



# **Hampshire's Prevention and Early Intervention Strategy 2010 – 2015**

**March 2011**



# Contents

<b>Introduction</b>	<b>1</b>
<b>Background</b>	<b>3</b>
<b>Vision and priorities</b>	<b>7</b>
<b>Levels of need</b>	<b>10</b>
<b>Identification, assessment and support</b>	<b>12</b>
<b>Roles and responsibilities</b>	<b>15</b>
<b>Implementation plan</b>	<b>17</b>
<b>Monitoring/evaluating impact</b>	<b>18</b>
<b>Glossary</b>	<b>19</b>
<b>Appendix 1</b> <i>Hampshire Children's Trust Thresholds Chart</i>	<b>22</b>
<b>Appendix 2</b> <i>Building resilience</i>	<b>23</b>
<b>Appendix 3</b> <i>Reference documents</i>	<b>28</b>

# Introduction

This Prevention and Early Intervention Strategy has been agreed by Hampshire's children's partnership, known as Hampshire Children's Trust, representing a shared commitment to co-ordinating support for children, young people and families across the county through Local Children's Partnerships. Hampshire Children's Trust is committed to upholding and promoting the rights of children and young people, as set out in the United Nations Convention on the Rights of the Child.

The Convention asserts that every child in the world has rights – to survival and development, to protection, to health and well-being and to be active participants in all things that happen to them, including all decisions that affect them.

Unless their needs are met, they will be denied a childhood and the opportunity to develop their full potential.

Those needs will not be met unless adults take responsibility for providing the necessary conditions for their fulfilment.

Hampshire Children's Trust recognises the importance of prevention and early intervention in giving every child the best start in life and ensuring they develop resilience and reach their full potential, in line with the priorities of the Hampshire Children and Young People's Plan (CYPP) 2009-2012. Prevention and early intervention activities offer the opportunity to use resources more effectively, by reducing the need for more costly, specialist, services.

This strategy sets out guiding principles for services to provide:

- an effective universal approach which creates an environment that identifies risk and need, and promotes resilience in children and their families
- access to timely, quality activities and services, working with voluntary organisations and local communities
- shared information and data, enabling needs based planning and supporting the identification/assessment of vulnerable children and young people and an integrated approach to meeting their needs

- robust evaluation and feedback from children, young people, their families and carers, helping to secure resources for future provision
- workforce development to better equip staff in collaborative working
- increased awareness and better communication between agencies and services.

Within this document the words child or children will be used to refer to unborn babies, babies, children and young people. A child is anyone who has not yet reached their 19<sup>th</sup> birthday.

# Background

In order to make sure all children achieve, radical change has been needed across the children's services system. Services supporting children and families have needed to respond earlier, work together more, share information better and involve families in the planning and delivery of services. There have been many strategies brought forward by the previous government and the principles set out in those are equally applicable now.

## *What is prevention?*

Working together in a proactive way to provide universal services focusing on factors influencing outcomes.

Prevention is:

- part of a continuum of need
- something that all universal services do to support family health and well-being
- building children's resilience (see Appendix 2) – creating an environment where they have the best chances to thrive and protecting them from potential poor outcomes
- based on data and knowledge of the individual and the community
- identifying and responding to risk (with staff taking responsibility for addressing this in a preventative way)
- taking a whole population/community approach and providing opportunities for residents to have a say in community planning, particularly at key transition stages in the lives of children and families
- involving families as partners in planning for their children's welfare
- providing information so families know what support is available and how to access it.

Prevention also involves delivering services through:

- parenting services, extended schools, children centres
- childcare and education settings - so children can develop their intellectual and social skills

- parks, playgrounds, sport and leisure activities - so children have a chance to exercise, socialise and have fun as they grow up
- general practitioners (GPs), school nurses and health visitors – to promote health and well-being for all
- Police, Fire and Rescue and other service
- housing – so children and families can live in homes that are supportive of family life.

## ***What is early intervention?***

Intervening as soon as possible, through effective targeting, to identify the *right* children and young people and to tackle problems that have already emerged for them by:

- responding in a more integrated way to address initial needs and prevent escalation
- addressing the needs of vulnerable families where parents may need extra support
- responding to identified concerns, individuals or groups, including concerns around children's learning
- promoting the strengths of children, reducing *risk factors* and enhancing their resilience
- joining-up thinking and sharing ownership of strategies, even if activities are led by individual agencies or organisations
- seeing children and young people in the context of family
- addressing root causes as well as the individual identified need.<sup>1</sup>

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<sup>1</sup> The Marmot Review, 2010, *Fair Society, Health Lives* (accessible at <http://www.ucl.ac.uk/ghcg/marmotreview/>)

Early intervention is central to the work of every mainstream service. Existing activities within universal services that play a part include:

- offering support and advice to children and young people and their parents and carers by identifying and responding to circumstances or stresses that may make it difficult for them to bring up their children
- providing extra support for children with additional learning needs and responding early to children who show signs of not reaching their potential in school
- responding to early indicators to reduce the likelihood of continuing anti-social behaviour and criminal activity
- undertaking a comprehensive assessment of a child and family for an holistic understanding of their needs and developing a plan with them to achieve improved outcomes
- targeting young people at risk to engage in positive activities and promote pro-social engagement with their community.

