social Care to ensure a whole family approach and to integrate Early Help within the personalisation agenda for example.

This approach will ensure families access services early so that problems are not allowed to escalate. Commissioners and providers will be better able to focus their resources and interventions on those parents and families that need those most. Over time more families should become more resilient and better able to cope with changes and challenges. Over time this should result in savings that can be re-invested in universal provision. There should also be a noticeable reduction in costs to society in relation to the impact of unemployment and poverty, truancy and exclusions and savings in relation to domestic violence, health, housing, criminal justice system etc. resulting in better social cohesion and sense of belonging.

## Specialist Services

Specialist services are needed by a small number of families where there are very urgent and/or complex and longstanding problems that impact on their lives and limit their ability to function.

Specialist providers must be more aware of the range of universal and targeted services available and an understanding of how to link with them. Families should have easier access to these services so that they spend as little time as possible at the higher tier/level of need.

Providers of specialist services should also ensure clear pathways for families whose needs are escalating into the higher tier of service and for families whose needs are reducing and can move to a lower level of support.

Over time commissioners and providers should see a reduction in the number of referrals to specialist services and in the time families spend at the higher level of need, with a corresponding cost saving and opportunities for reinvestment in universal and targeted provision.

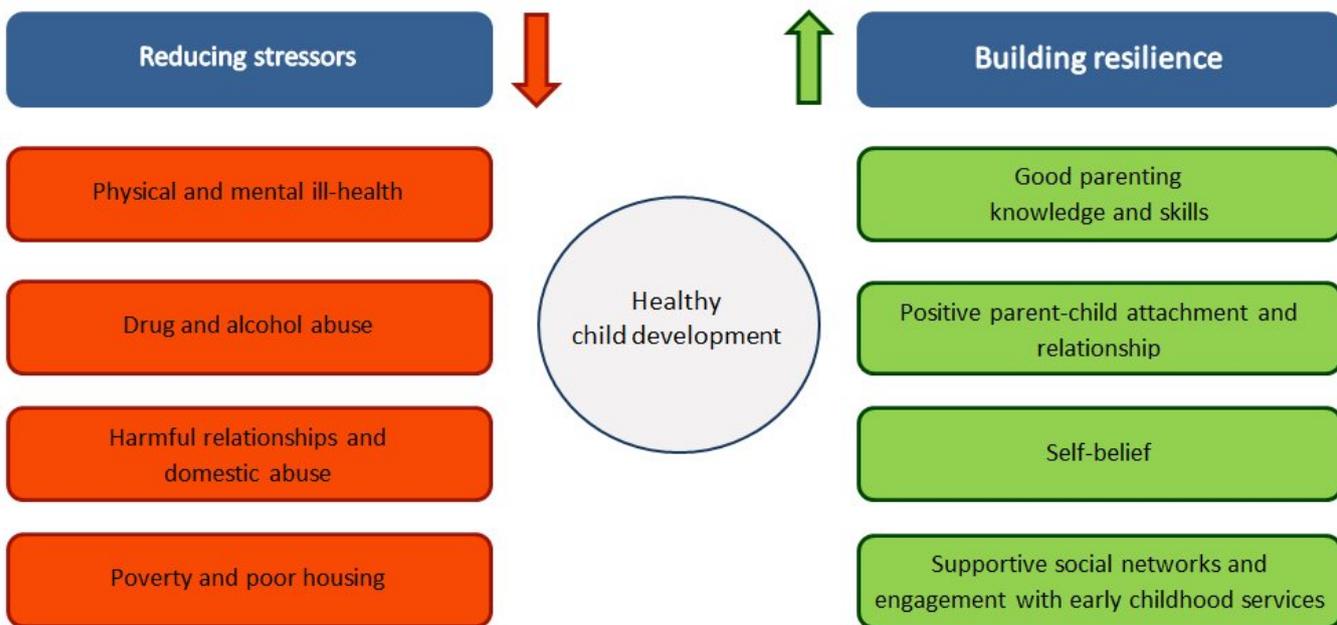
## Appendix A: Conception – 5 Focus in Islington

What happens in the earliest years has a significant and long term impact on a child’s health, wellbeing and achievement.

The conception – 5 focus draws on the most up-to-date early years evidence, and considers this alongside what matters most for children and families in Islington. It aims to shape local early childhood services, bringing together the workforce under a shared set of key priorities. It will support and challenge us all to make the most of this opportunity to lay strong foundations for children and families in Islington.

