

Reading's Early Help Strategy
2013 - 2016

Foreword

To add

Introduction

Reading has a strong commitment to Early Help across partners, as set out in the vision of Reading Children's Trust:

To create a positive and ambitious environment for Reading children and young people so that they:

- **are happy, healthy, safe and coping with change and challenge**
- **are enthusiastic and skilled learners**
- **value themselves and others**

Whilst the majority of our children and young people grow up in a supportive environment with positive outcomes far too many do not. Children do not come into this world with a pre-determined life path but many face additional challenges and barriers that unless addressed early can cumulatively and negatively impact on their future well-being.

The most powerful predictor of a child's educational attainment (itself linked strongly to life chances) remains the socio-economic status of the family. Poverty in itself affects life chances. Additional issues linked to parental needs such as poor health, violence, substance misuse and a poor home environment are just some of the factors that can have a huge impact on a child's well-being. Only through a focus on the whole family can the well-being of children and young people be properly addressed. The challenge in achieving this is to ensure that the voice and needs of the child are heard and clearly inform our work alongside assisting parents. We also know that families situations change and challenging issues can arise at any stage. We need our services to be timely and responsive, providing the right support early so that problems don't escalate.

In Reading, significant progress has been made in many areas to deliver timely early help and prevention services that work well together. This strategy sets out how we aim to strengthen joint working and consistency across these services to ensure that we identify needs and support children, young people and their families at the earliest possible stage, improving outcomes and reducing costs. Our ambition is to learn from the best and deliver high quality preventative services backed by evidence of success. Opportunities remain to ensure more seamless, clearer and efficient pathways into and through services; to prevent the revolving door syndrome and improve tracking of cases; and to develop more integrated approaches to screening, assessment, planning and service delivery. If we intervene early with high quality coordinated services we should be able to reduce the number of families requiring higher cost interventions.

What is Early Help?

Early Help means intervening early and as soon as possible to tackle problems emerging for individual children, young people and their families or with a population most at risk of developing problems. Effective intervention may occur at any point in a child's or young person's life.

This definition includes both interventions early in life (with young children, including pre-natal interventions) and interventions early in the development of a problem (with children or young people at any age). It includes universal interventions that are offered to an entire population to prevent problems developing, and targeted interventions that are offered to particular children, young people and families with existing risk factors, vulnerabilities or additional needs in order to protect them from developing problems or to reduce the severity of impacts where problems have already emerged. It also includes working with parents who have issues that may impact on their ability to parent before the impact is experienced or evidenced, such as those with mental health problems or substance misuse issues.

Why do we need a strategy?

National Context

There have been a host of influential independent reviews and policy developments over recent years that point to the importance and efficacy of effective early help:

Michael Marmot: 'Fair Society - Healthy Lives'

The Marmot Review provides evidence that there is a disproportionate impact on health for those living in deprivation. The report also highlights the importance of intervening early in a child's life, noting that: *"the foundations for virtually every aspect of human development - physical, intellectual and emotional - are laid in early childhood. What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and well-being.....later interventions, although important, are considerably less effective where good early foundations are lacking."*

Frank Field: 'The Foundation Years, Preventing Poor Children Becoming Poor Adults'

Frank Field's report found overwhelming evidence that children's life chances are most heavily predicated on their development in the first five years of life, and recommended a shift in focus *"towards providing high quality integrated services aimed at supporting parents and improving the abilities of our poorest children during the period when it is most effective to do so."*

Graham Allen: Early Intervention

Graham Allen has completed a review of early intervention for the government, and published two reports that highlight the potential for effective early intervention to improve outcomes and make long term savings in public expenditure. His recommendations include ensuring that early intervention is promoted as a policy approach that can create “enormous benefits to individuals, families and society”.

Eileen Munro: ‘The Munro Review of Child Protection: Final Report, a child-centred system’

Professor Munro devotes a chapter of her review to ‘Sharing responsibility for early help’ and says: *Preventative services can do more to reduce abuse and neglect than reactive services. Many services and professions help children and families so co-ordinating their work is important to reduce inefficiencies and omissions.*” The Government has accepted Munro’s recommendations including the need to identify early help that is needed by a particular child and their family, and the provision of an ‘early help offer’ where their needs don’t meet the criteria for receiving children’s social care services.

Working Together to Safeguard Children

In 2013, the Department of Education published the ‘Working Together’ guidance to set out the legislative requirements and expectations on individual services to safeguard and promote the welfare of children. The guidance includes a section on Early Help, and identifies the need for agencies to work 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.

There is an expectation that all professionals, including those working with adults with children and ‘universal’ services that are open to everyone, should understand their role in identifying emerging problems and in sharing information to support early identification and assessment of needs.

Working Together expects that local areas will have a range of effective, evidence-based early help services in place informed by the local assessment of need: ‘In addition to high quality universal services, specific local early help 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’.

Challenges in Reading: The Local Context

It is essential that the needs, key issues and breakdown of the local population are used to inform and shape the planning of service provision. In Reading, we know from the data gathered in a number of documents, including the Joint Strategic Needs Assessment, that there are specific challenges that remain particularly significant in our area, including:

Population

Reading has a large child population, particularly of those aged less than five, and the school age population is the population group expected to see the largest increase overtime. 2011 Census data shows a 34% increase in the number of 0-4 year olds in the last ten years, the second highest rise in the South East.

Diversity

Reading is already a diverse place, with a 25% BME population, and data shows it is rapidly becoming increasingly diverse; the latest School Census records a 51% BME population and live births data shows 43% of babies born in Reading are to mothers born outside the UK.

The number of children with English as a second language is over 60% in some schools, and 15% of the total population has a main language that is not English.

Poverty

The percentage of Reading children living in poverty is 24%, compared to the national average is 20%). Of the children living in poverty, 74% in Reading are living in lone parent households.

As the town has high levels of employment, in-work poverty is clearly the issue for the area, with low wages and part-time work increasing the risk of poverty. 57% of Reading's population cannot afford housing at market rates and demand for council housing outstrips supply by 6:1, with particular pressure on larger family homes of 4 bedrooms or more. The proportion of private sector housing in Reading which is classified as non-decent is significantly higher than the national average, and this largely relates to thermal comfort.

Education

Children attending Reading schools are achieving as well educationally as their peers nationally, across the region, and in comparison to their statistical neighbours. However, there is a greater achievement gap between children receiving free school meals and their peers within Reading compared to the national average.

The Early Years Foundation Stage Profile mirrors the gap between children in low income families and their peers, with 53% of children eligible for free school meals achieving the EYFS benchmark, compared to 74% of those not eligible who achieve the benchmark.

Children in Need and Children subject to a Child Protection Plan

Reading's rate of Children in Need is 369 per 10,000 population (for 2012), compared to an average rate of 311/10,000 among our statistical neighbours. Although this number offers a comparison with other local authorities, it only captures those supported by Children's Social Care; it does not record those Children in Need supported through early help services at lower tiers.

The number of children on Child Protection plans has reduced in the last year, but Reading's rate is still notably high at 49.4/10,000, compared to an average across statistical neighbours of 35.4/10,000.

Child obesity

In 2012 obesity for reception age children in Reading was 12.2%, significantly worse than the England average of 9.4%, and also worse than the South East average and Reading's statistical neighbours. Levels of childhood obesity are also a concern among year 6 children, with 21% classified as obese.

Maternity

Breastfeeding rates remain low within Reading's more deprived wards, and for teenage mothers and BME communities. Rates of maternal obesity are also increasing.

Current service delivery

Early help services are provided by a wide range of organisations which includes the Council, health services, school services and a diverse voluntary sector.

Council Services

Routes into Reading Borough Council's children's services are managed predominantly through two access points, shown in the diagram on Page 9. The Multi-Agency Safeguarding Hub (MASH) is the contact for any child protection concerns. Outside the MASH, access to prevention and family support services is through the Children's Action Teams. Requests into early help/prevention services within Reading Borough Council requires the completion of an assessment using the Common Assessment Framework (CAF) which identifies the strengths and needs of individuals' and helps create a support plan for each family.

Reading Safeguarding Children's Board has published a thresholds document that sets out for referring agencies the levels of need for families and the

appropriate services to provide support. The diagram on Page 10 sets out Reading's framework of support for children, young people and families.

