

# CHILDREN AND FAMILIES BASELINE ANALYSIS

## SEPTEMBER 2010



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## Introduction

The Children and Families Programme is part of Havering's 2014 Transformation Programme. It has been developed to meet the Borough's £50million budget challenge. The programme aims to improve outcomes whilst saving money by focussing on prevention, early intervention and targeting. This document provides intelligence that supports this vision and informs future steps in programme.

This report looks at three key areas:

### 1. Current Service Provision

This looks at services for children and families in Havering to get a better understanding of their cost, the age group they serve and whether they are universal, targeted or specialist.

### 2. Current Need

This analyses data on the needs and wellbeing of children in the borough. This shows how Havering compares to other areas, and how things vary across the borough.

### 3. Innovative Practice and Theory

This looks at the theory behind targeting, prevention and early intervention and case studies looking at how other councils have put this theory into practice.

Together this information gives a foundation on which to plan for transformation, including a clearer picture of where in the Borough the greatest needs are and how the services provided address those needs. This will help us to identify which services should be prioritised for additional investment and which should be a lower priority. It will also demonstrate how the balance between universal, targeted and specialist services could be redressed to maximise the impact services have on outcomes.

## Section 1: Current Service Provision

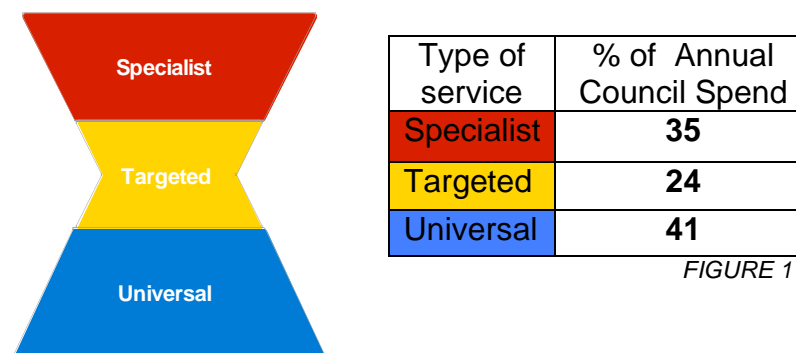


FIGURE 1

**Specialist** services are those provided to children and young people with the most serious or acute level of need, such as the Children with Disabilities Team or the Adoption Team.

**Targeted** services are directed towards children and young people who require some extra support in a particular area (or areas) of their life. For example the Learning Support Service.

**Universal** services are those which are available to all children within the borough, regardless of need. An example of a universal service is the Family Information Service.

The table above shows the way that Council funding is split between these three categories of service. The relative areas of each section of the diagram accurately represent the proportion of the budget currently spent on each type. The information behind this model is based on the way each team in the Council that works with children divided its resources between universal, targeted and specialist activities in 2009/10.

## Universal, Targeted and Specialist Services

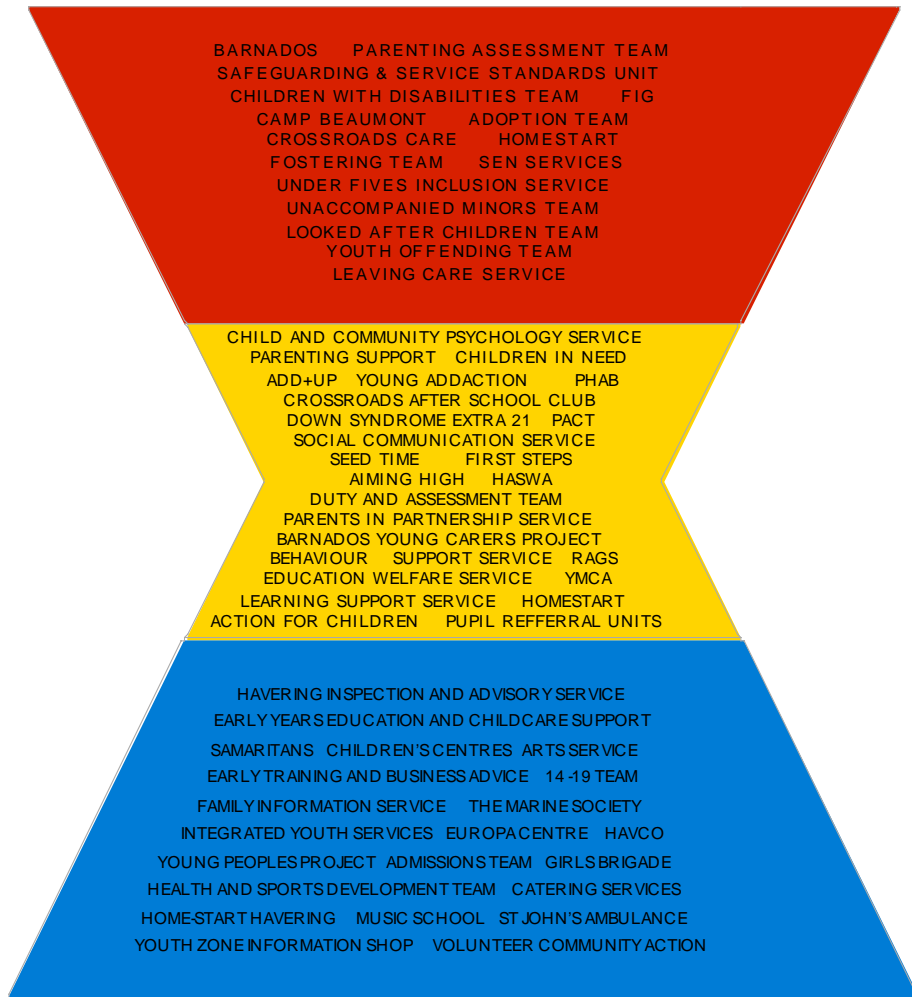


FIGURE 2

Figure 2 is a representation of services in the borough, and serves two purposes. The first is to show how they fall into three levels; universal, targeted or specialist. Secondly it demonstrates the proportion of spending by the Council in these levels.

The diagram shows that there are a large number of services, teams and interventions available locally. The current picture is very complex and categorising services is not always straightforward, some have a range of interventions which would fit into different areas. The services represented vary in a number of ways, working with different groups, in different locations, and with a wide range of different outcomes in mind.

The services included in the diagram are provided by the Council, NHS Havering and voluntary sector organisations. However the list is far from conclusive, and there is a need for further work to give us a full understanding of all that is available to children and families locally.

The proportions of the diagram are based on Council funding only. A large proportion (35%) of the funding supports a small number of children in specialist services, whilst only 24% is spent on targeted services which are intended to reduce the need for them. A lot of work over recent years has increased the targeting of services to those who need them most. A key aim of this programme is to continue this work.

Councils only control a proportion of the resources available to children. Evidence from Total Place found that this proportion can be as little as 7% (LGA). This makes it clear that all agencies need to work together to ensure that we get the best possible outcomes from the resources we invest. The Council, or other publicly funded organisations, will not be able to achieve outcomes for children by working alone.

In common with most areas, the proportions of each level have not been strategically managed. Effective partnership working has taken place to support children to achieve their potential, but it has often happened in pockets rather than across all services. The Children and Families Programme will develop plans to enable partners to work together effectively to get the right balance of services. We will start this with further research into the services we currently have.

## Spend on Services

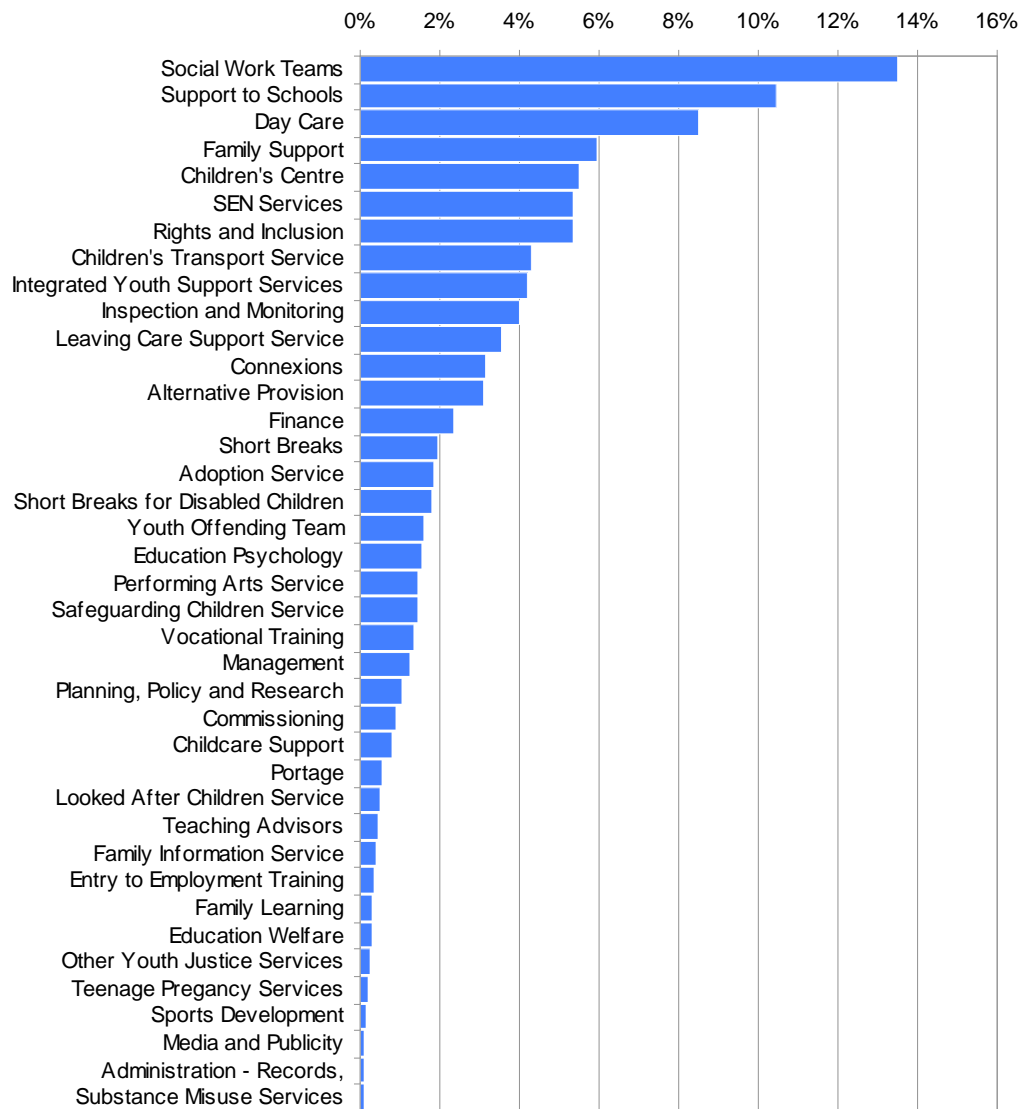


FIGURE 3

Figure 3 shows the way that the Council's budget for Children's Services is spent on different types of service. The information is based on the amount spent in 2009/10.

The graph demonstrates the wide variation in the level of funding directed towards different activities, as well the large number (38) of different service designations.

The areas with highest spend such as Social Work Teams, Support to Schools and Family Support are in-line with what we would expect. There are some areas with very low spend which stand out, such as Substance Misuse or Entry to Employment Support.

This information will be useful to our programme objectives in a number of ways. For example, and in line with Havering 2014 goals, we can use this information to help us to challenge the costs of bureaucracy and ensure as much as possible is spent on front-line support.

We will carry out further investigation on this information locally as we design our priorities and our Operating Model for the future. For example, we may wish to consider whether we want to have so many service designations, which types of service should be receiving more or less funding, and what the implications would be for the children's workforce.

