TELFORD AND WREKIN EARLY HELP IMPACT ASSESSMENT

OUR VISION

Families will be engaged in improving their own health and wellbeing; having an awareness of the actions they can take to help themselves and their family to achieve their full potential.

They will recognise the early warning signs of problems – knowing how and when to seek additional help and support. Families will be supported by local networks, families, friends and services in their community to help them in their day-to-day lives and at difficult times.

a co-operative council

Telford & Wrekin COUNCIL

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EARLY HELP STRATEGY

The Early Help Strategy and the local offer for children, young people, families and carers living in Telford & Wrekin has been developed in collaboration with service teams in the council, and in other organisations with input from children, young people, parents and carers.

The term 'for all' is used throughout our strategy – this is deliberate – to emphasise the universal focus we have adopted whilst not forgetting programmes and services for vulnerable groups to reduce demand and prevent problems from becoming too large.

The strategy sets out the context of how we work, what we provide, and our ambitions for the future. The vision was developed following consultation with key stakeholders – including the voluntary sector and professionals from across partner agencies in Telford & Wrekin and endorsed by children, young people, families and carers.

Our Early Help approach has a strong focus on prevention and wide reach. In addition to closer working with education we have a partnership commitment to build capacity within our communities as we work towards our vision of a longer term model of community self help and self sufficiency including volunteering of local people.

OUR PRIORITY AREAS

Following consultation during June 2014, **six priorities**, were identified by the Early Help Partnership (and endorsed by the Local Safeguarding Children's Board) to improve outcomes for our children, young people and families. Our immediate priorities are:

- **Priority 1** Further development of the Child Adolescent Mental Health Services (CAMHS) pathway to address gaps in current service provision with a focus on early help support for those with emerging mental health needs (Tier 2 service provision)

- **Priority 2** Development of a health improvement proposal for primary and secondary schools

- **Priority 3** Development of a bespoke schools based programme to deliver improved outcomes for emotional health and wellbeing

- **Priority 4** Development of a needs led commissioned model of parenting that takes account of the evidence base; cost effectiveness and outcomes; whilst maximising opportunities to build on existing best practice within local communities and the voluntary sector

- **Priority 5** Work collaboratively with NHS England and the Shropshire Community Health NHS Trust to manage the transfer of the commissioning responsibility for Health Visiting and the Family Nurse Partnership to the Local Authority

- **Priority 6** Refinement of the model for delivering our early help services and support, which maximises integration (reducing duplication across service areas and teams); maximises skills and expertise of the local workforce; and builds capacity and resilience within local communities and the voluntary sector

PROGRESS TOWARDS ACHIEVING OUR PRIORITIES

A 'Targeted Support and Personal Advisor' has been appointed to provide support to improve the emotional health and physical wellbeing of children in care, leaving care and fostering. A team of Senior Mental Health Practitioners based within Family Connect have offered consultation to families and practitioners, provided outreach services to identify children and young people with severe/complex needs, and have provided assessments and training to practitioners to support service delivery.

The children's counselling service has been reviewed and a new service is now in place. The new service is expected to deliver a number of improvements including a greater range of support mechanisms to better meet the needs of the child – this will support improved access to the service; reduce waiting list times; deliver improved service user engagement and satisfaction and extend the reach of the programme to provide support to an increasing number of children. Telford and Wrekin Clinical Commissioning Group, has awarded grants to voluntary sector organisations for the provision of bereavement care, counselling and specialist counselling for child sexual abuse including child sexual exploitation.

26 schools have participated in structured interviews contributing to the 'Health Promoting Schools Survey'. Emerging themes requiring greater focus are: self harm; depression; anxiety; coping strategies; online safety; RSE; effective approaches for engaging with parents; and personal resilience. The outcomes of the school survey are informing the development of our school based programme for emotional health and wellbeing. 37 schools have benefitted from additional training to help them to better support children with anxiety and anger issues.

Parenting workshops took place during October; attended by 40 professionals, whom work directly with children and families locally. The outcomes from the workshops and the public consultation have informed our parenting model for early help which is underpinned by the key principles of encouraging parents to self-help, seek information and support from peers.

A number of service developments are being progressed to respond to unmet needs of our children and families. These include development of short courses for 'positive parenting', commissioning of a voluntary led parental befriending service (contract awarded October 2015); additional support for parents of 0-2's; and support for parents of Year 7 children ensuring strong links with schools and the school nursing service.

Our Health visiting workforce have a crucial role in the early years of a child's development providing ongoing support for all children and families; they lead the delivery of the Healthy Child

Programme during pregnancy and the early years of life. Our focus to date has been the safe transfer of commissioning responsibilities from NHS England to the local authority.

The formal transfer of commissioning responsibilities is now complete – service development to maximise opportunities for integration (reducing duplication across service areas and teams); to maximise skills and expertise of the local workforce and to improve outcomes for children and families will now be the immediate focus for this priority

WHAT DOES THE EARLY HELP OFFER MEAN FOR FAMILIES?

Our Early Help Offer includes the 'front door' through which parents and professionals can access additional support at any level. http://www.telford.gov.uk/downloads/file/298/the_childs_journey

The critical features of our effective early help offer are:

- **Family Connect as our 'Single Point of Contact' to ensure families receive the right help at the right time**
- **a multi-disciplinary approach that brings a range of professional skills and expertise to bear through a "Team Around The Child" approach**
- **a relationship with a trusted Lead Professional who can engage the child and their family, and coordinate the support needed from other agencies**
- **practice that empowers families and helps them to develop the capacity to resolve their own problems**
- **a holistic approach that addresses children's needs in the wider family context**
- **simple, streamlined referral and assessment processes.**

Our early help offer recognises the crucial role that all family members – not just mothers and fathers, but step parents, grandparents, siblings and other extended family members and carers – play in influencing what children experience and achieve as well as the consequences when families are in difficulty.

The new 'Working Together to Safeguard Children' guidance places an emphasis on the importance of early help in promoting the welfare of children, together with clear arrangements for collaboration, and we want to ensure that our early help offer reflects the ambitions of this guidance.