The majority of the Council's family support, early intervention and prevention services for children 0 to 19 year old and families are managed through Reading's Children's Action Teams (CATs). CATs are arranged as four multi-professional locality teams that link into existing local resources and work closely with schools and other agencies to provide holistic family centred support. Health visitors are a virtual part of the CAT teams. Reading's 13 children's centres are also managed within the CATs as a universal service for all families with children under 5.

Alongside the CATs, the Specialist Youth Service provides more targeted interventions to vulnerable young people including those at risk of teenage pregnancy or sexual exploitation, young people with drug and alcohol misuse issues and specialist support to Young Parents, Young Carers, and LGBT young people.

Health Services

Community health services including health visitors, midwives, school nursing and dental health are delivered by Berkshire Healthcare Foundation Trust. A key driver for these services is the delivery of the 'Healthy Child Programme', a framework of recommended standards for the delivery of services for children and families. Alongside these universal services there are a range of health services specifically designed to provide targeted support for vulnerable groups; the Poppy team (specialist midwifery service) and Coral team (specialist health visiting service) provide a more intensive and holistic service to vulnerable women. A vulnerable women's sexual health outreach nurse specifically aims to reduce the number of babies taken into care at birth by improving access and uptake of contraception to vulnerable women.

The recent reorganisation of health services provides an opportunity for closer work with GPs through the clinical commissioning groups. Reading is covered by 2 CCGs (South Reading CCG and North and West Reading CCG) and, along with Berkshire West colleagues, the CCGs have highlighted a number of priorities relating to children and young people on which to focus on in 2013/14. These include the implementation of a paediatrician led service to provide timely high quality initial health assessments, and improving the quality of the Community Paediatric Nursing service through revised service specifications.

Other Statutory Agencies

Other statutory agencies, such as Thames Valley Police, Thames Valley Probation Service and Job Centre Plus, may not specifically focus on children and young people, but nevertheless are vital to ensuring we can support Reading's families in a more effective and coordinated way. All of these agencies, plus the voluntary sector and the Youth Cabinet, form Reading's

Children's Trust. This partnership recognises the benefits of working together to ensure the whole family receives the support required and that focussing solely on the children or young people may not resolve issues in the longer term. By working in partnership, we are better able to provide the support and services required to enable all Reading's children to achieve our vision.

The Voluntary and Community Sector

Reading has an active and thriving voluntary and community sector that also provides a range of early intervention and prevention services and support to many families. Reading Voluntary Action (RVA) and more specifically Reading's Children and Voluntary Youth Services (RCVYS) both provide a network for these voluntary groups, and act as a link with statutory services to ensure information sharing and awareness of ways to signpost and refer parents identified as needing further support.

How to Access Children and Family Services in Reading

Provided by, or in partnership with, Reading Borough Council



PREVENTION and FAMILY SUPPORT

Children's Action Teams

If a child or young person needs **additional** or **early intervention** support please contact our Children's Action Teams (CATs)

0118 937 6545

CATs are local teams that provide help, guidance and support; working together with families and communities to create and achieve positive change for Reading's children, young people and their families. We work closely with schools and other services to provide holistic family centred support for families with multiple and complex needs. For more information on CAT services please visit: www.reading.gov.uk/ChildrensActionTeams

The CATs use the Common Assessment Framework (CAF) and team around the family approach. The CAF is a standardised assessment tool that helps practitioners identify a child or young person's need at an early stage, assess those needs holistically, deliver co-ordinated services and review progress. Consent is mandatory. For more information see www.reading.gov.uk/caf. If you don't have access to CAF, please phone the CAT on 0118 937 6545 or email CAF@reading.gov.uk

Cases will be escalated or de-escalated if appropriate

CHILD PROTECTION

Children's Social Care

If you are concerned that a child is being mistreated or at risk of significant harm, please contact our Multi Agency Safeguarding Hub (MASH)

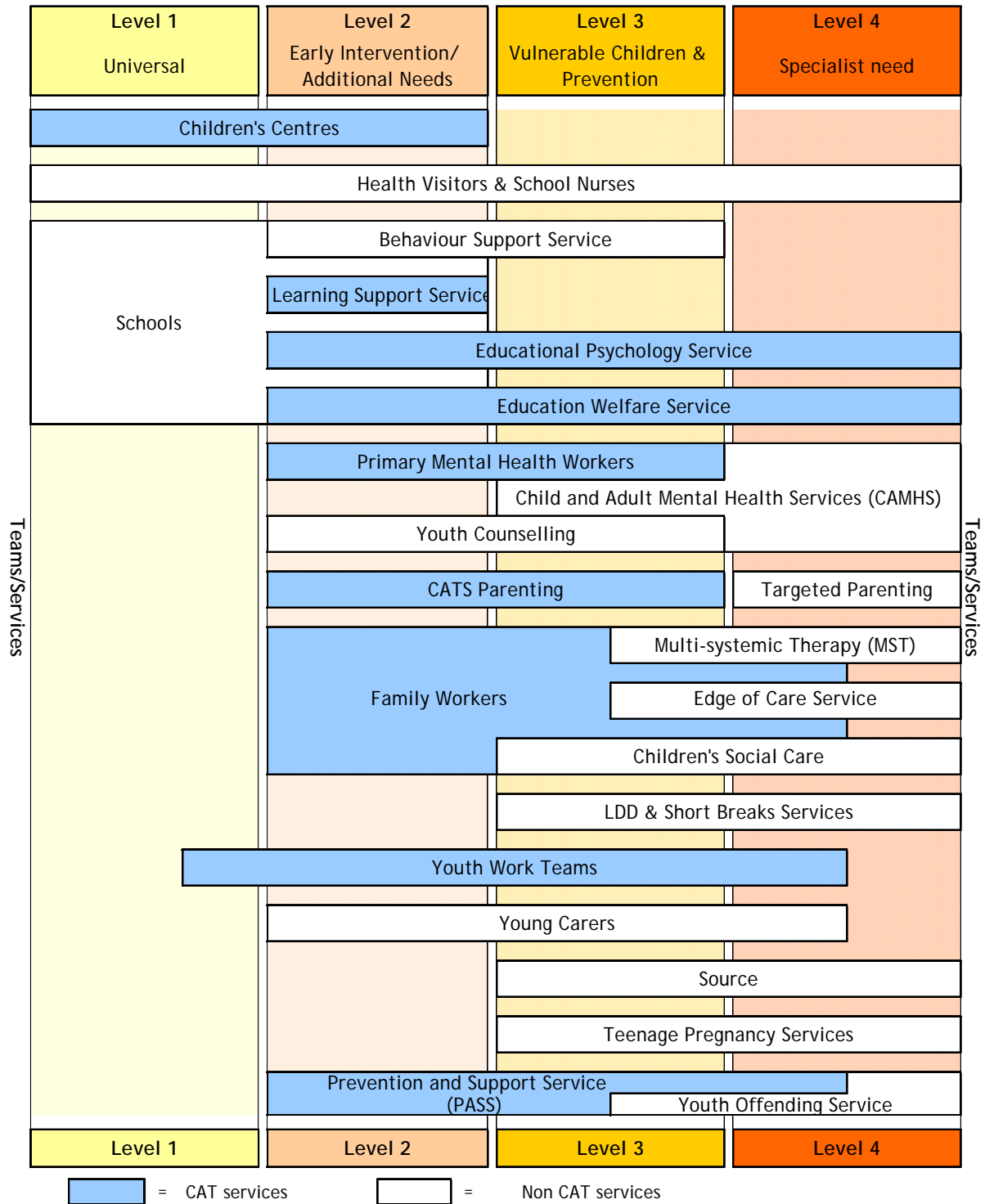
0118 937 3641
(9am-5pm)
Emergency Duty Team
(Out of Hours) 01344 786543

Reading's MASH is a partnership between Reading Borough Council Children's Social Care, Health Services and Schools in Reading with links to Thames Valley Police, working together to safeguard children and young people.

Partners involved with the MASH share information securely to decide if a child or young person is 'at risk' and would benefit from support from services that help children and families.

If a child or young person is thought to have been at risk of significant harm the MASH refers them to Reading Borough Council's Children's Social Care team.