## How Services Allocate Their Resources

Figure 4 shows the proportion of resources that each of the service types allocates to universal, specialist and targeted service levels.

The data used is from the Children's Services Mapping exercise, which is an online data collection managed by Durham University. The data was gathered from each local authority by staff in Children's Services completing questionnaires – so all the data we've used here is specific to Havering.

This information reflects what was seen in the Figure 1. The highest proportion is of universal services, with nine service types which are entirely universal compared to only four which are 100% targeted and three which are 100% specialist. There are also a number of service types whose activities are split between all three categories.

We have a great deal more to investigate within the transformation programme, including the ways that services work together, the preventive impacts of universal services and the balance between local needs and resource allocation.

Part of the aim of the transformation programme is to improve the targeting of our services. This graph shows that a number of services provide a targeted element to their services. It will be important to ensure that services are targeted effectively, to those who need them most and in the way that is most suitable to meet needs. This will require a systemic approach and will be a key part of the programme.

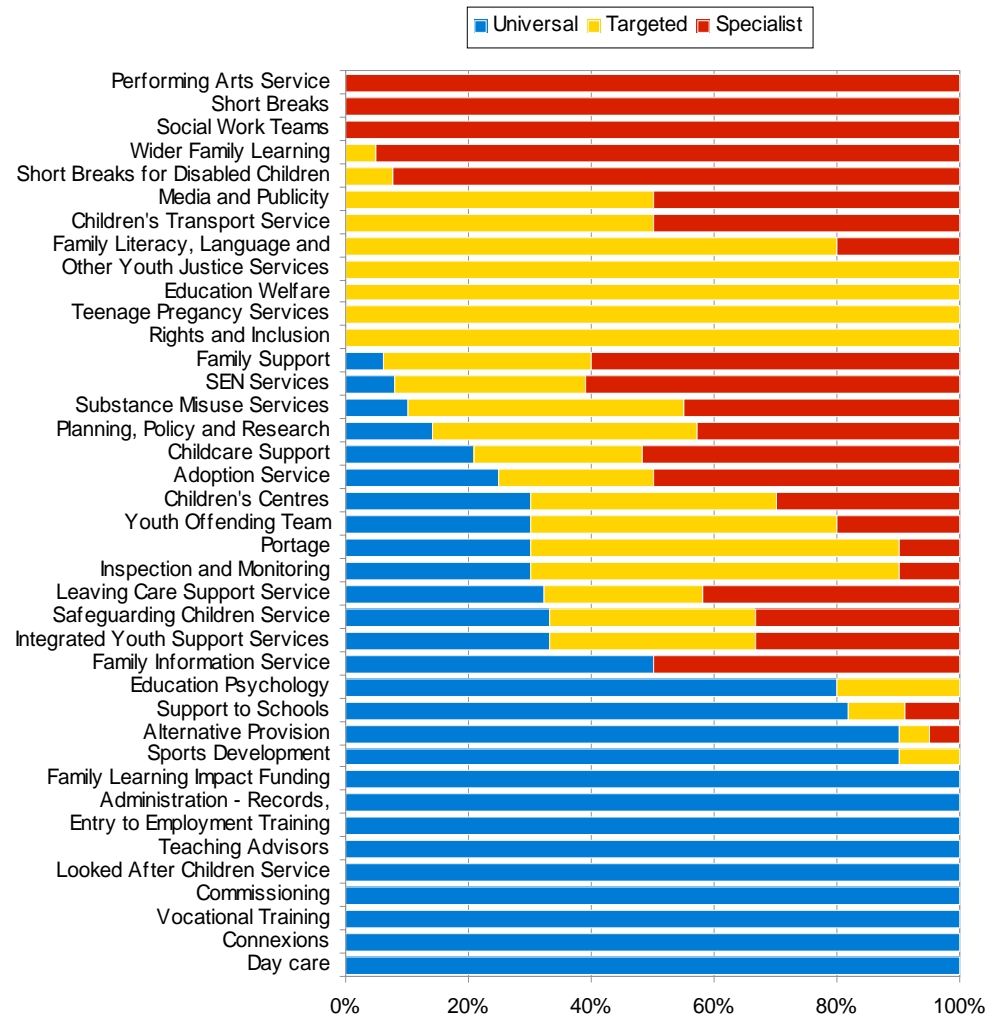


FIGURE 4

# Age

## Council Services

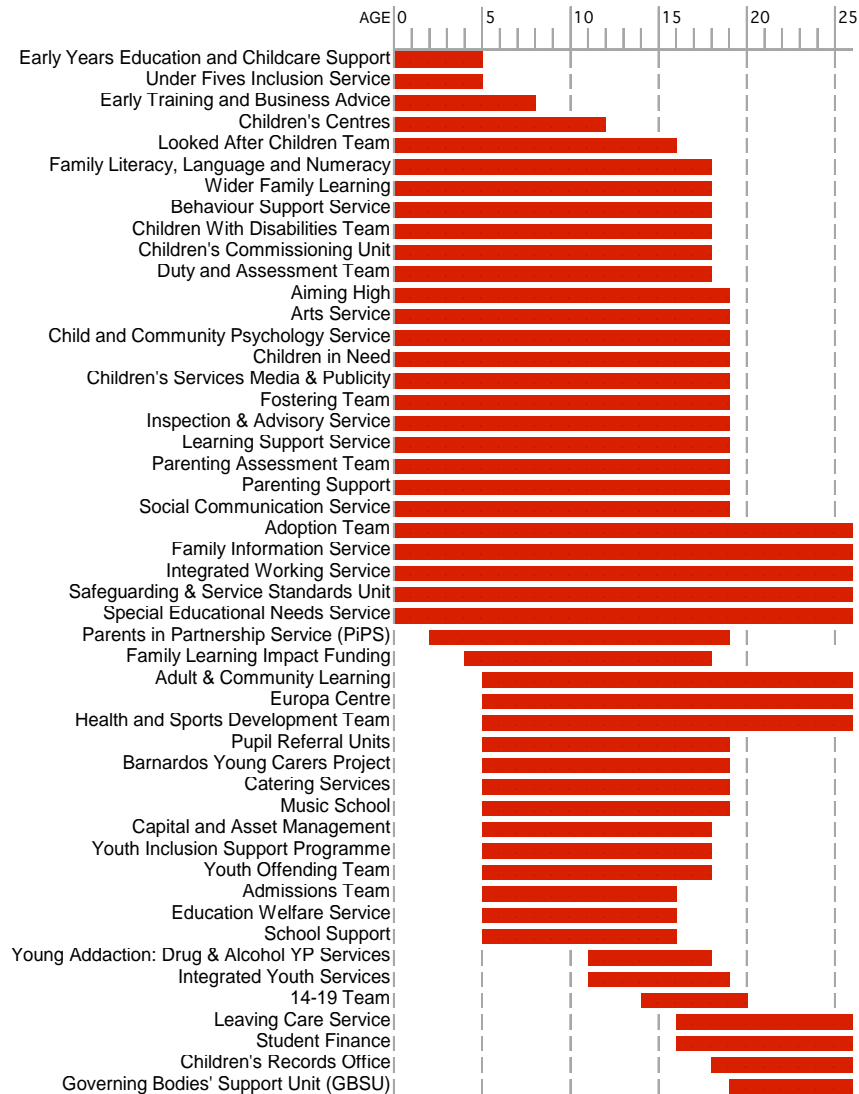


FIGURE 5

## PCT Services

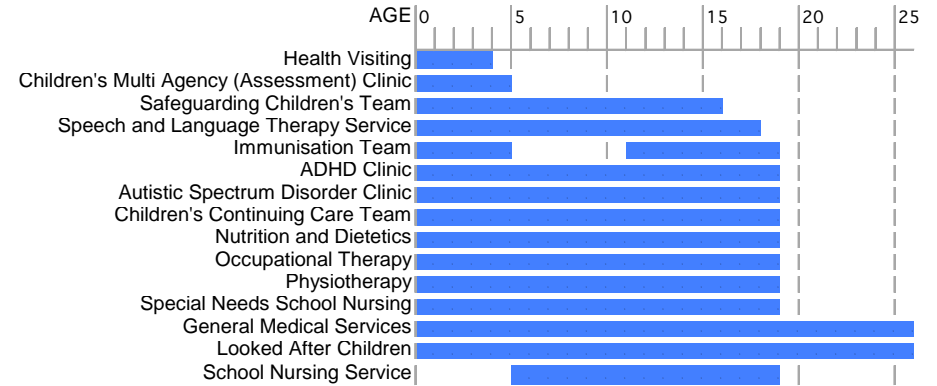


FIGURE 6

As children require different types of support at different stages of their development it is important to ensure that we provide the services needed at each stage.

Figures 5, 6 and 7 show the age ranges of children and young people who use each service. The diagrams show the age groups served by Council services, health services and finally voluntary sector services.

It is notable that the majority of services support all young people from 0 to 18, with many going up to 25 year olds. Equally notable is the low number of services supporting only children from 0 to 5, supporting only youths and the total absence of services for children solely from 5 to 11 years.

It will be important that age is taken into account when planning our Operating Model. It will need to be determined which services should be available at which stage of children's lives, and whether we should have age specific services, or more generic services that can be targeted according to individual needs.