Central to our early help offer is the early identification of children and families who would benefit from early help and a co-ordinated early assessment and response to prevent abuse and neglect of children and young people, and improve outcomes for children and families as a whole.

LEADERSHIP AND GOVERNANCE

Governance for Early Help from both the local authority and the Locality Advisory Boards is strong. The Early Help Partnership Board functions well. It combines the leadership and expertise of the council's senior leadership team from Children and Families Services, Public Health, Education with our strategic partners including the Clinical Commissioning Group, police, primary and secondary education, health partners and the voluntary sector. The Locality Advisory Board knows the locality and the families it serves well. Board members are supportive and challenging of the centre's leaders and the work of the local Children Centre. This effective governance structure contributes to driving improvements with regular reports of progress to the Local Safeguarding Children's Board.

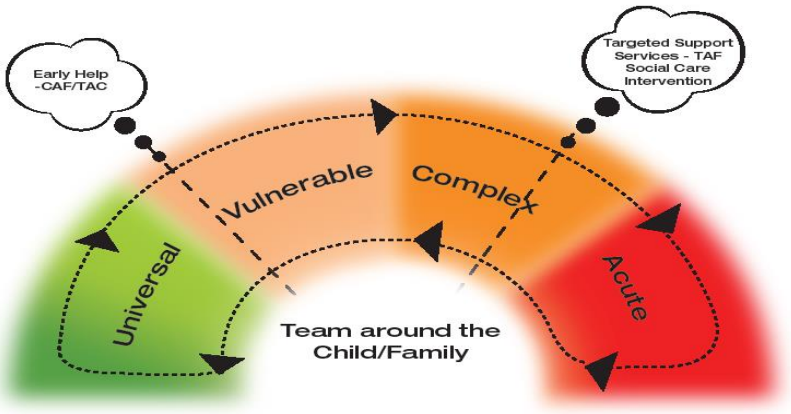
IDENTIFYING CHILDREN AND FAMILIES WHO WOULD BENEFIT FROM EARLY HELP

The Family Connect Service is our 'Single Point of Contact' to ensure families receive the right help at the right time. The service comprises of both internal and external partnership services (Police, Probation, Community Health, Community Rehabilitation Community, Children Specialist Services, Children and Family Locality Services, Safeguarding Social Work, Education and Cohesion Services.)

Family Connect offers advice, guidance, information and sign posting to services that are appropriate and proportionate to the support needs of children, young people and their families and where necessary, identification of a lead agency/professional to coordinate relevant agencies.

The Family Connect Service has recently revised the advice, guidance and consultation for safeguarding enquiries in order to reduce the levels of professional anxiety in managing risk and to strengthen the need to provide early help interventions.

Children and family needs are constantly changing and at different times in their lives they will have differing levels of involvement from a range of services, from universal, targeted and specialist support services.



Locally, the provision of early help services forms part of a continuum of help and support to respond to the different levels of need of individual children and families.

Children and family needs are constantly changing and at different times in their lives they will have differing levels of involvement from a range of services, from universal, targeted and specialist support services.

Our universal services are available to all children, young people and families, working with families to promote positive outcomes for everyone, by providing access to education, health services and other positive activities. Practitioners working in these services identify where children and families would benefit from extra help at an early stage.

Targeted services focus on children, young people and families who may need support either through a single service or through an integrated multi-agency response. They work with families where there are signs that without support a child may not achieve good outcomes and fulfil their potential. However targeted services are also critical in preventing escalation into specialist services, and will also assist with continuing lower level support once a higher level intervention has been completed.

Specialist services focus on families with individual or multiple complex needs, including where help has been requested through Section 17 and Section 47 or where a specific disability or condition is diagnosed.

What is important is that professionals work together effectively to ensure that families experience smooth transition between services and that all services supporting the family remain focused on the needs of the child. It is also critical that all professionals remain aware of their responsibilities in relation to safeguarding and protecting children.

Our early help offer therefore puts the responsibility on all professionals to identify emerging problems and potential unmet needs for individual children and families, irrespective of the whether they are providing services to children or adults. The professionals working mainly in universal services are best placed to identify children or their families, who are at risk of poor outcomes. These will be in health services, such as health visitors, GPs and school nurses, or in Children's Centres, or in education provision at any age from early years onwards.

Partnership agencies in Telford and Wrekin working with children and families identify families who would benefit from early help by utilising the local integrated working toolkit which provides practitioners with the useful set of tools to support inter-agency working, information sharing, common assessment, planning and review process and practice within Telford and Wrekin. Professor Eileen Munro in her Review of Child Protection in England (2011) emphasises the importance of early intervention. By ensuring earlier identification and support we can help to prevent an escalation of concerns. This approach is underpinned by Working together to safeguard children (March 2015)

http://www.telford.gov.uk/downloads/file/297/integrated_working_toolkit

When professionals work together in an integrated way, they put the child at the centre of all activities to help identify their holistic needs earlier to improve their life outcomes. It is important to see safeguarding as part of a continuum where prevention, early intervention and targeted work can help children and families get back on track and prevent problems turning into crises where social care intervention is required. Step up and step down processes are a key element of delivering the right services to children and families at the right time.

PROGRESS IN EARLY HELP ARRANGEMENTS

The Integrated Working Toolkit was revised by the partnership to embrace the ability to demonstrate impact in how the process supported families and at the same time embedded a suite of quality assurance processes within our Common Assessment Framework (see integrated toolkit). As part of this we have established a multi-agency working group to embed improvements within working practice of our early help workforce. We also reviewed the arrangement for Common Assessment data collection and reporting which has led to a more accurate presentation of data.

Multiagency CAF Report Jan 2015.doc

Multiagency CAF Report July 2015.doc

The LSCB has committed to the ongoing requirement of Common Assessment training which has included the availability of training electronically via the councils on line learning system as an introductory course and free multiagency training is available to all partners. Since 2013, 204 practitioners have completed the training representing a cross sector of early help partners.

