Croydon Council

For General Release

REPORT TO:	HEALTH & WELLBEING BOARD (Croydon)			
	23 October 2013			
AGENDA ITEM NO:	12			
SUBJECT:	Primary Prevention Plan			
BOARD SPONSOR:	Paul Greenhalgh, Executive Director, CFL			
CORPORATE PRIORITY/POLICY CONTEXT:				
By supporting families with complex needs as early as possible, partners can make an important contribution to the Council's corporate priorities including • Safer, stronger and more sustainable communities • Promoting economic growth and prosperity • Improving health and wellbeing • Achieving better outcomes for children, families and learners • Delivering high quality public services and improving value for money				
FINANCIAL IMPACT:				

Currently there are resources in places for this phase of development of the Primary Prevention Plan.

1. **RECOMMENDATIONS**

The Board is asked to note progress on delivering the vision and actions of the Primary Prevention Plan as a key element of how all partners work together to promote the development of babies, young children and their families so that can they thrive and develop and in doing so avoid later reactive more costly interventions.

2. EXECUTIVE SUMMARY

- 2.1 Croydon Children and Families Partnership and its Health and Wellbeing Board are committed to ensuring that all families receive help early enough so that they can deal with their situations and problems themselves.
- 2.2 Within this broader Early Help approach one of the key priorities of the Partnership is the Primary Prevention Plan and a focus on 'preparation for parenthood' i.e. from conception to the early years of a child's development.
- 2.3 There is in place a fairly detailed Primary Prevention Plan in Croydon that seeks to focus on preventative work for under 5's, particularly from conception

to 2. The plan aims to maximize the impact and value for money through integrative services but also to reduce the cost of reactive health, education and social care services by preventing the development and escalation of problems.

2.4 The main focus is

i) ensure the delivery of the healthy child programme through an integrated approach across health and children's centre partners
ii) ensure that more vulnerable families receive support as early as possible through Family Engagement Partnerships that bring together key people from health and children's services into a multi-agency family based approach .

- 2.5 Work in the first 12 months since inception indicates that
 - i) Family Engagement Partnerships are beginning to target those families who need the most support
 - ii) Children's centre family support are working with more vulnerable families and there is an increase in their work with under 2s
 - iii) More referrals are being received by health partners, particularly GPs, but there is more work to do to embed this early help approach for under 5's.
 - iv) Work to bring together a more integrated approach across midwifery and health visiting is developing to enhance the early identification of support and improve transition of families
 - v) This approach is essential basis of supporting attachment and bonding and the social emotional development of young babies and children

3. FURTHER INFORMATION

- 3.1 A clear vision has been developed to inform our approach to primary prevention. *Our vision is that families in Croydon will experience an early help system from conception onwards which supports and invests in parents - both fathers and mothers and their support network – to develop their resilience and ability to live independently.*
- 3.1 Two key areas of work are reported on below.

Priority One: Improving access to universal services and targeted support

The Family Engagement Partnership approach was established in September 2012 across four of the five localities with the West FEP becoming operational in February 2013. During the period September 2012 to June 2013 a total of 842 families were referred through the FEPs of who 383 (51%) were families with a child aged from conception to two years. The number and percentage of families living in the 20% most disadvantaged areas and the number with young children has been steadily increasing.

Most families had at least two presenting needs the most common of which are:

- 223 (35%) support with child development
- 207 (28%) support with parenting
- 152 (20%) support around domestic violence

- 151 (20%) support with their child's behaviour
- 141 (19%) support around health and well being
- 120 (16%) support for a child with a disability
- 119 (16%) support for mental health including post natal depression
- 103 (14%) support with housing

Most referrals (274 or 32%) were through the children's centres. The number of referrals from health visitors has steadily increased from 14% in September to December 2012 to 25% during April to June 2013. Referrals from other health professionals is also increasing - a total of 20% of referrals from September 2012 to June 2013 were from health professionals. A FEP guide for health professionals has been developed and widely circulated and it is anticipated that this will lead to more referrals from health professionals.

Referrals were relatively evenly spread throughout the North (29%), South (26%), and East (25%) localities. There were notably fewer referrals in Central (15%). The number of referrals in the West at 6% reflects the late start to this FEP. Recent work with the FEP Coordinators has shown that they are not all counting referrals in a consistent way which may explain some of the apparent anomalies in these figures. Work has been done to address this so that, going forward, there will be greater confidence in the way data is being collected and interpreted.

From January 2013 FEPs have been monitoring the levels of need of open cases against the four stages of intervention:

- The Central FEP had 54% at level 2, 17% at level 3 and 29% at level 4.
- The North FEP had 75% at level 2 and 25% at level 3.
- The East FEP had 50% at level 2, 37% at level 3 and 13 at level 4.
- The South FEP had 84% at level 2 and 16% at level 3.
- The West FEP had 56% at level 2, 32% at level 3 and 12% at level 4.