Early intervention aims to influence and support parents, children and young people to develop their skills and resilience to manage the challenges that they may be faced with at key turning points/transitions in their lives. It is appropriate across all ages, as well as need. Early intervention services will be delivered following identification and assessment of a child or family at risk, with a view to intervening or offering more specialist support.

The terms prevention and early intervention are often used interchangeably across disciplines. In practice, there will often be overlap.

## Evidence base

There is considerable evidence that indicates that early intervention is cost effective and, when delivered in a timely and effective way, will help transform the lives of vulnerable young people, families and communities. It is an important investment in the future of children, families and the community as '*later inventions are considerably less effective if they have not had good foundations*'.<sup>2</sup>

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<sup>2</sup> The Marmot Review, 2010, *Fair Society, Health Lives* (accessible at <http://www.ucl.ac.uk/ghcg/marmotreview/>)

Recent studies also illustrate the cost benefits<sup>3</sup> – examples include:

- an Incredible Years parenting programme with children diagnosed with disrupted behaviour costs an average of £1,344 over a six month period to improve a child's behaviour. Without intervention, it is estimated that an individual with conduct disorder costs an additional £60,000 to public services by the age of 28
- the cost of poor literacy is estimated to be between £5,000 and £64,000 for each individual over a lifetime, with the vast majority of these costs due to lower tax revenues and higher benefits. In comparison, the cost of the Reading Recovery programme is approximately £2,609 per pupil, with evidence that 79% of children who participate will be lifted out of literacy failure
- babies of low birth weight are likely to have a lower IQ, have lower academic achievement and be of restricted growth<sup>4</sup>
- the cost of permanently excluding a child is £300,000, which includes educating the child elsewhere and the bill from deploying services such as social care, benefits and the probation service. The estimated cost to the individual ranges from a reduced chance of securing stable employment to the risk getting into substance abuse<sup>5</sup>.

In *Grasping the nettle*<sup>6</sup> several characteristics emerged as common to successful examples of intervention strategies. These were identified as the five *golden threads*:

- the best start in life
- language for life
- engaging parents
- smarter working with better services
- knowledge is power requiring effective data analysis and information sharing.

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<sup>3</sup> Early Intervention: Securing Good Outcomes for all Children and Young People, 2010

<sup>4</sup> Outcomes in Young Adulthood for Very-Low-Birth-Weight Infants (2002), Maureen Hack, M.B., Ch.B., Daniel J. Flannery, Ph.D., Mark Schluchter, Ph.D., Lydia Cartar, M.A., Elaine Borawski, Ph.D., and Nancy Klein, Ph.D.

<sup>5</sup> The National Behaviour and Attendance Review, Interim Report Sept 2007

<sup>6</sup> Grasping the nettle: early intervention for children, families and communities C4EO 2010

# Vision and priorities

Hampshire Children's Trust is committed to offering the right help at the right time, so it has more benefit and lasting impact. By taking this approach we are likely to be more successful in improving outcomes for children young people and their families.

The principles of this strategy are that:

- prevention is preferable
- interventions should be timely, with a focus on appropriate outcomes
- services should start as early as possible to create the best environment for the child to thrive and be available across a broad spectrum of need, eg: children at risk of coming into care
- services should identify risks to children and young people as quickly and as early as possible and ensure that these are addressed
- inequalities for children and their families should be reduced
- there should be an integrated approach to services and support
- services should be flexible and tailored to individual need (this could also be presented as *the personalisation of services*)
- services should be bold to tackle the issues that are most difficult and complex, eg children in care
- true partnership working is instrumental and fundamental to our vision
- good quality information is vital
- professionals and services have to work closely with parents and carers, as outlined in our Parenting Strategy, to build parenting and family capacity (pre and post birth).

# Key aims

## **Collect, share and use data effectively by:**

- gaining consent from children's families to share data (but ensuring that they are not repeatedly asked)
- securing sign-up of all Children's Trust partners for data and information sharing
- establishing appropriate processes and protocols in line with the Hampshire Children's Trust *Information Sharing and Confidentiality Policy*
- ensuring that information exchanges consider broader issues, eg early years would need to record whether there are older siblings etc
- ensuring workforce development addresses information sharing and awareness of relevant procedures.

## **Improve integrated working through:**

- Local Children's Partnerships as a key mechanism for co-ordinating provision at a community level
- joint training between the Children's Trust workforce and Adult Services' workforce, providing opportunities for sharing knowledge and learning from each other, and on-going continuous professional development
- Children's Services and Adult Services working together with families.

## **Strengthen universal provision by:**

- mapping services to provide a baseline of provision
- ensuring all services have a focus on children, families and communities
- acknowledging the contribution of all services in improving outcomes
- fostering an environment where children, young people and families *can do*
- ensuring children, young people and families know where and how they can access support.