HOW CHILDREN AND FAMILIES HAVE BEEN INVOLVED IN SHAPING EARLY HELP SERVICES

Children, young people, families and carers have been directly involved in developing our early help vision statement, strategy and action plan.

The Early Help Offer consultation covered two main target groups; children and young people; and parents and carers.

The children and young people consultation was led by the Council's Community Participation Team across seven existing young people's groups including: the Young People's Forum; Young Carers; the Forum for Disabilities; and senior and junior youth groups in targeted areas.

EHO_consultation_report_CYP.pdf

The consultation with parents and carers involved a joint approach led by the Public Health Team, the Parent Carer Forum and Parents Opening Doors and included the use of a questionnaire with qualitative and quantitative questions. The questionnaire was disseminated to community groups,

local primary schools and through the Children and Family Locality Service teams. Responses were received from: three primary schools; two secondary schools: one special school; the PODS Forum; and various play and family groups.

During the past 12 months, children and young people have been directly involved in the tender process for the School Nursing Service and the procurement of the stop smoking service; have contributed to the needs assessment for sexual health and the development of the service specification for the children's counselling service.

DEVELOPING AND INVOLVING OUR EARLY HELP WORKFORCE

Practitioners have had the opportunity to contribute to a number of early help consultations including development of the parenting pathway, the children's counselling service, development of the integrated 2 year review and service developments for a number of commissioned public health initiatives.

Teams are routinely invited to attend Early Help Partnership Board meetings to present progress towards achieving early help outcomes and provide assurance against actions in the early help action plan.

8 Health Visitors have recently welcomed the opportunity to be shadowed by members of the council's Senior Leadership Team – the Health Visitors have since contributed to a feedback session and discussion around improving our early help offer.

Several teams have benefitted from training and development opportunities to support them to deliver early help and prevention services. Examples include:

- A programme of brief advice training for midwives
- A public health study day (held jointly with Shropshire) involving 130 midwives and health visitors. The day included presentations from specialists in maternal obesity, small babies, smoking, perinatal mental health and behavioural change
- Additional parenting training for Early Intervention Practitioners
- Emotional health and wellbeing training for primary and secondary schools

Within Telford and Wrekin we have a well trained and highly experienced early help workforce working with children and families. Through developing the work we have identified some excellent

examples of teams working well collaboratively but further work is required to develop professional networking opportunities, improve information sharing and to clarify roles of individual teams.

EARLY HELP PERFORMANCE OVERVIEW

The Early Help Partnership have agreed a number of outcome measures

Common Assessment Framework activity

- The numbers of CAFs completed varies as expected throughout the year but for the first 6 months of this year 255 have been completed.
- The number of open CAF episodes has dropped from 339 at the end of March 2015 to 329 at the end of September. This is higher than at the same point last year when there were 296 open episodes.
- The percentage of CAFs that progressed to TACs over the last 12 months was 53.1% as at the end of September; this is lower than the 12 month period to end of March when it was 57.7%. However, it is worth noting that even though it is a drop percentage wise, in numbers more CAFs have been converted (320 compared to 305).
- Although this increase is noted, agencies completing them has not changed with education being the main contributor

Improve the health and wellbeing of children, young people, families and carers

- The rate of teenage conceptions has reduced on previous years (35.1 per 1,000 females aged 15-17 years of age). Although this improvement is noted the rate in Telford and Wrekin remains significantly higher than the national average.
- Last year Telford and Wrekin recorded an average smoking at time of delivery as 21.4%. During the last six months we have seen a significant reduction – our average is now 17.4%.
- Excess weight in children:

  467 aged 5-6 year olds (25.9%)

  668 aged 10-11 year olds (37.3%)

Improve the attainment of children and young people

- The number of children achieving the required level at the Early Years Foundation Stage increased significantly in 2014/15 with 58.2% achieving it (29% improvement on the

previous year). This now brings Telford and Wrekin closer to the National average of 60.4%.

- The average attendances at primary, secondary and state funded special schools have exceeded the targets set and are all above the national averages.

Improve the emotional health and wellbeing of children, young people, families and carers

- The national rate of mental health hospital admissions for 0-17year olds has decreased slightly over the last year from 87.6 to 87.2; however TW's rate has increased from 43.6 to 64.2.

- The number of self harm admissions to hospital for 10-24 year olds also increased to 569.9 per 100,000, higher than the national rate of 412.1. The Early Help Partnership are undertaking a piece of work to understand the issue of self harm within Telford and Wrekin and subsequently the outcomes of the findings will inform what services need to be provided.

Improve the engagement of children, young people, families and carers

- The number of parents/carers/young people contacting Family Connect has continued to increase year on year since introduced in 2013 with 3965 making contact in the first 6 months of this year, compared to 3022 for the same period last year. They now represent the largest proportion of contact with Family Connect.

THE QUALITY AND IMPACT OF OUR EARLY HELP PRACTICE AND SERVICES IN TELFORD AND WREKIN

Children and Family Locality Services

Locality leadership teams across Hadley Castle, Lakeside South and the Wrekin have analysed the outcome data as supplied in the 2015 Population Profile and have identified key priorities where children's outcomes in parts of the locality are performing less well than their borough and national counterparts. These have been identified as the priority areas for improving outcomes established by the leadership team, supported by the Locality Advisory Board, and through regular conversations with the Local Authority Lead Officer. The priorities are supported by and used as the base of discussions on how we can improve our outcomes by the Parent's Panel and Stakeholders groups.