Reading's approach to supporting children, young people and families: our framework for support



Note 1: Both Children's Centres and Schools provide level 1 and 2 services, however they will work with children in levels 3 and 4 but will not be the lead professional for these cases.

Note 2: The majority of this information has been referenced from the 2012 RBC Thresholds document

Strategic drivers and priorities

Our vision for Reading is of 'no child left behind and no parent unsupported'. Children can achieve their potential, and families realise their ambitions for themselves and their children, regardless of their background. We have made good progress in Reading in recent years, but we need to build on existing areas of good practice to further embed and enhance our early help support and to improve outcomes for children, young people and families.

With resources reducing across the public sector, this will mean improved targeting of our resources to those at greater risk. It also means further improving our joint working and integration to support families more seamlessly and efficiently.

There are a number of key principles that underpin the development of Early Help services for children and families in Reading going forward:

- Improving ease of access to advice, information and support to help parents navigate through the system and ensure coordinated service provision along an integrated care pathway;
- Intervening early before issues, needs and costs escalate;
- Targeting resources effectively - increasing assertive outreach and follow-up support;
- Meeting the needs of families with complex and multiple needs and ensuring a focus on the needs of parents in their own right which act as enablers or barriers to nurturing;
- To 'think family', ensuring we are being creative in meeting needs rather than delivering services
- Ensuring an integrated approach at all levels across partner agencies - not only Children's services but Housing and Adult services too;
- Building the capacity of communities and individuals to develop services and to support each other;
- Engaging with children, young people and their families to understand their experience of what works to inform the design of services

Reading's Early Help Strategy is aligned with the priorities and aims of several parallel strategies and plans within the Council and across partners.

These include the two main overarching strategies agreed across partners that impact children and families: the Children and Young People's Plan 2011-14 from Reading Children's Trust, and the strategy recently published by Reading's Health and Well-being Board:

Reading's Health and Wellbeing Strategy 2013-16

Goal One – Promote and protect the health of all communities particularly those disadvantaged

Objective 1 – Protect health and reduce the burden of communicable diseases by targeting services more effectively

Objective 2 - Ensure effective support is available to vulnerable and BME groups to protect their own health.

Objective 3 – Increase awareness and uptake of Immunisation and Screening programmes

Goal Three – Reduce the impact of long term conditions with approaches focused on specific groups

Objective 1 - Assist and support ability to self-care in all adults and young people with existing long term conditions

Objective 2 - Ensure high quality long term condition services are available to all including those with a learning disability

Objective 3 - Build on and strengthen the quality and amount of support available to adult and young carers in Reading

Goal Two – Increase the focus on early years and the whole family to help reduce health inequalities

Objective 1 – Ensure high quality maternity services, family support, childcare and early years education is accessible to all

Objective 2 – Reduce inequalities in early development of physical and emotional health, education, language and social skills

Objective 3 - Improve identification and reduce the effects of domestic violence on emotional wellbeing for the whole family

Goal Four – Promote health-enabling behaviours & lifestyle tailored to the differing needs of communities

Objective 1 – Improve tobacco control and reduce harm due to alcohol and drug misuse in Reading

Objective 2 – Enhance support and target causes of lifestyle choices impacting health for adults and children

Objective 3 – Reduce the prevalence, social and health impacts of obesity in Reading including targeting key causes

Reading Children's Trust - Children and Young Peoples' Plan 2011-14

Keeping children safe

- Protect and look after children and young people that need our care
- Reduce domestic abuse and substance misuse and support families with these issues

Intervening early

- Work with families in greatest need as early as possible to build emotional well-being and improved health
- Help young people to have high aspirations and be healthy, active citizens, making positive life choices

Learning and ambition

- Make sure every child and young people has a fair chance of achieving, whatever their ethnicity, disability or family income
- Help young people improve their employment prospects
- Help families from poverty realise their ambitions for their children and themselves

Structure of the strategy

Reading's Early Help Strategy 2013-16 builds on the priorities and drivers identified above, and sets out the way that Reading aims to meet these within Early Help across a range of services and in partnership with other agencies.

As well as highlighting the significant progress that Reading has made in recent years, this strategy set outs actions to address any gaps in service provision to improve early help services further. Further information on current service delivery, areas for development, key actions and outcomes measures are given in the following five chapters, each for a different over-arching priority:

- Early Identification and Assessment of Need
- Effective Early Help for Children & Families
- Supporting the More Vulnerable and Sustaining the Change
- Listening to and Involving Children & Families
- Quality of Practice

Following the priorities, a final chapter will set out the plans for implementing the strategy and monitoring progress towards achieving the key actions.

Priority 1 - Early Identification and Assessment of Need

Where are we starting from? (our strengths and progress)

A key focus of our early help services is to identify and assess needs as early as possible and to provide support before issues, needs and costs escalate. Partnership working and integrated service delivery means there is already a lot of good work to identify needs early across all ages, including pre-birth.

What will we achieve? (action planned/what will be different)

A number of areas have been identified where there could be improved coordination and consistency in the way that needs are identified and referred for further support. A key focus is on strengthening relationships with partners and further embedding assertive outreach to support vulnerable families to engage with support.

Early Years - Identification and Assessment

1. Children's Centres and Health Visitors

Reading's children's centres act as the 'front-door' for families with children under 5 to access universal and targeted services, with a focus on engaging and achieving sustained attendance from those identified as more in need of support. Attendance at children's centres has increased significantly and by 48% between 2010/11 and 2011/12.

A proposed new way of working for children's centres will increase the emphasis on providing outreach to identify and support more vulnerable families. The role of children's centres as a community front door will also expand, with some centres developing into Family Support Hubs. The Hubs would be a contact point for families with children of all ages seeking information and advice, and allow access to more specialist services. This will be supported by the development of a comprehensive Children and Families Resource Directory and a single telephone contact. The Resource Directory will build on our existing information service for families to establish a user-friendly, searchable directory that spans adults and children's services and meets our statutory requirements to deliver and publish the Local Offer (LDD), the Youth Offer and Early Years offer.

Health visitors carry out home visits pre and post birth with all families, which from September 2013 will expand to include a universal 36 week post-natal visit. These contacts are a key point for an assessment of a family's need where health visitors can signpost or refer to services as appropriate. Health

visitors often register families with their local children's centre at the new birth visit, establishing a link between parents and early year's services at this early stage. Health assessments are carried out at key stages including the two year old check, which often takes place within the children's' centre. Health staff such as nursery nurses, health visitors and speech and language therapists can discuss any shared concerns about a child and where necessary make referrals for further support; free early education through the 2 year old offer, for example. A key area of development between the Early Years team and health services is to design a consistent approach to multi-agency development checks for two year olds, which will ensure early identification of language delay and other needs.

Key Actions:

- Create Family Hubs at some children's centres to improve access to services for families and children
- Develop a comprehensive Children and Families Resource Directory.
- Children's centres to improve their identification of vulnerable families and use more assertive outreach methods to engage and support these families.
- Deliver consistent approach to multi-agency development checks for two year olds.

2. The Early Education Entitlement - the 2 year old offer

As the entitlement to early education for two year olds expands, the Early Years service is working to implement the national offer locally. All children eligible for Free School Meals (identified by parents receiving certain benefits) are entitled to the two year old offer; locally, teams will proactively identify families with additional needs and will undertake outreach to encourage and enable take-up from these families. As the Early Years service implements the expanded provision of the 2 year old funding, it will be important to ensure that all childcare settings offering 2 year old places are providing effective support for these families, including linking with the children's centres to access more support for the family, such as Family Learning for parents.

3. Ante natal identification of need

A Maternity Pathway for identifying potentially vulnerable families pre-birth has been established in partnership with the Royal Berkshire Hospital Maternity Department. A simple questionnaire is completed by the midwife at the mother's 12 week appointment to identify risks and vulnerabilities at the earliest stage possible and, with consent, a referral for further support is shared with the family's local children's centre. The children's centre aim to engage with the mother and provide support pre-birth, then build on this early relationship once the child is born. A review in early 2013 identified some good outcomes achieved for the families supported and a working group will use the

current best practice to further embed the Maternity Pathway scheme across Reading, focusing on ensuring consistent, high quality referrals from midwives and establishing a consistent level of assertive outreach and programme of support provided by all children's centres.

