

Division(s): All

EDUCATION SCRUTINY COMMITTEE – 27 JUNE 2018

CHILDREN AND FAMILY CENTRES AND LOCALITY COMMUNITY SUPPORT SERVICES

To understand how current services work together to ease children's transition to school and promote school inclusion; with specific reference to Health Visiting, Locality & Community Support Services and Family Solutions Service

Introduction

1. In March 2017 Oxfordshire County Council changed the way it delivered children's services and as part of that change it created the Locality and Community Support Service and Family Solutions Service. Both services work closely with health visitors to identify children requiring early help, to ease transition into school and promote school inclusion.
2. The Locality and Community Support Service (LCSS) was created to provide advice and guidance to professionals in the community, when there are emerging concerns about a child, to ensure the right services are provided at the earliest opportunity and prevent escalation into statutory services.
3. The Family Solutions Service combined Children's Social Care statutory social work and Early Help services. The Early Help offer was redesigned from the Council's former Early Intervention Hubs and Children Centres. The new service is run from eight Children and Family Centres plus two satellites across the county. The service provides early help casework through the Team around the Family (TAF), and statutory Children in Need (CIN) and Child Protection (CP) plans, as well delivering evidenced-based interventions such as parenting education, treatment for domestic abuse, children's 'play and learn' sessions.
4. Each centre also delivers casework jointly with Aquarius (young people's substance misuse intervention) to young people to increase their educational inclusion and employment opportunities.
5. Health visitors are qualified nurses and midwives with specialist public health training. They are trained in child development, women's health issues and safeguarding children. The aim is to achieve for all families: improved access and experience of children's health services, improved health outcomes for children, reduced health inequalities. Health Visitors are experts at 'adding value' through their public health practice and delivery of universal services. Health visitors work in teams and are supported by community staff nurses and nursery nurses. They are a skilled workforce proficient in contributing towards early health assessments focusing on preschool children up to 5 years old.

Services offered to all children and families (known as universal services)

6. Most children reach their full potential through the care of their families, communities and the support of a range of universal services including nurseries, schools and primary health care services.
7. Health visitors are a key universal service for children under the age of 5. They provide a range of services to ensure the wellbeing of young children, including:
 - Health and development reviews are offered to all one and two-year olds. Currently this is accessed by 93-95% of this age range across Oxfordshire.
 - 'Ages and Stages' questionnaires at one and two years to assess children's physical, social and emotional development to identify where help and support may be required.
 - Supporting school readiness via a robust skill mix in health visiting teams who deliver packages of care to families, including toilet training and behaviour support.
 - Visiting a child in the home environment and identifying contextual issues that may impact upon development and school readiness.
 - Parent education and parenting support where families may be struggling.
 - Supporting and promoting early education and two-year-old entitlement funding.
 - Delivering a rolling programme of health promotion to families to support health and well being
8. Analysis of the Oxfordshire health visiting service of Jan – March 2018 shows that 79% of service delivery was through the provision of these universal services.
9. The council's Children and Family Centres also offer weekly 'play and learn' sessions open to all families. Sessions are designed to increase parental understanding of child development and to develop different ways they can stimulate their child's imagination and be ready to learn.
10. Since the reconfiguration of Early Help services in March 2017, the Council has continued to provide some financial support to community-led children's groups and activities across the county. These groups, alongside other voluntary providers, enable universal access to social and educational activities for families of under 5s.
11. There is a wide network of child minders and nurseries in Oxfordshire, working to high standards of safeguarding and early education.
12. However, some children will become more vulnerable and will require additional provision without which their life chances may be impaired. Universal services need to identify these children at the earliest opportunity to ensure that the right

services are introduced to prevent escalation into statutory services. LCSS is key in supporting universal services to undertake this role.