Locality Priorities

Hadley Castle	Lakeside South	Wrekin
• School Readiness • Excess Weight • Maternal Health • Employment, Education and Training	• Health (smoking in pregnancy, breast feeding rates, excess weight) • Adult education and employability • School Readiness • Protection of children	• School Readiness • Health Inequality • Tracking • Parental Involvement • Reach

The quality, range and relevance of the universal and targeted services is improving and a particular strength of the Centres is their partnership working in order to deliver services that are based upon the profile of the target groups. We feel that Telford has been ahead of the game in terms of networking and liaison with local services, to avoid duplication and to work more smartly with less. This ensures the right services are provided at the right time, using the early childhood service that is agreed to be best placed to meet the identified needs of families

The localities are working towards ensuring that the large majority of families in target groups are receiving the help they need in a timely manner. A key platform for effective cooperation and information sharing is Family Connect. This is staffed by leaders from the locality on a three weekly cycle. The data and information sharing between professionals is sophisticated in that police, housing, safeguarding, family and cohesion, education and disabled children's services share ICT

infrastructure to share appropriate information in order that families receive appropriate specialist support.

Every child that is referred into the Children and families Team has an Assessment of some form e.g. CAF, Child and Family Assessment etc. The Assessment will identify the piece of work that is being requested for support from an Early Intervention Practitioner. The EIP will work alongside the family to put together a work plan. By measuring success against their goals and reviewing regularly, whilst also helping the family this can also impact on our localities outcomes.

Practitioners and leaders use a Workspace within the safeguarding Protocol system which enables safeguarding to view all of the support offered using the shared ICT infrastructure. The wishes and feelings of families are captured through case files recorded on the Workspace with good service user feedback through the start and end of intervention measures process. Case files are systematically sample audited using a group of middle leaders and senior leaders alongside members on a bi-monthly basis.

The Centres engage with service users, children, parents, and local community partners through Stakeholder Groups and this in turn has improved the number of volunteers and parents involved in the Centres. Across the borough we have thriving Parent led, Playing together groups which have evolved with the support of the Centre's Team providing a thorough induction, health and safety and EYFS package of training.

Parent Panels have been in place since 2014. Serving each of the localities, the panels provide an opportunity for parents, carers and young people to be involved in the design of their services. Parent panels have been instrumental in improving methods of engaging with fathers and increasing the age range of our Bumps to Baby group.

A summary of the quality and impact of practice and services is included within the self-evaluation form for each of the localities (available on request)

Healthy Families

Our Healthy Families Team sit within Children and Family Locality Services – the service is commissioned and is funded by the public health grant. The team were in sourced to the council from the Shropshire Community Health NHS Trust during April 2014. This transition has led to a number of improvements including:

- An increase in referrals to the programmes particularly from Early Intervention Practitioners
- Greater awareness of the programme amongst families and key partners
- More opportunities to engage with families at various events without a 'medical' agenda
- More opportunities to link with professional teams working with families (e.g. CAFLS, cohesion)
- Access to further training and professional networking opportunities with the early help workforce
- Improved data sharing

The **Healthy Mums** programme supports pregnant ladies with a BMI over 30 to manage their weight. The programme is designed to minimise weight gain during pregnancy (phase 1) and to support weight loss post pregnancy (phase 2), until the baby is 6 months old. During the last 12 months 93 women started the programme with 65% completing the full programme of support. During phase 1 of the programme, 75% gained less than 10kg and 71% lost weight during phase 2.

- 77% of participants engaged with the programme move from phase 1 to phase 2
- 91% of participants reporting behaviour change or intention to change behaviour
- 87% of participants reporting improved emotional health and well-being

An Information Sharing Agreement has been set up with Maternity Services and a weekly report is received by the team detailing all the women who book in at pregnancy with a BMI>30. The team actively follow-up these women to offer the service. This system has now been running for 7 weeks and we have had 82 women booking in with the midwife with a BMI > 30 (range: 30.1 – 49.3)

The **HENRY** group programme (Let's Get Healthy with HENRY) is an 8 week programme that offers parents the chance to share ideas and gain new skills to address lifestyle issues in a supportive environment. The team also co-ordinate the HENRY Parent Champions programme. Funded by the Big Lottery this programme trains local parents to be volunteer parent champions in their local area. During the past year 86 families have accessed support from HENRY. 70% of families completed the full 8 week programme.

- 100% improved overall healthiness of their family lifestyle
- Increase in average consumption of fruit and vegetables
- Decrease in average consumption of high fat and high sugar foods

Healthy Juniors is a locally developed 9 week healthy lifestyles programme for children aged 4-7 years who are over a healthy weight for their height and age. The programme utilises both a community based model or a schools model. A structured home visiting service is also offered to those families with specific needs. 91 families accessed the programme during the past year and 80% of families completed the full programme.

- 52% decreased and 33% maintained their Body Mass Index centile
- 97% of participants report behaviour changes (e.g. fruit and vegetable consumption, eating habits, consumption of high sugar / high fat foods, physical activity)

Healthy Kids is an award winning 9 week healthy lifestyles programme for families with children aged 8-13 years who are over a healthy weight for their height and age. The programme utilises both a community based model and a schools model. A structured home visiting service is also offered to those families with specific needs. 90 families started the Healthy Kids Programme and 81% of families completed the 9 weeks.

- 60% decreased and 29% maintained BMI centile
- 98% of participants report behaviour changes (e.g. diet, physical activity, healthy family behaviours)
- 96% of participants report improved emotional health and well-being

Health Visiting Services in Telford

The Telford Health Visiting service provides universal preventative and early intervention services to all families with children under the age of 5. The aim is to facilitate early intervention through improved universal access to services, thereby creating better long term outcomes and reduced health inequalities.

Additional support for children and families is tailored towards specific needs on a progressive universal basis and in partnership with other health services and external agencies. The service also offers support to women during the last trimester of their pregnancy, in preparation for parenthood.

Health visiting in Telford offers five universal contacts to all families;

- Antenatal – at around 28-30 weeks gestation, usually in the home
- New birth visit – a visit at home between 10-14 days of age
- 6-8 weeks – usually at home
- 12 months – developmental review in clinic
- 2 year review – developmental review in clinic

All children are referred to the Health Visiting service at birth or when they transfer into the area. The service is proactive and makes contact with all antenatal ladies and all families with children aged 0-5. Health Visitors also have a referral form which other services or external agencies can use to refer into the service.