The Maternity Pathway review found that the most success occurred in centres that already had a working relationship with midwives, where ante-natal and post-natal services are based in children's centres. Currently this take place in four children's centres which have appropriate facilities for midwifery appointments. Further development of joint working with midwifery will be explored, including ensuring these services are provided in areas of highest need and exploring further co-location and the provision of appropriate facilities to enable this.

Key Actions:

- The Maternity Pathway will be embedded with a consistent core offer for mothers referred provided by health visitors and children's centres, and monitoring of outcomes.
- Midwifery services will be included as part of the children's centre review work to look at how further joint working can be developed.

School and Youth services - identification & assessment

Schools have a key role in identifying emerging concerns early on, and close working with the school community is critical. Often a child missing school will be the first indication that the family are experiencing problems and Education Welfare Officers will follow up individual children with unexplained poor attendance and will make home visits where attendance does not improve. The Children's Action Teams work closely with local schools and hold regular school 'consultation meetings' in the majority of schools, providing an opportunity to discuss emerging concerns about pupils. CAT staff working with individual children and with staff are a regular presence in schools in their locality area.

Funding is increasingly devolved to schools to meet needs for their pupils, around careers advice, sex and relationship education, and other areas. Reading Borough Council will continue to work with schools to ensure that consistent and fair access to services is maintained, considering the needs of both individual school communities and the wider needs of children and young people across Reading.

Just under a quarter of 13-19 year olds in Reading access youth work across Reading, some of which is provided by the Voluntary and Community Sector. As well as an opportunity for young people to take part in positive activities and develop personal and social skills, youth workers will provide information and advice, and signpost to further support as required.

Common Assessment Framework and Access to Services

Where children and families need the coordinated, multi-agency support, an inter-agency assessment is completed through the CAF system. Reading is committed to the use of the CAF as an assessment tool for early help, and it remains important to ensure the children's workforce feels confident and equipped to use it. A wide variety of staff across agencies act as CAF lead professionals, and we are working to extend the range of staff taking on this role, especially within health services.

A significant number of families who have accessed CAT services and have a CAF have been de-escalated or diverted from Children's Social Care. The remainder come from a range of other professionals and agencies, with a high proportion of CAFs being initiated by schools. The CATs have worked closely with schools to enable them to make appropriate decisions in accessing the right level of support for families, and to access prevention services via the CATs rather than making a referral to Children's Social Care. Housing services and CATs are also now holding regular joint case consultation meetings and opportunities for further co-locating some services are being explored.

Access to Early Help services from some agencies is still low, and feedback from partner agencies suggests that there is further work to be done to ensure clarity about thresholds for accessing services, and to make sure that referrals are appropriate. We've put resources in place to provide training and support to professionals across agencies to complete CAFs. However, in some cases it will be appropriate to introduce simplified referral routes; a single point of contact for GPs to refer to Children's Action Teams, for example. The introduction of the two Clinical Commissioning Groups (CCGs) within Reading presents the opportunity to increase earlier access to support. The CCGs have already shown commitment to improving the identification of families in need of support through the funding of Berkshire Women's Aid to deliver IRIS (Identification and Referral to Improve Safety). IRIS is a training, support and referral programme that aims to improve the referral of women experiencing domestic violence or abuse through GPs to advocacy services.

Key Actions:

- Increase the number of CAFs completed by partner agencies, and the number of partner agencies who act as a lead professional for CAFs
- Work with partner agencies to increase the understanding of thresholds and increase awareness of early help services available
- Reduce inappropriate referrals to the Multi-Agency Safeguarding Hub, and increase the number and quality of referrals to early help services
- Introduce and promote a single point of contact for GPs to quickly refer patients for further support from the CATs

Access to services by BME families

As Reading becomes increasingly diverse and the number of families with English as an Additional Language increases, there is a need to review access to services and the quality and suitability of provision to meet the needs of these families. A working group needs to be set up to examine the evidence, both data and from research with families, to understand any barriers to accessing services, and to work with communities to explore options to address any barriers.

Key Action:

- Establish a working group to understand barriers for BME families to accessing services, and address any issues.

What does success look like? (*outcome measures*)

- Increased registration and sustained engagement (attendance on 6 or more occasions) from target groups at children's centres
- Increased number of 2 year olds from low-income/vulnerable families who access childcare and benefit from coordinated assessment of needs.
- Increased engagement pre-birth and post-birth at children's centres for mothers identified through the Maternity Pathway
- Increased number of good quality CAFs completed by partner agencies
- Increased number of partner agencies taking on the lead professional role for CAFs
- Reduced referrals into Children's Social Care
- Increased referrals from GPs to Early Help services

Priority 2 - Effective Early Help for Children & Families

Where are we starting from? (*our strengths and progress*)

Our early help services aim to provide holistic and integrated support to families to prevent an escalation of need and to reduce the number of children needing Level 4 services, and much has been achieved through the development of the four locality based multi-agency Children's Action Teams (CATs) since their introduction in 2008.

What will we achieve? (*action planned/what will be different*)

Although a lot of good work is already taking place, a number of areas for development have been identified, including further co-ordination of service provision; developing systems to assess service impact; joint working between services and improving the targeting of resources.

Children's Action Teams (CATs)

The multi-professional locality structure of the CATs means that they can link well with existing local resources and work closely with other agencies to provide holistic family centred support. Within the teams are a range of professionals, including Educational Psychologists, Primary Mental Health Workers, Education Welfare Officers, Family Workers, Youth Workers and the Prevention and Support Service (PASS) working with children at risk of offending.

Referrals to CAT services go through a weekly team triage meeting in the relevant locality and cases are allocated to a Key Worker who will support the family to access a range of services and professionals within the CAT, depending on the family's needs. The support provided by the CATs contributes to a number of key outcomes for families, including raising attendance and attainment in school, improving parenting skills and confidence, raising emotional health and improving inclusion at home, in school and in the community. Aggregation of data from CAF action plans shows that consistently 70% or more of the goals in each CAF or case are achieved. This data is bolstered by the perceptions that families have of the support they receive from family workers; in pre and post questionnaires, 94% of cases record a positive difference at the close of a case. The mean change is 4.2 points on a 1-10 scale rating of where the family thinks they are in terms of their concerns or issues. The questionnaire also captures the families' own perception of change, with the most common responses including adults being calmer or more confident as a parent, and families appearing happier.

There are opportunities to build on and further strengthen multi-disciplinary working both within the Children's Action Teams and through more integrated processes with other services such as housing, anti-social behaviour, and health to ensure that families are receiving a consistent and co-ordinated offer of early help.

Key Action:

- Further strengthen integrated working within the CATs, and focus on consistency of practice and recording across disciplines without dilution of specialist knowledge

Parenting

CATs and other services deliver parenting programmes as targeted 1:1 and group interventions, primarily using the nationally recognise and evidence-based Triple P and Webster Stratton programmes. These are delivered both in the home and in community settings. In response to feedback from parents, peer support parenting has been tested in a number of contexts. Barnardo's were commissioned in 2011 to run Community Mums and Dads, a volunteer peer support service that provides very early support to families. The service has been successful in reaching families and recruiting volunteers in Reading's BME communities. Parenting peer support has also been introduced in Reading's children's centres, initially in South Reading which introduced Parents Supporting Parents in summer 2011. The programme has had benefits for the parent volunteers, who have built their confidence and progressed to work or further education. It has also resulted in increased registrations and attendance at the children's centre, including from target groups such as teen parents.

One of the recommendations from a recent Parenting Review is to further explore the scope of peer networks to provide parenting support in the community. The Parenting Review also makes recommendations to strengthen the consistency of the delivery of evidence-based Parenting programmes, including improving the measurement of outcomes for parents and quality assurance processes. It identifies gaps in provision to be addressed, such as the need for interventions to support parents from ethnic minorities or those whose first language is not English.

Key Action:

- Introduce improved processes for monitoring and evaluating performance for Parenting programmes, and use this to improve consistency of delivery.

Children's Centres

Children's centres are managed within the CATs and provide community-based early interventions for families with greater needs, alongside more universal services. These include a wide range of activities and services that deliver Early Years, parenting, and family learning outcomes both through the children's centres and on an outreach basis in other community venues, e.g. at the Indian Community Centre. Designated Health Visitors are attached to each centre to help ensure appropriate access to services and support and deliver joint programmes. Reading's children's centres have developed incrementally over three phases and in summer 2012 a review of provision began with the children's centre managers' involvement to agree a framework for future development that builds on existing strengths to provide better more cost-effective services.