## Voluntary Sector Services

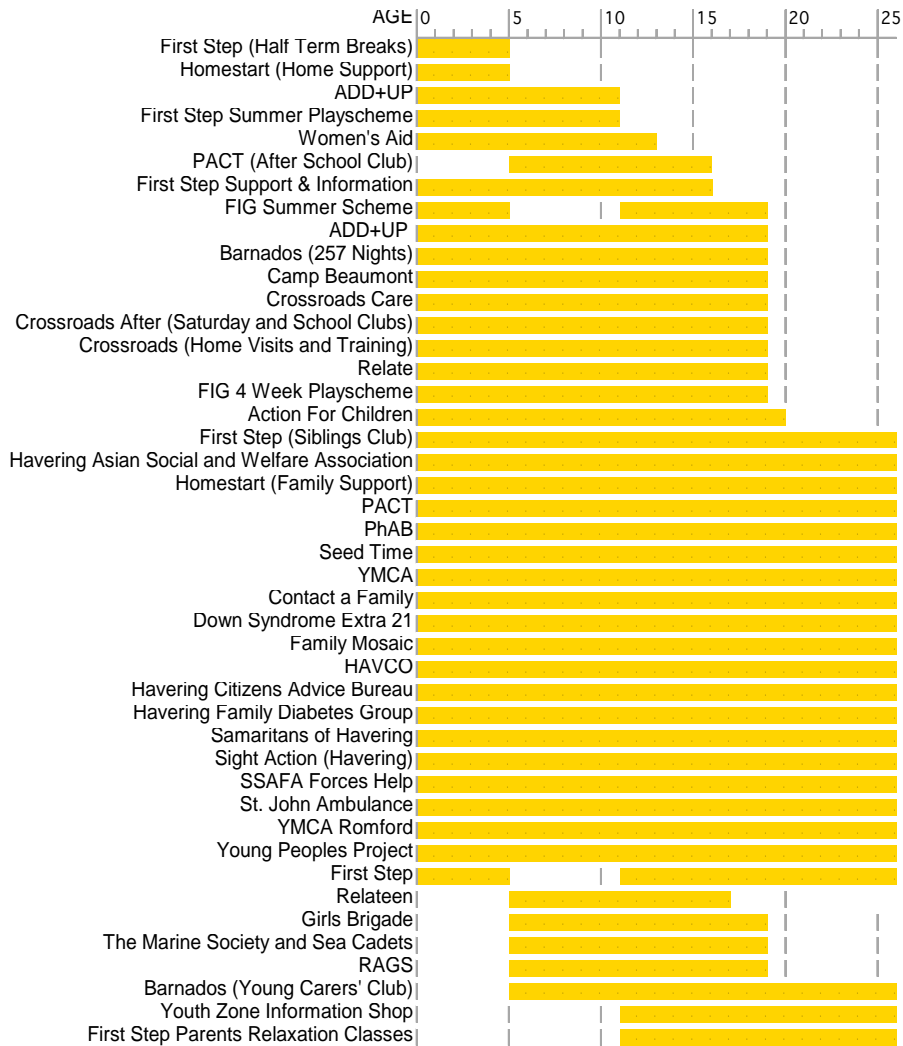


FIGURE 7

## Localities, Children's Centres and Youth Centres

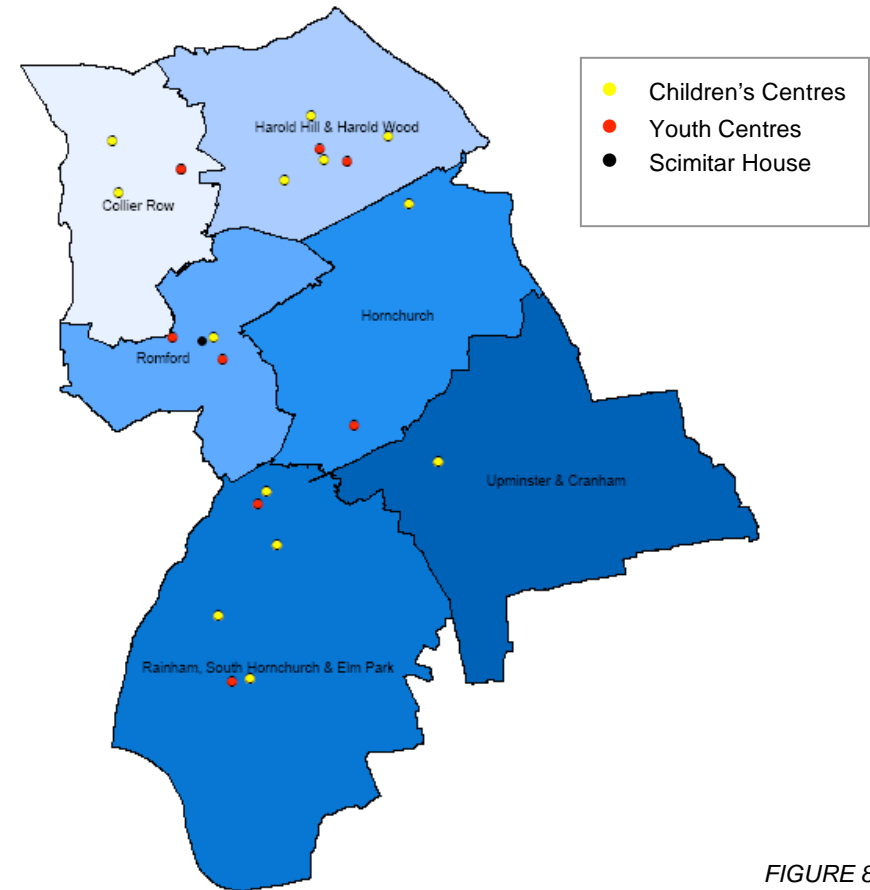


FIGURE 8

The map above shows the way that the Borough has been divided into six locality areas, based on Early Years data. The dots on the map show the locations of children's centres and youth centres, which are geographically based to meet the needs of communities. The map shows that the majority of these are in the north and the west of the borough, with few in the east. The following section will explore the needs of children in different parts of the borough.



## Section 2: Understanding Needs

There are around 54,000 children and young people (0 -18 years) living in Havering. The following highlights some of the things that we know about them:

- 😊 Young people are generally happy living in Havering, they have good friends and someone to talk to when they're worried. *Tell Us 4, 2009*
- 😊 92% of young people said they felt very or quite safe in school (England 91%) and 7% felt a bit or very unsafe (England 8%). *Tell Us 4, 2009*
- 😊 83% of young people said they felt very or quite safe in the area where they live (England 81%) and 16% felt a bit or very unsafe (England 18%). *Tell Us 4, 2009*
- 😊 In 2007/8 there were 1210 per 100,000 first time entrants aged 10-17 to the criminal justice system in Havering. (Lower than England and London) *Youth Justice Board*
- 😊 58.1% of pupils in Havering achieved 5 or more GCSEs at A\*-C this year. (The average for England is 50.7%) *Neighbourhood Statistics, ONS, 2008/9*
- 😊 Pupil attendance has improved over the last few years and our absence rate is now lower than both the England and London average. *Neighbourhood Statistics, ONS, 2008/9*
- 😊 11.8% of pupils are eligible for free school meals in 2010 (England 17%) *Neighbourhood Statistics, ONS, 2008/9*
- 😊 11.9% of mothers in Havering smoked at the time of delivery in 2008/9 (England, 14.6%) *Health Profiles, DoH and APHO, 2010*

- 😞 10.7% of Reception children are obese (higher than England and lower than London) and 17.6% of Year 6 children are obese (lower than England and London) *National Child Measurement Programme, 2008/9*
- 😊 After Year 11, young people in Havering have very similar aspirations in terms of education or employment as nationally. *Tell Us 4, 2009*
- 😊 In 2008, the under 18 conception rate was 42.1 per 1000 young women (England, 40.4) *ONS statistical release*
- 😞 58% of young people think they will go to university/higher education in the future (England 62%) *Tell Us 4, 2009*
- 😞 41% of looked after children gained at least one GCSE at A\*-G or GNVQ. (All children in Havering 98.9%, looked after children in England 65.6%) *OC2 data (internal calculation)*
- 😞 49% of people in Havering think that teenagers hanging around on the streets is a problem. *Place Survey, 2009*
- 😞 In 2009, 27% of people said parents take enough responsibility for the behaviour of their children (England 29.6%) *Place Survey, 2009*
- 😞 In 2008, 63% of under 18 conceptions led to termination in Havering (England, 50%) *ONS statistical release*
- 😞 Young people in Havering take less regular exercise than average *Tell Us 4, 2009*
- 😞 82% of 5 year olds in Havering have received their first MMR vaccination (England, 89%) *NHS Immunisation Stats, 2008/9*
- 😞 66% of new born babies in Havering are breastfed initially and the prevalence of breastfeeding at 6-8 weeks is 40% (England 70% and 55% respectively) *Dept of Health Vital Signs data*

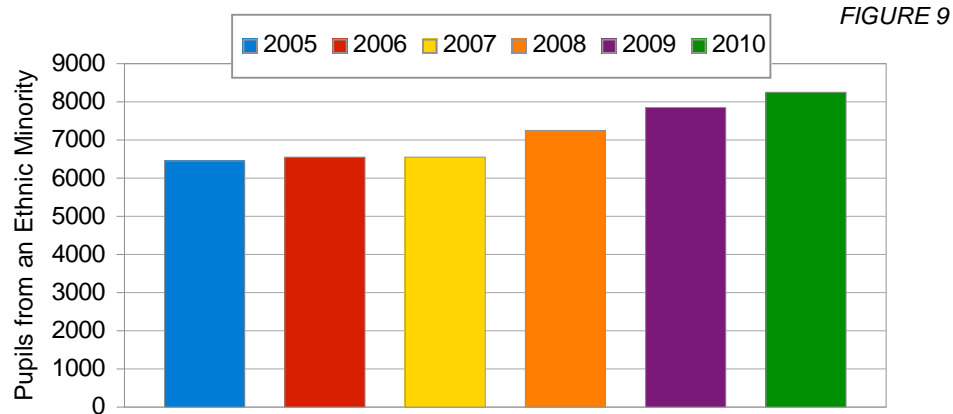
## Ethnicity

Figure 10 shows where school pupils from ethnic minorities live in the borough.

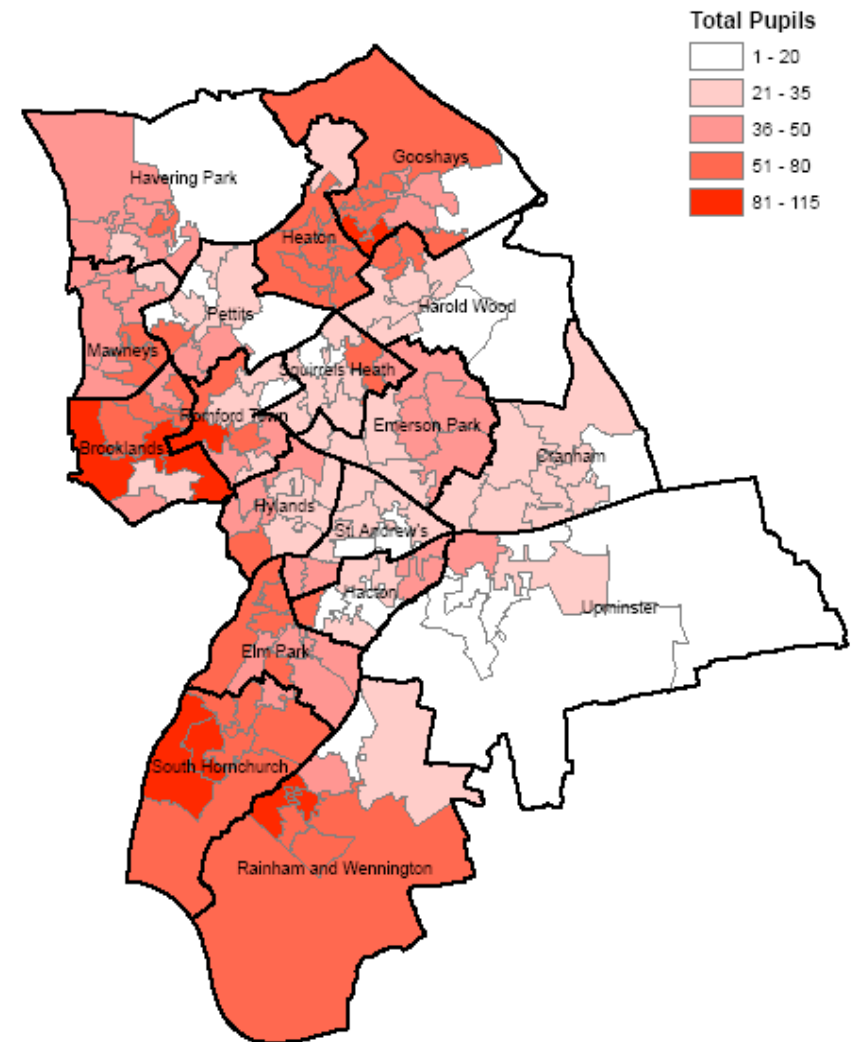
At present 23% of pupils in Havering are from of an ethnic minority. This proportion has been increasing each year for the last 5 years (from 18% in 2005). The proportion is higher in primary schools than in secondary schools suggesting that the black minority ethnic (BME) population is continuing to increase.

The map shows that pupils from ethnic minorities are concentrated in areas such as South Hornchurch and Brooklands in the west of the borough. Gooshays and Heaton in the north of the borough also have relatively high numbers of BME pupils.

The number of pupils from BME groups is significantly higher than the BME proportion of the total population, representing a significant change in the demography of the borough. It will be important for us to ensure that our services are able to take account of the changing diverse social and cultural needs of people from different backgrounds, and that this is included within our planning.



## Number of Pupils from an Ethnic Minority



Data Source: School Census, Jan 2010

FIGURE 10

## Child Well-being

In 2009 the Department for Communities and Local Government (DCLG) produced a Child Well-being Index for the first time. The index measures seven domains of a child's life that have an impact on wellbeing. In the following pages, some of the domains are looked at in more detail.