Services provided by health visitors include: health and developmental reviews; screening; advice around immunisations; promotion of health and wellbeing – key topics being; accident prevention, smoking, diet, physical activity, breastfeeding and healthy weaning, prevention of sudden infant death and family dental health. Health Visitors promote sensitive parenting and involving fathers, support maternal mental health and signpost to other services.

There is a Health Visitor based within the local acute hospital at Princess Royal (SATH), providing paediatric liaison services for all 0-5s. The service provides valuable communication between the hospital and the community to prevent readmission and reduce future accidents. Safeguarding is incorporated within this role and into all outcomes, the importance of communication being essential to successful safeguarding. The role profile and aims are;

- Reduction in admission and readmission to the acute Trust
- Communication between the acute sector and health visitors
- Prevention of accidents

- Prevention of inappropriate attendance
- Promotion of self-efficacy of parents around safety and minor illness management
- Maternal mental health wellbeing (to support infant mental health)

Parents access services in a variety of ways; home visits, telephone advice, child health clinics and children centre services. In addition, Telford has a 'Health Visitor Advice Line' available via phone and text Monday to Friday 9-5. This provides access to a qualified Health Visitor for all families and professionals who require advice, guidance or information.

The service supports BME communities through access to interpretation services where needed; these include an in-house link worker for Asian families. Support for travelling families is strong, with well-developed collaborative service provision.

Telford health visiting teams are resourced by health visitors, with support from nursery nurses. All Health Visitors are Specialist Community Public Health Nurses (SCPHN); they are qualified Nurses and/or Midwives who have undertaken further post graduate training in all areas of child health, development and public health. All maintain current registration with the Nursing & Midwifery Council. Nursery Nurses have child development experience and qualifications commensurate to NNEB. During 2014/15:

- 32% of child/family contacts were within Universal service delivery (c 8200 in total)
- 68% of child/family contacts were within Universal Plus/Partnership Plus service delivery (c17700 in total)
- the child was present in 75% of all contacts
- approximately 50% of the services to families were provided in the home
- 97% of births received a face to face New Birth Visit within 14 days by a Health Visitor
- 81% of children received a 6-8 week assessment
- 70% of children received a 2-2.5 year review

Information to demonstrate impact is collected in a variety of ways. Examples include:

- In-house patient discharge information (from electronic data capture)
- SATH discharge data relating to in-patient services, accidents and emergencies
- Immunisation uptake data
- CAF and TAC audits and outcome measures
- Health Needs Assessment outcome measure for child protection and looked after children
- Breastfeeding uptake at birth, 14 days and 6-8 weeks
- Patient audit of breastfeeding services
- Measurement of core contact uptake rates – of 5 core contacts

The health visiting service uses a client feedback survey, the NHS Friends and Family Test and focus groups to encourage feedback from families. Audit results from the NHS Friends and Family Test –audit results 2015 identified the following feedback about the Telford health visiting service;

- 96.0% (105 in total) felt able to discuss any concerns about their child, found the advice and information provided helpful and that it was given in a way they could understand.
- 24 out of 25 (96.0%) parents provided positive comments when asked what they really liked about the service with many praising the attitude, approach, knowledge and skills of their Health Visitor.
- Awareness of the different ways in which Health Visitors can support parents and families was high (above 80%) in relation to child development, growth, behaviour, post-natal depression and breastfeeding although less so to supporting families with additional needs, providing advice about and referrals to other services, common childhood illnesses and accident prevention/safety in the home.
- 100% of respondents said they were either 'extremely likely' or 'likely' to recommend the Health Visiting service to their friends and family if they needed it.

The Family Nurse Partnership (FNP)

FNP is a voluntary home visiting programme for the first time young mums, aged 19 years or under. A specially trained family nurse visits the young mum regularly, from the early stages of pregnancy until their child is two. The FNP programme aims to enable young mums to:

- Have a healthy pregnancy
- Improve their child's health and development
- Plan their own futures and achieve their aspirations

The FNP programme is underpinned by an internationally recognised robust evidence base, which shows it can improve health, social and educational outcomes in the short, medium and long term, while also providing positive economic returns. Impact and Outcome data is summarised in the FNP Dashboard 2014 2015.

FNP Dashboard 2014 2015.xls

School Nursing

Our school nurse service aims to promote and support the health and wellbeing of all school aged children aged five to 19 years old. Our school nurses work together with children, young people, parents, carers and professionals to help keep children healthy throughout their school years, in order for them to reach their full potential and make informed, healthy lifestyle choices.

School nurses are qualified nurses with various additional qualifications. All school nurse caseload holders have a specialist public health qualification and/or extensive experience of working with children, young people and their families.

School nurses provide confidential advice, care and support to children, young people, parents and carers through a range of key services including:

- Anaphylaxis and asthma training for schools, children, young people and their families
- Audiology
- Crucial Crew health promotion
- Day and night time wetting (enuresis) clinics across Shropshire
- Health education and promotion
- Support immunisation uptake for school age children
- National Childhood Measurement Programme (NCMP) for reception and year 6 children
- Safeguarding and support for children in need
- Secondary school and community health drop-in sessions
- Support with individual health needs and long-term health conditions

Each primary and secondary school has an allocated named school nurse. Children, young people, parents and carers can self-refer by contacting their named school nurse. School staff and multi agencies can refer by using the school nurse referral form. Confidential appointments are offered to secondary school pupils, using Fraser guidelines, in the school and some community youth settings.

During the academic year 2014/15 from September – June, School Nurses provided support to nearly 2000 children through one to one and group sessions.

Information to demonstrate impact is collected in a variety of ways. Examples include:

- Tracking information – discharges from the electronic data capture (Lorenzo)
- CAF impact measures
- Health needs assessment, used within safeguarding, and follow-up review to assess progress against identified health needs

The School Nurse service uses the NHS Friends and Family Test, verbal feedback and focus groups to encourage feedback from children, young people, their families and schools.