### **Increase access to timely and appropriate services by:**

- promoting use of the common assessment framework (CAF), so that it becomes the route to accessing a range of services and ensuring integration
- implementing the Hampshire Children's Trust *Thresholds Chart* (see Appendix 1)
- using evidence-based solutions
- involving families in the delivery and development of services
- providing clear pathways/timescales
- providing strategically mapped provision based on data evidence
- increasing awareness of roles and responsibilities of all Children's Trust partners
- promoting the *Hampshire Family Information Directory* (online directory offering parents and practitioners the ability to search for information about childcare and family services in their local community)

[www.familyinformationdirectory.hants.gov.uk](http://www.familyinformationdirectory.hants.gov.uk)

- improving communication across the Children's Trust and with children, young people and families.

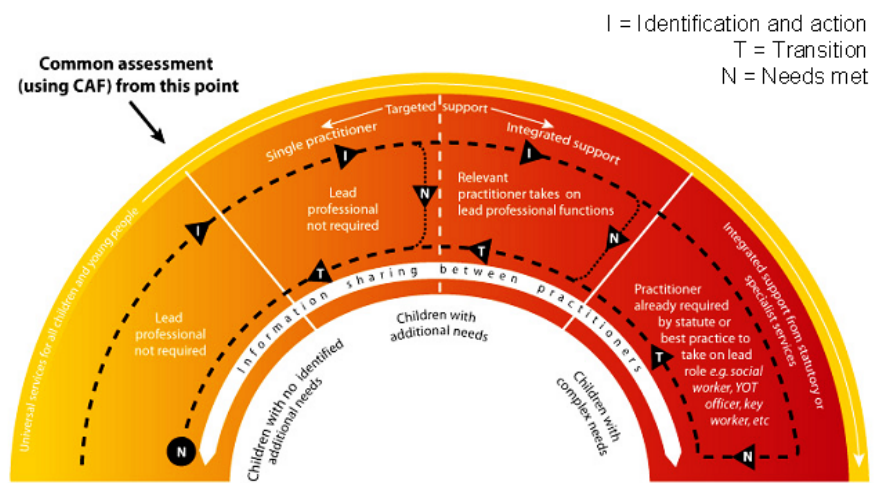
### **Provide co-ordinated evaluation of programmes/provision through:**

- an agreed framework for evaluation that enables an effective assessment of impact on outcomes and informs evidenced based commissioning (to include quantitative/qualitative measures and feedback from children, young people and families).

# Levels of need

Hampshire Children’s Trust has adopted a tiered model to help understand levels of need. The intention of this approach is to identify actions and services across a continuum of need. It gives examples of those that can be provided in the lower tiers to reduce the number of children and families requiring specialist services.

## Windscreen of need



Children, young people and families may move between services depending on their needs, but the emphasis is one of continuous and planned care, with agencies across the spectrum working together to ensure that children and young people stay within universal services.

<p><b>Universal Tier 1</b></p>	<p>Children's needs are met by their families and universal services. These are children who make good overall progress in all areas of their development with no additional support. From time to time these children may require additional professional assistance, but generally this will be time limited.</p>
<p><b>Universal Tier 2 – targeted</b> Vulnerable/early intervention</p>	<p>These children are likely to require specific support from a single agency to meet additional need, without which they would be at risk of not meeting their full potential. This may relate to health, social or educational issues. If ignored, these issues could lead to poorer life chances or more intrusive interventions.</p> <p>Practitioners working with these children may choose to use the CAF pre-assessment checklist to inform their judgement about whether a child is meeting the five Every Child Matters outcomes.</p> <p>The practitioner should consider whether the child's needs can be met by the assessing agency and the child's family. If the child is not achieving one or more outcomes, the practitioner, with the consent of the child/family, should consider accessing the full CAF process and pathway.</p>
<p><b>Specialist Tier 3</b> Complex/multi-agency approach</p>	<p>If a child's needs are complex, it is because their needs are not fully met due to their range, depth or significance. Children with complex needs require a more integrated, co-ordinated response and targeted services, often from more than one agency.</p> <p>The responsible practitioner will complete a CAF assessment with the child and their family; arrange a Team Around the Child (TAC), an action plan, a lead professional and a review of the outcomes of the plan. The CAF and lead professional role may not require statutory or specialist services. It may however, provide evidence of the need for a statutory or specialist assessment.</p> <p>Throughout this process, practitioners must consider the needs of the whole family, as complex needs are usually linked to a range of issues affecting the family.</p>
<p><b>Specialist Tier 3</b> From complex to acute needs</p>	<p>If a child and its family's needs are considered as becoming acute, a CAF has been completed and has been unsuccessful, the involvement of the statutory services should be considered. If in doubt about the appropriateness of this, practitioners are encouraged to consult with the District Locality Team or the Central Referral Team at Hantsdirect (01329 225315).</p>
<p><b>Specialist Tier 4</b> Acute/statutory intervention</p>	<p>These children have complex, immediate needs and compromised care likely to require a coordinated intervention led by a professional from a statutory or specialist agency, although existing TAC members should remain in place for consistency and continuity. Acute needs are further assessed by the statutory sector.</p> <p>A social worker must be the lead professional if:</p> <ul style="list-style-type: none"> <li>• a child's care is so compromised as to place them at risk of significant harm and in need of a child protection plan</li> <li>• a child is in care, or at risk of being taken into care</li> <li>• a child who has been identified as <i>in need</i>, or where a social worker has been designated as lead professional by statutory guidance, eg children who are privately fostered.</li> </ul>

