



Bath & North East Somerset
Local Safeguarding Children Board

Multi-Agency Early Help Strategy for Children, Young People and Families

2015-18

(revision October 2017)

**The right
help**

**By the
right
service**

**At the
right
time**

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Our vision is that all children, young people and families have access to well-coordinated, good quality and timely Early Help when it is required, so needs can be identified and addressed to promote fulfilling family lives.

The concept of Early Help is simple: by working together with children, young people and families we can often prevent problems occurring, or provide better support when they do in order to stop them getting worse.

The overwhelming majority of children and young people in Bath and North East Somerset enjoy a safe and fulfilling childhood and have every right to expect the best in their future lives. However for a few, life is very different. Regrettably and all too often, interventions to address the difficulties faced by these children and young people have taken place when their circumstances have reached a crisis point. Waiting for problems to get worse before you try to fix them isn't a clever thing to do in any scenario. When the problems are those that affect the development of children and their life chances, failing to support early enough to, at the very least, stop them from getting worse is vital. Already there is evidence not only of things being stopped from getting worse, but of improved outcomes for children, young people and families through the work of early help across all local agencies. That is why B&NES Local Safeguarding Children Board will continue to maintain Early Help as a priority and why this multi – agency strategy is so important.

The 'Early Help' approach is a priority for all Local Safeguarding Children's Board (LSCB) agencies and all those working with children, young people and their families.

Reg Pengelly Chair of the Local Children's Safeguarding Board

1. Purpose of this Strategy

The Children and Young People's Plan (CYPP) 2014-17 describes how Bath & North East Somerset's Children's Trust Board and other agencies will provide a coordinated approach to delivering services for children and young people. It also sets out the vision and priorities agreed by those agencies in supporting children and young people to achieve the best possible outcome as follows:

'We want all children and young people to enjoy childhood and to be well prepared for adult life.'

The 3 outcomes that have been agreed are that children and young people:

- are safe
- are healthy
- have equal life chances

The Early Help Strategy will contribute directly to these outcomes and sets out our priorities for the development of Early Help to ensure that the right children, young people and families get the right Early Help, at the right time. It will:

- Increase our focus on Early Help
- Develop a shared understanding and commitment to Early Help across the statutory and non-statutory workforce
- Identify priorities for improving how we deliver Early Help across a broad range of services
- Identify the evidence to show the benefits of Early Help
- Build capacity in communities to enable families to help themselves and find their own solutions where they are able to do so.
- Strengthen the local partnership and joint working around Early Help

Scope

This strategy is about how we identify and respond to emerging low and medium level needs of children and young people through the provision of both universal and targeted support services, rather than how we respond where there are serious safeguarding concerns.

Strategic Links

The Early Help Strategy is aligned to the refreshed Health and Wellbeing Strategy through the Children and Young People's Plan. It is also aligned to the Clinical Commissioning Group's 5 year plan: Seizing Opportunities, of which Prevention and Self-care is a transformational priority.

Early Help is a broad area and specific aspects of Early Help will be covered in more detail in other plans. This includes the developments around building emotional resilience and early responses to mental health which is captured in the Children and Young People's Emotional Health and Well Being Plan and the CAMHs Transformation Plan. Likewise, Early Help around behaviour support is detailed in the B&NES Strategy for Behavioural Emotional and Social Difficulties (2016-2019).

It is in keeping with the vision for 'Your Care, Your Way', the review of Community Health and Social Care services for adults and children, which also has a strong focus on prevention, timely intervention and joined up support through person centred planning.

Links to related plans and strategies are shown on page 16.

The Local Partnership

Early Help is provided by a broad range of agencies including the voluntary and charitable sector as well as the council and other public sector organisations. A multi-agency response is often required to support an individual child, young person and family, so it is essential that this is reflected in the strategic partnership. A wide range of agencies are involved in developing and implementing this strategy including:

- Commissioners of Preventative Services, Public Health, Adult Services and the Clinical Commissioning Group (CCG)
- Housing
- The Police
- Voluntary sector organisations
- Schools
- The Council
- Health providers

2. National policy context

The central importance of Early Help in enabling children, young people and families to reach their full potential has been a common theme in a number of reviews that have been commissioned by successive governments (*Working Together*; the Munro Review; Allen Review; Field Review and the Marmot Review). They have all independently reached the same conclusion and stress the need for preventative Early Help in order to improve outcomes for children and young people.

Ofsted published a thematic inspection of how local partnerships are delivering Early Help in March 2015. It estimated that over two million children in the UK today are living in difficult family circumstances. These include children whose family lives are affected by parental drug and alcohol dependency, domestic abuse and poor mental health. It is crucial that these children and their families benefit from the best quality professional help at the earliest opportunity. For some families without Early Help, difficulties escalate, family circumstances deteriorate and children are more at risk of suffering significant harm.

