



# Solihull's Early Help Strategy

2014 – 2016

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Solihull Council

Solihull Clinical Commissioning Group

Heart of England Foundation Trust

Solihull Parents Forum

Development in Social Enterprise CIC, and Glendon Advocacy CIC on behalf of the Voluntary Sector

4Children

Spurgeons

The Children's Society

Barnardos

Yorkswood, Monkspath and Streetsbrook Schools, on behalf of the Strategic Accountability Board

NHS England

Jobcentre Plus

PLUSH

CHASE

Solihull Partnership

Wise Owls Nursery, on behalf of early years settings

West Midlands Fire Service

West Midlands Police

# FOREWORD

Solihull is a great place to grow up. We have strong communities, excellent schools and early education, good opportunities for work and training, and much, much more.

But we can do better. We want every child, young person and family to get the help that they need to succeed as early as possible. We call this early help. Early help can make the biggest difference when it is given before things go wrong, and when people get the help they need from family, friends, or within their community.

Organisations like the Council, the NHS, schools and the voluntary sector also have an important role to play, helping all children to thrive with universal services such as health visiting and education, and some children and families who need extra help to get back on track.

This Strategy sets out what people in Solihull will do to make sure that children and young people get the early help they need. It depends on families, communities, paid staff and volunteers all pulling in the same direction to make the difference.

Early help is about getting the best for Solihull's children. It's an investment that lasts a lifetime.



Cabinet Member for Education,  
Children and Young People  
Solihull Metropolitan Borough Council



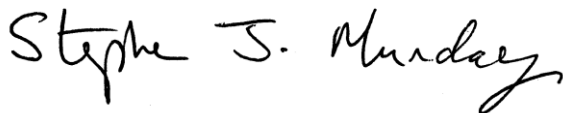
Director of Children's Services  
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Independent Chair  
Solihull Local Safeguarding Children Board



Director of Public Health  
Solihull Metropolitan Borough Council



Chair, Solihull Schools  
Strategic Accountability Board



Chief Superintendent, Solihull  
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Health and Wellbeing Board

# INTRODUCTION

## 1. WHAT IS EARLY HELP

Early help is a way of supporting people to avoid problems, or to deal with them before they get worse.

This reduces the need for emergency services where problems have become entrenched and are more likely to recur.

## 2. WHY EARLY HELP IS IMPORTANT

As Michael Marmot, Frank Field, Graham Allen and others have argued, early intervention improves the lives of children and young people, prevents difficulties being passed from one generation to the next and can help make long term savings in public spending. In particular, a child's experiences in the early years lay down a foundation for the rest of their lives. There is a growing body of research which shows that supporting social and emotional development at an early stage can bring about significant improvements in areas such as mental and physical health, educational attainment, employment opportunities, criminal and violent behaviour, drug and alcohol misuse and teenage pregnancy.

We now understand much more about baby brain development and the impact of experiences during the early years, with the human brain being only 25% developed at birth, but 80% developed by the age of three. During this time, neglect, poor parenting or other negative

experiences can have a huge effect on future outcomes.

Although there is evidence to suggest that spending in the early years gives the highest rate of return on investment, we know that problems also arise in the later years. It is essential that we identify the need for additional help at the earliest point and provide it to young people and their families promptly to prevent issues escalating and causing further harm.

In addition, offering help early appears to make sense economically. For example, research from the US shows that supporting vulnerable teenage mothers through the Nurse Family Partnership has shown a return on investment of up to five times the cost of the programme.

# WHERE WE WANT TO GET TO

## 3. OUR VISION

Our vision is to make Solihull an 'early help' place by helping families at the earliest point, improving children and young people's life chances and reducing demand for crisis services.

## 4. OUR PRINCIPLES

Our vision will be built on the following principles:

- Families and communities can deliver earlier help  
Early help has the best chance of success where individuals and their families feel supported to find their own solutions to the issues facing them. This help often comes from within the family or community, and much earlier than help from statutory services. Families and communities are also better at finding personalised low cost solutions which are easier to sustain over time.
- Causes not symptoms  
Sustainable positive change for individuals depends on tackling the causes of problems rather than constantly seeking to deal with the presenting symptoms – providing a fishing rod instead of fish to tackle poverty. This reinforces a culture of independence.
- Lives not services  
Early help organisations are made up of staff who practice early help. This means focusing on quality of relationships with, and quality of life for families, not just managing risk and reducing harm. It means constructive team working between the organisations, communities and families, providing personalised, integrated and caring support, and making every relationship count.
- Early childhood help  
Help in the first three years of life is an investment that pays back for a lifetime, and offers a chance to break intergenerational cycles of poor outcomes.
- Not all help is equal  
The measure of early help is the outcome, not the effort, and some interventions have more impact than others. This means investing in programmes which have an evidence base, or building an evidence base where none exists. It also means fidelity, applying evidence based programmes in the way that they have been designed and evaluated.