# Identification, assessment and support

There are three parts to early intervention:

- children, young people and families difficulties are identified before they have reached a point at which the child's development, learning and well-being is seriously compromised
- the scale and nature of the problems are understood and a plan for offering help is developed through a process of high quality assessment
- children, young people and families are offered the support they need in line with the assessment.

**The Hampshire Children's Trust *Thresholds Chart*** (Appendix 1) provides a guide to:

- identifying the level of need
- determining the appropriate response
- the level of assessment and intervention required
- types of intervention by level of need
- signposting to services providing appropriate interventions.

## Identification

Children and their families with additional needs are often identified by a range of services, including those which are not solely concerned with children, eg Police or Housing. This highlights the importance of sharing information appropriately between services.

A key factor in identifying children and young people who need help is ensuring that services are designed to encourage contact from children, young people, families and communities. Clearly, colleges, schools and children's centres play an important role in supporting this function.

# Assessment

High quality assessment makes a significant difference to children and young people's outcomes. The CAF provides an assessment and planning framework that aims to assess a child or families holistic needs and develop and agree a process through which agencies work together to meet those needs.

All practitioners working with children and young people should have an awareness of the CAF and either know how to complete an assessment themselves, or know how to arrange to have one carried out within their own organisation.

Full details on CAF, including the pre-assessment checklist, CAF form, detailed action plan, CAF review and links to training opportunities are provided online at:

[www.hants.gov.uk/childrens-services/practitioners-information/caf-and-locality-teams.htm](http://www.hants.gov.uk/childrens-services/practitioners-information/caf-and-locality-teams.htm) .

# Support

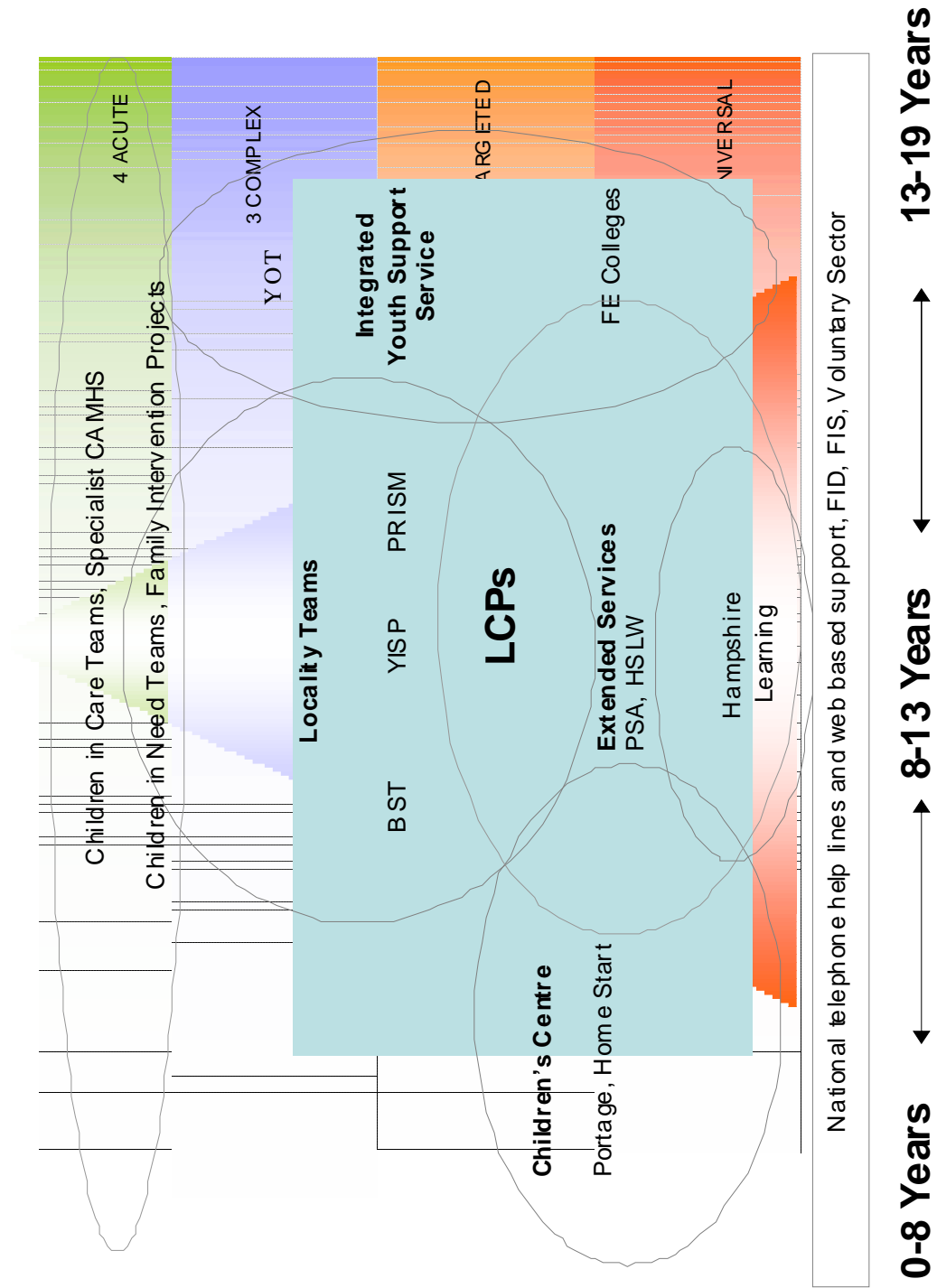
Effective early intervention does not need to be delivered through specialist programmes. Universal services can make a significant and positive difference, for example through extended schools and children's centres.