The Ofsted thematic inspection found that:

- Partner agencies in all local authorities were committed to improving and coordinating Early Help. In nearly all the cases they looked at, Early Help was the right approach. However in over a third, agencies had missed earlier opportunities to provide help, leaving these children with no support when they needed it.
- In just under half the cases, practitioners had undertaken sound assessments of the children's needs. Over half, however, were poor quality, with little consideration given to family history or the voice of the child.

- Effective planning was present in only a third of cases, with two thirds of plans not sufficiently taking into account the children's circumstances when deciding what action to take, with plans lacking objectives and review.
- Overall inspectors identified serious deficiencies in the management oversight of Early Help cases.

Interest nationally is also growing in Early Help, and in particular a need to demonstrate effectiveness in order to produce cost savings in more specialist and acute services.

3. Local context and needs

There are just over 180,000 residents in the B&NES area. The number of children and young people aged 0-17 living in households in B&NES in 2013 was 34,214, which is 19% of the total population.

B&NES is one of the least deprived authorities in the country, but at a very local level there are significant variations. According to the 2015 Indices of Deprivation, there are five local areas in the most deprived 20% national, (Twerton West, Whiteway, Twerton, Foxhill and Whiteway West). The End Child Poverty Report 201 estimates 12% (4,056) of children in B&NES live in poverty, compared to 17% in the UK. There is also wide variation in the child poverty figures across different wards with the highest rates of 34% in Twerton and lowest rate of 1% in Saltford.

An initial needs assessment has been undertaken which highlighted the issues below, as well as the need to gather further information where we have gaps in our intelligence (the needs assessment is in appendix 2).

Education outcomes

We know that a range of factors affect the life chances of children and young people, especially their social and economic circumstance and family environment. There is considerable national evidence to show that the quality of early life experiences can affect how young children develop, so whilst early help can be provided at any age, it is particularly important from conception to children aged 2 to give children the best start in life.

Most children in B&NES aged under five have a good level of development and are supported by good quality early years provision. Overall outcomes for pupils across B&NES are good and attainment across all the key stages are at or above the national average. Key Stage 1 performance was significantly above the national average for the fourth consecutive year. Key Stage 2, GCSE and A level results are also above the national averages. However, the performance of disadvantaged pupils is below the national average and while the gaps are narrowing in some subjects and in some schools, this is not happening quickly enough. The vast majority of pupils are being taught in good schools. The key priority for the local authority is narrowing the achievement gap for disadvantaged pupils through improving their performance across all key stages.

Health outcomes

Most children have good health outcomes in B&NES. However, there are some large variations, for instance in breastfeeding and immunisation rates between poorer and more affluent areas of B&NES. The same applies to levels of obesity which is a growing problem both nationally and locally. Local National Child Measurement data shows children and young people getting more overweight as they get older and again this is more prevalent in our poorest families.

Wider parental needs

Parents are responsible for meeting their children's needs and keeping them safe and they are in the strongest position to do this when their own needs are met. This is the case for the majority of children and young people in B&NES, but some grow up with a parent or carer who at some point experiences mental ill health, substance misuse or domestic abuse in the home. These can have a significant impact on the wellbeing and life chances of children in the family, particularly where there are other contributory factors such as poor childhood experiences for the parent, poverty, family debt and poor housing.

The extent to which these issues impact on parenting capacity varies enormously. Research shows that the effect on families can be reduced by a second parent, or care by extended family involvement and community support (*E Sawyer and S Burton Building resilience in families under stress, Published National Children's Bureau (2012)*).

Local Social Care data for 2014/15 shows that parental mental ill health, substance misuse and domestic abuse are factors in a significant number of cases that proceed to Child Protection conference.

Whilst good systems are in place between adult and children's services to identify and action serious safeguarding concerns about children, this is less well developed in terms of identifying and referring those with lower levels of need. This is particularly the case in adult mental health, where unlike drug and alcohol services, no routine data is available either nationally or locally to show how many adults in receipt of mental health services are parents with dependent children. A piece of research is underway to identify adults with dependent children receiving support for their mental health in order to consider how best to improve joint working at an earlier stage.

The 2015 substance misuse needs analysis found that a significant proportion of adults in treatment were using substances before they were 18, but not accessing treatment or support. Supporting young people to access support and treatment is a priority for this strategy, as will ensuring those adults in treatment with dependent children are able to access Early Help support for themselves and their children where needed.

Housing

Many families in B&NES are affected by the economic down turn and benefit changes. Housing providers report an increase in the number of households struggling financially and the number of evictions has increase significantly. Also housing issues were identified in 18% of Common

Assessments Frameworks (CAFS) in 2014/15. Practitioners providing Early Help regularly report that housing is a regular issue affecting the wellbeing of a child or young person. One of the actions for this strategy is to strengthen links between early help and housing to promote earlier identification of needs and provision of additional support as and when required.