## 5. AN EARLY HELP SYSTEM

To achieve our vision of making Solihull an early help place we will need to think beyond the current arrangements of individual services and create a joined up system where early help is everyone's business. That system will have the following components:

- Evidence based services which are personalised and universally available but with a scale and intensity that is proportionate to levels of need so that they can be targeted at those that are vulnerable.
- Targeted and specialist services which have an evidence base of effectiveness, particularly those that support the emotional well-being of children, young people and their parents.
- Parenting education to develop parenting skills and confidence based on the Solihull approach and the Leksand co-production model.
- Access to high quality learning opportunities through excellent pre-school and school education.
- Joined up arrangements for tracking children and young people's progress as they grow, and monitoring to distinguishing between those that are well supported in universal settings and those that need extra help.
- Targeted family support and social care, using multi-agency early help processes such as LINCS and Early Support to build supportive teams around families that need additional help.
- Investment in community capacity to provide peer support, building a culture of volunteering and partnership in designing and delivering services.
- A 'Local Offer' information service for parents and young people, helping them to find the support services that they need and providing brokerage for those that are more vulnerable.
- A focus on community based support, delivering services to places which are convenient for local people and a reduction in the cost of running buildings.
- An outcomes framework which measures the overall effectiveness of the system in meeting the needs of children, young people and families, and provides a common language for people from different walks of life and professional disciplines.
- Local governance arrangements for the early help system, aligned to school collaborative structures, where parents and partner organisations co-produce and oversee the arrangements for local early help services.
- Robust arrangements for sharing data between organisations, with parental consent, so that families have swift and personalised access to services and don't need to constantly repeat their story.

# MEASURING THE DIFFERENCE

As a result of our Early Help Strategy we expect to see changes in how families get help, and in the difference this makes for their health and well-being. We will measure both of these to tell if this Strategy is making a positive difference for families.

## 6. MEASURING THE EFFORT

One way of measuring the impact of Solihull's early help system is to count the number of children, young people and families accessing support and to find out how satisfied they are with the services that they receive. These measures are known as 'proxy measures' because they don't show whether the lives of children and young people are improving, but give an indication of whether services are responsive to family needs.

Where services have a strong evidence base proxy measures also give a powerful indication of outcomes for families, for example we have evidence that parents completing a Solihull Approach parenting programme improve their parenting skills, engage positively with their children and have stronger parent-child attachment, so counting the number of parents who complete these parenting programmes is a good predictor of outcomes for children.

Each service will count the 'quantity' of how much they have done, and collect feedback from service users on quality, ie how well they provided the service. The examples given below are illustrative:

	<b>QUANTITY</b>	<b>QUALITY</b>
<b>EFFORT</b>	<i>How much did we do?</i>	<i>How well did we do it?</i>
	<p>For example:</p> <ul style="list-style-type: none"> <li>• Number of parents completing a parenting programme</li> <li>• Number of children and parents regularly using Children's Centres services</li> <li>• Proportion of children aged 3 and 4 accessing good or better early education</li> <li>• Number of parents provided with 1:1 support by community volunteers</li> <li>• Number of childcare places made available for 2 year olds</li> <li>• Number of new health visitors trained</li> </ul>	<p>For example:</p> <ul style="list-style-type: none"> <li>• Customer satisfaction rates with:                             <ul style="list-style-type: none"> <li>○ Children's centres services</li> <li>○ Parenting programmes</li> <li>○ Volunteer support</li> </ul> </li> <li>• Proportion of LINCS plans resulting in a positive outcome</li> </ul>

## 7. MEASURING THE EFFECT

The most important way of measuring the impact of Solihull's early help system is to count whether the things that we have collectively done have made any sustainable difference to the lives of children, young people and their families.

Solihull is working with the Early Intervention Foundation and 20 Pioneer Places to develop an early help outcomes framework. In the meantime the Early Help Board will work towards the framework below, which draws heavily from the work of the UCL Institute of Health Equity 'Measuring What Matters'. This focuses on the early years and further work is needed to strengthen the all age focus for Solihull.

