

Whole Family Working – a strategy for early help in Brighton & Hove



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Whole family working – a strategy for early help in Brighton & Hove

1. Introduction

1.1 Why we need a whole family working strategy

Our vision for Brighton & Hove is that children should have the best possible start in life, growing up happy, healthy and safe with the opportunity to reach their potential, with no one left behind.

Most children, young people and families in Brighton & Hove have a good quality of life. However there are some who find life more difficult for a variety of reasons including families who face complex, multiple problems needing expensive specialist services.

The purpose of the strategy is to agree a collective commitment that whole family working and early help is the responsibility of everyone who works with children and families. The aim of the strategy is to transform services to improve outcomes for vulnerable families and reduce the demand for high cost services.

This document should be read together with the [Brighton & Hove Threshold Document](#) which includes guidance on levels of need and information about our whole family working and early help offer.

There is national evidence that helping families as early as possible and providing the right support at the right time can stop problems getting worse and help families lead happier and healthier lives.

Early help means providing support as soon as a problem emerges, at any point in a child's life, from the early years through to the teenage years and 25 for young people with Special Educational Needs and Disabilities.

Effective early help relies upon partners working together to:

- identify children and families who would benefit from early help
- undertake an assessment of the need for early help
- provide services to address the assessed needs of a child and their family which focuses on activity to significantly improve the outcomes for the child and family

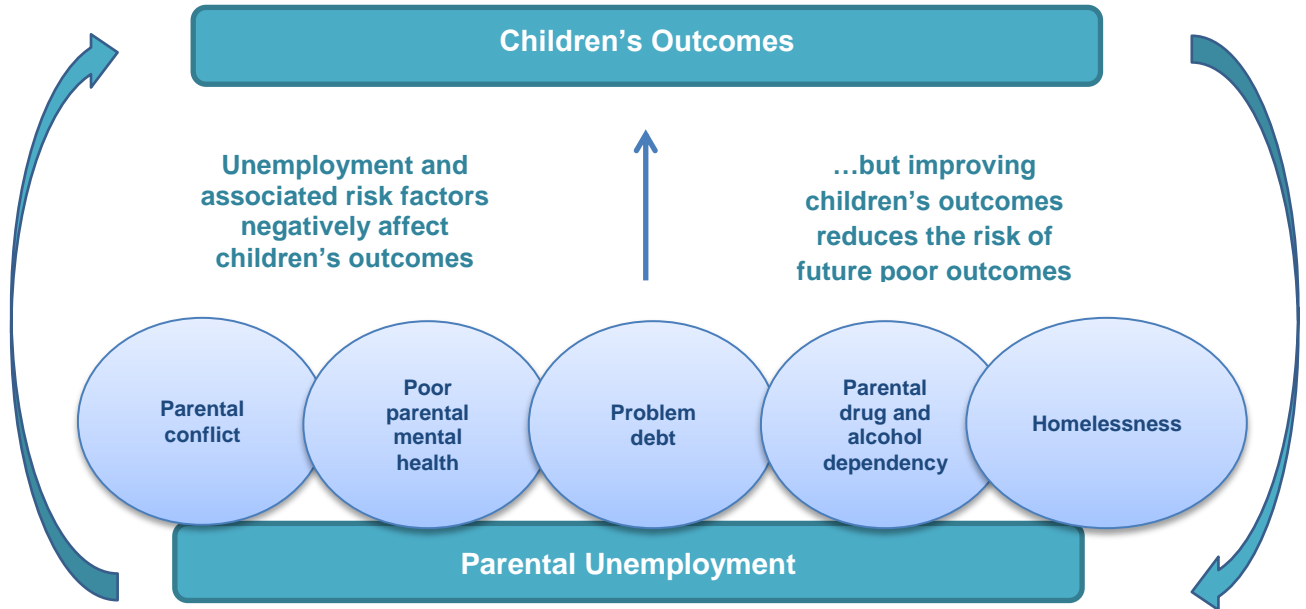
1.1.1 Transforming services to whole family working

For families with multiple problems an integrated “whole family” approach that recognises and deals with their interconnected problems is most effective. Whole family working means transforming services from a number of unconnected professionals with their own assessments, thresholds and measures to integrated, family-focussed, outcome based working.

Whole family working will improve outcomes for families and reduce the demand on costly specialist services. This is essential at a time when public services are facing an increased demand for specialist services while the funding to provide these services is reducing significantly.

1.1.2 The importance of work for families

The Government's [Working Lives](#) report has shown that in addition to reducing family income being out of work can also damage families' resilience, health and stability, and thus undermines child development. Where parents access stable work that provides increased financial stability employment can become a protective factor that contributes to better outcomes. Parents can face a range of barriers to work including caring responsibilities and trauma that they may have experienced as children. The following model is adapted from the Working Lives report.

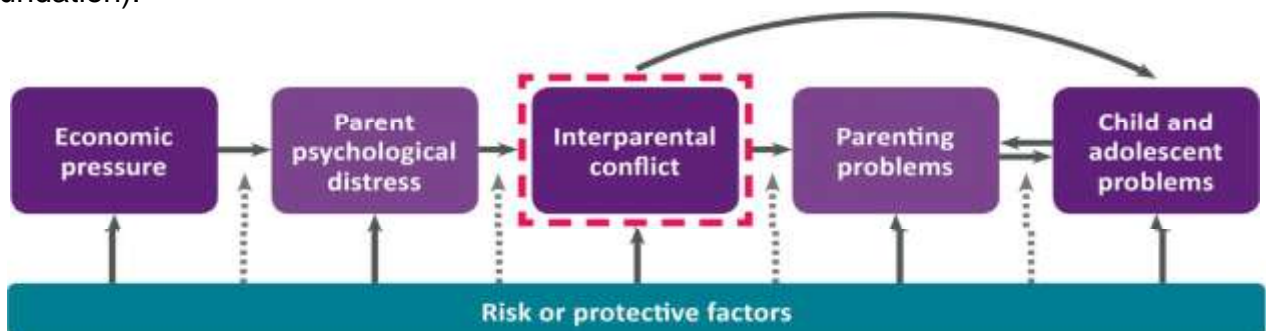


1.1.3 Parental Conflict

The Early Intervention Foundation's work on [parental conflict](#) indicates that the quality of the relationship between parents, specifically how they communicate and relate to each other, has a significant influence on effective parenting and children's long-term mental health and future life chances. The causes of parental conflict are complex and include poverty, stress, parental mental health issues and the parent's own experiences as a child.