Early Help and Integrated Working

Early help is an approach which is supported by a range of processes including the CAF (assessment, plan and review process) and integrated ways of working. This is generally well embedded in services working with children and young people B&NE, but less so in joint work between children's and adult services and housing. Other barriers that currently prevent us from being as effective as we want to be include:

□ Access to information about services and support for all agencies

A range of information is available, particularly through 1 Big Database Bathnes, but we need to make this information more accessible to practitioners along with tools and clear pathways to support them in their Early Help roles.

□ Information Sharing

Effective working across agencies is underpinned by good information sharing and clear communication. It is recognised that the sharing of information presents a number of challenges, particularly in a multiagency context. However, a fear about sharing information cannot be allowed to stand in the way of the need to safeguard and promote the welfare of children and young people at risk. It is recognised that there are some areas where information sharing is not as good as it should be, and this has been highlighted to the LSCB and is a priority to be addressed as part of this strategy and action plan. [Information Sharing leaflet](#)

□ Quality of assessments, plans and reviews

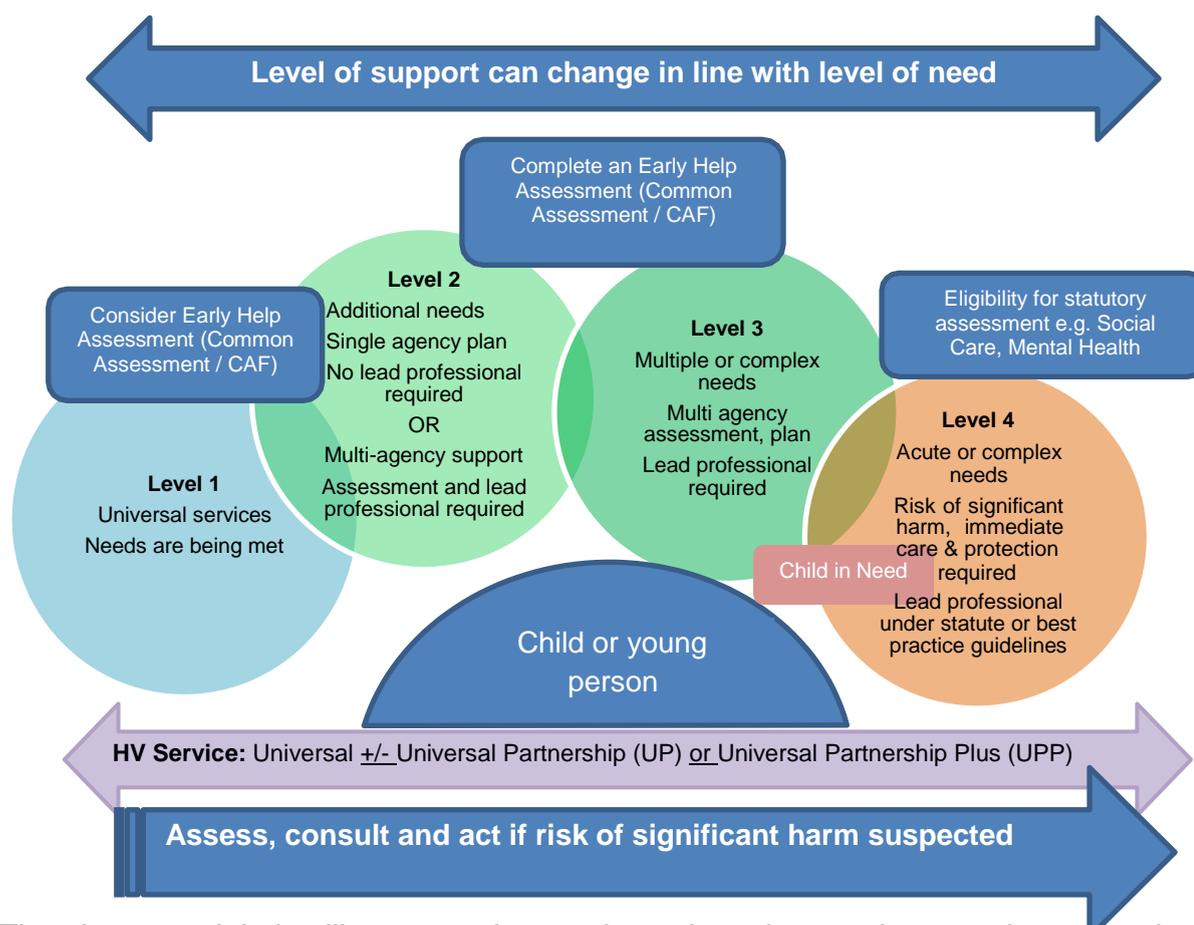
The quality of early help assessments is regularly monitored through a multi-agency CAF quality assurance group. Quality varies and we need to continue to improve the quality of assessments, plans and reviews.