The proposed new operating model for children's centres will maintain all 13 centres within 5 locality clusters. Each cluster will have a single co-ordinator managing a pooled team that allows for more flexibility, with an increased focus on outreach. A more consistent offer of service across centres will be developed, including further strengthening joint working with health professionals and exploring co-location of health staff. The development of a more consistent programme to be delivered across the children's centres will enable gaps in provision to be identified and addressed, such as increasing the support available for parents around well-being and self-esteem.

Key Action:

- Develop and implement a new cluster-based operating model for children's centres that includes greater integration with Health and a more consistent offer of services.

Early Years Service and Early Years Foundation Stage

Early year's settings are required to follow the Early Years Foundation Stage (EYFS), a statutory framework of learning, development and care for children from birth to five years old. The Early Years service provides quality assurance and advice across provision, and also monitors performance on the EYFS Profile to identify any gaps in achievement. Maintaining a focus on narrowing the gap at the EYFS has led to a steady increase in performance; since 2007 to 2012 the number of learners reaching the benchmark has increased from 41.2% to 70.6%, and the attainment gap has narrowed from 38.3% to 29.6%. As a result of projects to improve readiness for school, more schools now routinely visit the family home before the child starts primary school.

The key priority is to address the persistent gap between overall attainment and both children eligible for free school meals and some BME groups. This will be addressed in part through the implementation of the expanded Early

Education Entitlement (the 2 Year offer) and ensuring that effective holistic support is provided for these families, including through the children's centres.

Key Actions:

- Provide support to targeted settings to further close the gap in outcomes, with a focus on children eligible for free school meals
- Ensure effective holistic support is provided for families offered 2 year old places

Communication and Language Development

A new contract for Speech and Language services was commissioned in 2011, based on a model of universal and preventative work with parents through children's centres and childcare settings. In the first year the service has seen a 43% reduction in the number of children identified as being at risk of language delay, against a target reduction of 20%. The service recently won a "Shine a Light" award from the Communication Trust for the success. The success is mirrored in the EYFS Profile performance; scores for Communication and Literacy on the profile in Reading have increased, and Reading is now achieving the 16th highest scored in this scale nationally.

Further development of the service will focus on working with a wider range of partners, such as the translation service to support parents whose children have English as an additional language, and more information sharing and joint working between the Speech and Language service and children's centres to outreach to families. A refresh of the language and communication strategy will review achievements and identify areas for further development, alongside an action plan to implement recommended changes. Other work to improve language provision is focusing on workforce development in schools, childcare setting and children's centres, aiming for all new childcare workers to attend training on communication development and attachment. Two children's centres in Reading have been accredited by I CAN, the children's communication charity, for their communication and language focus and it is planned to extend this so that further children's centres achieve the award.

Key Actions:

- Refresh the Language Strategy to identify areas of focus for further improvements in language development, including for families with English as an Additional Language
- Roll out accreditation for early years communication and language development across Reading's children's centres.

Youth Services

The Youth Service has recently been reshaped to maximise the capacity for youth workers to support the most vulnerable young people and their families, whilst maintaining a comprehensive 'universal' offer of youth activities open to all young people. The voluntary and community sector have been commissioned to deliver 33% of the open access youth work provision. This will enable RBC youth work teams to refocus on targeted work with vulnerable and disengaged young people through street, project, one-to-one work and work within a whole family approach.

Key Action:

- Increase targeted youth work and key working capacity within Youth Services

Young Carers

The Young Carers programme has grown from supporting 28 young carers in 2009 to over 70 regular attendees at weekly carers sessions (out of 420 identified young carers). Support and opportunities for personal and social development are provided through Young Carers clubs. There is more work to do to identify all young carers in the local population.

Key Action:

- Improve awareness, identification of, and access to support for young carers and their families.

Health Services

Outcomes for children, young people and their families are supported by a range of community health services that include breastfeeding support (both through the evidence-based Unicef Baby Friendly Initiative across maternity services and community health, as well as more informally through the commissioning of a local voluntary group to deliver a breast feeding peer support project), smoking cessation services, dental health promotion, immunisation and vitamins for new mothers.

Health advice for under 19s is provided through educational and non-educational settings by the Juice service, offering free, confidential health advice and support from qualified nurses and youth workers. The service is open access and provides holistic support about a full range of health needs, although 90% of those accessing the service are for sexual health or contraception needs.

Schools have a significant role to play in ensuring that all learners access good quality Personal, Social & Health Education (PSHE), including Sex and Relationships Education (SRE). Shortly schools will assume a statutory responsibility to provide PSHE, with local authorities having an increasing role in supporting schools to deliver consistent, high quality education. The Teenage Pregnancy Strategy group will ensure that all secondary schools have an awareness of the importance of SRE for pupils, and will provide schools with a menu of support from key partners to improve the quality of SRE delivery. SRE should place greater emphasis on the emotional and social aspects of relationships for young people; this aligns with the ongoing work of Reading Youth Cabinet to implement their recommendations around greater mental and emotional health awareness for young people.

Diet and healthy eating is a key area of focus, particularly with Reading's high child obesity levels, and this is promoted through the 'Let's Get Going' initiative within schools and through healthy cooking courses for families through Adult Learning. There is an identified need for an obesity strategy that covers children and the whole family to ensure that support provided is linked and consistent. Other identified gaps to be addressed include holistic ante-natal education on child development issues (breastfeeding, for example), and co-ordinated work around accident prevention. Further work is also needed to ensure that targeted work takes places to increase breastfeeding and take-up of immunisations in more deprived areas and among vulnerable families.

A newly appointed perinatal mental health lead has delivered training for health visitors to ensure that mothers suffering from postnatal depression are identified early, and referred for further support; going forward this training to raise awareness will be broadened to include staff within children's centres and other services.

Key Actions:

- Focus on targeting support towards more vulnerable families to ensure healthy lifestyles
- Raise awareness and understanding amongst a broader range of professionals about identifying and support mothers suffering from postnatal depression.
- Ensure all secondary schools have an awareness of the importance of Sex and Relationships Education (SRE) for pupils, and provide a menu of support from key partners to improve the quality of SRE delivery.

What does success look like? (*outcome measures*)

- Improved and sustained outcomes for families including reduced Youth Crime/ ASB; education attendance and exclusions; engagement in preparation for work and progress into employment, education or training
- Improved 'softer' outcomes linked to family's health, emotional needs, good parenting and home and finance management evidenced through Outcomes Star tool
- Increased number of children achieving the EYFS benchmark
- Narrowed gap at the EYFS profile between the lowest achieving 20% and the rest of the year group.
- Increased number of parents recording a positive change between pre and post assessment, following completion of a parenting intervention
- Increased identification of young carers within Reading, and improved access to support resulting in improved outcomes
- Increased breastfeeding prevalence (from 53% to 54% across South Reading CCG)
- Improved immunisation coverage for all immunisations given
- Reduction in the number of children identified as obese in Year 6

Priority 3 - Supporting the More Vulnerable & Sustaining the Change

Where are we starting from? (*our strengths and progress*)

It is vital that we provide services for those children and young people who are vulnerable and need more targeted support, and for those that need additional help to enable them to sustain positive changes they are making in their lives. These services not only prevent escalation of issues to Children's Social Care, but provide specific help to those that need it most.

What will we achieve? (*action planned/what will be different*)

To enable the continuation and improvement of these services, effective partnership working is vital to ensure a holistic view of the family is taken. Isolated intervention will not enable sustained change within the family, therefore linked services, effective information sharing and clear pathways for targeted support are key improvements.

Reading's Turnaround Families programme

The Turnaround Families programme in Reading has committed to identifying and working with 345 families over 3 years as part of the national Troubled Families programme. The aim is to achieve sustained outcomes for families with multiple needs. Although criteria for identification and outcomes are specifically defined in the Government's Financial Framework for the programme, there is some flexibility to prioritise locally in recognition that additional problems such as domestic violence, mental and physical health, relationship breakdown problems and isolation can make it very difficult for families to unravel problems and result in high cost to the local public purse.