### *Is anyone better off?*

#### Children are developing well

- All children are developing age appropriate skills in drawing and copying
- Children pay greater attention during activities and to the people around them
- Children develop age appropriate comprehension of spoken & written language
- Children build age appropriate use of spoken and written language
- Children engage in age appropriate play
- Children have age appropriate self-management and self-control
- Fewer children born with low birth weight
- Fewer children and young people have high or low Body Mass Index

#### Parenting and parent context enables good parenting and child development

- Fewer women are exposed to tobacco smoke during pregnancy
- More mothers breastfeed
- More parents regularly talk to their child using a wide range of words and sentence structures, including songs, poems and rhymes
- More parents are reading to their child every day
- More parents are regularly engaging positively with their children
- Improved parental responsiveness and secure parent-child attachment
- More parents are setting and reinforcing boundaries
- More parents experience lower levels of stress in their home & in their lives
- More parents with good mental wellbeing
- More parents have greater levels of support from friends and/or family
- More parents are improving basic skills, particularly in literacy and numeracy
- More parents are increasing their knowledge & use of good parenting
- More parents are accessing good work or developing the skills needed for employment, particularly those furthest from the labour market

#### Fewer children and young people need crisis services

- Fewer young people access hospital provision following an episode of self-harm
- Fewer children and young people in care or needing child protection plans
- Fewer first time entrants to the youth justice system
- Fewer children and young people go missing from home
- Fewer children and young people are excluded, or are missing education
- Fewer children and young people are at risk of sexual exploitation

EFFECT



# OUR PARTNERSHIP

## 8. HEALTH & WELLBEING BOARD

The Solihull Health and Wellbeing Board is a strategic partnership to improve outcomes for children and young people in Solihull. Its role is to set direction, improve joined up working and manage performance. The Board holds the statutory duties required of a Children's Trust, but also has oversight of early help for adults and transitions into adulthood which is important for this Strategy.

Early help is one of the priorities in the Children and Young People's Plan 2013 – 2016. The Board reviews progress in delivering the early help strategy through its performance management of the Children and Young People's Plan.

## 9. EARLY HELP BOARD

The Early Help Board is the partnership body responsible for developing and ensuring delivery of an integrated strategy to make Solihull an early help place, where families, communities and organisations play their part in a whole system to reduce demand for specialist and emergency services.

The Early Help Board reports to the Health and Wellbeing Board, and works with other interdependent programmes such as Solihull Families First, the development of services for children and young people with special needs and disabilities, and the prevention agenda for vulnerable adults.

The Early Help Board will publish an action plan to deliver this strategy, and review the strategy and action plan annually.

## 10. EARLY INTERVENTION FOUNDATION

Solihull is one of 20 'pioneer places' working with the Early Intervention Foundation. The Foundation is an independent charity which champions early intervention and evidence based practice. Through this collaboration Solihull seeks to:

- Improve outcomes for children by increasing access to effective early intervention services that prevent personal, social and economic cost;
- Increase the effectiveness and value for money of Early Intervention services in Solihull through the increased use of evidence of what works;
- Build the evidence base on the interventions that work;
- Promote effective approaches to Early Intervention nationally.

## 11. COMMUNICATING ACROSS OUR PARTNERSHIP

Early help, like safeguarding, is everyone's business, which means it depends on good communication and a shared understanding of who does what and when.

# SOLIHULL, THE PEOPLE & THE PLACE

## 12. NEEDS ASSESSMENT

Solihull is home to 207,400 people, 48,000 of whom (23%) are aged 0-19. By 2021 there will be 52,000 children and young people in Solihull, but they will be a smaller proportion of the overall population due to the increasing number of retired people in the Borough.

Although Solihull is a broadly affluent borough, the majority of the Regeneration Zone in north Solihull (which includes the wards of Chelmsley Wood, Smith's Wood and Kingshurst & Fordbridge) is in the 20% most deprived areas nationally. The majority of households in the area belong to the most disadvantaged socio-economic groups and this impacts on a broad range of outcomes including educational attainment, employment, crime and health.

23% of Solihull's children and young people live in the Regeneration area. 49% live in the 'urban west', and 28% the semi-rural east and south. The Regeneration area is a 'younger place' than the rest of Solihull - around 44% of people who live there are under 30, compared with 33% in the rest of Solihull. The largest age group of children in the Regeneration Zone is the under 4s.

An estimated 7245 children and young people in Solihull (or 15.8%) live in poverty, 80% of whom live in workless households, and 63% are in lone parent workless households.