4. What does Early Help look like in Bath and North East Somerset?

There isn't a national definition of early help, and it often gets described in different ways. The definition agreed locally in this strategy is:

Early Help means providing effective support to children and young people as soon as needs start to be identified, and to bring about change to prevent these from escalating and leading to poor outcomes. Early Help may occur at any point when needs arise, from pregnancy through to the teenage years and at any stage in adulthood.

Early Help and integrated working in B&NES is illustrated in the windscreen model below which shows the continuum of need of children and young people and the journey a practitioner may follow when putting in place early help for a child or young person.



The above model also illustrates where universal services and targeted support sit alongside more specialist services as part of a wider care and support system. This diagram also fits with health services where:

- Level 1 equates to Universal Services in Health
- Level 2 equates to Universal Plus in Health
- Level 3 equates to Universal Partnership Plus in Health
- Level 4 is where statutory intervention is needed.

Early Help is targeted at those children, young people and parents who have an identified need as described in Working Together to Safeguarding Children. It can be provided by universal services such as schools, school nurses and health visitors, as well as by more specialist services which provide targeted support. Early Help relies on strong partnerships between universal and targeted services to ensure needs are identified early and met by agencies working together effectively. Early Help is targeted to children and young people with needs primarily at level 2 and 3 in the windscreen showing the continuum of need.

Universal Services

Universal Services are services families encounter in everyday life. For example they could be schools, information services, health services (Maternity, Health Visitors, School Nurses and GPs) and childcare providers. Families can usually contact these services directly with no need for a referral. They are usually sufficient to meet the needs of children, young people and families. They have a strong role in preventing problems occurring, providing additional support when they do, or drawing in additional support from targeted or other support services as appropriate. Universal services are the foundation for Early Help as they are able to build trusting relationships with children, young people and families, and are well placed to identify early concerns and needs. They provide a key role in supporting families to access targeted or specialist services, as well as maintaining ongoing support after any intervention is completed.

Targeted Support

Targeted support is additional support to children, young people and parents who need it on and above the universal offer. This may be provided by those services who also deliver universal provision, for instance Health Visitors and School Nurses who provide targeted support through Universal Plus and Universal Partnership Plus, or schools through their pupil or pastoral support. Children's Centre's, family support services and youth services are increasingly focused on delivering targeted support.

Often low level concerns or needs can be met by a single agency providing support to a child, young person or family, or where needs are more complex a range of agencies may need to come together as team around child or young person. Early help can be provided by a range of staff in different organisations. It can also be delivered effectively by trained and supported volunteers, often through the provision of peer support groups.

The Common Assessment Framework (CAF) is the assessment tool of choice for Bath and North East Somerset which should be used to identify needs and draw the appropriate services around the child and family.

Specialist Support

Specialist services are delivered to children and young people with complex or acute needs, or where there is significant risk of harm (level 4 in the windscreen diagram). These include services provided by Social Care.

Thresholds of need

Children and young people can move through levels of need at different times in their lives, or during agencies' contact with them. They will move up through the levels only when earlier support is not adequate for them but should move back down as soon as their needs can be met by services at the lower level. The document [Threshold for Assessment](#) of children and Young People and Guide to the Level of Intervention for Bath and North East Somerset was updated in December 2015. This provides guidance for the occasions where conversations either within teams or between agencies are required to assess the level of need and identify what may be the appropriate support.

The diagram below illustrates how early help should work across the thresholds.



Source: Targeted Youth Support produced by the Department for Education and Skills.

Early Help should ensure the needs of young people are identified and met, and should dovetail with (and complement) any specialist or statutory provision a child or young person may be receiving. Whenever appropriate, Early Help support should help children and young people settle back into universal provision as soon as possible and support the transition in and out of specialist services.

5. What works in Early Help?

Working together to Safeguard Children (March 2015) emphasises that effective Early Help relies upon agencies working together to:

- Identify children and families who would benefit from Early Help
- Undertake an assessment of need for Early Help

- Provide targeted Early Help services to address the assessed needs of the child and their family which focuses on activity to significantly improve the outcomes for the child. Local Authorities have a responsibility to promote interagency co-operation to improve the welfare of children.

Children and young people have told us that Early Help works best when they feel listened to, when there is time to build up trusting and positive relationship, and the purpose of the support is clear from the start.