Figure 11 shows levels of overall well-being, which combines all seven categories. The information is based on the ranking of each Lower Super Output Area (LSOA) in comparison with all other LSOAs in England and Wales, of which there are nearly 35,000. The darkest red areas on the map show the areas which have scored least well – and are within the lowest 10% nationally. As the colour fades through pink to white, this shows an improving ranking – white indicates that the area is within the highest 10% of LSOAs in England and Wales.

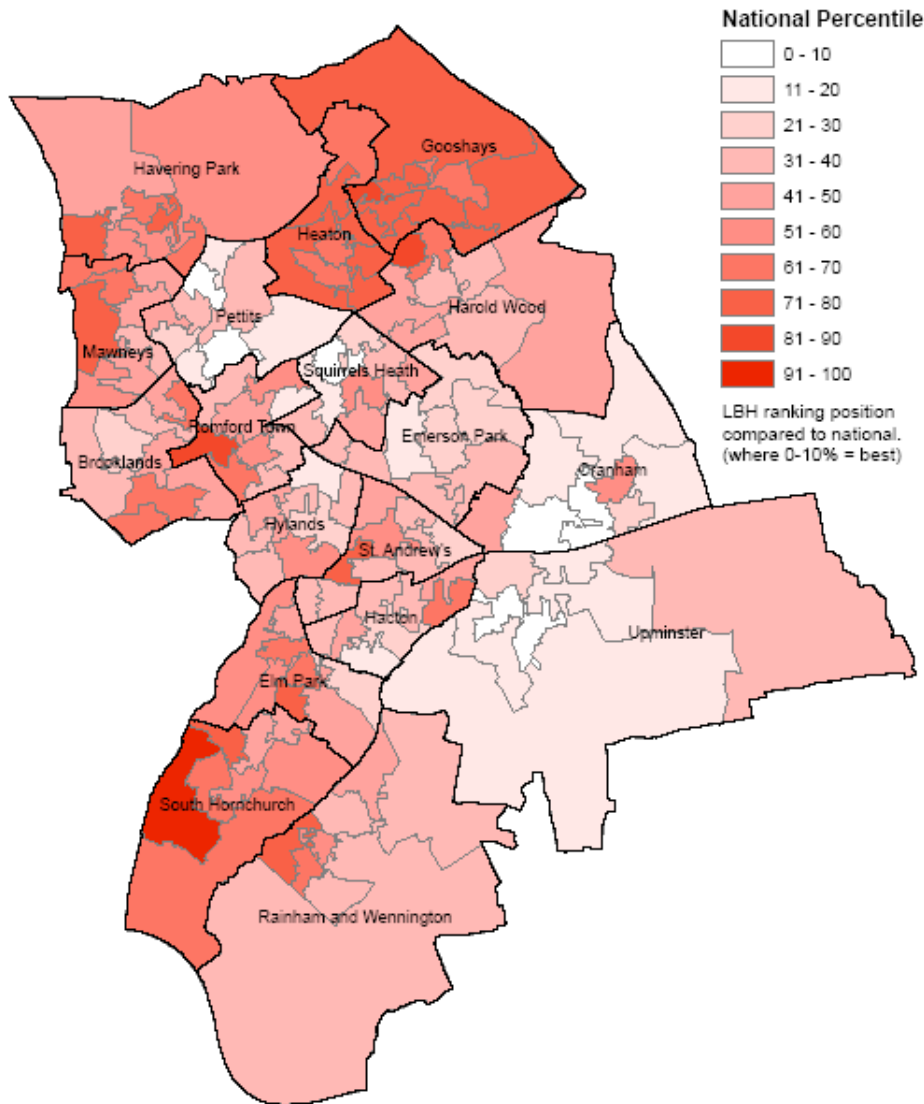


FIGURE 11

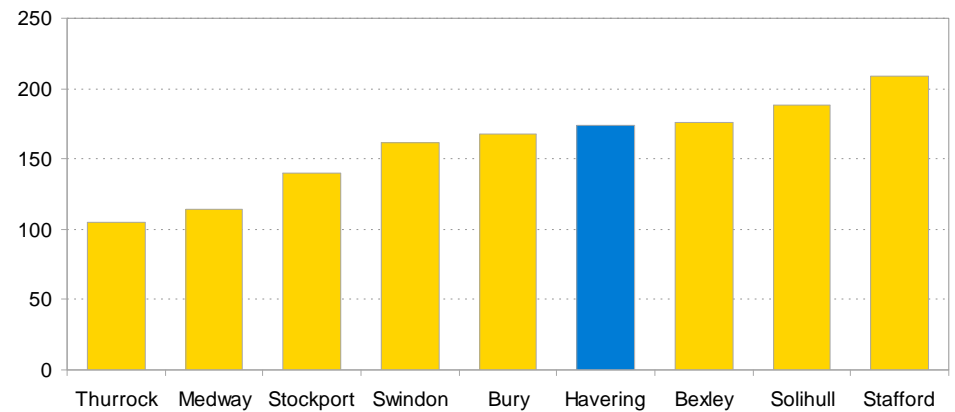


FIGURE 12

Our highest ranking LSOA, which is in the Cranham ward, is in the top 2% in England and Wales. Our lowest ranking, which is in South Hornchurch, is in the bottom 3%. 25 of the 149 areas fall within the lowest quarter of LSOAs in England and Wales. These areas are concentrated particularly in the wards of South Hornchurch, Gooshays and Heaton. This includes the Harold Hill estate and the Mardyke estate which are known to be deprived areas of the borough.

The scores are cumulated to give an overall score for child well-being for each of the 354 local authority areas in England and Wales. Havering is ranked 180<sup>th</sup>, putting it very close to the middle.

Figure 12 (on page 9) shows our position relative to areas considered to be our statistical neighbours. This shows that Havering is a place in which children's well-being is relatively good.

The Havering Living Ambition is to have the highest quality of life in London. On the wellbeing index we are ranked 6<sup>th</sup> out of 33 London boroughs, suggesting a high standard of living for local children in the borough. However the highest ranking borough in London, Richmond-upon-Thames ranks 151 places above Havering nationally, suggesting that there is room for considerable improvement.

Figure 13 shows how well we scored in each of the seven domains. The scale shows the number of local authorities we scored more highly than; the taller the bar, the higher our ranking.

Havering achieves its highest rank for environment where we rank 12<sup>th</sup> in the country. We score better than all of our statistical neighbours, and the third best in London. This domain is measured by air quality, percentage of green space, road safety, access to sports and leisure facilities, and distance to school. The environment index has a low correlation to all of the other indices, so a high score for environment does not imply a high score in the other areas.

The housing wellbeing index includes scores for over-crowding, shared dwellings and homelessness. Havering scores 212<sup>th</sup> nationally and 4<sup>th</sup> of 9 statistical neighbours. However the borough is ranked 3<sup>rd</sup> in London which represents strong performance.

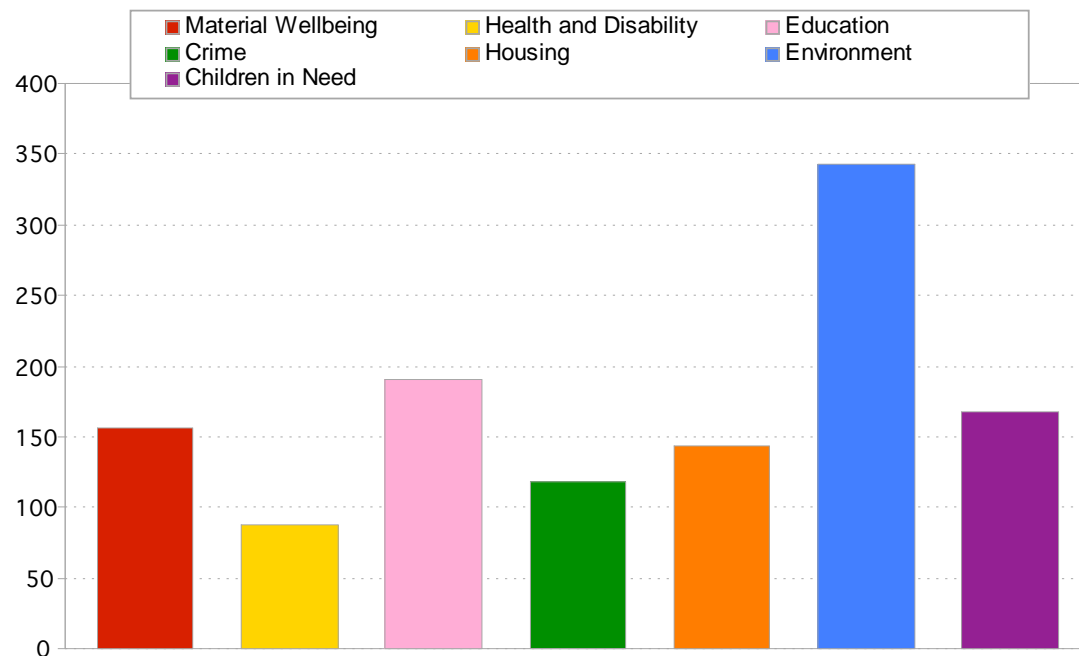


FIGURE 13

## Children in Need

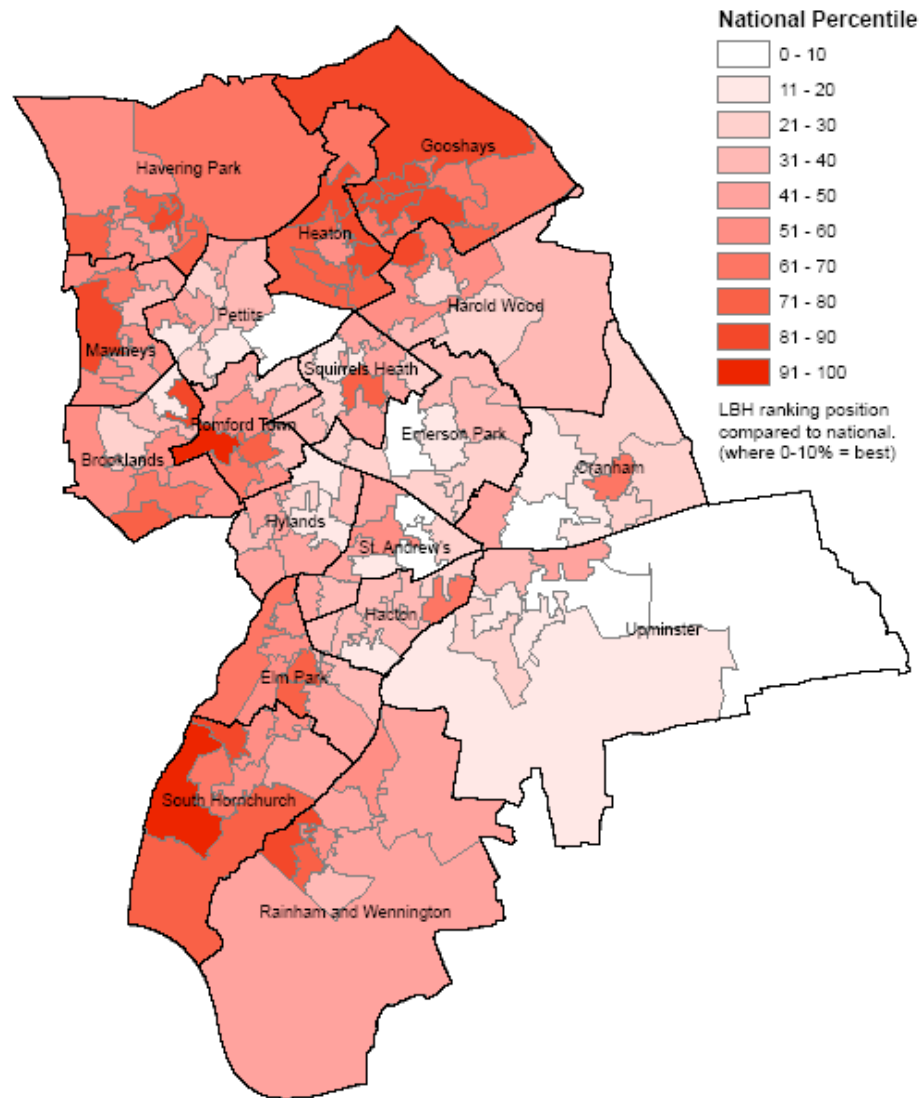


FIGURE 14

Children in Need information has been calculated by the former Department for Children, Schools and Families using analysis of data concerning employment, income deprivation and education.