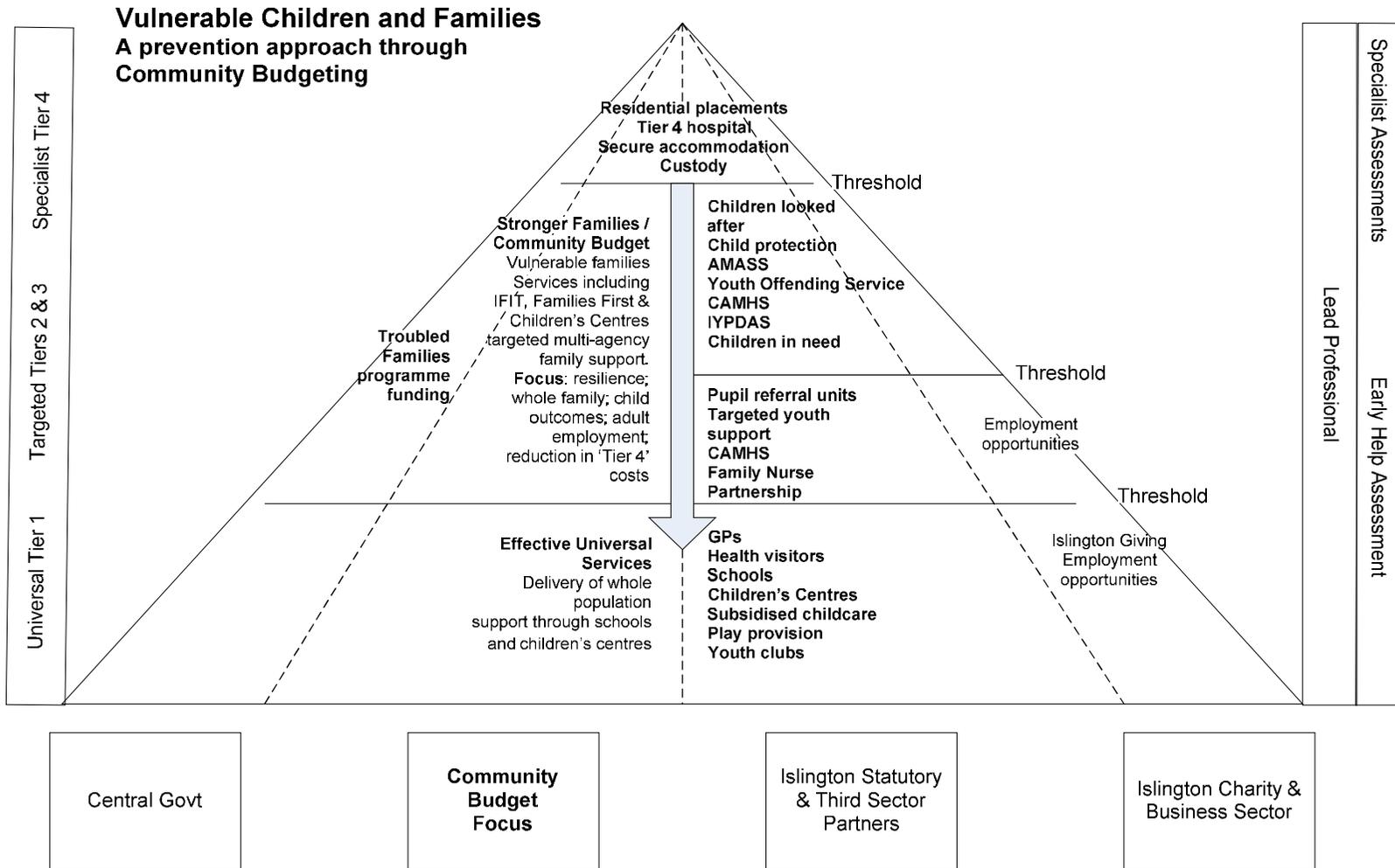
To do this, we are adopting an ‘eight steps to healthy child development’ model. This is an eye-catching and user-friendly tool which can be used to shape services and develop a common set of objectives across local commissioners, service providers and the frontline workforce. It describes the key factors which can influence children’s outcomes. Focusing on these factors through every service and at every level of need will enable services and families to build resilience, identify early signs of stressors and take action quickly to redress the balance