Where conflict between parents is frequent, intense and poorly resolved, it can harm children's outcomes – regardless of whether parents are together or separated. This includes family contexts not usually regarded as 'high-risk', not just where parents have separated or divorced or where there is domestic violence. Conflict can affect children in all types of parental relationships. Relate estimate that almost one-in-five people in adult couple relationships in the UK are in relationships which could be characterised as 'distressed'.

The [Family Stress Model](#) shows how poverty and economic pressure affects the quality of interparental relationships, which in turn impacts on child outcomes.... Increasingly interparental conflict is seen as the central mechanism of or a precursor to poor parenting and negative child outcomes. This means that parenting interventions in families where there are high levels of interparental conflict are unlikely to be effective. (Early Intervention Foundation).



1.1.4 Adverse Childhood Experiences

There is a growing body of research which shows that [Adverse Childhood Experiences](#) (ACEs) are linked to a range of health harming behaviours such as smoking, drug use, risky sexual behaviour and violence. ACEs include verbal, physical and sexual abuse, parental separation, exposure to domestic violence, parental drug use, parental mental illness, parental alcohol abuse and incarceration of a family member.

There is a strong relationship between the extent and severity of exposure to ACEs and the impact on physical and mental health wellbeing across the life course including diabetes, mental illness, cancer and cardiovascular disease.

1.2 Troubled Families Earned Autonomy

Brighton & Hove City Council is signed up to participating in the national Troubled Families Programme. The Troubled Families Programme is based on a common interest and ambition to transform the lives of this country's most complex families; to improve the services that work with them; and to ensure more efficient and effective use of public money for the long term. It's objectives are:

- for families – to make significant and sustained progress against all their multiple problems and to make work an ambition for all families
- for local services – to transform the way that public services work with families with multiple problems to take an integrated, 'whole family approach'; and to help reduce demand for reactive services
- for the taxpayer – to demonstrate that this way of working results in lower costs and savings for the taxpayer

Brighton & Hove is one of 19 local authorities working with the Troubled Families Unit to develop Troubled Families Earned Autonomy. Earned Autonomy is a new way of funding the Troubled Families initiative which aims to agree ambitious but realistic outcomes and provide the flexibility to move further and faster in transforming services. In Brighton & Hove we aim to use this flexibility to embed specialist support into whole family case working in an area of outstanding concern for the programme locally – mental health and wellbeing and the connected area of interparental conflict.

As part of the Troubled Families Programme we are monitoring our progress in transforming services using the [Early Help Service Transformation Maturation](#) Model. We will measure progress against this strategy by completing a self-assessment and action plan against this model (in 2018-2019 and 2019-2020).

1.3 Links to other strategies

Brighton & Hove's Whole Family Working Strategy reflects the city's Joint Health and Wellbeing Strategy, the Children and Young People Joint Commissioning Priorities and the [Council's Corporate Plan](#).

This strategy should be read together with the [Brighton & Hove Threshold Document](#) which sets out a description of levels of need and services to meet those needs.

Other relevant strategies and documents are:

- [Early Years Strategy](#)
- [Brighton & Hove LSCB Neglect Strategy](#)

- Learning disability joint working protocol
- [Living well in a healthy city](#) – annual report of the Director of Public Health
- [Children’s Mental Health Local Transformation Plan](#)
- [Community Safety and Crime Reduction Strategy 2017-2020](#)
- SEN Partnership Strategy
- Reducing the Differences in Educational Achievement for Disadvantaged Children and Young People in Brighton and Hove 2016 – 2020
- Violence, Vulnerability and Exploitation Strategy (being developed)
- Brighton & Hove LSCB Child Sexual Abuse Strategy (being developed)

2. Brighton & Hove Profile

In a time of reducing resources it is essential that we focus on services which best meet local needs.

Brighton & Hove is a vibrant city that is culturally, economically and socially diverse. According to the last census, 19.5% of the resident population belongs to a non-White British ethnic group (53,400 people), defined here as Black or Minority Ethnic or BME, an increase of 12% since the 2001 census. 37% of BME residents are 'White Other than British', 21% Asian/Asian British and the mixed/multiple ethnic group makes up 20%.

In 2016, 50,000 city residents (18%) were born outside the UK. Of these, 42% were born in EU countries, 6% elsewhere in Europe, 26% in Asia, and 28% in other countries.

At the time of the 2011 Census, there were almost 6,000 households in the city where no-one had English as a main language, and this percentage (4.9%) is higher than both the South East and England (3.1% and 4.4%). In 2018 there were 363 children attending maintained schools recorded as new to English (8.8%).

The lesbian, gay, and bisexual population makes up an estimated 11-15% of our population, equating to between 26,400 and 34,900 residents based on 2015 population estimates. It is estimated that there are at least 2,760 trans adults living in Brighton & Hove.

In 2015, there were an estimated 17,400 residents aged 18-64 with moderate or severe physical disabilities, and 30,900 with a common mental health problem. There were an estimated 5,500 people aged over 18 with a learning disability. The day-to-day activities of 16% of city residents are 'limited a little' or 'limited a lot' by health problems.

The city is one of the most deprived areas in the South East and has a population with significant health needs and inequalities (JSNA 2017). Smoking, alcohol and drug misuse in particular are significant issues together with higher than average levels of estimated and self-reported common mental health issues.

Housing is a challenge for families in the city including high costs, over-crowding and families having to move outside the city. In January 2018 116 homeless families were accommodated by Families, Children and Learning.

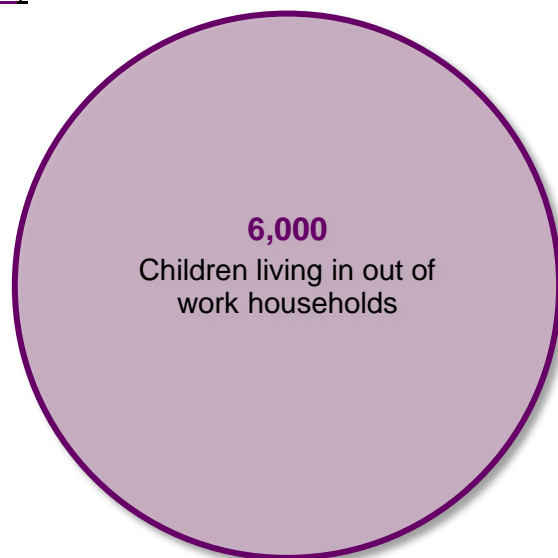
The city has a similar proportion of unemployed adults (6%) to Great Britain, but a higher proportion than the South East. (www.bhconnected.org.uk)