There is agreement amongst practitioners that a good understanding of child/parent attachment and of the impact of trauma is important to enable family members to engage with support. In particular, working alongside, or through voluntary and community-based organisations may be the best way of working with families who feel marginalised or with whom statutory services find it difficult to engage.

Good professional liaison around Early Help is based on a number of key skills. These are:

- a) **Clear communication and information sharing** based around an assessment and plan which is agreed with the child, young person and the parent/carer. The voice of the child and young person should be central to all communication.
- b) **Good supervision** which allows for reflection of key issues but which also regularly reviews the progress of the plan for the child, young person and family.
- c) **Good analysis, recording and assessment** that ensures that all partners are clear about roles, responsibilities, and identifies reasons why particular areas of work are important. It should ensure that the views of children and young people as well as their parents /carers are central to the assessment, recording and planning. The best assessments of children's needs take account of the quality of parenting they receive. Effective plans to improve children's outcomes address any parenting need and link this with the intervention provided for the children and any adult service's intervention with the parents.
- d) Following the assessment (this could be a Common Assessment (CAF), or other assessment), 'Team around the Child or Family' principles are followed and SMART targets are set with regular reviews to **monitor** progress.
- e) An emphasis on **developing resilience** within children and parents, which supports their participation in finding solutions and building on their strengths.

The Troubled Families Programme (Connecting Families in B&NES) identifies five factors of effective family intervention:

1. Dedicated workers assigned to families
2. Practical hands-on support
3. Persistent, assertive and challenging approach from the practitioner
4. Considering the family as a whole
5. A common purpose and agreed action.

The criteria for the programme are:

- parents and children involved in crime or anti-social behaviour
- children who have not been attending school regularly
- children who are at risk and need additional help
- adults out of work or at risk of financial exclusion and young people at risk of worklessness
- families affected by domestic violence and abuse
- parents and children with a range of health problems

Adult services, such as mental health include consideration of the needs of any children and young people in the family when planning the adult's on going treatment or discharging the adult from their care.

8. Governance

The Early Help Board is made up of a group of multi-agency organisations, representing children's commissioning and providers from the Council and the voluntary sector, as well as representatives from schools.

The Board will report to the Children's Trust Board (CTB), who in turn report to the Health & Well-Being Board. The Local Safeguarding Children's Board (LSCB) will also receive up-date reports on progress against the Early Help Action Plan.

A priority for this strategy is to further improve the quality and consistency of Early Help assessments, plans and outcomes, and strengthen management oversight of Early Help through the commissioning process and the LSCB quality assurance process.

9. Key Priority Areas for the next 3 years

Improve the way we work across agencies to ensure a consistent and co-ordinated approach. Key actions include:

- Improving access to information and support for practitioners
- Improved joint work with adult services, housing, health and the police
- Promotion of a whole family approach
- Improved information sharing across agencies
- Improving the understanding of attachment and trauma and early responses
- Using language all agencies understand when talking about Early Help
- Exploring options for a single point of entry to streamline referrals and assessments
- Identifying opportunities for integrating services e.g. through Your Care, Your Way
- Promotion of Early Help approaches for substance misuse such as 'Drink Think'.

Make links with and influencing other partnerships.

There will be areas where the Early Help strategy overlaps with the role of other strategies and groups. Some of the needs identified in this strategy may be addressed elsewhere. Key actions include:

- Map and review other strategies and links to groups. Key groups include the Emotional Health & Well-Being Strategy Group, Public Health strategies around self-care and prevention and substance mis use needs assessment action plan 2015/16.
- Champion the role of Early Help and ensure it is well understood

Improve our understanding and intelligence of Early Help needs. Key actions include:

- Further information gathering around the needs of young people aged 11-19,
- Further information gathering around domestic abuse, parental mental health, and substance misuse in relation to Early Help.

Develop evidence to show the effectiveness of Early Help- providing evidence to show Early Help is effective is challenging, but crucial in terms of making the case locally. Key actions include:

- Developing a robust evidence base to show that Early Help is making a difference using an Outcome Based Accountability (OBA) approach.
- Involving children and young people in this work

Improve quality and strengthening governance

- Improving the quality of assessments, plans and reviews
- Strengthening management oversight of Early Help cases at all levels - within services, through the commissioning process where appropriate and through LSCB

Multi – Agency Workforce Development

- Identify and respond to the training and development needs of the workforce as a result of the implementation of the Early help Strategy and its action plan.

The priorities will be delivered through an action plan which will be overseen by the Early Help Board and progress reported to CTB and LSCB.

10. How we will know if the strategy is working?

We will know that our Early Help strategy is effective when our children, young people and their families report it is making a difference to their lives, and a range of data and research also confirm this. We need to develop and agree a data set which includes both quantitative and qualitative information with partners. The Early Help Board is proposing to use an Outcome Based Accountability approach (OBA) and to develop a wider understanding of this approach across the partnership. See the action plan for details of key actions to be delivered over the next year 2017/18.