Havering is ranked 188<sup>th</sup> in England and Wales and 6<sup>th</sup> in London in terms of Children in Need indicators. As shown by Figure 15, we are average compared to similar areas. Once again the scale shows the number of local authorities we scored more highly than; the taller the bar, the higher our ranking.

Figure 14 shows a similar distribution to the overall index score in that parts of Gooshays, Heaton and South Hornchurch are amongst the lowest scoring 10% of areas in the country. This again demonstrates wide variations in needs, with some areas being in the top 10% nationally.

This suggests that targeting services to geographical areas, as well as learning from other authorities will have potential to significantly improve local outcomes.

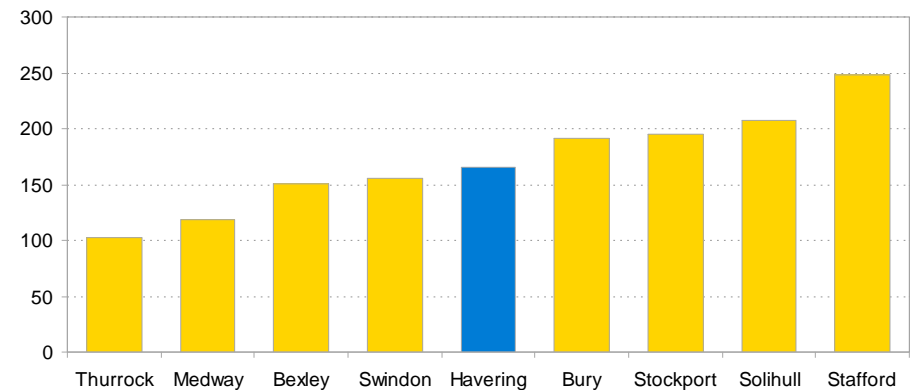


FIGURE 15

## Health and Disability

With a ranking of 266<sup>th</sup> this is the domain in which Havering has the most disappointing outcomes. We have the third lowest ranking within our group of statistical neighbours and we are 28<sup>th</sup> of 33 London Boroughs. The indicators which are measured in this domain are emergency admissions and outpatient hospital attendances for 0 to 18 year olds, and the proportion of under 16s receiving Disability Living Allowance.

It is important to note that this information refers to the health of children, rather than the quality of local health services. Further investigation would be necessary to identify the root causes of this poor performance, however it indicates that the partners of the Children's Trust could make progress by working together to improve the health of local children.

The map shows that health and disability scores are lowest in similar areas to other indicators with very low scores in parts of Gooshays and South Hornchurch. It is noteworthy that even the area with the best outcomes in the borough is not within the top 10% nationally, and that disparities within the borough are less clear than within some other indicators.

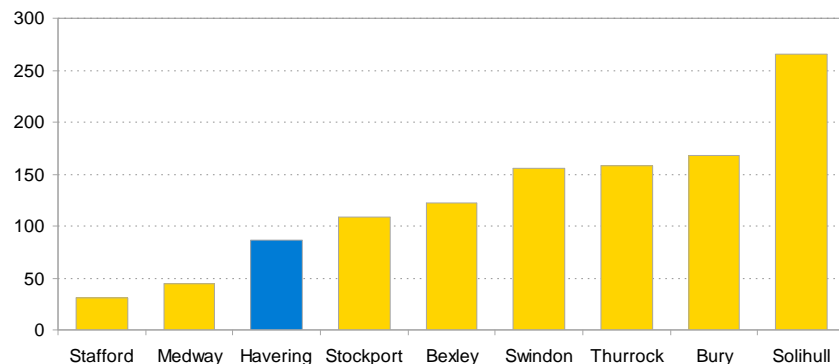


FIGURE 17

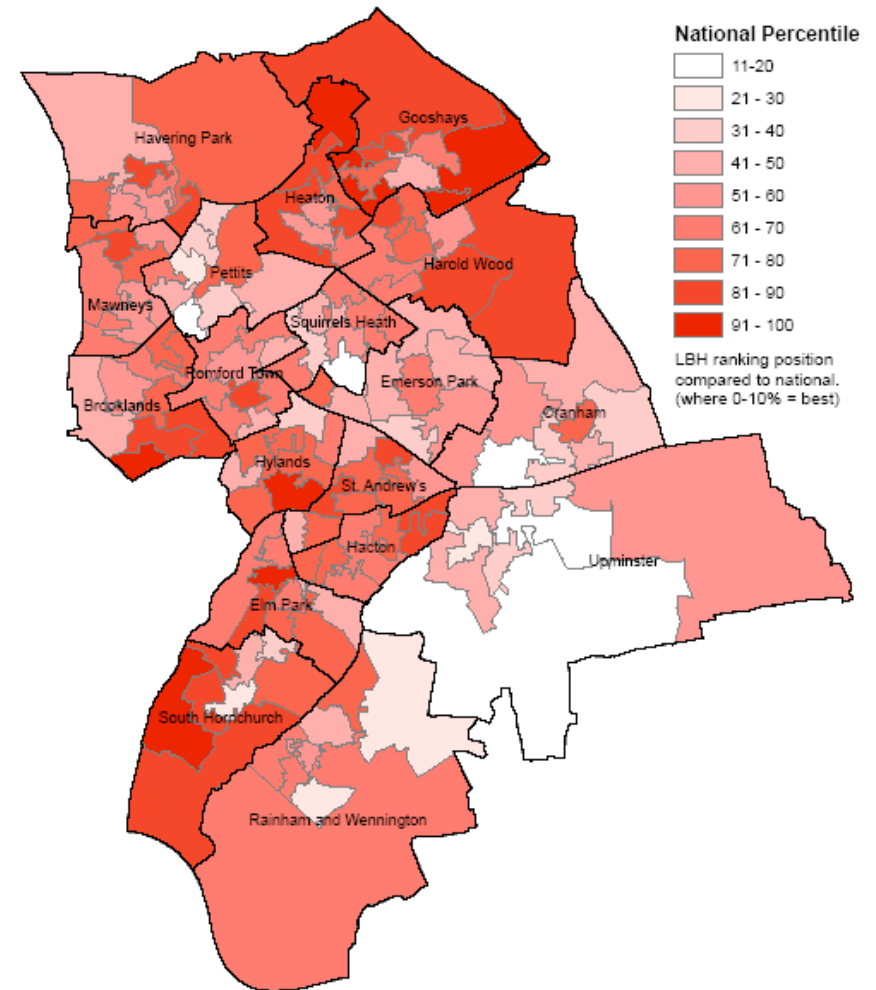


FIGURE 16

## Material Well-being

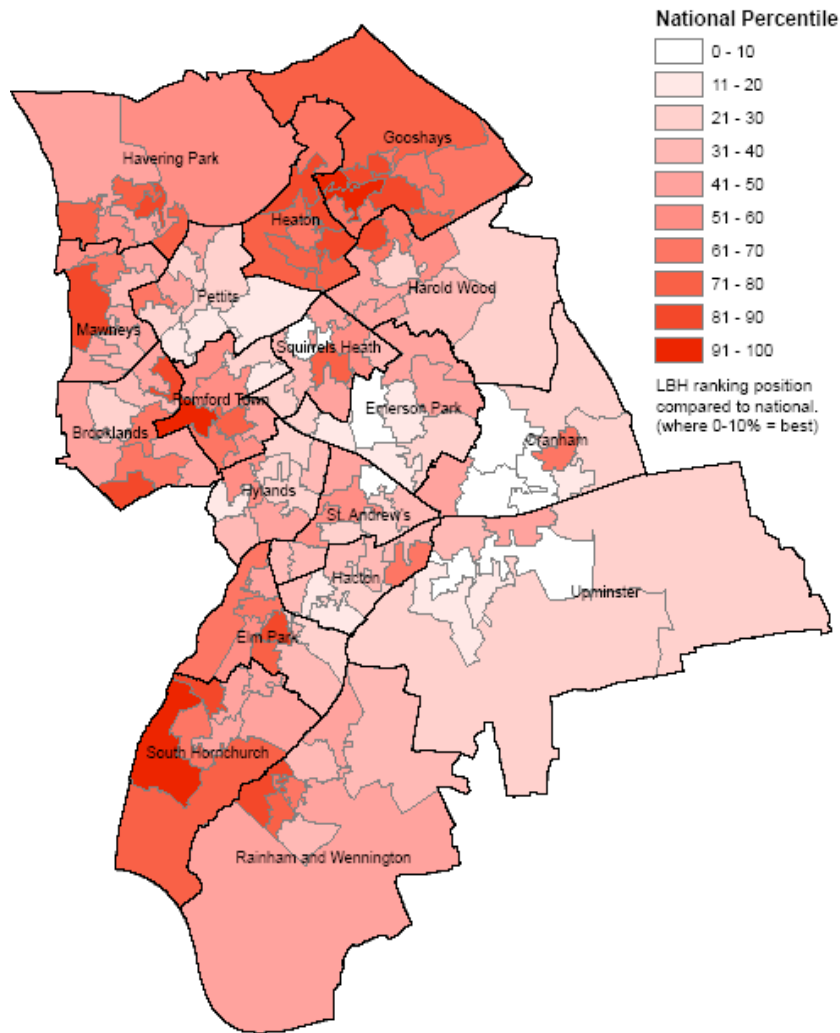


FIGURE 18

Trends examined by government show a very strong correlation between material wellbeing and overall child well-being, so local trends in this area will be indicative of wider issues.

The indicator is based on the number of children in households which claim Income Support, Job Seekers' Allowance, Pension Credit, Working Tax Credit or Child Tax Credit. Havering ranks 199<sup>th</sup> out of 354 nationally, putting us in the bottom 45%. Again we are average compared to our statistical neighbours. However, we score favourably compared with London, with only 4 boroughs scoring higher than us.

Figure 18 shows a few areas which stand out; Gooshays and much of Heaton are in the darkest shade of red as is much of South Hornchurch and also Romford Town. This indicates that levels of material wellbeing are lowest in these areas.

This domain relates to the economic well-being of families, and will require a response from all sections of the public, private and voluntary sectors to increase prosperity in the borough and reduce inequality.