Of the children in Solihull with a statement of educational needs or on School Action Plus, it is estimated that over 4 in 10 have Behavioural, Emotional and Social Difficulties or a Moderate Learning Difficulty. An estimated 9,000 children and young people with a mild disability live in Solihull. Solihull's Specialist Inclusion Support Service (SISS) are dealing with around 2,000 of these children. Alongside this, approximately 3,800 children in Solihull suffer from some form of diagnosed mental disorder (2009).

Solihull's population from a Black, Asian or Minority Ethnic heritage (BAME) background has nearly doubled over the past 10 years, and now 17.1% of children and young people identify with a BAME heritage. The largest ethnic groups by area are Asian/Asian British (9% overall) in the Urban West and Semi-Rural, and Mixed or multiple ethnic group (6%) in the Regeneration area. The Urban West has the highest proportion of BAME children, 32% of the total child population in that area.

In 2012-13, 2,364 children were referred to Children's Social Work Services. The most common reason for referral was "Family in Acute Stress" which accounted for 40% of referrals.

As at 31st March 2013, there were 324 Looked After Children in Solihull. Furthermore 212 children were subject to a child protection

plan and 1602 children were considered to be Children in Need.

56% of Child Protection Plans apply to children and young people living in the Regeneration area although the population profile of the Borough shows that only 23% of 0-19 year olds live in the Regeneration area.

A child from the Regeneration Zone is 4 times more likely to become Looked After than a child from the Urban West, and 7 times more likely than a child from the Semi-Rural area of Solihull.

National and local estimates suggest that there are 350 'troubled' families in Solihull costing approximately £76,000 per family per year.

In 2011/12 the LINCS team were notified about 312 children who had received help through LINCS (Local Integrated Needs-led Coordinated Support), which is a way of working with family where there are concerns about a child and their needs cannot be met by a single agency.

### 13. RESOURCE MAPPING

In 2011/12 the Solihull Partnership Commissioning Team estimated that a total of £170m was spent on council services to support children, young people and families (including schools). Forty million pounds of this was spent at levels 3 & 4 (management of complex needs and crisis management) and 17 million at level 2 (targeted prevention). (Troubled Families Cost Benefit Analysis, Solihull Partnership, June 2012).

Like other areas, Solihull has historically focused its funding on universal services and specialist services, with significantly less for early help when problems first arise.

14. SERVICES AND THRESHOLDS

Working Together To Safeguard Children 2013 makes it clear that safeguarding children and promoting their welfare is the responsibility of all professionals working with children and young people and that that professionals should understand the criteria for taking action across a continuum of need, including early help.

The Solihull Local Safeguarding Children Board has published guidance for professionals to ensure that the right help is given to children at the right time.

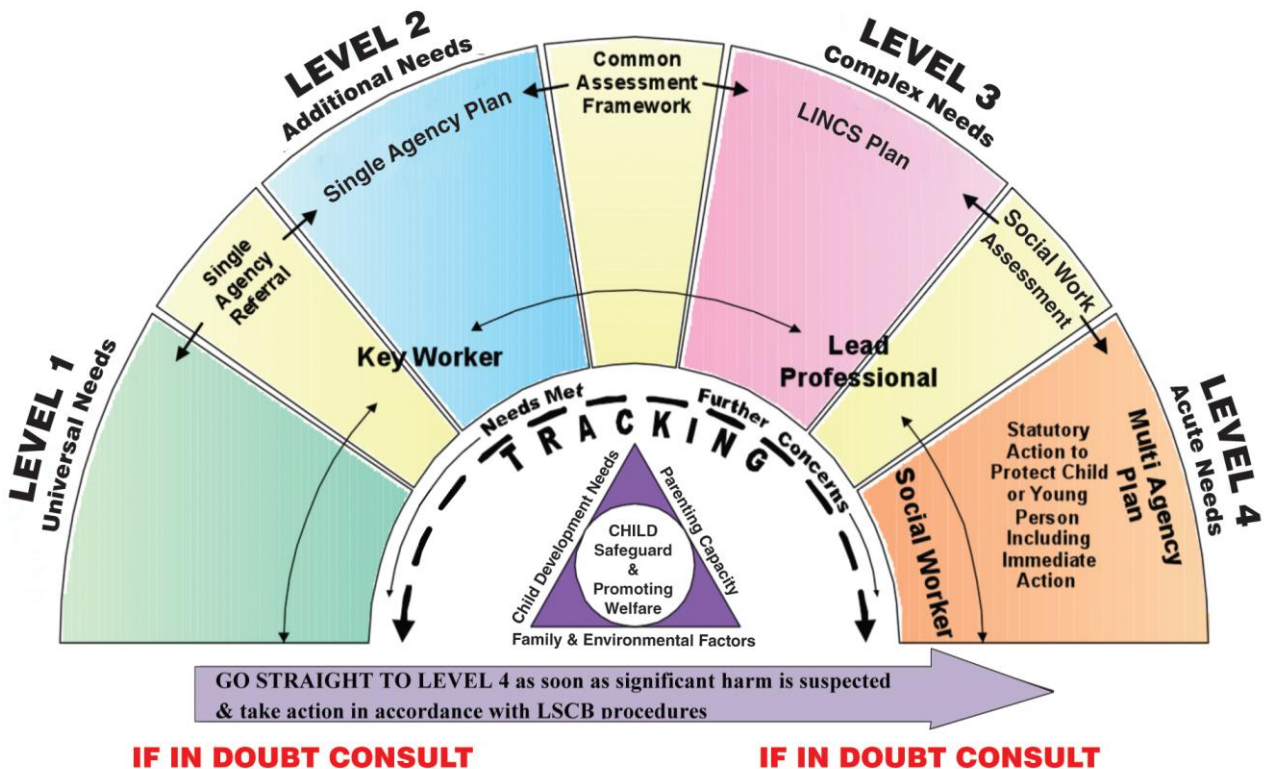
Children may have unmet needs at any age or stage of development and their circumstances and needs change - increase or decrease.