Useful information and contacts:

The range of family services for Bath and North East Somerset can be found by searching www.1bigdatabase.org.uk.

We have a short questionnaire to help us capture your feedback so that this can inform the final strategy and how we deliver Early Help locally.

Links to other related strategies and plans:

- [Children and Young People's Plan 2014-17](#)
- [CAMHS Transformation Plan](#)
- [Promoting Positive Behaviour: Bath and North East Somerset Strategy for Behavioural, Emotional and Social Difficulties \(2016-19\)](#)
- [Clinical Commissioning Group's 5 year plan](#)
- [Joint Health and Wellbeing Strategy Your](#)
- [Care Your Way Healthy](#)
- [Weight Strategy](#)

The principles underpinning this strategy have been developed with a range of stakeholders. These are:

- Adopting a whole family approach and providing joined up support to families with the service supporting both children to build their resilience and their parents in terms of their ability to support and care for their children, and as vulnerable adults where appropriate.
- Adopting a strength-based approach which builds capacity within families and their communities and uses this as a basis for change. Support from friends, neighbours, wider family members, volunteers, and local groups often make the difference in enabling families to improve outcomes
- Support is timely to prevent problems getting worse and tackle inequalities. By placing the child and their family at the heart of the services, they will receive the right support at the right time to meet their needs.
- The approach is enabling and builds capacity and resilience within the child or young person, so they develop the skills to find their own solutions.
- The approach is enabling and builds capacity and resilience within the parent so they develop the skills in parenting to find their own solutions.
- Working in partnership with families and family members to establish positive relationships to bring about positive change.
- A restorative approach which both supports and challenges, fosters a sense of social responsibility and shared accountability between the services users and the service.
- Attachment-based-promoting the role of attachment in healthy family life and parenting.
- Evidence-based and informed approaches - continually learning and sharing best practice about what works for families, children and young people. This should be a combination of both national and local learning.
- Purposeful – intervention and support is clearly focused on achieving Early Help outcomes which prevent further need arising or escalating.
- Integrated and collaborative - joining up where it makes sense to do so, simplifying and reducing the number of assessments and processes.

Children and Young People's Plan 2014-17

Fundamental principles underpin our vision and values and will guide the development and delivery of the activities that will address our service priorities.

- Rights and responsibilities
 - To recognise and value children's and young people's rights
 - To recognise and value the responsibilities of parents, carers, the community and young people themselves towards children and young people

- To improve public understanding about standards and access to services
- Participation
 - To secure and monitor the active participation and involvement of children, young people and their parents and carers in all processes to make plans and improve services
 - To listen to, consult and involve children and young people and give their views equal weighting to those of adults
 - To feedback to those who were consulted in order to explain decisions and the reasons for them
 - To provide support and training where needed to children, young people and their parents and carers to enable them to participate in planning, reviewing and evaluating
- Partnership
 - To continue to build strong and efficient partnerships with public, private, voluntary sector organisations and community to groups in order to deliver high-quality, integrated, cost-effective services
 - To build effective partnerships with children, young people, parents and carers.
 - To build on the current practise of interagency working to secure local co-operation and co-ordination and accountability
- Equity
 - To ensure that all children and young people have the same access to support and services
 - To implement strategies for equality of opportunity which promote social inclusion and which oppose all forms of discrimination
 - To consider all policy and service developments from an equalities perspective
 - To focus resources in areas and or with groups with greatest need.
- Focus on prevention
 - To ensure that a comprehensive range of universal services is available to support parents and carers in meeting the overall needs of their children and families.
- Evidence Based
 - To always use available evidence or best practice models.

An initial needs assessment has been undertaken to inform the development of this strategy. It has highlighted the issues below, as well as the need to gather further information where we have gaps in our intelligence.

B&NES is one of the least deprived authorities in the country, but at a very local level there are significant variations. According to the 2015 Indices of Deprivation, there are five local areas in the most deprived 20% national, (Twerton West, Whiteway, Twerton, Foxhill and Whiteway West). The End Child Poverty Report 201 estimates 12% (4,056) of children in B&NES live in poverty, compared to 17% in the UK. There is also wide variation in the child poverty figures across different wards with the highest rates of 34% in Twerton and lowest rate of 1% in Saltford.

Narrowing the gap - health outcomes

Many factors combine together to affect health and education outcomes of children and young people. This is often determined by circumstances and environment. There is growing body of evidence about how children develop, how their brains grow and how the quality of their early life experiences can make a real difference to their life chances.

We know that although most children have good health outcomes in B&NES, some health inequalities that exist which adversely affect the most disadvantaged communities. Giving children the best start in life is key to addressing these inequalities and adequate nutrition particularly from breastfeeding, good oral health and hygiene, home safety and immunisations are vitally important.

