



Children and Families Overview and Scrutiny Committee

16th June 2009

Report from the Director of Children and Families

Wards Affected: ALL

Delivering Integrated, Early Intervention Services for Children in Localities

1.0 Summary

- 1.1 This report outlines plans to provide targeted support in localities to children and young people who have been identified as having additional needs.

2.0 Recommendations

- 2.1 Members are requested to:
- Note the plans being developed to deliver integrated, early intervention service for children with additional needs in localities
 - Contribute any further issues that should be considered in rolling out Early Intervention Locality Teams.

3.0 Detail

Background

- 3.1 Plans are currently being developed to deliver, from January 2010, targeted support for children with additional needs and their families, through **early intervention locality teams** based within and serving each of the 5 Brent localities: Kilburn, Kingsbury, Willesden, Wembley and Harlesden. The purpose of delivering integrated early intervention services is to improve outcomes and to safeguard and promote the well being of Brent's children and young people by addressing needs at the earliest stage and providing safe, well-coordinated and integrated services that are locally accessible. This is a long term strategy (2009/12) to improve outcomes for all children in the borough and build on rigorous evidence of impact.
- 3.2 The aim is to develop a system based on the principle of *Progressive Universalism*: to provide strong universal services for all whilst focusing additional support on those that need it most. Delivering integrated services in localities will mean that organisations involved in providing services to children with additional needs will be teaming up in new ways, sharing information and working together to protect children

from harm and help them achieve their potential in life. The most intensive range of services would be in the most deprived areas and delivery would be through a mixed market, drawing on expertise and commitment of all sectors.

- 3.3 The model develops a preventative system that builds resilience and heads-off risk at all levels of need, providing the support that reduces levels of needs and addresses those needs quickly before they escalate. We propose to develop the concept of a *'team around the child'*. Currently services are accessed through a range of different routes by a multitude of providers with their own individual referral criteria and assessment processes. We propose to bring these services together so that they work as one within a child's own community. These integrated services will share assessment processes, co-ordinate interventions and ensure a better experience for the child and their family by providing a clearer, more cohesive approach from these professionals and other workers involved with them.
- 3.4 The early intervention model will promote the notion of *Think Family: Think School*. Services to be shaped by and responsive to children, young people and families. The views of parents/carers and children and young people will be paramount to the way in which we design and deliver services. We will help parents and carers develop the skills they need to support the improvement agenda; they are the key partners in ensuring children are safe, happy, healthy and achieving and contributing to society. Schools are at the heart of the improving outcomes agenda and achievement at school is a strong resilience factor which reduces difficulties setting in and escalating.

Developing the Early Intervention Locality Team (EILT) Model: working together for children and young people

- 3.5 Each EILT will work across the 0-19 age range and will place the child at the heart of strong local services in order to improve outcomes for all children in the area. The teams will be responsible for assessing, planning and reviewing packages of support for children and young people with additional needs. They will promote the Common Assessment Framework (CAF) as the single referral route for all practitioners in universal settings and will work with others to both initially identify children with additional needs and deliver appropriate packages of support for the child and the family.
- 3.6 They will work in collaboration with the young person and their family, schools, partner agencies and specialist services. The EILT will be co-located and work closely with locality based social care teams. Joint assessment of referrals or requests for additional support is planned so that cases which meet the social care thresholds have speedy access to statutory services and appropriate packages of support are planned for cases which fall below the threshold. The early intervention locality teams will be a source of *additional* support and expertise, drawn-in by universal services.
- 3.7 The EILTs are to be established through the reconfiguration of existing resources and functions. The Early Intervention Locality model will have a **core team**. **The composition of the core team is not yet finalised but is likely to be** drawn from the following functional areas: Integrated Support, Early Years, Behaviour and Attendance, Youth Service and Connexions. A **wider allied group** of targeted support practitioners will also be accessed through clear local arrangements.
- 3.8 Working jointly with the locality based social care teams the EILT will provide a **responsive referral and coordination service**. Dedicated and regular **Early Intervention Coordination Groups (EICG)** will consider CAF referrals from lead professionals from statutory and non statutory agencies. The EICG will allocate internal core team resources or commission a range of services from a third party, usually from the allied group or third sector to meet the identified additional needs of children and young people in the locality. All the support offered will be derived from

local/national evidence based interventions. There will be regular planning and review meetings, involving children and families in order to monitor delivery outcomes and impact.

EILT will give:

- One access point for support or intervention
- 'No child left behind'- quick, clear decision making on agency involvement, combined with resource allocation towards an agreed course of action
- The right level of assessment in order to identify needs and give child centred support
- Opportunities for the sharing of professional skills and therefore enriching the intervention offered.
- Aligned infrastructure – workforce, resources and ICT systems which deliver flexible and responsive child focused services.

- 3.9 Discussions are ongoing with officers in Housing and Community Care about the interface between the EILT and preventing youth homelessness. Discussions with NHS Brent have also indicated that they would be interested in exploring how primary health care functions like health visiting, school nursing and mental health could be delivered through the EILT model. The current focus for NHS Brent in these areas is to improve quality and to build capacity.

Background Papers

None.

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