Level 1 represents children with no identified additional needs. Their needs are met through universal services.

Level 2 represents children with additional needs that can be met by targeted support by a single agency or practitioner.

Level 3 represents children with complex needs that can be met by targeted (or specialist) support by a multi-agency support plan.

Level 4 represents children with acute needs or those whose needs have not been met by targeted support to the extent that they are at risk of significant harm or looked after by the Local Authority.



# WHAT LOCAL PEOPLE HAVE SAID

## 15. YOUNG PEOPLE

Young people have told us that they

- want local services that are accessible and friendly.
- want someone to talk to that they have had time to get to know.
- would have to 'hit rock bottom' before they would talk to a professional and even then it would only be through force rather than choice

*(Emotional Wellbeing and Mental Health needs assessment 2011)*

Young people on Solihull's Youth Council felt that the following should be available:

- information about puberty, relationships, drugs, alcohol, homelessness, emotional health and safeguarding delivered by informed people who young people trusted
- lessons in self-esteem, and social awareness, and positive activities to build self esteem, learn new skills and have things to do in their spare time
- access to a GP and basic health care, directed at young people themselves, as well as parents
- support available for any young person having difficulties, where someone tries to get to the heart of the issue and then helps out.
- support for parents of young people who have been in trouble, so that they know how to help them stay out of trouble.

*(Consultation with Solihull Youth Council, July 2012)*

## 16. PARENTS

Parents have told us that;

- There is still a real stigma in asking for help, with parents feeling as though they should know how to be a good parent.
- The attitude of the professionals is crucial – they can make parents feel judged or empowered.
- They sometimes feel that they are being 'passed from pillar to post'
- There's lots of support when children are young but less support for parents of teenagers. On top of this there are a lot of new challenges at this stage, when teenagers start to become more independent and at risk from things like drugs, alcohol and sexual relationships.
- It would be good for parents to have someone to talk to when they are struggling who is experienced in helping parents.
- Parents trust Child and Family Support Workers in schools and so feel able to open up to them – they help to build a sense of community.
- Parents and services need to work more in partnership. Every service should enable parents to express their concerns if there's a problem – parents often don't want to complain because they feel like they will be criticized or judged.

- Parents want to be more involved in their child's learning, particularly at secondary school. Some parents are afraid of going into school because they had such a negative experience there themselves.
- Parents often find it difficult to find the information they need.
- Parents turn to family and friends for support, before they turn to professionals
- Parents value the opportunity to support other parents. Where they do this in a volunteering capacity they want to be recognized for their contributions.
- Parents want to access support before things get difficult for them: *"the only time you're offered support is when you've got 10 foot of trouble behind you."* (Solihull parent)  
(Ask Parents 2011, focus group for parenting programmes 2011, and feedback from Parents Forum, 2011)

## 17. PRACTITIONERS

Practitioners have told us that:

- Building a good relationship with families enables parents to ask for advice when they need it.
- Having one key person who the family can contact for support was believed to help families ask for help earlier.
- Services believed that practice such as making home visits and being available at school increased their accessibility to families
- Giving the family ownership and control over their issues and setting goals in collaboration with the family was considered important.
- The Common Assessment Framework (CAF) and Team Around the Family (TAF) were highlighted as good examples of collaborative working which improved support for families.
- The Lead Professional role was believed to be effective as this gave the family one key person to co-ordinate the support around them. Capacity issues prevented some practitioners taking on this lead role.
- Practitioners want better access to information so that they know what's available and can access the right support for families early.  
(Family Support Research Project, Solihull Educational Psychology Service, Clare Aucott and Steve Dexter, March 2012)

# WHAT WORKS

## 18. FIVE GOLDEN THREADS IN EARLY INTERVENTION

In 2010 the Centre for Excellence in Outcomes (C4EO) outlined 5 'golden threads' in early intervention based on effective local, national and international practice:

### Best start in life

- What parents do has an impact on the development of the baby brain, and so impacts on future development and potential
- Emotional and social skills developed in the early years enable children to develop positive relationships and succeed at school and in later life.
- Positive relationships within the family reduce the likelihood of many physical and psychological problems.

### Language and communication

- The ability to communicate is an essential life skill and underpins a child's future development.
- There is a strong correlation between communication difficulties and low attainment, mental health issues, poor employment prospects and youth crime.
- With the right support in the early years, children with language delay can catch up with their peers by the age of 5

### Engaging parents

- Good parenting is key to successful outcomes.
- Conduct disorder, anti-social behaviour and 'restlessness' (symptoms of ADHD) are influenced by parenting style.
- In the primary age range, parental involvement is more significant than school quality.
- 'Normalizing' access to support is important to encourage take up.
- Peer support has been shown to be more effective than support from professionals.
- Most effective approaches start from the families strengths.

### Smarter working, better services

- Good communication is key to working with families. Relationships are ideally with one person, and are continuous and sustained.
- Key characteristics of effective integrated working include: understanding how to identify needs and how to address them; clear and consistent messages to staff and families; the interpersonal qualities of the practitioner – this is strongest determinant of whether or not families engage; a common process that is shared and agreed by all.

Knowledge is power

- Data is key to show which interventions are having a positive impact on outcomes.
- Interventions should be clear about what they are trying to achieve.
- Interventions should be evidence-based (or capable of creating an evidence-base).
- Feedback should be gathered from children, young people and families.
- As it takes a number of years to measure some outcomes, it may sometimes be more appropriate to measure distance travelled towards an outcome.

To overcome current gaps in provision and challenges to supporting families effectively, practitioners and families suggested:

- promoting and advertising services more effectively to families and practitioners
- simplifying processes (such as referral route times and the Common Assessment Framework process) and reducing waiting lists
- improving multi-agency working and information sharing
- improving families' knowledge about children's social care to help remove the stigma associated with getting help and to allay commonly held misconceptions
- considering opportunities for offering families peer to peer support within the community
- undertaking whole family holistic assessments and putting support in place for the whole family
- ensuring frontline staff have core skills to help develop and enhance relationships with families.

19. **LARC 5**

Solihull was one of nine partners in the Local Authority Research Consortium in 2013 which considered how we effectively support families with different levels of need across the early intervention spectrum to engage with services within an overall framework of neglect.

The key finding was that practitioners and families felt that more help needs to be offered to families early on, before issues escalate. However, practitioners felt that most help was available when families encountered more complex difficulties, rather than offering them preventative advice and support through education or universal services.



## 20. EARLY CHILDHOOD INTERVENTION

There is an extensive body of research which sets out the essential elements of a helping system for children under the age of five.

### 'Proportionate Universalism'

Sir Michael Marmot conducted an independent review of the most effective evidence-based strategies for reducing health inequalities in England. The report identified that *"Focusing solely on the most disadvantaged will not reduce health inequalities sufficiently. To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. We call this proportionate universalism."* (p16, 'Fair Society, Healthy Lives', 2010).

This concept is at the heart of the Department of Health's Healthy Child Programme, and also the Sure Start children's centres programme.