The approach taken in Reading means that systems and approaches developed through the Turnaround Families programme will be applied across early help services to meet the needs of families with multiple needs - regardless of whether they meet the Government criteria. The Council is working with partners across a range of services and agencies to develop and embed the key aspects of the Turnaround Families approach, which include:

- Key working - coordination of the plan developed with the family
- Whole Family Single Assessment - including reducing the diversity of models used for assessment and planning across agencies and services
- Team around the Family model - developing better co-ordination of services to meet the family's needs

- Family Enablement Panel - multi-agency solution focused approach to coordination of services
- Community Engagement - work with the VCS to develop models that maximise volunteering and community support for more complex families

Another key area for development includes a proactive cross-service programme of targeted outreach work to ensure that families understand the impact of welfare reform and are offered support in how to prepare for the benefit cap. The Turnaround Families Programme is closely aligned with the development of the Edge of Care Service, and a joint approach is being taken to the development of connected areas of the strategies to prevent duplication.

Key Action:

- Work across agencies and services to develop and embed the Turnaround Families approach, including better co-ordination of services and assessments

Edge of Care

Reading's Family Intervention Project has developed into an Edge of Care Service (EOCS), designed to deliver intensive high level support to a targeted range of vulnerable families where children are at risk of coming into care. These families have a range of complex needs and will already have had a level of assessment, often resulting in receiving services from a variety of agencies. The EOCS works in a time limited way with existing universal and targeted services to intensively support work already in progress. They add a new dimension and focus via approaches which include assertive outreach, parenting development work, Multi Systemic Therapy or simply practical help. With this integrated multi agency response it is hoped that families will be able to address their persistent problems.

Joint working between Children's Action Teams and Children's Social Care

CATs aim to provide holistic and integrated support to families to prevent an escalation of need and to reduce the demand at the front door of Children's Social Care. CATS will co-work cases with Children's Social Care, providing support for families on Child Protection plans, and support to families who are de-escalating from Child Protection Plans or who no longer need a Tier 4 service. Children's Centres are aware of any looked after children or children who are subject to a Child Protection plan living within their reach area and liaise with Children's Social Care to ensure support is maximised.

Work is currently underway to provide a more consistent approach for identifying the opportunities for de-escalation of cases to the CATs, with social workers developing the confidence that CAT practitioners are capable of case

holding and taking on the role as key worker for these cases. This process involves early identification of cases to allow for a smooth handover, and needs to be tailored to the individual case to ensure change is sustained long-term.

Sustaining the change for families

Although CATs work well at intervening early with the majority of families, some families need longer term support to sustain change. The CATs are adapting to meet this need through the introduction of a system of follow-up, which will involve after-care visits or contacts at agreed levels and frequency. This support will be tailored to suit the individual needs of the family and may include peer support.

Key Actions:

- Further improve alignment between the CATs and Children's Social Care, including reviewing processes for transferring long-term Children In Need cases
- Establish a follow-up system within the CATs to ensure families are supported to sustain change longer-term

Complex and Specialist Parenting

Some parents require a more specialist service because of the complexity of their parenting needs. There are a number of specialist parenting interventions available such as Teen Parenting programmes and the Video Interaction Guidance (VIG) pilot. VIG is a specialist intervention that aims to enhance communication within relationships. The pilot will establish whether this model will make a difference to our higher tier more complex families and then a full evaluation will be used to decide on its cost effectiveness in comparison to other interventions we already offer.

Parenting provision for parents of children with Special Educational Needs are commissioned from a specialist facilitator. The recent Parenting Review found that capacity for higher tier parenting needed to be examined, including exploring how to align the special needs parenting to the SEN Team. An identified gap is the need for specialist parenting for mothers who have repeat removals of children into care, and a task and finish group will be set up to progress this work.

Key Action:

- Address gaps in specialist parenting support through the Parenting Review, including provision for parents with children with SEN.

Youth Offending Service (YOS)

Reading YOS screens all young people who receive a Youth Restorative Disposal or a first Youth Caution, and prioritises young people who receive a 'red flag' through this process for early intervention support. Neighbourhood Police Officers can also refer children of concern and request prevention activity. Through a range of individually tailored interventions, the YOS has enabled a reduction in the number of first-time entrants (FTE) into the criminal justice system by 57%, from 241 in 2009/10 to 103 in 2011/12. To achieve further success through early intervention, YOS is building links with the voluntary and community sector, such as initiating a Reading Football Club Kickz project.

Family Matters - Support for Prison Families

Since 2006 a number of activities have been taking place in Reading with close partnership working between Thames Valley Partnership (a voluntary organisation), Reading Borough Council, Reading Young Offender Institute (YOI) and Thames Valley Probation to address the issues that affect children with a parent in prison. These include 'Family Fun Days' delivered by Reading's children's centres, workshops for statutory, voluntary and faith sector organisations to increase awareness of prisoner families and their needs, and safeguarding and CAF training for named prison officers. Close links have developed between Reading YOI and children's centres with a named children's centre manager coordinating CAFs from the prison. A Family Matters Working Group meets quarterly to work towards linking prisons and communities together further.

Two gaps still to be addressed are routine processes for identifying children with a parent or carer in prison (currently it is only possible to identify children of fathers in Reading YOI who live in Reading) and a clear pathway of support for children and families of prisoners.

Key Action:

- Family Matters Group to establish a process for identifying children and young people in Reading with a parent or carer in prison and ensure that appropriate pathways for support are in place.

Domestic Abuse Support

Reading's Domestic Abuse Strategy includes several priorities that either relate directly to children and families, or which relate to services that families would access. This includes raising awareness of domestic abuse, both for adults and young people; Thames Valley Police are funding Berkshire Women's Aid (BWA) to deliver an information and awareness programme around healthy relationships within secondary schools, for example.

Berkshire Women's Aid are also commissioned to run the Crossing Bridges centre, providing support for any victims before or after leaving a partner, and outreach to support victims in their own homes.

Referrals for families experiencing domestic abuse are triaged before going to Children's Social Care to assess if proactive work with families below this threshold will provide appropriate support. For these families, BWA deliver the Family Choices programme for perpetrators, victims and children, which aims to help victims and attackers understand what leads to domestic abuse and to make, and keep, positive changes in their home life. There is already some clear impact evidence a year into the contract, including low (13%) re-incident amongst Family Choices attendees and a 55% reduction in the amount of contact that attendees' have with Social Care. Attendees also report a positive impact on their behaviour. Changes to the service are being explored to ensure greater impact of this contract, including the increased use of 1 to 1 work (for clients who are not ready for, able to or happy to engage in group work), increasing the amount of awareness raising carried out with the general public and extending the current contract period.

Key Action:

- Increase the use of 1-1 work within the 'Family Choices' programme for domestic abuse support for clients who are not ready for, able to or happy to engage in group work

Teenage Pregnancy Services and Support to Teenage Parents

Teenage Pregnancy prevention support services aim to reduce the overall conception rate. This support includes the universal support through the JUICE service and personal, social and health education (PSHE), as well as targeted individual work with young women who have been identified as being at risk of teenage pregnancy and outreach health services offering a range of pathways to contraceptive and sexual health services. Since 2005 there has been a steady reduction in the overall under 18 conception rate from 60.1 (149 conceptions) to 34.1 in 2011 (80 conceptions). This significant improvement means Reading is close to the target of 31.6, the 50% percent reduction Reading was tasked with achieving within the National Teenage Pregnancy Strategy. One area of concern is the termination rate, which has jumped in the past year from 41.1% to 60%. Although this is a small increase in numerical terms (39 terminations in 2010 to 48 in 2011), the multi-agency Teenage Pregnancy Strategy Group will analyse termination data to understand what might have changed and identify any areas for further action to mitigate this rise.

Berkshire Healthcare Foundation Trust and Reading Borough Council ensure that support to teenage parents is co-ordinated and that both they and their babies are supported in achieving positive outcomes. This includes the Youth

Outreach Nurse, the Reintegration officer (focused on education); the Family Nurse Partnership and the specialist midwifery and health visiting services for vulnerable women. The Family Nurse Partnership is a recent introduction to Reading that includes registered nurses, midwives, health visitors and school nurses and provides a structured, intensive, evidence based home visiting programme for first time teenage mothers that runs from early pregnancy until the baby's 2nd birthday. Its goals include improving pregnancy outcomes, improving the child's health, development and school readiness, and improving the parents' economic self sufficiency.