Early Years

Our Early Years and Childcare Quality Improvement Team ensures that all children in Telford and Wrekin are school ready through:

- Ensuring there are sufficient high quality childcare places for all children
- Ensuring all settings and providers are graded good or better by Ofsted
- Maintaining and developing high quality provision for all children ensuring maximum take up of all funded places, including those children with additional needs and disabilities
- Having a positive impact on a Good Level of Development (EYFS)
- Working with all childcare providers to ensure children are ready for school
- Raising awareness of the variety of Early Education choices within Telford and Wrekin
- Developing and delivering good quality training to raise standards
- Ensuring safeguarding is at the forefront of all work to achieve the best outcomes for children
- Being responsive to the needs of children and families within Telford and Wrekin
- Working in partnership with maintained schools, Children and Families Locality Services (CAFLS), Telford and Wrekin Commissioners and HMI

The Professional Lead for Health Visiting Services has been working collaboratively with the local authority Early Years and Childcare Consultants to progress integrating the 2 year review (health) and the Early Years Foundation Stage Progress Review. In summary:

- 130 practitioners across early intervention, health visiting and early years settings have received training for the integrated check, pathway and processes
- 9 settings and 4 childminders will participate in the pilot
- The pilot project will include all children aged 20 – 28 months at the pilot settings
- All settings have been provided with a link Health Visitor
- Project evaluation will be via a questionnaire for parents and professionals
- The councils Community Engagement team will also seek feedback from participants through focus groups

It is expected that the proposed pathway will deliver a number of improvements for professionals and parents involved in the process including:

- All early years settings will be provided with a lead Health Visitor contact
- Integration arising from improved information sharing between health and early years and ensuring integrated responses to identified issues – the process will involve health and early year's elements being carried out at separate times but parental feedback will be provided at a joint session with both health and early years staff present.
- Key public health messages will be introduced by the Health Visitor at the parental feedback meeting. This will include oral health, diet and accident prevention. The child's height and weight measurements will also be recorded. This will allow early identification and early help support for those children who are overweight with the intended outcome of reducing the prevalence of obesity in children when they join reception class and are routinely measured through the National Child Measurement Programme.
- A more complete and holistic picture of the child's progress by drawing on the perspectives of health, early education practitioners and parents
- Earlier identification of any development needs and the timely offer of appropriate support or interventions

Working with schools

During the last academic year 700 children across five schools participated in the Look Out Life Project delivered by Loudmouth (Theatre in Education). A 45 minute drama production is performed to the whole year group and workshops are delivered to smaller groups throughout the day. The Police Crime Commissioner contributes funding to the project – the project will be delivered to 8 schools this academic year.

The project reported:

- a 93% increase in young people who identified 'emotional abuse' as a form of abuse in a relationship after seeing 'Safe & Sound'
- 86% stated that as a result of the session they felt 'confident' or 'very confident' about telling someone if they were experiencing difficulties or control in a relationship.
- 95% would recommend the session for the next year's pupils.

Crucial Crew is an enjoyable interactive learning opportunity. It enables young people to develop a safer, healthy lifestyle by increasing their confidence and promoting resilience, independence and good relationships. Whilst encouraging responsibility and respect for differences.

It is facilitated by a multi agency partnership working towards one common goal; to promote independent active citizens within their communities who are more aware of their personal safety and the safety of others.

The outcomes below have been identified by the Crucial Crew Steering Group (multi-agency) to enable young people to have opportunities to:

- Become more aware of personal and peer safety
- Learn how to react to potentially dangerous situations
- Make a positive contribution to local communities
- Identify actions to reduce the risk of becoming victims of crime
- Understand what to do in an emergency situation

This year's event was our third year of being open to all Year 6 Students across the 13 day period (22 June – 10 July). There were approximately 2016 students that attended.

Crucial Crew Evaluation 2015.doc

Working with schools to improve health and wellbeing outcomes is a priority for the Early Help Partnership Board along with building on the success of our existing programmes.

Between April and July 2015 schools were invited through cluster meetings and direct contact to participate in the Health Improvement in Schools Survey to help inform our early help offer.

In total 23 schools contributed to painting a picture of Public Health issues for children in school within Telford and Wrekin.

All but one secondary school said that the mental health and wellbeing of Children and Young People is the primary concern in their setting. High levels of stress and anxiety were reported, referencing resilience or a lack of coping skills to face issues in and out of school. Self harm, either in a 'self destructive manner' to cope with stress or copying as part of a friendship group was indicated to be a rising trend within schools. Main concerns in primary schools echoed that of the secondary schools; however self harm was not so prevalent as an indicator and that stress and anxiety manifests itself in other ways such as bad behaviour. On a daily basis many school staff struggle to cope with some children who have mental health issues while they wait for services to intervene.

Schools have asked for support for young people pre CAMHS Tier 2 and want to be trained to manage children and young people with mental health issues. Staff would like to be trained to identify early onset of problems in young people to provide earlier intervention. Some schools have asked for better signposting to services within CAMHS.

Overall, schools are happy to take on the mantle of being a source of support for young people, either in a preventative or reactive way, however they must be equipped with the skills to be able to do this.

The majority of school staff questioned stated the diet of students is the second greatest concern. They said the contents of lunchboxes and catering in some settings often isn't acceptable. Some schools spoke about the fact they are in a more deprived area and linked this to malnourishment and poor dietary choices.

Secondary schools identify a concern with the teaching of relationship and sex education and online safety and Child Exploitation being topical in some settings. The teaching of PSHE is varied and greatly lacking in some schools mainly due to other pressures on SLT for the schools to improve achievement. Often these sensitive matters are either directly addressed with the individual they involve or lessons are planned in very much a reactive way.

In summary most schools that completed the questionnaire identified emotional health and wellbeing, diet and relationships and sexual health to be the top three Public Health issues which need addressing within school. Both head teachers and other school staff acknowledge the need for more time to be spent on solving these problems but there is a lack of resource and time to do this. CPD is required for schools to feel confident in supporting children and young people with mental health issues. However the pressures to achieve and raise (academic standards) in schools override the ability (and sometimes desire) to give the other concerns resource, time and energy.