### Emotional well-being and attachment

A review by expert practitioners in 2013 of the best way to support families in the foundation years (Conception to Age 2 – the Age of Opportunity, January 2013) recommended a focus on the crucial nature of the day-to-day relationship between the child and primary care giver, and that parental mental health (both before and after birth) is a key determinant of the quality of that relationship. Their report noted that how we treat 0-2 year-olds

shapes their lives, and ultimately our society: *"Loving, secure and reliable relationships with parents together with the quality of the home learning environment, foster a child's emotional wellbeing; capacity to form and maintain positive relationships with others; brain development (c.80% of brain cell development takes place by age 3); language development; and the ability to learn the 'soft' skills that equip a child to relate to others, thrive and then go on to learn the 'hard' cognitive skills needed to succeed academically are embedded in the earliest months of life."*

### The first 1000 days

*"There is good evidence that the outcomes for both children and adults are strongly influenced by the factors that operate during pregnancy and the first years of life. We have always known this, but new information about neurological development and the impact of stress in pregnancy, and further recognition of the importance of attachment, all make early intervention and prevention an imperative. This is particularly true for children who are born into disadvantaged circumstances."* (Healthy Child Programme, p8).

Two main factors encourage positive development from birth to age 2, namely **physical health**, promoted through good nutrition (breastfeeding in particular) and immunisation; and **emotional health**, promoted through secure relationships with parents who are sensitive and responsive to the baby's signals and cues.

*“Good quality relationships and secure attachment enable a growing brain to become socially efficient, so providing a basis for future self-control and cognitive development. Much of the baby’s environment – from the baby’s point of view – consists of relationships with his or her parents or carers. The quality of this environment influences the development of the brain and social behaviours in ways that form a foundation for the child’s future experiences and his or her responses to them.”* (p13, Conception to Age 2 – the Age of Opportunity).

The most important role – parents

*“The **Millennium Cohort Study** suggests that parents who combine high levels of parental warmth with high levels of supervision are more likely to have children at age five who are confident, autonomous and empathetic. Good parenting therefore reduces the risks that children experience poor behavioural outcomes, criminality and anti-social behaviour. Early parenting experiences are especially critical in the development of the child’s emotional regulatory system and a large proportion of adult mental health problems are thought to have their origins in early childhood.*

*Mothers and fathers are their **children’s first and most important educators**. From the moment of birth, the relationship between parents, between parents and their child, and the activities they do together affect later development, giving children the trust, attitude and skills which help*

*them to learn and engage positively with the world. What happens in this home environment has more influence on future achievement than innate ability, material circumstances or the quality of pre-school and school provision. When fathers and mothers talk, play, read, paint, investigate numbers and shapes or sing with their children it has a positive effect on children’s later development. Mothers’ and fathers’ involvement in reading is the most important determinant of their child’s early language and literacy skills.”* (Supporting Families in the Foundation Years, p36).

*“Higher levels of **maternal depression** are associated with such adverse outcomes in infancy and early childhood as language and cognitive deficits and behavioural problems. Maternal depression can diminish children’s wellbeing, partly as a result of less nurturing and less engaged parenting (e.g. more use of harsher disciplinary practices, less play, less eye contact and less time reading). This has been linked with greater behavioural problems among children such as aggression, acting out, withdrawal and anxiety.”* (‘Conception to Age 2’, p14)

Early Education

*“Evidence shows that the most positive impact comes from families in terms of improved outcomes for children. This is followed by **access to good quality early years provision** which has the next largest impact on children’s development by the age of 5. The evidence strongly shows that this is particularly important for disadvantaged children, and often helps parents to develop effective home learning environments.”* (The Early Years: Foundations for life, health and learning’ 2011, Dame Clare Tickell, p8).

The impact of socio-economic status

*“More children are born with low birth weight in poorer communities than in those that are wealthier... Children from the lowest income households have an average percentile score on school readiness that is more than 30 points below their peers in the first quartile, and their vocabulary at age 3 is more than 20 points below their peers.”* (An Equal Start: Improving Outcomes in Children’s Centres, p5). However, according to the Millennium Cohort Study, *“poor parenting had nearly double the impact of persistent poverty”*.

Integrated working

The Healthy Child Programme emphasises integrated services, building a HCP team across general practice and children’s centres, led by a health visitor and delivered by a range of practitioners across the health service and the wider children’s workforce, supporting early years staff in their role to promote the health of children and using the Common Assessment Framework when children and their families need access to additional services.

*“The recent health reforms present a huge opportunity for local authorities to work with health services to jointly commission, join up and integrate services, particularly for early years... Although health services for under 5s will not transfer to local authorities until 2015, key developments such as the funded early education offer for the most disadvantaged two year olds, an increase in health visitor numbers and Family Nurse Partnerships will be an important part of shaping the service offer in the run up to 2015.”* (Bright Futures: Local Children, Local Approaches. Good Practice in Children’s Centres. LGA, May 2013).