The Hampshire Children's Trust *Thresholds Chart* (see Appendix 1) provides an indication of appropriate services/interventions for children, young people and families at each level of need and this is further reflected in the support model (page 14).

Early intervention activities across all age groups could include:

- additional one-to-one support
- parenting programmes
- work on self-esteem or social skills.

# The context of the support model



# Roles and responsibilities

Every member of staff who works with children, young people and families has some individual responsibility for promoting and ensuring the rights of the child, including the need for prevention and early intervention. How that responsibility is fulfilled depends on their specific role. Everyone should be alert to a child or young person's emerging needs and know what to do to respond. This could mean initiating an assessment, providing support themselves, or referral to another agency. There is a shared understanding that identified needs of children and families are addressed as and when they present themselves (no closed referral until need is addressed).

Hampshire Children's Trust will work to enable children and young people and their families with additional needs to have easier access to support, by improved integration of services. This will include services delivered through local children's partnerships (LCPs), extended services, children's centres and strategies for child and adolescent mental health Services (CAMHS) behaviour and attendance, special educational needs (SEN), youth inclusion and support panel (YISP) and locality teams.

## Local Children's Partnerships

Services are working together through local children's partnerships (LCPs) to deliver a partnership approach based on identified need. This involves implementing and supporting activities that:

- provide a comprehensive approach to prevention and early intervention by the establishment of local cluster partnerships of services
- improve local access to advice and support services, based on the identified needs of individual children and families
- engage vulnerable children and families in the planning and delivery of services
- ensure access to training for all agencies in using and quality assuring the CAF
- promote the lead professional role in co-ordinating services for individual children and families

- ensure all professional services work together in providing support, preventing any unnecessary referral of families to specialist services
- develop local service directories to signpost provision, including voluntary organisations, against identified needs
- ensure that service provision is evaluated against need to inform commissioning.

## **Locality teams**

Each district council area in Hampshire has a locality team, providing the infrastructure to support the early intervention agenda in a LCP area, partly through the CAF process.

# Implementation plan

## Workforce development

Further work will be needed to develop an effective training programme to support this strategy. This will need to take account of the realignment of the workforce following the restructure of Children's Services. The success of the strategy relies on effective partnership working and robust multi agency training. This will need to:

- be informed by the current review of the CAF process
- link directly with children's workforce development nationally
- inform the Hampshire workforce development plan
- be available to all partners across the Children's Trust
- train people to take up new responsibilities following restructuring.

# Monitoring/evaluating impact

The Hampshire Children's Trust will monitor the impact of prevention and early intervention in the county, through the twice yearly progress reports on the Hampshire Children and Young People's Plan (CYPP). Reports will include performance assessments against:

- the six CYPP priorities, directly supported by this Strategy
- the work of LCPs.

# Glossary

<b>CAF</b>	Common Assessment Framework: a standardised way of assessing a child or young person's needs and how they should be met.
<b>CAMHS</b>	Child and Adolescent Mental Health Services.
<b>Children's centres</b>	Provide a range of services for children under five and their families.
<b>Children's Trust</b>	The local partnership which brings together the organisations responsible for services for children, young people and families, in a shared commitment to improving children's lives.
<b>CYPP</b>	Children and Young People's Plan: the overarching strategy for the Children's Trust.
<b>Early intervention</b>	Intervening as soon as possible, through effective targeting, to identify the 'right' children and young people and tackle problems that have already emerged for them.
<b>Extended services</b>	A range of services and activities offered by schools, often beyond the school day, to help meet the needs of its pupils, their families and the wider community.
<b>Family Information Directory</b>	Online directory offering parents and practitioners the ability to search for information about childcare and family services in their local community.
<b>Healthy Schools</b>	National programme which promotes a 'whole school' approach to health.
<b>IAG</b>	Information, advice and guidance.
<b>LCP</b>	Local Children's Partnership – 18 have been set up across Hampshire.
<b>Locality teams</b>	Provides the infrastructure to support the early intervention agenda in a Local Children's Partnership area through the CAF process.
<b>Peer mentoring</b>	Children and young people supporting other children and young people in the role of buddy, educator or counsellor.
<b>PSHE</b>	Personal, Social and Health Education.