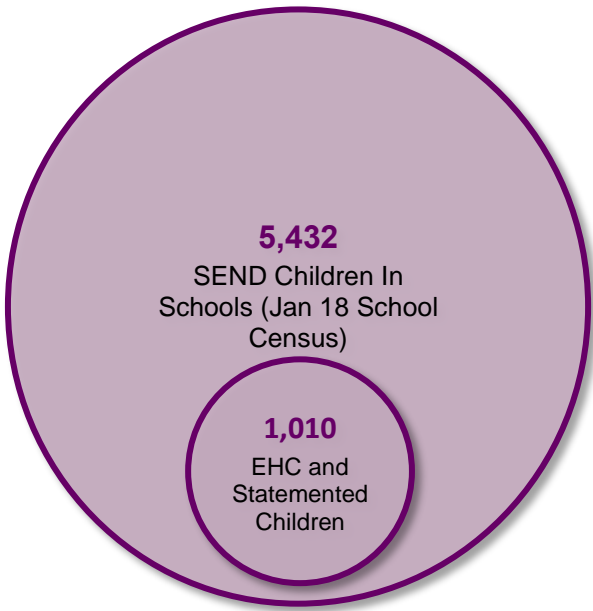
EY outcomes for children and young people:

- 18% of children **live in poverty** (20% in England)
– 7,800 children (2014)

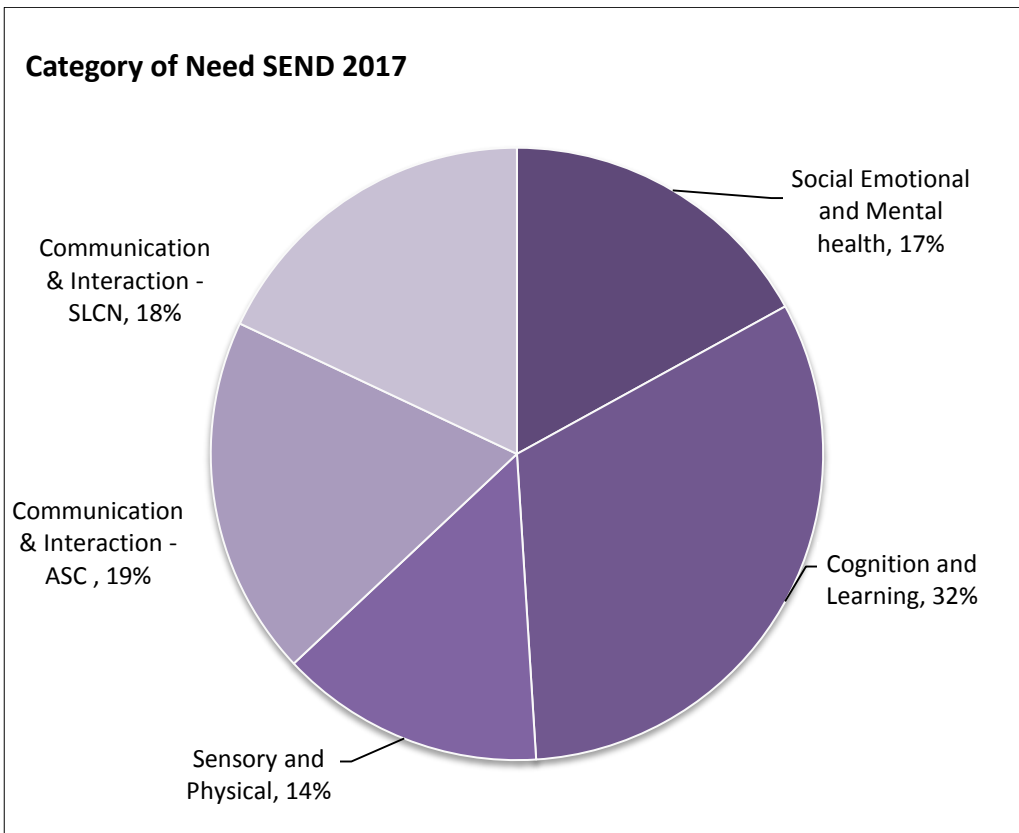


- 6000 children live in out of work households (2014)

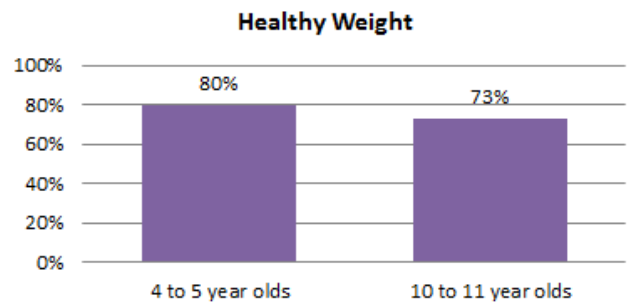


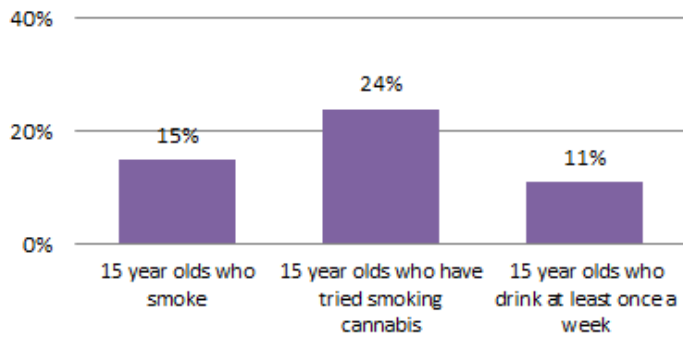


- 5,432 children and young people with **special needs and disabilities** are in school including 1,010 with statements or Education, Care and Health Plans



- **Healthy weight** is improving:
80% of 4-5 year olds and 73% of 10-11s
- Just 16% of 15 year olds meet guidelines for levels of **physical activity**



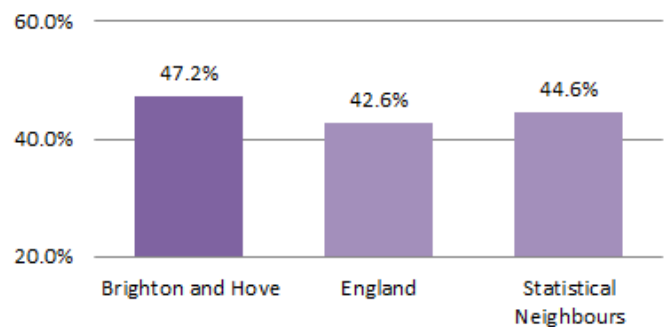


- 15% of 15 year olds **smoke** and 24% have tried **smoking cannabis** – highest rates in England
- 11% **drink** at least once a week – third highest in England