We have good rates of immunisations generally but we have some areas where uptake could still be improved (list the areas). Our breastfeeding rates are higher than the South West rates with eight out of ten mothers starting breastfeeding and six out of ten are still breast feeding six weeks later. However there is a large variation in breastfeeding prevalence rates between wards in B&NES, from as low as 40% in Twerton to 90% in Lansdown at 6-8 weeks. Young mothers (under 25) also have a significantly lower rate of breastfeeding at 6-8 weeks, most likely due to an association between socio-economic inequalities.

We know from national data that there are persistent and widening inequalities between socio-economic groups for childhood deaths from injury. Children from the most disadvantaged families (whose parents have never worked or are long-term unemployed) are 13 times more likely to die in accidents than children of parents in higher managerial and professional occupations. In B&NES childhood deaths are fortunately rare and in 2013/14 attendances at A&E by children 4 and under was lower than the England Average. However, B&NES consistently has higher than average admissions rates of emergency hospital admissions caused by unintentional and deliberate injuries, with the 0-4 age group having the highest rate in the (former) Avon area in 15/16. Further research is underway to better understand this.

Childhood obesity in particular is a complex and growing threat to children's health. Long-term obesity reduces life expectancy on average by 11 years. Furthermore, for children being overweight is linked to mobility issues, stereotyping and teasing, which can adversely affect confidence, self-esteem and social relationships. The B&NES National Child Measurement

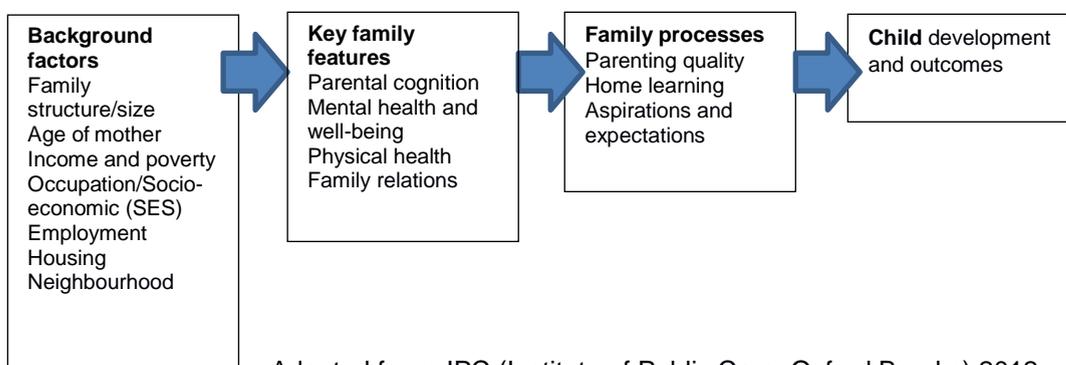
Programme data shows that pupils are getting more overweight as they get older and excess weight is more common in the poorest families.

Narrowing the gap – education outcomes

The outcomes for pupils across B&NES are good overall and attainment across all the key stages are at or above the national average. In 2015 the proportion of children who achieved a good level of development was above the national average. Key Stage 1 performance was significantly above the national average for the fourth consecutive year. Key Stage 2, GCSE and A level results are also above the national averages. However, the performance of disadvantaged pupils, those eligible for pupil premium funding, is below the national average and while the gaps are narrowing in some subjects and in some schools, this is not happening quickly enough. The vast majority of pupils are being taught in good or better schools. The key priority for the local authority is narrowing the achievement gap for disadvantaged pupils through improving their performance across all key stages.

Parenting capacity and wider environmental factors

We recognise that parents, carers and wider environmental factors are often more significant to child outcomes, than the characteristics of the child or young person themselves (see figure 1). Therefore, when assessing local need for Early Help, it is important to have a good understanding of the profile of these locally.



Adapted from: IPC (Institute of Public Care, Oxford Brookes) 2012

These issues affect a significant proportion of the adult population, and the extent to which these difficulties impact on parenting capacity varies enormously. Research shows that the impact on families can be reduced by a second parent, or care by extended family involvement and community support (E Sawyer and S Burton, Building resilience in families under stress). It is also recognised that where parents themselves are in receipt of support or treatment that this also increases the protection and well-being of their children.

An initial needs assessment has been undertaken to inform the development of this strategy. It has highlighted the issues below, as well as the need to gather further information where we have gaps in our intelligence.