<b>Prevention</b>	Working together in a proactive way to provide universal services focusing on factors influencing outcomes.
<b>Rights, Respect and Responsibilities</b>	A programme in Hampshire schools, based on the UN Convention on the Rights of the Child. Aims to help children achieve their potential and become responsible citizens.
<b>Resilience</b>	Resilience is a psychological concept which relates to the positive capacity of children and young people and adults to cope with, and adapt to, the consequences of the normal stress of life as well as to more dramatic life events and catastrophes. It is a measure of the ability to bounce back.
<b>SEN</b>	Special Educational Needs.
<b>TAC</b>	Team around the child.
<b>Think Family</b>	A whole family approach where all services take into account family circumstances, sharing responsibility for family outcomes and ensuring that every child gets the chance they need to succeed in life. Safeguarding vulnerable children and adults is acknowledged as a shared responsibility and underpins all the work with families and individual members of families
<b>Threshold Chart</b>	See Appendix 1.
<b>UN Convention on the Rights of the Child</b>	<p>An international human rights treaty that grants all children and young people (aged 17 and under) a comprehensive set of rights, including the right to:</p> <ul style="list-style-type: none"> <li>• special protection measures and assistance</li> <li>• access to services such as education and healthcare</li> <li>• develop their personalities, abilities and talents to the fullest potential</li> <li>• grow up in an environment of happiness, love and understanding</li> <li>• be informed about and participate in achieving their rights in an accessible and active manner.</li> </ul>
<b>Universal services</b>	Those services, programmes of study and support available to all young people.

<b>Windscreen of need</b>	This describes the movement of children, young people and families as they move between services depending on their needs. The emphasis is one of continuous and planned care, with agencies across the spectrum working together to ensure that children and young people stay within universal services.
<b>YISP</b>	Youth Inclusion Support Panel.
<b>YOT</b>	Youth Offending Team: multi-agency team co-ordinating the work of youth justice services.

# Appendix 1

## Hampshire Children's Trust Thresholds Chart

To download a copy of the Thresholds Chart and associated guidance, please visit the Children's Trust website:

<http://www3.hants.gov.uk/childrens-services/childrens-trust/information-library-2.htm#section390922-6>

The chart and guidance is available on the 'Information library' page under the 'Templates and guidance' tab.

If you would like a copy sent to you, please email:

[childrenstrust@hants.gov.uk](mailto:childrenstrust@hants.gov.uk)