- 11% of children have **persistent absence** from school (defined as 10% or above)



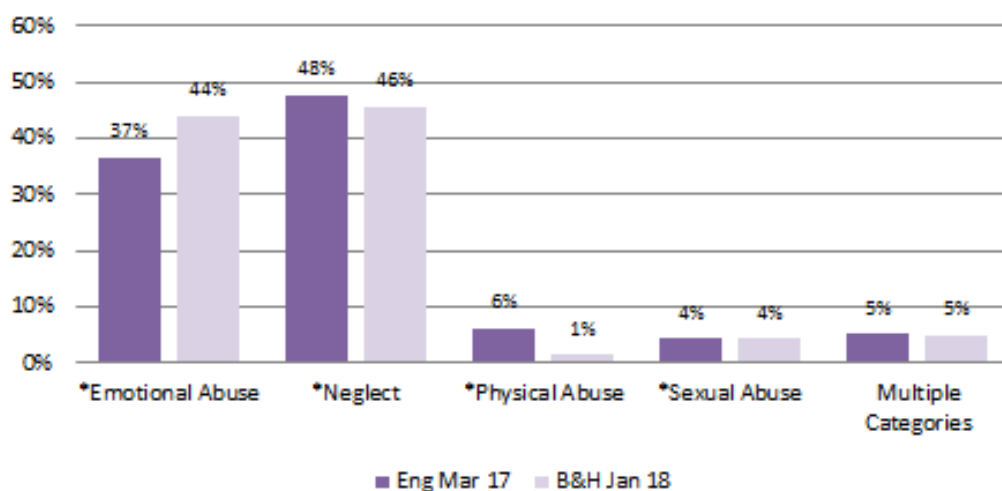
- 47% of KS4 pupils achieved a **strong pass** (grade 5+) in English and Maths in the 2016/17 academic year. Nationally 42.6%, statistical neighbour 44.6%



- Brighton & Hove has 412 **Children in Care (CiC)**, 382 Children subject to **Child Protection Plans (CPP)**, and 1,198 Children who are **Children In Need** (as at 31st January 2018)



CP Plans by Category of Abuse



3. Our Common Purpose

3.1 Shared common purpose and ethos

Early help is an approach rather than a discrete service. It involves all partners sharing responsibility for intervening as early as possible to help children, young people and families at risk of poor outcomes. Most importantly partners agree that early help is everybody's responsibility. Partners include all organisations who work with children and families including early years providers, schools, mental health services, community and acute health services, voluntary sector organisations, probation services, the police and local authority (including both children's and adult services).

We have agreed a shared common purpose that all partners in Brighton & Hove will work together to achieve for families at risk of poor outcomes.

“We all want all our children and families to do well. We support families through the challenging times and work alongside them to build their capacity to cope with life's difficulties in order to thrive.”

All public organisations have an important role in tackling inequality. In a time of reducing resources we want to support families experiencing the greatest disadvantage and we will work with families to reduce their exclusion and ensure equality of opportunity.

3.2 What will this mean for families?

The aim of the strategy is to continue to transform services for families so that:



Families understand how to get help and feel valued.



Families trust the professional they are working with and are able to access a range of support through them.



Families become confident to access services independently including community and voluntary services that meet their needs.



Professionals working with families are able to work across services to deliver support that is needed for the family - the service the family receives is no longer dependent on which agency provides it.



The family's needs and circumstances are captured in one assessment and one family plan, with the family keyworker having access to all of the information that is relevant to provide support to the family.



The family are able to make lasting changes to their lives to improve the outcomes for their children and are more resilient in the future.

3.3 Governance

Strategic challenge and oversight of the whole family approach will be through the Health and Wellbeing Board with continued operational scrutiny on performance through the Local Safeguarding Children Board.

We will establish a whole family working partnership to ensure a common purpose across senior leaders to lead, design and deliver services that best meet local needs for families with complex problems.

We are bringing together the city's Clinical Commissioning Group (CCG) and the Council's care services. A shadow executive will operate from April 2018 with the Council and CCG further developing approaches to joint working including a work programme to address shared priorities including whole family working across both children's and adult services.

3.4 Commissioning

There is a Joint Strategic Commissioning Group which brings together the Clinical Commissioning Group (CCG), the Public Health and Families, Children and Learning in the Council. As the integrated governance arrangements embed we will move to much greater joint commissioning of services by Public Health, the CCG and the Council.

We have started testing this approach with Public Health, CCG commissioners and the Council's Families, Children and Learning jointly commissioning a new Schools Wellbeing Service made up of Primary Mental Health Workers across all Secondary and Primary Schools in the City. There will be a continued focus on mental health services and how they are commissioned, delivered and received in the city with a shared emphasis on prevention and whole family working. Joint commissioning is also particularly important in achieving clear pathways and better outcomes for children with Special Educational Needs and Disabilities (SEND).

Whole Family Working will be considered as part of the annual review and refresh of the CCG Children and Young People's Mental Health and Well-being Transformation Plan.

A core part of the Troubled Families Earned Autonomy approach is to use robust cost benefit calculations to assess the impact of early help interventions and ensure, with limited resources, that delivery is effective and matches local needs.

We will establish a strong cost benefit evidence base and jointly plan for how those interventions will be funded after 2020 when the Troubled Families programme ends, using a multi-agency, integrated commissioning approach that maximises the savings to our high cost specialist services.

4. Priorities for the strategy.

Our priorities for the strategy are:

1. **Extend the whole family approach**
2. **Give every child the best start in life**
3. **Enable healthy, independent and safe families**
4. **Education, learning and employment for all**

4.1 Priority One: Extend the whole family approach

4.1.1 Easy access to services

We want families to be able to find help at the right time when they need it. Services should be easy to engage with and easy to find. Families should be helped to identify what help they need and where this will come from regardless of the service they present to.

The [Family Information Service](#) provides a range of information to families and professionals about childcare, family finances and family support on-line, via social media and over the phone.

The [Find Get Give](#) website helps young people and their parents find information about mental health support for young people.

Our [Threshold Document](#) includes clear information for families and professionals about levels of need and the services available to support families.

We will establish a whole family working practitioners' forum with representatives from voluntary, private and statutory sectors with the aim of increasing skill, knowledge and awareness of early help and whole family working and to raise concerns about guidelines, local practice and training.

We will ensure that the early help offer is clearly communicated to families ensuring there are easily accessible services, delivered locally across the age-range for families and individual children.