Key Actions:

- Teenage Pregnancy Strategy Group to identify any areas for action to address the rise in the termination rate.
- Family Nurse Partnership to be embedded as support for first time teenage mothers.

Substance Misuse Support

Support for young people who have drug and alcohol misuse issues is provided through SOURCE who deliver a full range of treatment interventions including harm reduction, psychosocial interventions, health assessments and access to substitute prescribing. Training, advice and guidance is provided to colleagues across services.

Learning Difficulties and Disabilities

We have taken care to ensure that our provision caters for children with a wide range of learning difficulties and disabilities, and that the capacity matches the variety of need within our local population. This includes services to promote support and provide information to families, as well as targeted support and a short breaks service, in line with statutory duties. To improve on this provision, Reading Borough Council is in the process of creating a life-long disability service which aims to provide holistic support for families in close partnership with health and education services. This service needs to fit the new national introduction of the 'Local Offer' a comprehensive set of services covering health, education and social care for all children with special educational needs aged 0 to 25 years that must be established by September 2014. A Local Offer Steering Group is working with families and local providers to collate all our local data, identify gaps in provision, determine how to fill these and agree how best to publicise the final offer. More detail on the direction of travel for these services is contained in the draft Special Educational Needs Strategy that is currently out to consultation with stakeholders.

Key Actions:

- Ensure the Local Offer is in place by September 2014
- Implement a life-long disability service to provide holistic, multi-agency support for families.

Parent Partnership

Parent Partnership is a statutory service that operates at arm's length from the local authority to provide confidential and impartial advice and information to parents and carers of children with special educational needs. The service is working with Reading Borough Council to help develop policy around the local offer and related SEN changes. Parent Partnership have introduced training to reach out to more vulnerable parents in the hope of empowering them in a group settings, and aim to run this more regularly in schools targeting areas with high levels of deprivation.

Emotional Well-being and Mental Health

A wide range of services are provided to support the emotional well-being and mental health of children and young people, including Primary Mental Health Workers in the CATs, the Time to Talk youth counselling service that Advisa are commissioned to deliver, and other voluntary and community sector services. CAMHs (Children and Adolescent's Mental Health Services) provides specialist support to children and young people with severe and/or enduring difficulties, but there is a perception that there is a possible gap in support below this, especially for children who have experienced trauma.

In 2012 the Youth Cabinet focussed on the issue of mental health and, after completing some research, made recommendations to improve the awareness of young people about mental health support available. The recommendations were endorsed by the Emotional Health and Wellbeing Strategy Group, and the Children's Trust Board has committed to monitor the response to the recommendations. Public Health aim to conduct a needs assessment to investigate any gaps and, where appropriate, recommend services to improve provision. There is also work needed to clarify the care pathway within CAMHs as commissioning responsibility is split between the local CCGs and National Specialised Commissioning, and to implement improved care pathways for anxiety and depression as part of Improving Access to Psychological Therapies (IAPT), known as Talking Therapies, for children and young people.

Key Actions:

- Assess gaps in current support for mental health and, where appropriate, recommend services to address gaps.
- To implement the Youth Cabinet recommendations around improving access to mental health services for young people.
- Clarify the interface between CAMHs Tier 3 and Tier 4 in a single care pathway
- Implement improved care pathways for anxiety and depression as part of Improving Access to Psychological Therapies (IAPT)

What does success look like? (*outcome measures*)

- Improved and sustained outcomes for families including reduced Youth Crime/ ASB; education attendance and exclusions; engagement in preparation for work and progress into employment, education or training
- Improved 'softer' outcomes linked to family's health, emotional needs, good parenting and home and finance management evidenced through Outcomes Star tool
- Reduced under 18 conception rate to 31.6%, to meet the 50% target reduction set out in the National Teenage Pregnancy Strategy
- Reduced under 18 termination rate
- Reduced number of First Time Entrants to Youth Offending Service
- Reduced re-offending rates by young people
- Increased number of children and young people in Reading identified with a parent or carer in prison who are provided appropriate support
- Reduced number of re-incidents of domestic abuse involving children and young people
- Reduced admission of young people to Tier 4 inpatient units, and shortened lengths of stay of young people in Tier 4 inpatient units

Priority 4 - Listening to and Involving Children and Families

Where are we starting from? (*our strengths and progress*)

We have some strong forums and processes for children and families to be involved in service provision, in particular to enable young people to inform and shape services and for parents to be engaged through our children's centres.

What will we achieve? (*action planned/what will be different*)

There needs to be a more consistent culture of involving service users in Early Help services, and in particular greater consistency for recording the voice of the child and/or the family within case work.

Voice, Influence and Participation

An overarching vision for young people and families, working in partnership with organisations, to be empowered to plan, deliver and evaluate services for them and their communities is supported by the Voice, Influence and Participation (VIP) Guidance. The VIP guidance was co-produced with young people, and outlines standards and a process for assessing the extent to which teams and services meet those standards.

The Guidance will be reviewed in early 2013/14 in the context of the new structure of the Council as this provides an opportunity to expand the principles of engagement across a wider range of services.

Key Action:

- Review the Voice, Influence and Participation Guidance in the context of the Council's new structure, and embed the principles of engagement more widely.

Young People's Voice

There are some key structures in Reading that enable young people's voice, influence and participation in service design and delivery. These include the Young Inspectors programme where young people inspect the quality of provision across services and the Young Commissioners, who are involved in the commissioning and monitoring of over 50% of the Children and Families' Commissioning Team's contracts. Reading's Youth Cabinet is elected by young people (over 3000 voted in the 2012 elections) and takes a leading role in advising and scrutinising services from a young person's perspective. In 2012 this included a focus on awareness of mental health services, which led to endorsement of the Youth Cabinet's recommendations by the Emotional Health

and Wellbeing Strategy Group. While continuing with the good work of engaging young people, the challenge going forward is to broaden out the work to other services.

Key Actions:

- Recruit and train a new cohort of Young Inspectors and broaden the programme to inspect a wider range of services
- Youth Cabinet will support the implementation of the recommendations around mental health services for young people

Young People's Engagement in Consultations and Feedback

Young people's views are regularly captured to inform service delivery; the results from a recent consultation on how Youth Services should be delivered were built into the specification for future youth work delivery, for example. Young people have also contributed to the development of the Youth Work Outcomes Framework and service provision at SOURCE, the Young People's Drug and Alcohol Service, is informed by pre & post questionnaires completed by young people accessing the service.

A Young Carers Personalisation Pilot has tested a new way of giving a voice to young carers through involving young carers and their family in deciding how a personalised budget will be used to support them - for example through funding short breaks or additional support. 18 families are participating in the pilot, and this will be evaluated and used to bid for further funding.

Key Action:

- Evaluate the impact of the Young Carers Personalisation Project

Voice of the Family in Children's Action Teams

Work in the CATs is designed to engage families in assessment and planning, using a strengths-based approach. Children and young people are also involved in team around the child meetings (TAC) and are encouraged to share their feelings about safety and any other concerns through the 'My TAC, my views' process. A variety of tools are used to enable children and families to engage and develop ownership of the plan such as pictorial representations and Family Workers will often meet with young people and children separately to enable their voice to be heard. Families are also asked to provide feedback for the CATs through pre & post service questionnaires, which are reviewed annually to inform service delivery. Although good work is frequently taking place to involve families and include their voice in case work, this is not always robustly recorded on files; the CATs will review this as part of their work on the quality of recording practice to ensure a systematic approach to capturing this work.

Key Action:

- Introduce a more systematic approach to recording the voice of the child and/or family in case work

Parental Involvement in Children's Centres

Parents are engaged in shaping children's centre provision through Advisory Groups and, more widely, through capturing feedback with parent questionnaires and comment books. Several centres also run their own volunteer programmes, often shaped by the local parents themselves - as was the case with Parents Supporting Parents, the peer support programme co-produced by parents and staff around the two children's centres in South Reading.