These figures show a gradual increase in the proportion of higher level needs families being supported through the FEPs. To underpin the delivery of support to families with high levels of complex needs a robust one to one and group supervision system is in place.

Impact of FEPs

Most families who receive support through the FEP are asked to complete an Outcomes Star¹. The Star allows families to record and measure their progress across eight domains broadly aligned to the Early Help Assessment. Stars were introduced in March 2013 and to date there are 57 stars recorded on the online system of which 12 can be used to measure distance travelled as summarised in the table below:

¹ The Star system was developed by Triangle Consulting

Average increase and decrease in scores for each scale

Scale ²	Initial	Final	Change
Physical health	6.1	7.9	1.8
Emotional well-being	5.0	6.0	1.0
Keeping your children safe	6.8	7.9	1.2
Social networks	4.8	6.8	1.9
Education and learning	5.4	6.6	1.2
Boundaries and behavior	5.3	6.5	1.3
Family routine	6.3	7.4	1.2
Home and money	7.0	6.8	-0.3
Average	5.8	7.0	1.2

This table shows the average first and last scores for clients included in this report. The difference between these two is the 'change', or outcome, shown in the column on the right.

Outcomes are monitored through FEP meetings and supervision sessions and recorded through the quarterly FEP monitoring reports. These show that:

- 87 cases were closed because the families had met the agreed outcomes and could continue to receive support through universal services.
- 43 families were escalated to social care of whom 23 met the threshold and are being 'held' by social workers with input from FEP family support workers and 20 were referred back to the FEPs for further family support.

Priority Three & Four: support to improve parenting skills, and attachment and bonding

- i) Evidence based commissioned programmes are being used effectively as part of team around the family plans including Incredible Years and Empowering Parents and Empowering Communities (EPEC). In particular the EPEC programmes are proving to be very sucesful in not only in improving parents confidence and knowledge of parenting but in enabling them to become more resilient by becoming trainers for courses to support other parents in Croydon. We will be bringing together detailed evaluation of both programmes at the end of 2013-14 when they have both been running a full year.
- ii) Work is taking place concentrated on working with Parent and Child Support Centre at SLAM to train staff in using the evidence based promotional guides across both maternity and health visiting services. This will be first time the guides have been used in maternity services and fits with the Listening into Action (LIA) project that identified the need to support parenting more in the postnatal period. Work is taking place to pilot this is over the next 6 months and then to support its roll through training. The post-natal guides (attached) have been used in other areas and so plans to introduce this in Croydon are being developed. The introduction of the promotional guides would promote the principes of integration and have a positive impact in Croydon and also on the midwifery skill set.

² Stars are scored on a scale of 1 to 10 with 1 being the lowest and 10 being the highest

4 CONSULTATION

- **4.1** The Plan has been agreed by the Children and Families Partnership at its meeting on 23rd January. Partners have welcomed the bringing together of services for babies and young children and the focus on early intervention at the very earliest opportunity so as to build the resilience of families.
- **4.2** Consultation was undertaken as part of the reshaping of Croydon's children's centres and parents continue to be involved in their local children's centre as part of a Forum or informally through regular feedback. The Preventative Plan builds on the aspirations expressed as part of this consultation but also what parents told us as part of the work of Total Place.

5 FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

5.1 There are no financial implications as part of this stage of the Plan.

6 COMMENTS OF THE COUNCIL SOLICITOR AND MONITORING OFFICER

6.1 There are no legal considerations as part of this phase of the Plan.

7 HUMAN RESOURCES IMPACT

7.1 There are no HR considerations as part of this phase of the Plan.

8. EQUALITIES IMPACT

- 8.1 The Primary Prevention Plan aims to reach all parents-to-be and parents across the borough. Within this universal approach resources will be targeted on the more vulnerable families where early help is needed.
- 8.2 Groups with protected characteristics will benefit from this plan where early help is needed.

9. ENVIRONMENTAL IMPACT

9.1 There is no environmental impact at this stage of the Plan.

10. CRIME AND DISORDER REDUCTION IMPACT

- 10.1 Research shows that early intervention, in particular through evidence based programmes, can reduce negative behaviours, improve learning and development outcomes. This is likely to have a positive impact on crime and disorder. Research on brain development indicates the importance of bonding and attachment on brain development, including empathy and social development, which are critical to reducing violent behaviours.
- 10.2 National research shows that 30% domestic violence begins during pregnancy. By improving family functioning during pregnancy and in the early phase of family development, it is intended that the longer term impact of the Primary Prevention Plan will be to help reduce violence within the home.

CONTACT OFFICER: Dwynwen Stepien, Head of Early Intervention and Family Support **BACKGROUND DOCUMENTS:** Post-natal Promotional Guide - can be viewed online with agenda documents for 23 October:

https://secure.croydon.gov.uk/akscroydon/users/public/admin/kabmenu.pl?cmte=WEL