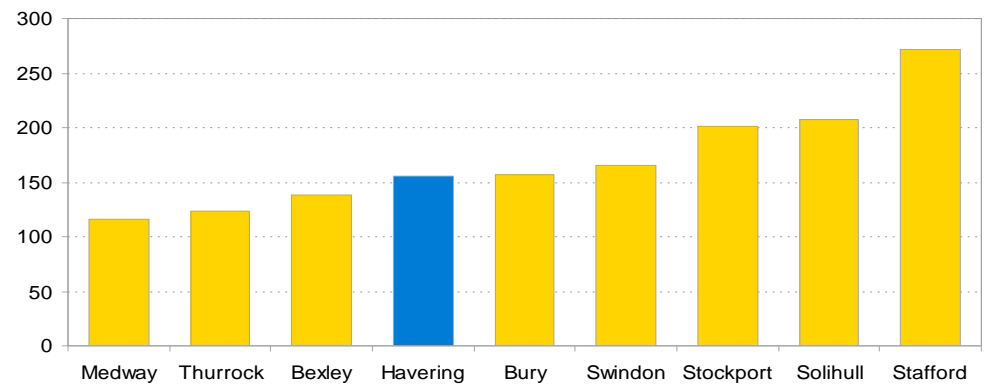


FIGURE 19

## Crime Well-being

The crime well-being index is calculated from the burglary rate, theft rate, criminal damage and violence against the person. These indicators are weighted to measure the impact these crimes have on 0 to 15 year olds. Nationally, Havering is ranked 237<sup>th</sup> of 354, putting us in the bottom 35% in the country. Compared to our statistical neighbours we are approximately in the middle (see Figure 21), and 12<sup>th</sup> in London.

Trends nationally show that there is a strong link between crime and overall wellbeing, and between crime and children in need. However this index shows a different distribution than others in Havering, with some areas that score well in other domains doing less well. For example the LSOA which covers the east part of the Upminster ward has a high score compared to other places in the borough, but in all other domains, and overall, this area has a relatively low ranking.

This information begins to show where in the borough children and young people are most affected by crime, and will be built upon through work with partners such as the police, to help us target services to the right areas.

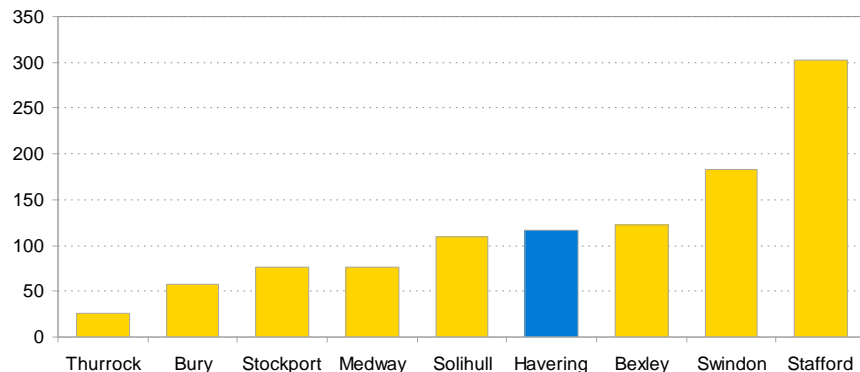


FIGURE 21

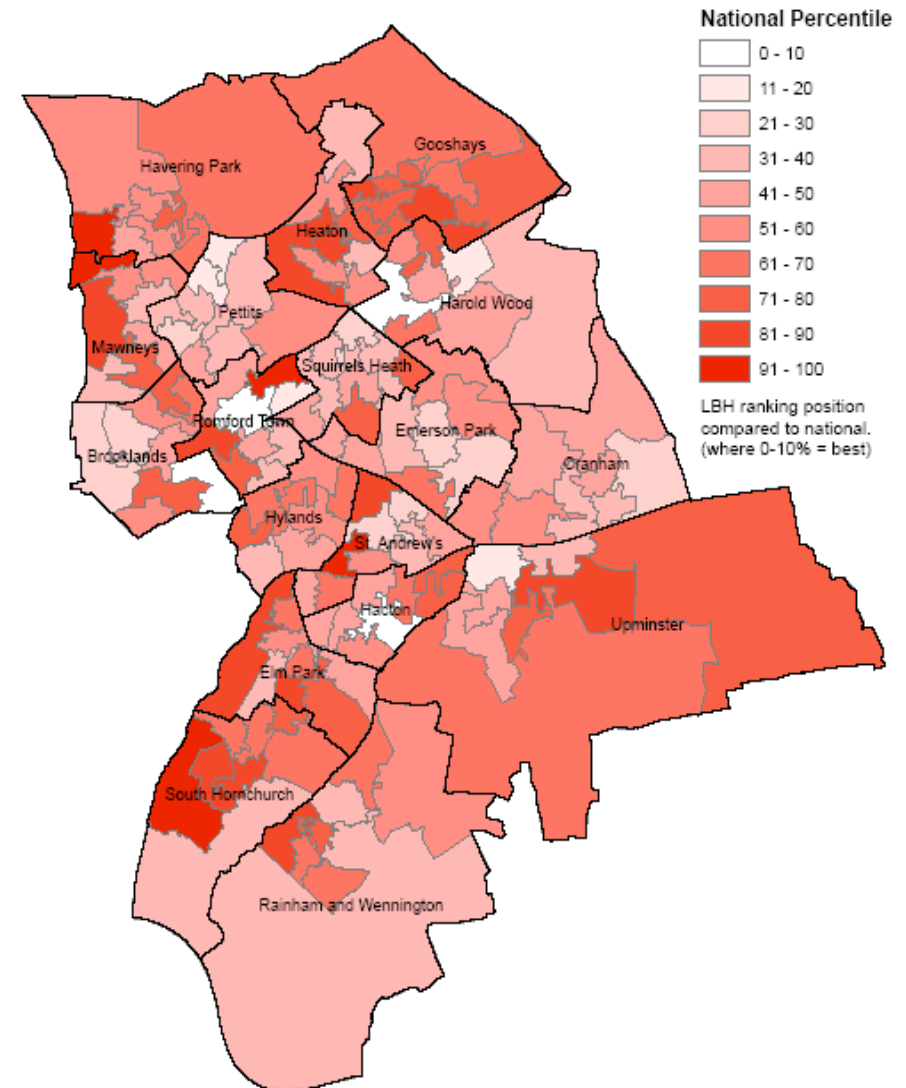


FIGURE 20



## Education Well-being

Apart from environment, education is the only domain in which we rank in the top 50% nationally. The indicator is based on test scores at Key Stages 2 and 3, GCSE (or equivalent) results, school absence rates and proportions of young people entering further and higher education.

Havering is ranked 164<sup>th</sup> nationally, which means we are the third highest ranked area in our statistical neighbour group. It is interesting to note however that Havering is only 17<sup>th</sup> out of 33 London boroughs, suggesting that educational well-being is relatively strong across the capital.

Figure 22 shows very clearly that educational well-being is lowest in the north of the borough, with a number of areas in Havering Park, Gooshays and Heaton scoring in the bottom 20% nationally.

Within our transformation programme we will continue to work closely with schools to build upon locality arrangements to support attainment, raise aspirations and continue to narrow the gap.

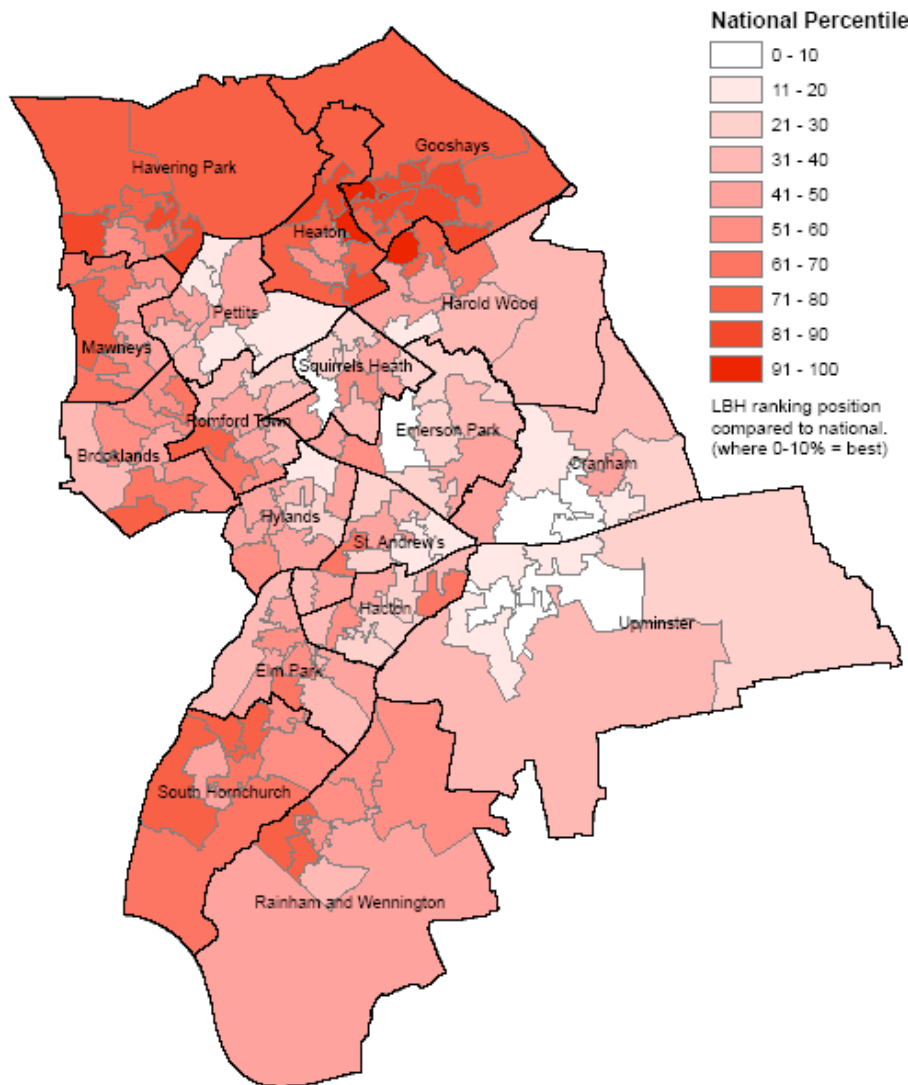


FIGURE 22

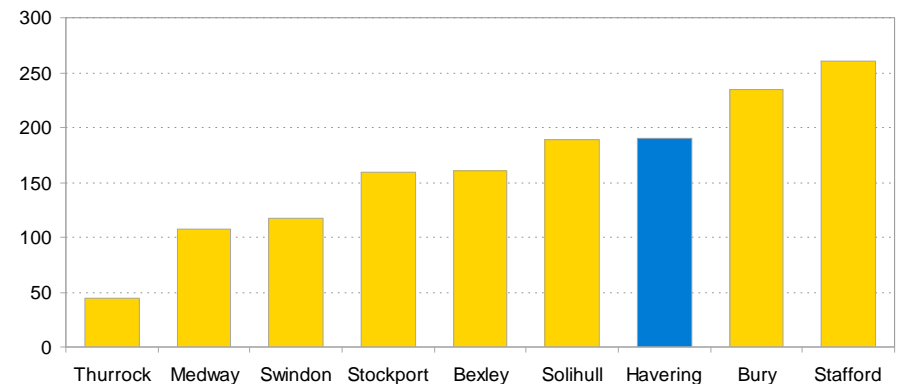


FIGURE 23

## Free School Meals

Figure 24 shows the distribution of children eligible for Free School Meals (FSM) in the Borough. Of all the children who both live in and attend school in Havering, 4,284, which equates to 11.8%, are eligible for FSM. This is considerably lower than the national average which is 17%.

A child is eligible for FSM if their parents/guardians receive Income Support, Income-based JSA, Child Tax Credit or Employment Support Allowance or if they are entitled to support under Part VI of the Immigration and Asylum Act.

Information about Free School Meals is important as there is clear evidence about links between eligibility and a number of outcomes for young people. For example in Havering a young person eligible for FSM is less than half as likely to achieve 5 A\*-Cs at GCSE (including maths and English) as a young person who is not eligible.

The distribution shows a very clear difference between the numbers of pupils requiring free school meals in the north and the west from the rest of the Borough. There are very high concentrations in a small proportion of areas, and a large number of areas with between 1 and 10 pupils requiring free school meals.