### Hampshire Children's Trust Thresholds Chart

Level of intervention	1. Universal	2. Vulnerable – early intervention	3. Complex – multi-agency	4. Acute – statutory intervention	
<b>Key headline features</b>	<ul style="list-style-type: none"> <li>Needs met within universal provision</li> <li>May need limited intervention within the setting to avoid needs arising</li> <li>Link to CAMHS Tier 1</li> </ul>	<ul style="list-style-type: none"> <li>Requires additional support, usually within the setting</li> <li>Needs are well established and can be met within identified resources</li> <li>Link to CAMHS Tier 2</li> </ul>	<ul style="list-style-type: none"> <li>Requires co-ordinated multi-agency response</li> <li>Lead professional required</li> <li>High level of unmet need</li> <li>Link to CAMHS Tier 3</li> </ul>	<ul style="list-style-type: none"> <li>At risk of becoming, or has become, a child in care</li> <li>Multi-agency plan failing</li> <li>In need of formal child protection plan</li> <li>Offers poor co-operation</li> <li>Link to CAMHS Tier 3 and 4</li> </ul>	
<b>Circumstances and key features</b>	<p><b>Developmental needs</b></p> <ul style="list-style-type: none"> <li>Achieving learning targets</li> <li>Good attendance</li> <li>Meeting developmental milestones</li> <li>Has psychological well-being</li> <li>Socially interactive and skilled</li> <li>Ability to protect self and be protected</li> </ul> <p><b>Family and environment</b></p> <ul style="list-style-type: none"> <li>Supportive relationships</li> <li>Housed, good diet and kept healthy</li> <li>Supportive networks</li> <li>Access to positive activities</li> </ul> <p><b>Parents and carers</b></p> <ul style="list-style-type: none"> <li>Protected by parents</li> <li>Secure and caring home</li> <li>Receive and act on information, advice and guidance</li> <li>Appropriate boundaries maintained</li> </ul>	<p><b>Developmental needs</b></p> <ul style="list-style-type: none"> <li>Low level school absence</li> <li>Language and communication difficulties</li> <li>Reduced access to core needs</li> <li>Potential for becoming NEET</li> <li>Potential not to attain Family and environment</li> <li>Slow in meeting developmental needs</li> <li>Missing health checks/immunisations</li> <li>Minor health problems</li> <li>Early signs of offending behaviour</li> </ul> <p><b>Sexual health boundaries</b></p> <ul style="list-style-type: none"> <li>Early signs of drug/alcohol misuse</li> <li>Low level emotional/mental health issues</li> <li>Poor self-esteem</li> <li>Poor skills risking social exclusion</li> <li>Young carers</li> <li>Poor parent/child relationships</li> <li>Children of prisoners</li> <li>Bullying</li> <li>Poor housing</li> <li>Low income affects achievement</li> </ul> <p><b>Parenting advice needed to prevent needs escalating</b></p> <ul style="list-style-type: none"> <li>Poor access to core services</li> <li>Inconsistent care arrangements</li> <li>Poor supervision by parent/carer</li> <li>Inconsistent parenting</li> <li>Poor response to emerging needs</li> <li>Historic context of parent/carer's own childhood</li> </ul>	<p><b>Developmental needs</b></p> <ul style="list-style-type: none"> <li>Permanent exclusion/no school place</li> <li>Use of fixed term exclusions</li> <li>Persistent absence from school</li> <li>No access to core services</li> <li>Disabilities affecting ability to remain in mainstream</li> <li>Developmental milestones not being met and may affect ability to remain in mainstream services</li> <li>Chronic/recurring health problems</li> <li>Regular missed appointments affecting developmental progress</li> </ul> <p><b>Parents and carers</b></p> <ul style="list-style-type: none"> <li>Teenage pregnancy</li> <li>Continuing socially inappropriate behaviour</li> <li>Offending behaviour resulting in risk of entering Youth Justice System</li> <li>Continuing drug/alcohol misuse</li> <li>Very low self-esteem</li> <li>High level emotional/mental health issues</li> <li>Poor skills resulting in social exclusion</li> <li>Family and environment</li> <li>Community harassment/discrimination</li> <li>Domestic abuse</li> </ul> <p><b>Risk of relationship breakdown</b></p> <ul style="list-style-type: none"> <li>Poor attachments</li> <li>Overcrowding</li> <li>Temporarily housed</li> <li>Socially excluded family</li> </ul> <p><b>Parents and carers</b></p> <ul style="list-style-type: none"> <li>Continuing poor supervision in the home</li> <li>Parental learning disability, substance misuse or mental health impacts on parenting</li> <li>Parental non-compliance or co-operation</li> <li>Inconsistent parenting affects child's developmental progress</li> </ul>	<p><b>Developmental needs</b></p> <ul style="list-style-type: none"> <li>Chronic persistent absence, permanent exclusions or no school place that risks entry to the care system</li> <li>Sexually aggressive behaviour</li> <li>Offending/re-offending behaviour</li> <li>Complex mental health issues affecting developmental needs, including self harm</li> <li>Teenage parent/pregnancy under the age of 16</li> <li>Sexual exploitation</li> <li>Frequently missing from home resulting in self neglect</li> </ul> <p><b>Drug/alcohol use severely impairing development</b></p> <p><b>Family and environment</b></p> <ul style="list-style-type: none"> <li>Suspicion of physical, emotional or sexual abuse or neglect</li> <li>Domestic abuse, with clear evidence of effect on child</li> <li>Homeless child/young person</li> <li>Extreme poverty affecting child's well-being</li> <li>Parents and carers</li> <li>Edge of care</li> <li>Parental encouragement of abusive/offending behaviour</li> </ul>	
<b>Type of response</b>	<ul style="list-style-type: none"> <li>Universal services providing basic requirements for health, education and protection</li> </ul>	<ul style="list-style-type: none"> <li>Additional needs can be met within identified settings with some additional support</li> </ul>	<ul style="list-style-type: none"> <li>TAC approach</li> <li>Child's need downgraded from acute need, with change of Lead Professional from social worker to another professional</li> </ul>	<ul style="list-style-type: none"> <li>TAC led by statutory social worker/NSI/Education and inclusion staff</li> <li>Formal child protection plan</li> <li>Formal child in care plan</li> </ul>	
<b>Level of assessment and interventions required</b>	<ul style="list-style-type: none"> <li>No formal assessment – needs identified, met and problem resolved</li> </ul>	<ul style="list-style-type: none"> <li>CAF Pre-Assessment check list</li> <li>Assess if child is able to meet the five Every Child Matters outcomes</li> </ul>	<ul style="list-style-type: none"> <li>CAF with multi-agency approach</li> </ul>	<ul style="list-style-type: none"> <li>National assessment framework</li> <li>Other specialist assessment</li> <li>Fast-CAF approach drawing on CAF assessment to inform further assessment</li> <li>Child protection investigation</li> </ul>	
<b>Types of intervention to be considered</b>	<ul style="list-style-type: none"> <li>Children's needs are met by the provision of universal services</li> <li>Refer to individual establishments own support services</li> </ul>	<ul style="list-style-type: none"> <li>Usually short term interventions</li> <li>Additional 1:1 support identified within the setting, or sought from supporting agency</li> <li>Parenting programmes</li> <li>Prevention programmes e.g. drug, alcohol, sexual boundaries</li> </ul>	<ul style="list-style-type: none"> <li>Work on self-esteem or social skills</li> <li>Positive activities programmes</li> <li>Positive Parenting Programme (Triple P) levels 1-4</li> <li>Parenting early intervention projects</li> <li>Refer to individual establishments own support services</li> </ul>	<ul style="list-style-type: none"> <li>Targeted approach</li> <li>Multi-agency co-ordination</li> <li>Longer term interventions</li> <li>Consider 'Think Family' approach</li> <li>Package of interventions to the family relevant to identified needs</li> <li>Triple P level 5</li> <li>Family intervention projects</li> </ul>	
<b>Services who provide those interventions</b>	<ul style="list-style-type: none"> <li>Schools</li> <li>Sure Start Children's Centres</li> <li>Primary Health staff</li> <li>YISS</li> <li>Housing/District Council</li> <li>Colleges</li> <li>Area Inclusion Co-ordinators for early education and childcare</li> </ul>	<p>Locality Teams can signpost you to other local services, or consult the Hampshire Family Information Directory (<a href="http://www.fid.hants.gov.uk">www.fid.hants.gov.uk</a>)</p> <ul style="list-style-type: none"> <li>Children's centre and outreach</li> <li>Youth crime prevention services</li> <li>School and college support staff e.g. SENCO</li> <li>Behaviour Support Team</li> <li>Voluntary organisations</li> <li>Play services</li> <li>Community organisations</li> <li>Police Community Officers</li> </ul>	<ul style="list-style-type: none"> <li>Community Safety Team</li> <li>Housing Officers (District Council)</li> <li>Young carers projects</li> <li>YISS</li> <li>Primary Health Care Team</li> <li>Parent Support Workers</li> <li>Choice advice (parenting support)</li> <li>Community paediatricians</li> <li>RISOM Network (Substance misuse)</li> <li>Extended Services provision</li> </ul>	<p>Services whose specialism is within the identified area of need and can provide the Lead Professional to co-ordinate the TAC</p> <p>All key professions currently involved plus:</p> <ul style="list-style-type: none"> <li>some voluntary organisations</li> <li>children's disability services</li> <li>Primary Health Care Team</li> <li>education welfare</li> <li>YISP</li> </ul> <ul style="list-style-type: none"> <li>CAMHS/Specialist CAMHS/Through the Net' panels</li> <li>Parenting Support Workers</li> <li>Behaviour Support Team</li> <li>Children's centre and outreach</li> <li>Education and Inclusion staff</li> <li>Drug and alcohol services</li> <li>Family intervention project</li> <li>Parenting specialists</li> <li>Portage</li> <li>Education to Employment (EZE) providers</li> <li>Extended Services provision</li> </ul>	
<b>Glossary of terms:</b>	CAF – Common Assessment Framework CAMHS – Child and Adolescent Mental Health Services	EZE – Entry to Employment YISS – Integrated Youth Support Service	NEET – Not in Education, Employment or training PRISM – Processing Referrals in Substance Misuse	SEN – Special Educational Needs SENCO – Special Educational Needs Co-ordinator	TAC – Team Around the Child YISP – Youth Inclusion Support Panel