Eight steps to healthy child development

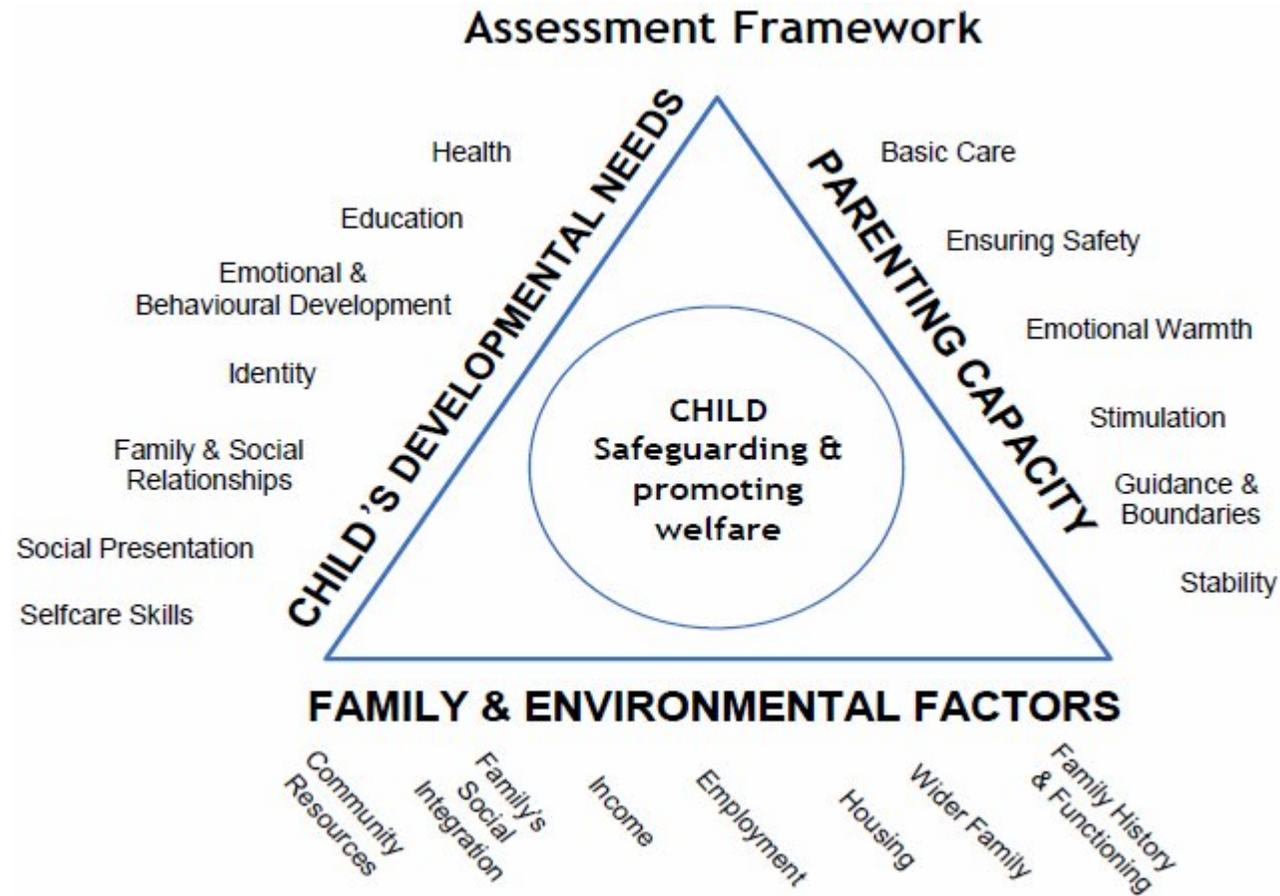


Inspired by the NSPCC and Blackpool Council

**Appendix B: Diagram of our approach to vulnerable children and families through the Stronger Families Community Budget**



## Appendix C: Assessment Framework



Whether a child and family require an early help or a specialist social care assessment, practitioners in Islington use the same criteria to make sure that children's needs are met.

These are set out in the assessment framework. Further information on the *early help assessment and plan* and the role of the *lead professional* is available at

[http://www.islington.gov.uk/services/children-families/cs-about-childrens-services/change\\_for\\_children/](http://www.islington.gov.uk/services/children-families/cs-about-childrens-services/change_for_children/)

## Appendix D: Lead Professional

**One mother working with a Lead Professional said, “It was great. I really knew what was happening and only had to attend one meeting instead of five.”**

When a child needs a package of integrated support, experience shows that they and their family benefit from having one person who can help ensure they get the right services at the right time.

The Lead Professional is not a new job title or new role, but a set of functions essential to delivering integrated support. These are to:

- be a single point of contact – giving children, young people and their families a trusted person to support them and communicate without jargon
- coordinate services – so that effective action is properly planned, delivered and reviewed
- reduce overlap, inconsistency or gaps – to ensure a better service experience and better outcome.

The Lead Professional can be from any service and there is no one job they are likely to have. They will be chosen with the family and child’s view in mind, and it is likely they will be someone with a good working relationship with the family.