This distribution is broadly similar to the Child Well-Being Index and provides support to the case for targeting services to some parts of the Borough.

*Data Source: School Census, January 2010.*

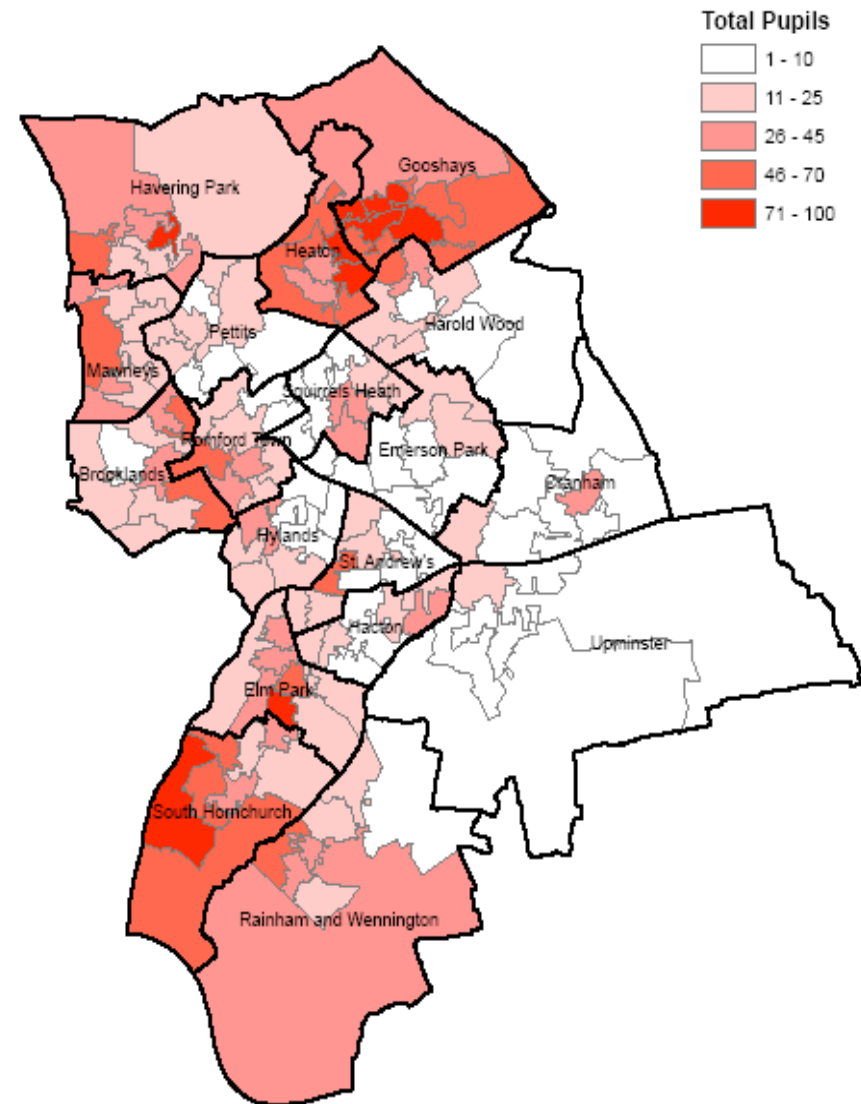


FIGURE 24

## Children in Care

In Havering there are currently around 200 children in care. The lowest level of data available is the postcode area where the child lived prior to being taken into care, the locations are not given more specifically in order to protect the identities of the children.

There are postcode areas where no children in care are originally from. Some of these areas are in the more rural parts of the borough, for example Havering-Atte-Bower.

One third of the children in care in Havering were originally from the postcode area RM3, which includes the Harold Hill estate. Nearly a quarter of the children lived in RM13 prior to entering care. RM13 is quite a large area geographically and includes most of the South Hornchurch and Rainham and Wennington wards. The Mardyke Estate is in the RM13 area.

The Children and Families Programme will look to reduce the number of children who are taken into care through increasing work on early intervention and prevention. This information will be useful in understanding which areas of the borough are most in need of this type of work.

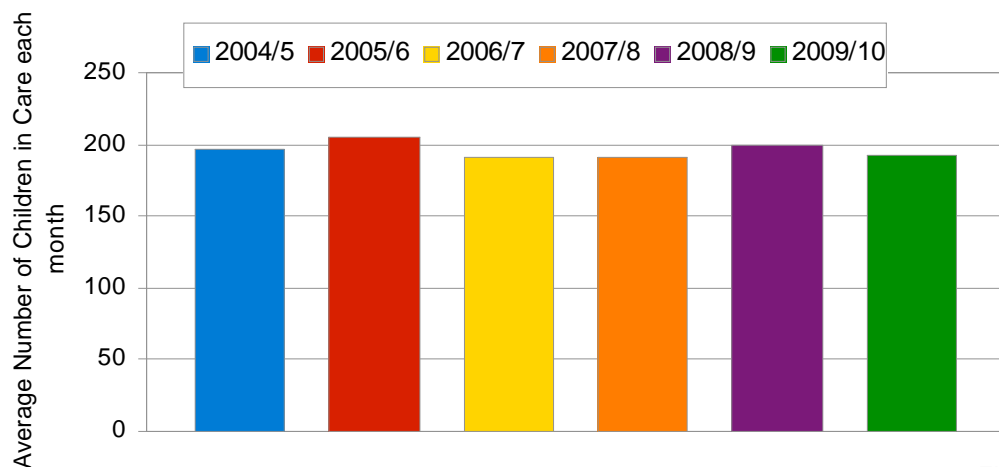
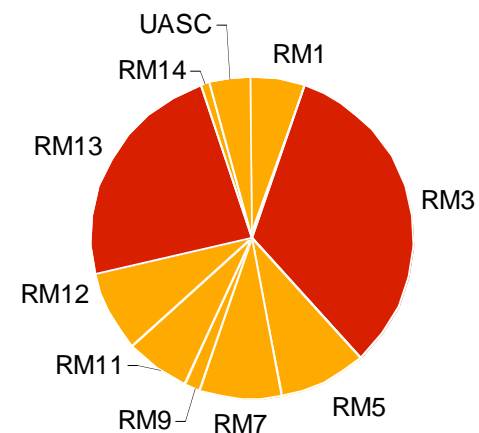


FIGURE 26

Postcode	% of total number of children in care
RM3	33%
RM13	24%
RM5	9%
RM7	8%
RM12	8%
RM11	7%
RM1	6%
UASC*	4%
RM9	2%
RM14	1%
RM2	0%
RM4	0%
RM6	0%
RM8	0%
RM10	0%
RM15	0%



Data from March 2010

FIGURE 25

## Youth Offending

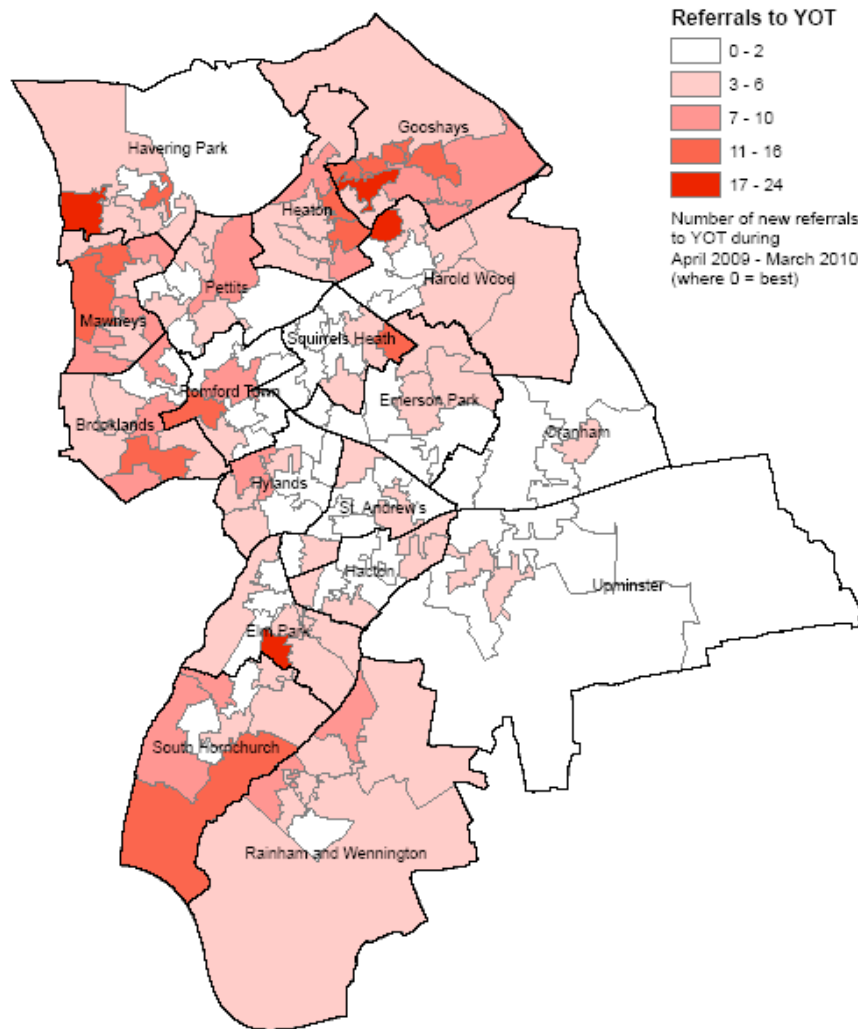


FIGURE 27

In total there were 739 referrals to the Youth Offending Team in 2009-10. This map shows where in the borough the young people referred lived at the time of referral. It is important to note that as this information is for referrals rather than individuals, some young people may account for more than one referral.

Areas with the darkest red represent the highest level of referrals, and there have been 0-2 referrals in the white areas. Figure 27 again shows that there are areas of the borough in which a disproportionate number of young people are affected. The strongest concentrations are in Gooshays and Heaton wards. There are also parts of Mawneys, Elm Park and Havering Park with a high number of referrals.

Analysis of this map, alongside Figure 20 appears to demonstrate that there is not a close relationship between the likelihood of young people being victims of and perpetrators of crime.

Police in Havering carry out early intervention work to challenge behaviour which is below that of being a criminal offence but that has a negative impact on others. This is done by issuing a yellow card for a first instance and advice to the child and parent and a red card on a second occasion. If behaviour persists an anti-social behaviour contract (ABC) is issued.

213 red and yellow cards, and ABCs have been issued so far this year; 13% of those have been issued by the Safer Neighbourhood Team in Rainham and Wennington, 8% in Gooshays and 8% in Havering Park. These are the areas where incidents occurred rather than where the young people live.

This information demonstrates the importance of partners, including the police force working together to tackle the needs of young people.

## Section 3: Innovative Practice and Theory

The underlying assumption of the Children and Families Programme is that the most effective tools for achieving better outcomes whilst reducing budgets are targeting, prevention and early intervention.

Early intervention and prevention play a significant part in helping children achieve a higher level of social well-being and help eradicate intergenerational cycles of poor parenting and deprivation.

The Havering Child Poverty Strategy 2010-2020 emphasises the need for us to ensure that we get our preventative and early intervention services right, linking initiatives to tackle child poverty with our targeted 'Think Family' reforms, and being willing to take robust action where needed.

### Early Intervention

Early intervention involves acting as soon as possible to tackle emerging problems for a child, young person or family. It means identifying children who are in need of additional support, and providing it, to prevent their situation from becoming more serious.