Co-Production

Co-production of public services depends on an equal and reciprocal relationship between professionals, people using services, their families and local communities. Co-production creates a bigger pool of resources, using community assets alongside public, private and voluntary sector resources to deliver outcomes. A consistent feature of successful co-production is that those who have been receiving services are explicitly told that they have something to give back, to other people or to services themselves.

*“Commissioning with public money looks for efficiency and, in an effort to achieve this, tends to apply strict quantitative targets with predefined roles and narrow outputs for different providers in distinct spheres of activity... As we enter a period in which cuts and savings will be made from on high, these examples point to the possibility of a different approach: better, cheaper services created from the ground up by those who know public services the best... The evidence here suggests savings of up to six times the investment made in new approaches – and of course better outcomes for the public.”* (‘Public Services Inside Out: Putting co-production into practice’, NESTA/NEF, April 2010).

The All Party Parliamentary Sure Start Group noted that *“Parental involvement has been a feature of Sure Start Children’s Centres from the beginning although it is acknowledged that some Centres have been more community orientated and taken a more comprehensive approach to volunteering and parental engagement than others. Evidence from 2012 Children’s Centre Census shows that the number of Children’s Centres using volunteers increased substantially between April 2011 and April 2012, with more than 60% of Centres saying the number of volunteers they are using had increased. 50% also said that the number of hours being worked by volunteers had increased.”*

# PRIORITIES FOR CHANGE

The Early Help Board has identified nine goals to deliver early help in Solihull. Further detail on these is contained in an annual action plan.

## 1. STRENGTHEN UNIVERSAL AND TARGETED EARLY HELP SUPPORT FOR CHILDREN AGED 0 – 5

### Key Actions:

- Secure evidence based, universal and targeted 0-5 early help services for April 2015
- Procure 0-5 early help services for April 2015
- Confirm arrangements for tracking children aged 0-5 and identifying those that are vulnerable
- Integrate commissioning & provision of health visiting in the 0-5 model by October 2015
- Deliver access to free early education for 2 year olds by September 2014

## 2. STRENGTHEN UNIVERSAL & TARGETED EARLY HELP SUPPORT FOR CHILDREN AGED 6 – 12

### Key Actions:

- Confirm evidence based, universal and targeted 6 - 12 early help services for September 2015

## 3. STRENGTHEN UNIVERSAL AND TARGETED EARLY HELP SUPPORT FOR CHILDREN AGED 13 – 19

### Key Actions:

- Confirm evidence based, universal and targeted 13 - 19 early help services for September 2015

## 4. STRENGTHEN COMMUNITY PEER SUPPORT AND VOLUNTEERING

Current Position: (to be added)

### Key Actions:

- Further develop 'time for you' community and family volunteers
- Publish local standards for engaging volunteers
- Establish a Child and Family Zone in Yorkswood and Kingshurst
- Establish the Leksand programme which places parenting education within a co-produced system

## 5. STRENGTHEN THE VOICE OF CHILDREN, YOUNG PEOPLE AND FAMILIES IN SERVICE DESIGN

### Key Actions:

- Implement Viewpoint to gather family feedback on service effectiveness
- Review and co-ordinate arrangements for child and family voice

**6. STRENGTHEN EARLY HELP INFORMATION SERVICES FOR FAMILIES**

Key Actions:

- Publish multi-agency 'Local Offers' of information on what services children, and families can expect locally
- Confirm pathway for information delivery

**7. STRENGTHEN TEAM WORKING BETWEEN FAMILIES AND PROFESSIONALS**

Key Actions:

- Deliver a project to increase use and effectiveness of early help multi-agency processes
- Introduce the integrated health and education check at age 2 – 2.5 in 2015
- Roll out phase 4 of the Early Support Project
- Integrate the Education, Health & Care Plan process with wider early help processes
- Develop system-wide workforce training & development on early help
- Extend the Solihull Families First approach

**8. WORK WITH THE EARLY INTERVENTION FOUNDATION TO DEVELOP EVALUATION FRAMEWORKS AND PERFORMANCE TOOLS**

Key Actions:

- Refresh the Early Help Outcomes Framework
- Evaluations of key projects
- Specify tools used in Solihull for outcomes measurement for individual children and families

**9. STRENGTHEN LEADERSHIP OF THE EARLY HELP SYSTEM**

Key Actions:

- Work with the Early Intervention Foundation to further develop Solihull's Early Help Strategy
- Maximise use of resources
- Develop local leaders as early help champions
- Geographical targeting as part of Partnership Plus work