Additionally in most schools engagement with parents is hard, either getting parents in to schools to talk generally about these matters was impossible or parents simply didn't wish to acknowledge and address concerns the school had identified with individual children.

Substance Misuse Services

Substance Misuse Services in Telford and Wrekin use a family therapy approach, where they try to include the whole family in the treatment journey. A 'Supporting Families Plan' is completed for anyone who has children or significant care responsibilities. The Supporting Families plan includes information about the service user, their substance use, family life and through discussion outlines the family support they require whilst in treatment and recovery.

In many circumstances service users' children are looked after through Kinship Care and a key difficulty with service users is declaration of a child living with them early on in treatment as the general feeling is that if they declare this then the child will be taken away from them.

When working with a service user who has a child living with them or looked after by someone else, the first point is to involve Family Connect to ensure the child is safeguarded and the appropriate mechanisms are put into place. In addition the services have to ensure the appropriate safeguarding protocols are followed especially in the home and in terms of the child safety as a service user on medication could potentially have a store of their methadone. Other areas that are considered are the relationship between parent and child and appropriate counselling is provided to help strengthen relationships.

Improving Health Outcomes

A particular highlight has been our work with Midwifery Services. This has included a programme of public health training for midwives and development work to improve our service pathways for breastfeeding, smoking and weight management.

A maternal public health group has been established to ensure a holistic approach to improving public health outcomes for women as part of the midwifery pathway. Reducing the number of women who smoke at the time of delivery has been a focus for the group.

Our midwives work closely with Stop4Life who provide our local service. Midwives have introduced an opt out referral at booking and at the 26-28 week home visit.

Those referred are supported to quit with behavioural support and pharmacotherapy treatment. The service offer is flexible to meet the individual needs of those referred. Support includes one to one, group sessions, home visits, a text messaging service, phone calls, emails and closed chat rooms – family members who smoke are also provided with support to quit as part of our long term commitment to achieving a smoke free environment for children.

During 2014 / 15, 206 pregnant women set a quit date and 119 women (58%) successfully quit. This is a significant improvement on previous years.

Last year Telford and Wrekin recorded an average smoking at time of delivery as 21.4%. During the last six months we have seen a significant reduction – our average is now 17.4%.

Actions that have contributed to this reduction include:

- Midwives are implementing CO readings at the 28 week home visit – this is providing a further opportunity to raise 'the issue' of smoking during pregnancy, provide brief advice and signpost to stop smoking services. Referrals and outcomes are being monitored.
- 130 midwives and health visitors across Shropshire, Telford and Wrekin attended a public health study day which included presentations from specialists in maternal obesity, small babies, smoking, perinatal mental health and behavioural change. Midwifes have also recently completed a programme of brief advice training for smoking cessation.
- An information sharing agreement is now in place between the council and SaTH. The outcome is timely data and an enhanced data set which enables more effective targeting of resources and improved data intelligence to inform service and pathway developments.
- A very well defined and robust service specification, with clear key performance indicators and outcome measures.

- Stop4Life have strong links with referring partners – Smoking Cessation specialists attend the Locality Advisory Boards and have developed robust referral pathways. Brief advice training for smoking cessation has also been provided to our early help workforce

Emotional health and wellbeing

TaMHS training for No Worries (anxiety management) and Keep Cook (anger management) have already been rolled out to schools in March and May 2015. The impact of this will be measured in autumn 2015 when schools have had a chance to carry out the work and report back to Educational Psychologists.

Public Health is going out to tender for a children's counselling service to replace the level of service currently being delivered. Counselling will be delivered to children of school age in school or at an alternative offered venue. This is due to start November 2015.

School Nurses commissioned by Public Health work with children and young people addressing emotional health and wellbeing, diet and the other Health Improvement remits. They can also support school staff to work better with children and young people on a day to day basis and fire fight issues that come up in everyday school life.

In July 2015 Shropshire CCG, Telford and Wrekin CCG, Telford and Wrekin Council and Shropshire Council agreed to proceed with the commissioning of an emotional health wellbeing service for children and young people. This will be a seamless service from targeted (including support and training to universal services to deliver early effective help) to specialist support. Further information is available on request.

Education Employment and Training

The Job Box was established to centrally coordinate the Borough's offer for all employment and training support.

Future Focus is our local service available to young people aged 16 and 17 who are not participating in learning post statutory education and 18 and 19 year olds who are NEET and up to 25 for young people who are NEET with Learning difficulties and disabilities.

The Job Box was established when Youth Unemployment in Telford was at 32%. Following the introduction of Job Box this rate is now down to 12.9 %.

The service provides a centralised phone contact point to access the service and a drop in service. The team of advisors

• will contact young people by phone to establish their current situation, identify their needs and provide information and advice

• will provide support face to face where it is felt to be the most appropriate form of intervention in a range of locations through pre-booked meetings

• will identify the barriers to participation in learning and will work with the young person to develop a written action plan summarising mutually agreed solutions

• will signpost or refer to other agencies and support services as required to address barriers to participation

• will ensure that every young person has a named Future Focus Adviser

• will support with the development of IAG and full range of available post provision in conjunction with our Training Provider Network.

For those young people who may be engaged with other services we will make contact with other teams to establish where any other relationships are in place to establish the current situation. These will include the most vulnerable groups of:-

• Children Looked After and Care Leavers
• Young people with LDD
• Young people engaged in the Youth Justice System
• Teenage Parents

As a result of this contact a range of options will be available to the young person and we may joint work with other professionals

Working with schools and our school census data we have developed a Risk of NEET indicator to identify those young people in years 10 and 11 most at risk of becoming NEET. Those at risk of NEET will be identified by a number of factors including:-

• No offer of learning (September Guarantee)
• No intended destination
• LA indicators

Leavers from Learning

Providers of learning are required to inform the local authority of leavers from learning from years 12 and 13 in order that support can be put in place to enable the young person to return to learning

as quickly as possible. On notification of a young person having left learning they will be contacted by the service to confirm their status and to offer appropriate support.