We want to see partners using our online whole family working pages for professionals to access guidance and information and to signposting to other services.

4.1.2 Taking a whole family approach

We want to build on our existing whole family working services to improve outcomes for families. This means professionals asking about what's happening for the other members of the family and trying to identify and work on both their strengths and the drivers of their difficulties.

Sometimes this is done by one keyworker, for example a family coach whose remit is to work proactively with all family members; this may be direct work or bringing alongside other professionals.

Many professional roles involve focus around a particular area such as education or health needs; working on a more specific set of issues such as health concerns for one member of

the family but being alert to the impacts back and forth through the family of that condition and the drivers that make life more difficult for them and reduces their resilience as a family.

In Brighton & Hove we have very high housing costs and below average wages; having enough money to afford the basics and having a security in your housing is key as is gaining the skills to access decently paid work. A whole family approach means being alert to these kinds of issues and having a good sense of where to direct parents and carers to the right support and advice.

Whatever the professional context of an intervention, prevention is always seen as key and thinking about the family as a whole and the needs and strengths of those family members will always improve the outcomes during an intervention and increase the likelihood that positive changes will have traction over time.

Existing services with a whole family approach include:

- In 2015 Children's Social Work moved to the Relationship based model of practice where the child and their family are supported by a consistent social worker who is in turn supported by a Pod of social workers and consistent business support
- The Integrated Team for Families works to a clearly articulated model of whole family working with clear evidencing of issues and outcomes, drawing on/advocating with specialist services whilst holding the family

Family Coaches

Family Coaches work with families with multiple disadvantages **that fall just below the social work threshold**, where there are multiple barriers to achieving positive outcomes

Family Coaches complete an [Early Help Strengthening Family Assessment](#), bring together a Team Around the Family, make case decisions and work in partnership with other agencies, to design and deliver effective interventions to enable families or individuals to meet the goals identified in the SF Action Plan that prevent families (re)entering social work. The engagement of the family is between 6-9 months.

- The [Brighton City Partnership for Education](#) work to a whole family model at a lower level of need with a clear remit to build resilience for families with primary school children in the central area of the city. The engagement with the family is usually for less than 3 months.
- [Safety Net's whole family support service](#) is an early intervention model providing emotional and practical support to families with a child at participating schools in Brighton & Hove. The approach is solution focussed, empowering families to work on their chosen goals and build resilience strategies to help all family members cope and thrive.

Other services are moving to a whole family approach:

- The Schools' Wellbeing Service operates on a whole school approach with Primary Mental Health Works supporting teachers, pupils and parents. A small team of Family Practitioners work with parents where children have social and emotional mental health issues.

- Young people's substance misuse and sexual health services have altered the roles workers take from a separate worker for the parent and the young person to one worker supporting both in a family to emphasise the role of parents as assets.
- The Extended Adolescent Team is part of a new Adolescent Service and provides a whole family approach to supporting young people aged 11-17 years.
- Specialist CAMHS have begun to implement additional mental health resource available to social care pods across the City.
- Close working between the Homeless Prevention Team in Housing, and the Families, Children & Learning directorate in the Council to prevent families becoming homeless and support earlier those that require temporary accommodation.

4.1.3 The role of schools

Schools are key to identifying vulnerability and addressing disadvantage for their children and there is good practice in the city in this area. A child's family circumstances can have a significant impact on the child's ability to engage with learning. A whole family approach has the potential to deliver better educational outcomes for disadvantaged children.

Our aim is for partners including schools to deliver their work with a whole family focus that enhances their core work by connecting in to other support across wider family needs. Many schools provide substantial pastoral support to their families including taking a whole school approach to mental health and well-being.

For schools taking a whole family approach could mean SENCOs and pastoral staff using online information to signpost parents to help and support, for example promoting [Money Advice Plus](#) and giving parents up to date welfare reform bulletins, provided by the welfare reform team.

We will work with schools to develop on-line information with a range of frontline professionals that will further support a whole family approach.

It is important to get support right for families with primary school children in order to address problems early.

As part of our Troubled Families Earned Autonomy programme of work we will develop additional family support services for a group of targeted primary schools.

4.1.4 Importance of fathers

There is a developing body of evidence that the role of fathers could be more prominent in improving outcomes for children including preventing children being taken into care. We know that a child who has a supportive and close relationship with their father is more likely to do well in adulthood regardless of whether or not they live with him when they are growing up, and that fathers who have a poor-quality relationship with their child's mother are less likely to be involved in their children's lives.

We will consider the role of fathers as part of the Whole Family Approach.

'Founding Fathers' work with school aged children who do not live with their fathers and who have a strained, or no relationship with them, but who want this to change. Using a planned ten step procedure involving all parties, the project supports the child in building a lifelong relationship with his/her father and equips the father to take on this responsibility.

4.1.5 Support for families with children with special educational needs & disabilities (SEND)

Families with children with SEND can face particular challenges including feeling isolated and experiencing barriers to work, which can lead to families living in poverty. This is a large group of families (about 16% of the child population) with varying levels of need. The majority of children with SEND go to a mainstream school with SEN Support or an Education, Health and Care Plan. Their families are supported by universal and early help services. Families that include a child with Social Emotional and Mental Health difficulties, learning disabilities, autism, other neuro-developmental conditions and physical and sensory impairments can often require a significant level of support. Services for children with SEND can have a specific focus on areas of an individual child's needs, rather than supporting the family as a whole.

We will consider the needs of families with SEND children as part of the Whole Family Working Strategy. Support for families with children attending special schools is being reviewed as part of the SEND Review.

Amaze is a charity that gives information, advice and support to families of children and young people with special educational needs and disabilities (SEND) in Brighton and Hove and Sussex. Amaze also support young people with SEND up to 25. The Parent Carers' Council (PaCC) is a parent-led forum supported by Amaze. It aims to help parents get more directly involved in shaping services for disabled children in Brighton & Hove

4.1.6 Young Carers

Nationally Young Carers do less well at school and are more likely to experience bullying and emotional or mental health needs. We want to make sure that Young Carers have the same opportunities as other young people and prevent any negative impact for the future.

We will ensure the right level of support for young carers and their families and more briefing sessions for other services working with young people and families to help them identify and refer young carers for support.

The Carers Centre has a specialist team of trained and experienced Support & Outreach Workers who can provide a range of support options to young carers and their families. Referrals for support are made through the Front Door for Families and Young Carers are supported by a partnership including the Carers Centre, Council and Sussex Community Foundation NHS Trust.