The approach piloted in South Reading has introduced a methodology for involving parents in shaping, designing and delivering services. Staff are using these skills and experiences to support the roll-out of the approach to other children's centres in Reading, starting initially with a further four centres. The methodology is also being used in a project in partnership between three children's centres and Job Centre Plus, aiming to understand the lived experience of lone parents with young children. To capture parent feedback more consistently an annual children's centre survey will be introduced to gather the views of parents across Reading. This data will be collated and published in an annual report to demonstrate performance.

Key Actions:

- Continue the roll-out of the Transforming Early Years methodology as a way to engage more parents in services at children's centres.
- Introduce a children's centre survey and publish the results in an annual performance report

Parenting

Parents who attend a parenting programme complete pre and post questionnaires which are collated and reviewed on an annual basis to inform service development. There are a number of submissions from parents demonstrating the impact from participation in the programme. In the future a more systematic way of aggregating and analysing this feedback needs to be established, and an overhaul of this evaluation process is one of the recommendations to be implemented from the recent Parenting Review.

Key Action:

- Introduce a more systemic way for capturing and analysing impact of parenting programmes

Parents Forum

Berkshire Healthcare Foundation Trust and Reading Borough Council are working together to establish a parents forum, that aims to engage a group of parents to give their views on current service delivery, and to influence the further development of provision.

Key Action:

- Establish a Parents Forum across Reading Borough Council and Berkshire Healthcare Foundation Trust that gives parents a voice in shaping and influencing the development of early help services

What does success look like? (*outcome measures*)

- Increased number of young people voting in Youth Cabinet elections
- 50% of contracts commissioned through children's services commissioning team with involvement of Young Commissioners
- Increased evidence of the voice of the child and/or family being recorded in case work, through quality audits of files
- Increased percentage of families participating in TAC meetings
- Establish a benchmark for the percentage of parents satisfied with service provision at children's centres

Priority 5 - Quality of Practice

Where are we starting from? (our strengths and progress)

The 2013 Ofsted local authority report commented on Reading's "four well led CATs", and examples of good practice were found across services. Systems are in place to ensure quality of practice in our support for children and families.

What will we achieve? (action planned/what will be different)

There are recommendations to improve the consistency of practice quality across services, including stronger links to robust management supervision. The Turnaround Families key worker role and Signs of Safety approach are both leading elements of the ongoing workforce development programme for staff across Early Help services.

Key Working Approach

The Turnaround Families programme is being used as the platform to develop further some of the key approaches that will underpin the development of the continuum of children and families support services in Reading. This includes further embedding the key worker approach, building on the existing good practice in Children's Action Teams and from the FIP (Family Intervention Project). A workforce development programme will run from February 2013 to help practitioners to further develop skills and share and review good practice. This will include skills in communication with families; assertive outreach; embedding the Signs of Safety approach; and information gathering to inform assessment and planning. The initial cohort will be encouraged to champion new approaches that will be rolled out in 2013/14 to a wider group of practitioners. Further training needs will be identified through this process for the wider workforce. Not all staff in preventative teams currently hold key-worker responsibilities, but workers from Youth Offending, Health Visitors, and the LDD service as well as workers within CATS are taking on a wider key-worker role.

Ensuring practice quality in early help services

An external file audit of the CATs was commissioned and completed over 4 days in winter 2012, involving an Independent Social Care Consultant and the senior management team. The audit focused not only on the quality of recording, case work and analysis but also set out to assess the extent to which professionals are 'thinking family' and consistency of practice across all locality teams and disciplines. The audit found no issues across localities, but did identify some issues of consistency of practice and recording identified across professional disciplines and an opportunity to further strengthen co-ordination of delivery. An action plan from the results of the audit is being implemented and used to inform workforce development plans, with the 2013/14 training needs analysis

for the CATs including training on how to write SMART plans, how to record in a reflective and analytical way, and how to record safeguarding issues across professions. The CATs Recording Policy will be updated and staff will be briefed on the changes. To support continued development there are plans for a regular annual external audit and further development of the multi-disciplinary auditing approach within other teams and services, including a quality assurance process within the CATs to establish standardised peer auditing.

Key Action:

- Implement the recommendations of the CAT File Audit, including establishing the process for an annual external file audit and for regular peer auditing across services

Signs of Safety

In line with the new 'Working Together' statutory guidance, Reading is rolling out the Signs of Safety approach which underpins the assessment framework for all of Children's Services. This includes the development of a more consistent approach to undertaking assessment to ensure that all family members needs have been addressed, including a much stronger focus on the needs of children. One of the recommendations of the CAT file audit was that the Signs of Safety approach be incorporated into recording practice, to ensure common language across services and consistent working with families in a strengths-based and action focused way. Staff are completing Signs of Safety training over several phases and a task group of key managers are reviewing paperwork to ensure consistency with Signs of Safety and to communicate changes to staff. As Signs of Safety is rolled-out across children's services further training needs may be identified to ensure the practice is being embedded as a new way of working.

Key Action:

- Embed the Signs of Safety approach across early help services

Outcomes based Performance Framework

Despite the range of good work taking place with families, there are significant issues around the capturing of data and performance monitoring within the CATs and across early intervention services, with no single IT system for early intervention services. Work is underway to establish a robust performance management framework embedded across CATs, Specialist Youth Service and the Turnaround Families Programme. An outcomes based performance framework has been created which will monitor the progress of individual families, as well as allowing for aggregated performance data. This will show not only how Turnaround Families are progressing against the government requirements, but it will also demonstrate the impact of Early Help services in improving a broader range of outcomes, including preventing families and

children from escalating into statutory services and thereby improving outcomes and avoiding cost.

It is planned to implement an interim data recording system to allow consistent data capture and analysis across children's services. This would mean that no service areas will be left without a system to record their data in within children's services. The use of the Outcomes Star tool will be introduced as an improved way to capture the outcomes achieved for families.

Key Actions:

- Develop a more robust framework to measure the impacts and outcomes of early intervention and prevention services, using a single ICT system.
- Develop systems to systematically collate data on evidence-based interventions and use to inform future delivery and commissioning.
- Introduce the Outcomes Star tool to capture outcomes achieved for families.

Supervision and Practice Development

Consistent and robust management supervision is crucial to drive up the quality of practice. An Independent Social Work Consultant has been approached to develop a Leadership and Practice Development Programme to span early help services. This should use coaching, self-assessment and action learning sets to support managers with observing practice and supervisions. It is hoped this will establish more robust practices for observing practice, which can then be linked to supervision and appraisal processes for front-line workers.

There are many common areas of practice across early help services and Children's Social Care, meaning there are clear benefits to embedding social care principles of practice, within early help services. This includes how we capture the voice of the child within the assessment and intervention process. There are plans to ensure that opportunities for joint training with Children's Social Care and early help services are maximised.

Opportunities for practitioners from across the workforce to meet, network, share best practice and discuss issues that effect their work will be embedded though this process. Conferences that are currently held for specific groups will be opened up to a wider set of colleagues, and other opportunities, such as Children's Trust workshops, will be available for all teams to attend.

Key Actions:

- Introduce a Leadership and Practice Development Programme for early help services.
- Share work and development opportunities to improve quality of practice across children's social care and early help services.

What does success look like? (*outcome measures*)

- Increased number of staff across agencies trained as key workers, enabling the improved outcomes for families identified in Priority 2 & 3.
- Increased consistency of good quality case recording across early help services
- Increased number of CAFs with actions plans focused on outcomes with clear and measurable success criteria
- Improved consistency of good quality reflective practice and supervision
- We will have a highly skilled workforce that is confident and well-equipped to deliver effective support to families resulting in long-lasting improved outcomes for vulnerable families with a reduced dependency on services

Implementation of the Strategy

Delivering this strategy at a time of reducing resources means an even greater focus on targeting our work on those services that make a critical difference to children, young people and families - and especially to those at greater risk.

The high-level strategy will be underpinned by a more detailed delivery plan that sets out how the key actions will be implemented. This will include lead officers for each action, the identification of resources, and timescales for delivery.

We will develop a performance management framework to measure our progress and better understand where we may need to divert additional resources as we tackle the various challenges we face in the future.

Progress in implementing the strategy and demonstrating the impact achieved through the identified outcome measures will be monitored by the Children's Trust Board. The delivery plan will also align with the parallel work overseen by the Health and Wellbeing Board to implement their strategy.

Appendix A - Services currently commissioned from the voluntary sector

To add