For those young people who have participated in a Careers Guidance Interview continued support can be provided through regular contact by phone with further face to face contact agreed as appropriate. Such support will continue until such time as the young person progresses to employment or learning or elects to cease engagement. When a young person ceases to engage with the service repeated efforts are made to re-engage.

Where it is apparent that a young person wishes to progress into learning or employment but lacks the basic employability skills to make that progression the service refers them to a range of support services that can help the young person develop these employability skills

RIGHT HELP RIGHT TIME

The following case studies demonstrate how our early help services work together with our families to improve outcomes

Case studies

Family with 2 children, aged 10 months and 2 years – this family were known to health visitors since the birth of the older child 2 years previous. Parents lived together with the children in a small 2 bedroom flat, with no outside space.

The family had received support with parenting and the practicalities of running a home/family from professional services in the past when the older child was born (health visiting and CAFLS). Unfortunately when the youngest child was 6 months old, Dad began a custodial sentence for 4 years. Mum identified after a period of time that she needed support from services, a CAF was completed and a Team around the Child meeting was convened. The following services were implemented to support the family;

- CAFLS – to provide Early Intervention practitioner to support with parenting and routines
- Home Start – to support with engagement in the local community and practical support within the home
- Health Visiting – to support with identified health needs of both children including referrals to paediatricians for the older child, access to routine screening, dental health and support with appropriate diet for both children. The health visitor also supported Mum with her low mood and to help her increase her emotional availability for the children. The health visiting nursery nurse supported Mum with accident prevention in the home.
- Charitable funding – A 'Buttle UK' (formerly the Frank Buttle Trust) application was made to support the family with a new washing machine, as theirs had broken and there were no local laundry facilities.
- Talking 2's funding – this enabled the older child to commence in nursery

Outcomes – regular TAC meetings were held for several months to assess impact and review. The mother's self-efficacy in certain aspects of parenting and routines improved, though she continues to need input from professional services to maintain this from time to time. The support of the TAC enabled Mum to apply for a flat with a garden. Mum reported that her mood improved after they moved into the new flat as the children had more space to run around and play. Health outcomes for the children improved as their health needs were addressed – both routine and via referral. Their emotional and developmental needs were improved in a number of ways; community engagement, outside space at home for play, nursery access for the older child and Mum's

increased awareness and availability to the children's needs. Dad's custodial sentence continues and the children have enjoyed visiting him.

Mum aged 21, first baby – this mum was not known to health visitors prior to having her baby. When the health visitor arrived for the new birth visit at 11 days, mum explained that she was formula feeding her baby as her family and friends had recommended it. She asked the health visitor for advice how to alleviate the discomfort in her breasts from the milk. The health visitor explored options with her and suggested that breastfeeding could be a possible solution as it would benefit both her and her baby. Mum agreed to this suggestion and with further support went on to breastfeed her baby until he was 5 months old.

This mum became a supporter at local breastfeeding groups to other young mothers.

Outcomes - in this instance are potentially wide reaching; not only to mother and infant due to the early positive impacts which breastfeeding has on infant and maternal health but also due to the positive peer interactions which this mother had and influence upon other mothers and their intention to breastfeed.

6 month old admitted to PRH – infant admitted to PRH over the weekend with respiratory distress. Paediatric liaison health visitor reviewed the admittance the following Monday morning and referred to social care the circumstances surrounding the presentation, in light of community information received regarding family history, parental substance misuse and concerns around other family members.

Outcomes – the community information which the paediatric liaison health visitor provided was vital to enable the full picture of the infant's home circumstances to be identified and the context of this added to the medical presentation. As a result an urgent strategy meeting was convened by professionals. A social worker was allocated to support the family, alongside substance misuse services, CAFLS and health visiting.

Opportunistic health promotion and accident prevention – paediatric health visitor liaison (PLHV) noticed family in PRH with 8 year old admitted due to fracture. She noticed that the 3 year old sibling had very poor speech, had fizzy drinks from an infant feeding bottle and did not appear to be toilet trained. The PLHV was able to discuss these health issues with parents whilst they were at the hospital and support them through stages of change. She provided them with contact information for the Telford Health Visitor Advice Line and asked the health visiting team to provide

support if needed afterwards. ‘Talking 2s’ information was also provided to the family and Children Centre information.

Outcomes – potentially these are significant, though not immediate. The public health needs of the child were identified and parents supported with change. Access to ‘Talking 2’s’ will facilitate improved school readiness and influence greater long term capacity to meet educational potential. Parents were also supported to access community services, raising self-efficacy and reliance.

Supporting families to achieve a healthy weight - The Smiths were identified by the school nursing team as having a serious and escalating weight issue with all 4 children. The Healthy Families team recognised the need for more intensive support and have worked at TAC meetings, with Social Services, school staff and school nursing teams to provide a full package of support to motivate this family to change. Once enrolled on the Healthy Juniors programme dad engaged every week and gradually began to make changes. By the end of the programme all 4 children had seen marked improvements in their BMI centile, had reduced the high fat and high sugar foods they consumed and increased fruits and vegetables intake. They continue to make efforts to walk to and from school.

Access to sexual health services and advice - ‘A young lady was referred to the school nurse for a pregnancy test by a member of the teaching staff. Seen in school, and pregnancy test was negative, ascertained boyfriend was similar age at a different secondary school and consensual. Discussed future safer sex/contraception and particularly condom usage. Also suggested urine sample be sent for Chlamydia test. Young lady agreed and this was done. Contact made to report that test was positive. Arranged to meet young lady in school via original referrer. Explained the need for treatment and how to access, even made appointment at GP which was not attended, very reluctant to obtain treatment due to embarrassment and possible parental involvement – at this point School health were not able to treat. Very soon after, School nursing service had training to administer treatment for Chlamydia, young lady very happy to access treatment from the School Nurse. Early help provided to prevent pregnancy with advice and support and future infertility with early treatment of Chlamydia, advice on condoms for prevention of future infection. The young lady was also happy to tell us the name of her boyfriend so School Health were also able to treat him as well’