4.1.7 Access to community and voluntary sector support

The Voluntary and Community sector has a valuable role to play in supporting outcomes for children, young people and families in the city. In some cases services are grant funded to work with children and will be limited in the amount of work they can do with parents. We recognise that a whole family approach is a continuum and we want partners to be alert to the wider family issues which can impact on positive changes for children and young people.

We want families to help find ways to help themselves and to develop resilience and independence. Families live in local communities and can benefit by being productive members of their local community while drawing on its assets and resources. The Council is developing neighbourhood working to bring together services in identified areas of the city to link more with local residents and other partners in the area.

We will develop a neighbourhood approach to services for local communities starting with East Brighton, Moulsecoomb and Bevendean, Hangleton and Knoll, Hanover and Elm Grove

4.1.8 Better understanding of families' experiences

The relationship between families and those offering help is fundamental for delivering effective support. This must be a partnership based on respectful engagement and a commitment to helping families help themselves. We have a diverse population in the city with different types of families and recognise that different families will have different experiences and needs.

The protected characteristic of families and family members can have an impact on family resilience and possible poor outcomes for different members.

We want all services working on the whole family approach to understand and increasingly reflect the diverse communities they work with and to have strong and up to date equality and diversity awareness so work with families is informed, accessible and responsive to diverse needs.

In some families both the parents and children will have experienced trauma which can have long lasting impacts. We know that relationships can be affected by trauma and that supporting the parents and carers of a child can have a significant impact on the wellbeing of the family as a whole.

We will develop a trauma-informed approach to services for families that have experienced significant difficulties.

We want to have a better understanding of children and young people and parent/carer experience of our and other services and what their (experts by experience) top priorities are in how and what we do to support families. At the heart of the conversation needs to be what works to support parents and carers in their role with a strong vision of parents and carers as the key asset for their children's future.

We will continue to ask children, young people and parents/carers for their views on the services they are receiving. We will widen our questions to look at their experience of the different services they receive and the impact for the whole family.

4.1.9 Skilled workforce that understands the importance of early help and whole family working

A highly skilled, professional workforce is crucial. Professionals need to have the skills and confidence to meet the challenges of working with children, young people and families in difficult circumstances.

The Local Authority workforce development programme has a core programme of training and online learning in place. Early Help specific training is available as are courses on interventions and techniques. The workforce development programme is accessible to non-statutory providers and has a discreet early help development thread. Most of the broader programme is open to any worker and around 30% all attendance is from partner agencies (this includes schools, FE/HE and private).

We want frontline staff to have a clear understanding of the principles of family working, a focus on whole family assessment and plan and an understanding of the impact of their work.

We want to extend the Ambit model of a team which uses the trusted worker as the conduit to the client whilst providing specialist expertise and support alongside.

We will review and update the LSCB, Local Authority and Clinical Commissioning Group training programme to reflect whole family working.

LSCB Training - www.brightonandhovelscb.org.uk/professionals/prof_training

Health Promotions - www.brighton-hove.gov.uk/health-training

4.1.10 One front door

The [Front Door for Families](#) is made up of professionals with different areas of expertise who work together to assess, decide and coordinate how best to support children, young people and their families where there are concerns. The Front Door for Families service includes Referral Officers, Social Workers, Police Officers, Specialist Nurse Safeguarding Children, Education Safeguarding Officers and Family Coaches. Family Coaches triage contacts that meet the threshold for targeted Early Help and Parenting Support and will assist partner agencies in setting up Team Around the Family meetings and plans.

A multi-agency Weekly Allocation Meeting agrees the provision of effective early help where the current support for a family isn't effective or where the family/practitioner needs more support/resource than the referrer can deliver.

We will continue to develop the Front Door for Families and widen the role of the Weekly Allocation Meeting to involve more services.

4.1.11 High quality whole family assessments and plans in a shared format

We want to reduce the number of different assessments that a family has to go through and ensure that professionals focus on clear outcomes for the family.

We want professionals to use the Early Help Strengthening Families Assessment, Plan and Review documents.

4.1.12 Information Sharing and data systems

The core database used by children and adult social care, for complex family working will change over the coming two years with a re-commissioning process agreed by the Health and Wellbeing Board. Developing whole family reporting and the opportunity for a wider range of professionals reporting progress on one system will form a central plank of the specification for the new system. The specification for the new system includes access for services outside the Council.

We want to further develop shared data systems to enable the identification and prioritisation of families needing help, monitoring of family progress and outcomes and the cost benefit analysis of interventions.

4.1.13 Impact

Because of all the above we can measure and see that partners are:

- Supporting families in a way which feels less risky or stressful to the professional (single agency)
- Contributing to supporting families with other professionals with a clear sense of where their role fits and who else is involved and why (multi-agency)
- Families are finding their way to better outcomes for themselves and more families are stepping down out of active ongoing support as life stabilises and their capacity to cope strengthens

4.2 Priority Two: Giving children the best start in life

4.2.1 Importance of the early years

A child's experiences from conception to the age of five have a major impact on their future life chances. Good parenting, good health advice and opportunities for high quality early learning together provide the foundation all children need to be healthy and to make the most of their abilities and talents as they grow up. This is particularly important for disadvantaged children where support in the early years can have the greatest impact.

We want new and experienced parents to ensure that their children start well and are born into happy and healthy environments. We want to promote healthy living and positive behaviours such as breast-feeding, immunisations and stopping smoking and for both mothers and fathers to understand the importance of developing strong attachments with their children. We will also promote positive parenting for parents who need advice and support.

Early assessment and identification of children is crucial. The first assessments of children and families are completed by health visitors as part of the Healthy Child Programme before and after birth and at age one and two years. All children are assessed at 27 months using the Ages and Stages Questionnaire (ASQ). This check enables early identification of delays in a child's development and can initiate early intervention and additional support.

4.2.2 Children's Centres

Children's Centres provide joined-up services to strengthen families by supporting child development, parenting, healthy lifestyles and increasing the number of working families. Children's centres offer universal and targeted integrated services provided by both council and health service staff.

Midwives employed by Brighton & Sussex University Hospitals Trust are based in the largest children's centres and run antenatal clinics. The council's public health department commissioned Sussex Community NHS Foundation Trust (SCFT) to provide an extended 0 to 19 public health community nursing service in Brighton & Hove. SCFT delivers the Healthy Child Programme, a national universal programme of specialist health advice to families from the child's birth, alongside targeted interventions for families with more complex needs.

Health Visitors act as the main lead professional for early years; assessing families, agreeing levels of service and action plans and overseeing work by children's centre staff on family action plans. The service operates at four levels: community, universal, universal plus and universal partnership plus. School Nurses are also now based in children's centres with the aim of improving team working and consistency of support across all age ranges.