Research suggests three key reasons for intervening early:

- To enhance the child's development
- To provide support to the family
- To maximise the child's contribution to society

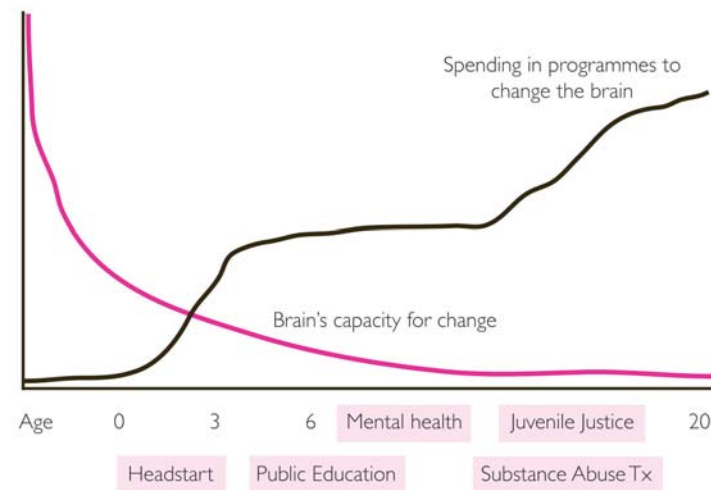
There is a wide range of evidence that shows that the early years of a child's development are crucial in determining the behaviour, mental and physical wellbeing of the child later in life.

Figure 28 shows that as a child ages, the capacity to change the way his or her brain understands the world significantly decreases. The second line on the graph shows how much public money is spent on programmes to change the behaviour throughout a child's life.

Intervening at a young age, when the child's capacity to change is greatest, will prevent problems arising later in life when the capacity to change has significantly diminished. It has to be acknowledged that some of the benefits to the individual and to society of early intervention taking place today may not be realised for years to come.

This is not to say however that only interventions to very young children are cost effective. There is evidence that behaviour can change throughout people's life span, and there will also be a need for services to support older children and parents to break cycles of negative outcomes.

### Brain's capacity to change versus public spending on programmes for change



Source: Wave Trust

FIGURE 28

The following examples, are some of an increasing number of local authorities that are identifying problems and intervening earlier by configuring services on a locality basis:

In **Shropshire** the Children's Trust Board has set up five multi-agency teams across the county to identify children with additional needs and to provide them with the help they require. Each team is co-located with a school or a community setting, and offers support to all the schools in their area. Through their work, members of the multi-agency teams gain a greater awareness of the support services available and build links with them. As a result, there is now evidence that children with additional needs gain access to the support they need more quickly and easily.

**Swindon Borough Council** and **Swindon PCT** have established four integrated locality teams across the whole area, to promote and sustain prevention and early intervention. The teams include 200 staff seconded from the PCT, Connexions, the youth service, educational psychology, education welfare, behaviour support and primary mental health teams. Evaluation shows improved outcomes for children and young people in terms of the numbers of NEETs, admissions to care, school exclusions, school attendance and teenage conceptions.

### Prevention

Prevention is similar to early intervention in a number of ways and the terms are sometimes used interchangeably. The distinction in the definition between the two comes from the different stages at which they take place.

Whereas early intervention refers to acting as soon as possible after problems have arisen, prevention refers to stopping the next worse thing from happening. Deciding a precise definition of prevention is difficult and requires careful consideration. A clear definition will be reached as part of the Integrated Prevention Strategy which is to be developed as part of the Programme.

Prevention aims to boost the resilience of children and families by developing protective factors (such as good parenting) and reducing risk factors (such as child poverty).

The following are examples of local areas which have developed strategic approaches to prevention:

**North Lincolnshire** has been set on the path to prevention for some time, supported by commitment and buy-in by all in the Council and partner groups. In a long term redesign process they have created a holistic and sustainable system in which services are commissioned to support children at the earliest opportunity and to prevent needs escalating to the next level of support. Using strategic commissioning, and a model with four levels of service (from Universal through to Specialist) they have changed the culture and commission services on the basis of their impact on the lives of children. They are now reaping the benefits with a sustained reduction in the number of children in care, reductions in expenditure and investment back into early intervention and prevention services.

**Birmingham City Council** and its partners have developed a Brighter Futures Transformation Programme to implement a whole system approach to prevention. The approach is set out in the city's Children and Young People's Plan; and emphasises prevention through the adoption of interventions that have been proven to succeed. In Birmingham's case these are – the Family Nurse Partnership, the Incredible Years, Triple P, and Promoting Alternative Thinking Strategies (PATHS). This is a similar approach to one that is already in use in Havering, which we intend to build upon in the future.

### Targeting

Targeting involves the identification of individuals, populations or areas that require support in order to direct resources efficiently and effectively.

Targeting operates in a number of different ways from choosing where to locate facilities or market services, through to identifying individuals at risk to provide a tailored service. A key aim of this is to increase efficiency, ensuring that services are used by those who need them most.

By directing resources to meet needs and support people to achieve outcomes, targeting reduces the number of people who require high cost specialist interventions. The key to achieving efficiency in this way is to ensure that we have the best possible tools to target resources, and the ability to provide the right support once this is done.

The following are examples of areas that have used targeting to direct resources effectively and improve outcomes:

**Hull** is working to improve outcomes by targeting resources and working in new ways with those who have the most complex needs. They have identified the 100 local families with the most persistent and complex needs. Led by schools, a multi-agency team first identifies who is most appropriate to engage with the family and the children. The service is 'wrapped around' the child and the family is involved in identifying solutions. This approach is still relatively new in Hull but the early outcomes are promising and include a major reduction in school non-attendance.

**Nottingham** used socio-economic data from Mosaic to more fully understand the needs of families and identify where to target services. The data has given them a detailed analysis of the needs and risk factors that families in different groupings exhibit, as well as mapping tools to show where they live. This information is used to plan services, estimate demand and ensure the most effective means of communicating messages to target groups.

All of the examples above have been sourced from the Commissioning Support Programme. We will undertake further analysis to identify approaches which may work in Havering.

## Conclusion

This analytical report has provided some important messages that will support us to develop and implement our Children and Families Programme. It is clear that there is a lot of excellent work to support children in the borough, but that there are a number of challenges that remain. We believe that this analysis supports the vision of the Children and Families Programme. It provides evidence that effective use of targeting, early intervention and prevention can enable us to reduce the amount that we spend on specialist services, and to improve the lives of local children.

The service information at the start of this report shows that we have a large and diverse range of services for children and young people in Havering. However it is clear from this information that we do not know as much as we would like to, and that we need to investigate further. The information also suggests that we will be able to become more effective by working together to deliver services in a more co-ordinated way.

The information on needs shows clearly that children living within certain areas have significantly lower quality of life and higher risk of negative outcomes than the rest of the borough. This is common across a wide range of factors. We feel this makes a very strong case for targeting services, so that children in areas where risk is greatest receive the help they need at the time they need it. The information also makes it clear that overcoming many of the problems facing local families will require partnership working. It is clear that many of the problems are inter-related and will need us to focus on the family rather than the service in order to make a difference.

Innovative practice demonstrates that the themes of the Children and Families Programme have been effectively applied elsewhere and can have a real impact on the lives of children. We can learn from these examples and can be confident that we will be able to meet our aim of achieving better outcomes with less money.

We have a real opportunity to use investment in new ways to improve the way services are delivered. This process will be informed by more detailed research which will highlight areas where efficiency can be improved and consider the impact our services have on outcomes for children. We will develop a new “*Operating Model*” to help us to achieve the right balance of services for different age groups and different levels of need. The term Operating Model refers to a way of including all services, along with consistent processes and approaches, so that we can describe the way that services will work together. To do this we will need to establish clearly defined outcomes for each level of service and ensure that services work together to achieve these whilst delivering value for money.

The Whole System of Children’s Services

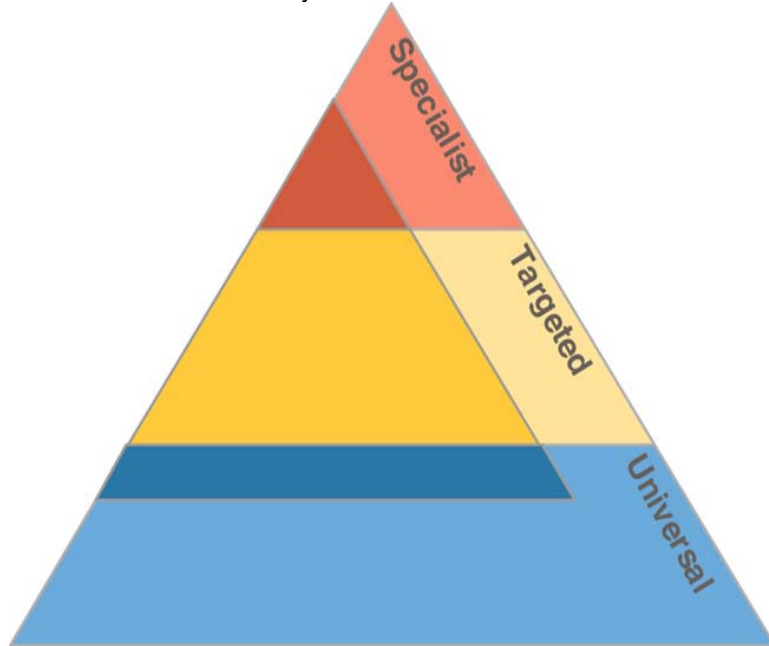


FIGURE 29

Locally there has been a lot of progress in areas such as education and preventive services, in providing more targeted interventions and making the best use of resources. Much of this has used a “*Triangle of Needs*” as a way of outlining the way that these will fit together. The principle message of this model is that by developing strong universal services, with high quality targeted interventions we can reduce the number of specialist services that are needed to support children at a point of crisis.

We believe that this is the right model, and that this approach should be continued. However, using this programme, we intend to move faster and to work in a united fashion across all local services for children and families. The programme will develop new tools and methods of achieving this, including robust commissioning frameworks, a new approach to prevention and a strengthened role for the Children’s Trust. We will improve the way that we work with services, including the information we use to make decisions and the way that we involve children in shaping them.

One important aspect of our approach will be to ensure that service changes and decisions are taken in a strategic way, considering their impacts on other services, as well as on the lives of children. For example, Council moves to provide more targeted services in place of universal could be offset by an increased role for the voluntary sector.

Figure 29 is a representation of the way that the Council’s services fit within the wider system of children’s services. Council, and all organisations’, services are expected to change in number and type in the coming years. There will be a range of impacts including financial constraints, new government agendas and the rise of the Big Society that will shape services in different ways.

Developing a new Operating Model will be a significant challenge. It will require a step change to the way we design and commission services, stronger partnership working, and placing greater emphasis on involving communities in tailoring services to meet their needs. Most importantly this is a change which will require strong and committed leadership.



## Next Steps

The publication of this analysis represents the first key milestone of the Children and Families Programme.

The next key milestone will be to develop the proposed Operating Model in more detail. We will aim to create a discussion report on this model by the end of October 2010. This discussion paper will include the following considerations and proposals:

- The high level outcomes for each level of the model, and the way they will interact.
- The timescale and transition arrangements for moving towards our new model.
- The type of workforce we will need, and impacts on our current workforce.
- The way that different age groups, needs groups and different localities will be included in the model.

During the development of the Operating Model we will also need to carefully consider the impacts of changing legislation and reduced funding for public services. Key services for children including education and health are subject to major changes that are intended to improve outcomes. We will need to ensure that our work fits within these developments.

The discussion paper will be an important part of our consultation with our customers in the local community, our workforce and our other partners. We will communicate using a range of methods as we develop firm proposals which will lead to a detailed business case and action plan for change.

These developments will take place alongside, and in partnership with, progress on five transformation workstreams which will drive the changes to service and processes within the model. These are:

- Integrated Youth Services
- Locality Working
- Think Family
- Integrated Commissioning
- Integrated Prevention Strategy

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