Role of Locality and Community Support Services

13. LCSS provides:

- Advice and guidance to all community professionals who have concerns about a child or family, which is not an immediate safeguarding concern (these should be referred straight to the MASH).
- 'No Names' Consultation service which enables professionals to talk through concerns for children where there is no consent from the family to share their identifying data. These lead to clear signposting to services, practical advice and referrals to Children's Social Care, where the threshold is met.
- A named link worker to specific organisations including schools, nurseries and GP practices.
- Support to professionals to complete an Early Help Assessment. (EHA). This is an assessment tool designed to be used by any professional with a family when problems first emerge to understand those problems and identify the right support to prevent escalation.
- Support /attend 'Team Around the Family' meetings. These are multi-agency meetings with families where issues affecting that family are discussed. A lead professional from within the group is agreed and a multi-agency action plan drawn up with the family to offer support and help.
- Support professionals when a MASH enquiry does not lead to an allocated social worker, to ensure that Early Help Assessment (EHA) and Team Around the Family (TAF) processes are in place within the community.
- Review all Early Help Assessments and support professionals with quality assurance advice.
- Provide support to lead professionals, including the provision of advice and attendance at meetings where appropriate.
- Deliver training to ensure assessments and plans are child-centred and family- focussed. LCSS will facilitate local network and training events in response to the area's particular needs.
- Share information of the services/resources available which can be used to support children and families within a locality.
- If the family has an EHA/TAF and concerns arise that require a referral to Children's Social Care (CSC) the LCSS worker will initiate the referral.

14. The service that uses LCSS support the most is schools and the greatest number of Early Help Assessments are completed by schools.

15. In the first year of service the LCSS achieved a great deal:

- Processes have all been refreshed by a multi-agency group to make them simpler and more effective.
- The assessment has been designed to be strengths-based, enabling families and professionals to take a balanced view, engage with services

and enable parents and carers to manage and control their children's needs.

- Information leaflets (in a number of different languages) have been produced for practitioners and families explaining early help processes.
- LCSS have provided training to over 1,200 partners in early help and use of Early Help Assessment and Team Around Family processes.
- The service has undertaken over 2,300 No Name Consultations .
- LCSS supported over 1100 EHA's to be completed and audited, giving feedback to authors and their organisations to enhance their training and development in completing assessment processes.
- LCSS has supported over 400 Teams Around the Family.
- The completion of EHA's has risen from 458 to 1100 and on track to hit 200% increase since 2016/17. Reaching monthly target of 145.

16. There has also been a reduction from 69% of avoidable enquires to the MASH (Multi Agency Safeguarding Hub) (i.e. cases that did not require a children's social care response) down to 42%.

Health visiting offer - Universal plus

17. Where children are identified as requiring more targeted support, including children who have difficulties making the transition to school, health visitors support families in a number of ways.
18. The health visiting teams deliver packages of care over an agreed time-frame to support parents to address the needs identified. Examples of care packages include behaviour management and positive parenting, encouraging play, building self-esteem, toileting, establishing good sleep routines, healthy eating.
19. There is an effective communication pathway between health visitors and early years providers and nurseries which starts following the two-year review. This is to ensure a partnership approach in addressing any areas of development requiring support, including transition to school. This may involve a plan that is delivered within the setting and at home. Every Early years provider (settings and childminders) has a named health visiting team linked to them to enable communication.
20. There are equally good links with LCSS/FSS working together to address any areas of development requiring support. These are identified by the completion of an Early Help assessment leading to a team around the family meeting with key professional attending. Together a plan of action is agreed with the family (Universal Partnership plus).
21. Health visitors use a range of evidence-based tools to assist in their decision making and to support referral processes to partner agencies e.g. The Bristol Surveillance of Children's Communication (BRISC) is designed to help health professionals and education staff identify those children for whom referral to a speech and language therapist is appropriate and desirable; safeguarding tools such as the assessment of need or the neglect tool. Referrals to therapy services

are made via single point of referral for intervention to identify services required and draw them together.

22. Transition to school assessment at 5 years. This assessment determines whether there are any ongoing health needs or concerns, to check immunisations are up to date and to make a decision of ongoing care. This can include referral to School Health Nurse or if no concerns identify safe discharge from Health Visiting service. Appropriate referrals are made at this point to support a seamless transition for children.
23. Analysis of the health visitor service during Q4: Jan – March 2018 shows that 16% of service delivery was through the provision of these more targeted universal plus services. With 5% of work being at safeguarding level i.e. universal partnership plus.
24. LCSS managers meet at least termly with Health Visitor Locality leads. Training to identify emerging needs complete EHAs and use TAF processes to support families is provided to midwives, health visitors and early years providers. There is an LCSS link worker for all nurseries/pre-schools and health centres which again supports good interagency working.
25. Health visitors deliver a range of their services from the children and family centres which supports good communication and joint working. These include, well baby clinics, health promotion groups and post-natal depression groups. Many health reviews also take place at these centres.
26. At a strategic level Oxfordshire's Children's Trust has established a School Readiness Steering Group There are issues both nationally and in Oxfordshire that children are not at school age "ready for school". The group has brought together key professionals and stakeholders to develop a multi-agency school readiness strategy. The group is currently working with Public Health England to identify what is required for children in order for them to be school-ready. A key part of this project will be to identify what gaps there are at early years transition phases and how through multi agency work we can close these gaps to enable all children to transition well into school and be ready to learn. Joint work between the Local Authority and health visiting services are key to this project.