The [Healthy Futures Team](#) is a 0-19 Specialist Public Health Nursing Service (health visiting and school nursing). It uses an early intervention model to improve health outcomes and reduce inequalities for families facing disadvantage in Brighton & Hove. The team provides support for families with specific vulnerabilities, including young parents, families in emergency housing, travellers, young carers not in local authority education and refugees and asylum seekers.

The Library Service promotes the early reading through the Bookstart book gifting scheme and provides resources for parents including parenting books and access to computers. Two children's centres are co-located with libraries (South Portslade and Hollingbury and Patcham).

4.2.3 Childcare and Early Learning

Childcare in Brighton & Hove is of high quality, with a good range of different types of early learning including full and sessional care provided by private, voluntary, independent and maintained nurseries, pre-schools and childminders. Take up of free childcare for low income two year olds and all 3 and 4 year olds is high with 85% of low income two year olds taking up a place in spring 2018. Working parents of three and four year olds are now entitled to 30 hours childcare.

We will implement our [Early Years Strategy](#) to improve outcomes for young children and their families

4.3 Priority Three: Enable healthy, independent and safe families

4.3.1 Positive emotional wellbeing and mental health

Improving mental health is a priority for the city. Public health data shows Brighton & Hove has high rates of drug and alcohol misuse and mental health issues for both children and adults.

Poor mental health amongst adults has a detrimental effect on children's lives, particularly as it can be associated with alcohol and substance misuse and domestic violence.

Children with Social, Emotional and Mental Health Needs are a key group of those with SEND, plus children with other primary needs such as autism and learning difficulties often experience poor mental health in addition.

Mental health services for children and young people have been recommissioned to improve both universal and early help support. This includes a Schools' Wellbeing Service and the [Community Wellbeing Service](#) which acts as a hub for mental health referrals. This is a free NHS service for all ages from 4 years and upwards in Brighton and Hove. The service is delivered in partnership by HERE, Sussex Partnership NHS Foundation Trust, MIND in Brighton and Hove and YMCA DownsLink Group. The Community Well-being Service enables a family approach where relevant and complements the Schools Wellbeing Service.

Whole School Approach to emotional wellbeing and mental health

Schools, the Council, NHS and specialist mental health services are working together to implement a whole school approach to improve children and young people's emotional health and wellbeing. Primary Mental Health Workers are now based part-time in all secondary schools, special schools and clusters of primary schools. and this approach is being extended to further education.

Safety Net support the mental, physical and emotional wellbeing of children and young people aged 8 – 13 across Brighton & Hove. The approach uses Protective Behaviours based group and individual work to build resilience and safety strategies. Safety Net works with children, families, schools and neighbourhoods, building communities where children know they have the right to feel safe and adults are actively involved in protecting them from harm.

4.3.2 Ambit approach to improving mental health

We are embedding additional mental health resources (Specialist CAMHS) in our social work adolescent pod to use an ambit model to support the social workers working with families.

As part of the Troubled Families Earned Autonomy we plan to increase the support from specialist workers for adult and children and young people's mental health for family coaches, to impact on the most difficult to engage clients and enable them to access appropriate specialist mental health support.

We will use the Ambit model of team which uses the trusted worker as the conduit to the client whilst providing specialist expertise and support alongside.

4.3.3 Positive Parenting

We want to build the capacity of parents to support their children to achieve positive outcomes. Helping parents to be resilient and effective is the most effective way to help children. We want to promote positive parenting and ensure that parents have the skills and confidence to be self-sufficient and able to manage family issues.

We will review our parenting offer to ensure that we offer parents the right level of support and make the most of on-line information.

Triple P

The Triple P – Positive Parenting Program ® is a parenting and family support system designed to prevent – as well as treat – behavioral and emotional problems in children and teenagers. It aims to prevent problems in the family, school and community before they arise and to create family environments that encourage children to realize their potential. Triple P has been developed as a suite of interventions, of increasing intensity, for all ages from birth to 16 years including Tip Sheets, discussion groups and courses for parents of children up to 12 years, with Teen Triple P for parents of 12 to 16 year olds. There are also specialist programs – for parents of children with a disability (Stepping Stones) and for parents going through separation or divorce (Family Transitions). Talks and courses run throughout the city.

4.3.4 Improving Parental Relationships

Section 1 of this strategy explained that recent research shows that parental conflict can have a significant impact on outcomes for children.

As part of the Troubled Families Earned Autonomy we plan to change the way we deliver support; to improve the mental health and wellbeing of our most vulnerable families. This will provide a two year window to deliver and evaluate the impact of a citywide, multi-agency programme of training and interventions aimed at reducing interparental conflict and improving outcomes for the whole family.

4.3.5 Improving adolescent health

Rates of smoking, substance misuse and teenage conceptions remain too high in Brighton & Hove. We recognise that adolescence is a distinct stage of development and understand that adolescent decision making and behaviours differ from adults. Recent analysis shows that unhealthy behaviours for young people are often clustered together.

We are integrating support from Families Children & Learning and Public Health through a single adolescent strategy to meet the needs of young people.

We will work with partners to provide a balance between specialist treatment for young people involved in risky behaviour and universal prevention work. This includes strong Personal, Social and Health Education and supporting parents to talk to their children.

4.3.6 Families affected by violence

Violence and abuse, sexual violence and other forms of violence against women and girls have a significant impact on the person. They can also affect children (e.g. poor school achievement, and the risk that violence in the home can normalise violence in future relationships) and impact on the wider community.

A strategy for Domestic Violence & Abuse, Sexual Violence and other forms of Violence against Women and Girls is being developed with East Sussex. The key themes are prevention, partnership working, providing services and pursuing perpetrators.

We will work to raise awareness with young people and families and support work by schools with children and young people to deliver effective sex and relationship education.

Child to Parent Violence (CPV) is an often hidden serious social problem. It involves teenage and younger boys and girls who use physical, psychological, emotional or financial abuse to gain power over their parent/s or carers. Break4change helps young people and parents/ carers build respectful relationships where all family members feel safe and valued.

Break4Change(B4C) is a partnership between Brighton & Hove City Council's Integrated Team for Families (ITF), Youth Offending Service (YOS) and two Charities – Rise and AudioActive.. It consists of Group intervention for young people and their parents/cares focusing on non-violence and respect between family members. This includes a young people's group with a creative aspect, parent group and a film dialogue process that improves communication between young people and parents.