Parental mental health

It is estimated however that 1 in 4 of us will be affected by mental illness during our lives and estimates suggest that between 50% and 66% of parents with a severe and enduring mental illness live with one or more children under 18 (Royal College of Psychiatrists). Therefore, many children will grow up with a parent who at some point will have a degree of mental ill health. Most

of these experiences are short-lived and mild and managed by a person's GP with a smaller number of children living with a parent with a more severe condition. Poor parental mental health can, however, have a significant impact on the health and wellbeing of children in the family especially where there are other contributory factors most notably poor childhood experiences for the parent, poverty, poor housing and substance misuse.

Local data for 2014/15, for example, cites staff as reporting poor mental health being a significant factor in 47% of cases that proceed to child protection conferences. However, unlike substance misuse services, no routine data is drawn from client records either nationally or locally to show how many adults receiving specialised mental health services for serious mental health problems or primary care talking therapies are parents or carers.

Whilst individuals and families receiving support are known to services it is harder to assess across the population in B&NES what degree of problem there is associated with what type of parental mental health condition and, therefore, the steps needed to be taken to improve early help in this regard. As part of this strategy a piece of work is currently underway to identify adults who are parents with dependent children, who are receiving support or treatment for their mental health; consideration will be given about how to improve the information and support young people receive about mental health conditions and parental ill-health and the joint working arrangements with adult (primary and specialist) mental health and housing support services will be improved.

Domestic violence

Local Children's Service data for 2014/15 shows that domestic violence and abuse is a factor in 66% of family cases that reach child protection conference stage. This has increased from the previous figure of 57% in 2012/13. Further data collection and analysis is being undertaken for this strategy. The Professional Practice Group will be undertaking two audits of the child protection conferences where domestic abuse is an issue in 2015/16, and the results will inform this strategy.

Parental drug or alcohol misuse

Local data for 2014/15 shows that drug use by one or both parents, whilst steadily declining over the last 2 years is still a factor in 31% of family cases reaching child protection conference stage, and alcohol misuse is a factor in 34% of cases.

A recently completed needs assessment of drug and alcohol need shows more than a quarter of the adults receiving drug or alcohol treatment services in B&NES live with a child or young person under the age of 18. This is similar to the national picture. The proportion of these adults who successfully complete and leave alcohol treatment in B&NES is significantly higher at 60 percent than the national average at 39 percent. The needs assessment found that a significant number of adults in treatment were using substances before they were 18 and did not access the local young person's treatment service. Supporting young people with emerging substance misuse problems to access support much earlier on will be a priority action for this strategy, as will ensuring that those adults with dependent children are able to access the support of Early Help where needed

Offending or anti-social behaviour

The number of young people aged 10-17 entering the youth Justice System for the first time continues to fall in B&NES and is at its lowest level since 2000. B&NES performs extremely well in supporting young people to not re-offend, although the figures have increased slightly in the last reporting period from a low baseline, with 34% of young people reoffending. Work is underway as part of the Youth Justice Plan 2015-17 to better understand and address this.

Housing

A shortage of affordable housing remains an area of high need in B&NES. A snap-shot of the Homesearch register (the local authority's social housing register) in July 2015 suggests that there were **2534** households with one or more children (**43% of those registered**). Of these 60% of the applicants were unemployed and 12% had a specific housing need as a result of mental health problems. Of the 48 households accepted as statutory homeless in 14/15, 35 had dependent children. Housing issues have been identified in 18% of Common Assessments Frameworks (CAFS) in 2014/15. One of the actions for this strategy will be to strengthen links with housing in order to increase opportunities to offer earlier help to families in need.

The population is slowly growing and will increase with new housing developments particularly in the City of Bath. Planned housing identified in the Core Strategy 2014 will provide an increase of 13,000 houses with the main areas for development being: Bath (7,020); Keynsham (2,150) and Somer Valley (2,470) over the next few years

Family debt

We need greater intelligence about family debt locally in order to understand the level of need. According to the End Child Poverty report, approximately 12% (4,056 children) of children in Bath and North East Somerset live in poverty. This compares to 14% in North Somerset and 17% in Wiltshire. There has been a significant increase in the number of households facing possession proceedings for arrears in the last few years, and financial resilience is the main factor in these instances, with households often struggling on low or variable incomes. Further information gathering and analysis is an action for the strategy.

The Welfare Support scheme is designed to help local residents who are in extreme financial difficulties if they cannot afford to pay for essential daily living needs, household items, or in some cases Council Tax. This is a non-cash scheme. For further information [see link](#)

Work / Training

Evidence shows us that where families get in to secure work and develop their skills, their families do better. Working, whether paid or unpaid, is good for our health and wellbeing. It contributes to our happiness, helps us to build confidence and self-esteem, and rewards us financially. Because of these benefits, it is important to support families to progress into sustainable employment.

Troubled Families Employment Adviser

Tel: 01225 396931

Children's Centre Lead (Personal & Employment Skills)

Tel: 01225 39666