Family Solutions Service

27. The Family Solutions Service is based in the eight children and families centres plus two satellite sites across the county. Workers also meet children and their families at other venues including their home, school or wherever they feel most comfortable.
28. The aim of the Family Solutions Service is to provide timely support and interventions through casework and targeted interventions to vulnerable children and families requiring statutory or targeted support to reduce safeguarding concerns.

29. Children being referred to the Early Help service, within Family Solutions, will in most cases have had an Early Help Assessment and through that assessment or TAF process it has been identified that the families' needs cannot be met through universal services and they require a more targeted intervention to prevent escalation to statutory services.
30. An Education, Employment and Training (EET) group called Choices designed for young people to increase their opportunities for Employment Education Training is provided in each centre once a week and in addition to Choices centres will also offer "pop-up" Choices at Abingdon Foyer, Oxford House, Banbury Foyer, Hagbournes and will be offering more "pop-ups" at other centres around the County ready for year 11s in September; these additional centres. Targeted group programmes are offered including parenting programmes and domestic abuse support.

Current caseloads (individual children) within Children Family Centres: Early Help

Centre	Early Help
Abingdon	187
Didcot	194
Witney	186
Bicester	141
Banbury	196
Rosehill	188
Barton	207
Leys	173
Aquarius	167

Snap shot of interventions running in June 2018

Centre	Domestic Abuse	Parenting
Abingdon	Freedom Prog run with Didcot CFC recently had 10 participants	Family Links – currently has 18 participants
Didcot	Co-delivery of Recovery Toolkit (post domestic abuse) just started with Abingdon with 10 participants.	Take 3 – recently completed with 12 participants
Witney	Springback for children (Domestic Abuse focus) 8 participants. Freedom currently attended by 7.	Family Links with 6 participants. Take 3 completed in January 18 with 8 participant
Bicester	Recovery Toolkit with 9 participants	Family Links with 9 participants

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Banbury	Take 3 with 5 participants Family Links 6 participants Freedom 7 participants	30 parents over last 6 months
Rosehill	Freedom – recent group of between 7-10 participants.	Family Links 9 participants – 6 of whom were men.
Barton		Take 3 – 9 participants
Leys	Currently providing BBK (Bounceback for Kids) for 4 adults and 5 children	Take 3 - 7 in the spring Currently running Family Links with 4 families.

Where and how do interactions with schools happen particularly around issues relating to exclusions, attendance, inclusion and SEND /EHCP planning.

Family solutions Early help service

31. A key focus of the Family Solutions Early Help service (delivered through the children and family centres) is to increase attendance and attainment of children and young people. Many children that the service work with have issues around attendance or behaviour within school. See Annexe 1 for comments and feedback from parents and service users.
32. Through case work/interventions practitioners work closely with children young people and their families and schools to promote child/young person's wellbeing and progression both in the home within school setting.
33. To support this Early Help Family Solutions Staff
 - Join Team around the family processes and where attendance or behaviour within school is an issue provide support to the child/young person family and school around these school issues including any potential referral to the county attendance team
 - Attend reintegration meetings with families after periods of exclusion
 - Assist with information given to In Year Fair access panel for school moves or alternative provision
 - Liaise with attendance officers regarding attendance or exclusions
 - Support families to start the Education, Health and Care Plan (EHCP) process and liaison with SEN officer
 - Assist parents to access Special Educational Needs and Disabilities Information Advice Service (SENDIAS)
 - Assist with parent contract meetings for attendance
 - Undertake direct work with parents to improve morning and bedtime routines to get children to school on time
 - Support parents to access Child and Adolescent Mental Health Services (CAMHS) support
 - Access Aquarius Service that works directly with young people around substance misuse)
 - Access to young carers support

- Direct work with young people Work to increase their emotional wellbeing and self-esteem often issues with young people where there are attendance or behaviour issues within school.
- Support families to talk to schools around increasing part time timetables
- Liaising with schools to ensure that they are fully aware of the child's home circumstance that maybe affecting their attendance or behaviour in school. around home situations affecting attendance
- Assist children to attend hospital school
- Physically take children to school to ensure that children get to school. where this is an issue
- Observe children in a school setting to help understand why they may be experiencing difficulties or problems.
- Providing training briefings to schools e.g. Schools/College briefings taking place 26th & 28th June across Oxfordshire by EET Service
- Youth Employment & Participation focused meetings taking place in July – South, City, West and North.