4.3.7 Reducing crime anti-social behaviour

As part of the Youth Grants Programme our voluntary sector partners are working to increase the social inclusion of young people in communities and reduce anti-social behaviour in communities with council house tenancies. Family coaches in the Integrated Team for Families (ITF) work with families to reduce and prevent crime and anti-social behaviour. Two family coaches have been trained in Restorative Justice and will work with the Safe in the City Restorative Justice co-ordinator to champion this approach in ITF.

We will develop specialist support to tackle growing criminal exploitation of young people and provide resources to co-ordinate multi-agency activity.

4.4 Priority four: education, learning and employment for all

4.4.1 School attendance

'Central to raising standards in education and ensuring all pupils can fulfil their potential is an assumption so widely understood that it is insufficiently stated – pupils need to attend school regularly to benefit from their education. Missing out on lessons leaves children vulnerable to falling behind. Children with poor attendance tend to achieve less in both primary and secondary school.' Department for Education.

We want to ensure that children and young people attend school. Regular attendance at school is vital to help children achieve and get the best possible start in life. Children who frequently miss school often fall behind in their learning. There is a strong link between good school attendance and achieving good results. Young people who are frequently absent from school are more likely to become involved in, or to be a victim of crime and anti-social behaviour.

There can be a range of reasons for why children do not get a full time education. Key issues include the use of part time timetables, formal and informal exclusion, the lack of a suitable full-time school place and children unable to attend due to mental ill health or unmet needs. We all need to better understand the relationship between behaviour and emotional health and well-being.

The potential for children to not be accessing full time education is recognised locally and nationally and the council is focussed on reducing the risk of harm to children and young people as a result.

We will work across partners to focus on the importance of improving schools attendance, improve whole family support for children and young people who do not attend school and ensure children and young people receive their entitlement to an appropriate education.

4.4.2 Lifelong learning and employment

Part of our approach to improving the resilience of families is about making adults more independent and empowered to take control of their lives by developing new skills and accessing employment.

As part of the City Employment and Skills Plan, and specifically, the No-one Left Behind objective, we want to ensure that all adults in the city, including those who are furthest from the workplace, are supported into training and work. This also forms part of the city's wider economic strategy to raise living standards and address inequality.

The Council's adult and community learning team offers a range of community based courses targeted at adults (19+) with few qualifications who want to move on into further learning, work or volunteering. The course offer includes Family Learning and some sessions take place in school and library settings. BHCC also supports neighbourhood learning in deprived communities at 3 community based hubs (The Bridge, Hangleton and Knoll Project and Brighton Housing Trust / Whitehawk Inn).

The Supported Employment team works with people with disabilities and long term health conditions in Brighton and Hove to overcome barriers to employment, and help employers create and maintain a diverse workforce.

BHCC Youth Employability Service (YES) works with 16 – 18 year old NEETs (Not in Education, Employment or Training) and young people with special educational needs/learning difficulties and disabilities who are NEET up to and including age 24. The offer of support is also extended to BHCC care leavers up to and including age 24. However, for young people with additional needs, in particular those with special educational needs or a disability and young people who are in care, the percentage who are NEET is higher and some young people unable to sustain their training or employment.

We will increase the proportion of young people with SEND in employment and training post 19. Additional funding has been ring fenced to target this group of young people to increase the percentage who are able to access sustainable employment.

We want to increase employment opportunities and maximise family income, bringing children out of poverty and thereby improving their life chances. This includes a cross departmental response to the introduction of Universal Credit and to seek to mitigate the impact of welfare reforms.

Troubled Families Employment Advisors are embedded in the Front Door for Families early help team and provide employment coaching directly to families and peer support to other professionals to facilitate signposting and less specialist support for skills and employment. Support is also provided by family coaches as part of the Welfare Reform project, offering employment support as a whole family approach.

We will continue to work with partners to ensure the provision of lifelong learning and employment opportunities including apprenticeships for young people and adults.

5. Outcomes and Next Steps

5.1 Outcomes

Outcomes for the strategy are based on the six headline criteria of the Troubled Families programme. There are local priorities identified within each of the criteria. There is a detailed set of indicators against each criteria and further work will be done to develop these indicators to be reported to the Whole Family Working Strategy Board and Troubled Families Unit.

a) Parents and children who are involved with crime or anti-social behaviour.

Recognising the importance of restorative justice in supporting positive outcomes for perpetrators and for their victims.

Outcomes centre around reductions in police callouts for anti-social behaviour and an increase in the number of these for which no further action is required.

b) Children who have not been attending school regularly

The local priority is to better define, monitor and support the attendance of hidden children. Attendance measures of success will be based on 90% over 3 terms for all siblings in a family with the addition of progress to attendance for exceptional cases where significant improvement has been made under the 90% measure. Closing the gap for disadvantaged pupils including pupils with special educational needs and/or disabilities. Where school staff are concerned for a child and a professional judgement on sustained progress can be agreed with that school at the end of the intervention.

c) A child or young person in need or either targeted early help intervention or of a social work intervention.

Local priorities are to reduce violence, vulnerability and exploitation and to reduce inter-parental conflict. This headline area describes work undertaken below and above the social work threshold from whole family working at an early help plus level through to Child Protection. Progress in social work cases is described by movement down to a less intensive level of support e.g. from child protection to child in need or from child in need moving out from social work support to early help. With a focus on early years this will include progress for children who have been identified as part of their one or two year health visiting check as not reaching normal levels of development.

d) Adults out of work or at risk of financial exclusion & young people at risk of not being in education, employment or training

We see sustained progress in the capacity of parents and carers to manage finances in order to reduce debt and increase financial stability.

Managing debt is valid significant progress as eliminating debt may only be practical over very long time periods for some of our vulnerable families.

We will continue to identify and measure success for young people who are not in education, employment or training (NEET) or at risk of NEET.

e) Families affected by violence

With a specific focus on violence against women and girls and recognising the impacts of child to parent violence. This criteria centres around reductions in incidents of violence and reductions in the risk of violence with supporting data from the Police around domestic violence incidents alongside qualitative reporting from professional and family.

f) Families affected by health problems

Local priority on mental health and wellbeing; understanding that progress may be in managing a chronic health condition better by receiving additional or different support enabled and facilitated through the whole family intervention.

The degree to which mental health and wellbeing is impacting less negatively on the children in a family is a key focus here with work developing on the methodology for evidencing this.

We retain our early years focus with whole family assessments for families with a child in the Universal Partnership Plus level of health visitor intervention; for those families who are not receiving and social work intervention.

5.2 Next steps

The next step is to develop a detailed action plan with clear accountabilities across partners and measurable outcomes.