Locality and Community Support Services

34. In addition to the work described on page three to identify need as early as possible and support children young people, families and schools to increase attendance and reduce exclusions LCSS
- Organise termly meetings with schools to consider all children who have an EHA or TAF in a particular school to ensure there are plans in place for those children and provide an opportunity for further discussion around children who may have emerging issues that need to be addressed and plans put in place to address those needs.
 - LCSS work closely with county attendance and inclusion team.
 - There is a linked Senior practitioner to all the special schools
 - LCSS regularly attend the county wide pupils missing out meeting designed to ensure plans are in place for children who are not accessing education
35. In addition to the above services to support families other Local Authority services are key to supporting schools around exclusions and attendance. Family solutions services and Locality and community support services work closely with these services to support families where these issues are identified.
36. Recently the County Attendance Team appointed three new school liaison officers to specifically support school schools to address poor attendance. Their role is to provide whole-school support looking at the existing systems, processes and policies in place to promote attendance and reduce the number of persistent absentees. Liaison officers and LCSS staff work closely together with identified schools to monitor vulnerable groups and individual pupils who may need additional support from partner agencies. The services working together support schools to identify the range of factors which contribute to individuals' poor attendance and help to develop a multi-agency approach to addressing these, both at a school and a family level.

37. LCSS are also holding termly meetings with their link schools, to review those children who have an Early Help Assessment or a Team Around Family to ensure multiagency planning is in place addressing the needs of the child and family. Often these needs centre around attendance or behaviour issues. It is also a further opportunity to discuss with schools an emerging concern they may have in relation to a child so that intervention can be offered at the earliest opportunity.
38. The service also works closely with County Social Inclusion team whose role is to closely work with schools, governors, parents and local authority colleagues to provide advice on preventing exclusions.
39. The increased close working between LCSS, County attendance team the County Social inclusion team and termly meetings with schools is starting to ensure more joined up and better coordinated work around children where there are behaviour or attendance issues.

Children with special educational needs (SEND)

40. As described previously in this report LCSS support work with schools in a variety of ways to identify emerging need and put support processes around children. In addition, the service together with the SEN Casework team, SEN Support Services, Oxfordshire Schools Inclusion Team and Educational Psychologists supports children around EHCP and SEND planning.
41. There are children with SEN in every school, either requiring SEN Support or with an Education Health and Care Plan. There is a statutory framework underpinning the roles and responsibilities of schools and the local authority as set out in the SEN Code of Practice. The provision and support available is published on the Local Offer, including the support provided by central services including.
42. There are approximately 3,150 children and young people aged between 2-25 with an Education, Health and Care Plan and 11,700 children requiring SEN support.
43. An Education Health and Care (EHC) Plan is for children and young people aged up to 25 who need more support than is available through special educational needs support.
44. EHC plans identify educational, health and social needs and set out the additional support to meet those needs. In order to conduct an EHC information is required from Education, Health and Social Care. The Social Care element will consider a child's identified social care needs and also the provision provided or required in relation to the Social care needs.
45. When an EHC is conducted the Social Care element would be completed by the child's key worker from a Statutory social care team or Early Help. If a child is not currently open to a Children's Services team, then the Locality Community Support Service (LCSS) would complete this. Within a six week time frame, an LCSS worker will read the information and reports provided by the SEN officer,

alongside reviewing what is known on FWI about the child, to make a recommendation for meeting the Child's Social Care needs.

46. The LCSS worker will recommend that:

- A Social Care Assessment is required
- An Early Help Assessment is required
- Needs are currently being met through a TAF process
- No Social care needs are identified.

47. LCSS will support the progress of this as appropriate and required. This means that Children who are not currently receiving any Children's Services support but have Social Care needs can be identified and supported.

Financial and Staff Implications

48. There are no financial or staffing implications associated with this report.

Equalities Implications

49. There are no equalities implications associated with this report.

RECOMMENDATION

50. **The Committee is RECOMMENDED to note the report.**

HANNAH FARNCOMBE

Deputy Director Children's Social Care

Background papers: None

Contact Officer: Maria Godfrey

June 2018