## Appendix 2

### Building resilience

## Developing resilience in all children and young people in Hampshire – a discussion document

Resilience is generally regarded as a psychological concept which relates to the positive capacity of children and young people and adults to cope with, and adapt to, the consequences of the normal stress of life as well as to more dramatic life events and catastrophe. It is a measure of the ability to bounce back. It is dependant on a child or young person having self worth and self esteem and being able to make informed choices and manage change in an optimistic way. There are many factors that have been well discussed in the literature as being key to the building of resilience, something we all need to have in order to function with the stresses of life. There seems to be a correlation with the formation of resilience and children and young people having positive relationships and a strong sense of identity.

In Hampshire, we have a commitment to advancing the intentions of the UN Convention of the Rights of the Child. We seek to promote the Rights, Respect and Responsibility (RRR) curriculum in our schools and we have a great opportunity to develop our understanding of the contribution of this to building resilience.

Different agencies will have different opportunities to build resilience. However all have a commitment to the Every Child Matters (ECM) outcomes and we see a direct relationship between this and resilience. Where we are advancing with the ECM outcomes we are most likely to also be forming resilient children and young people.<sup>4</sup> We also have a duty to further the work of the Hampshire CYPP.<sup>5</sup>

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<sup>4</sup> The five ECM outcomes are:

- Be Healthy
- Stay Safe
- Enjoy and Achieve
- Make a Positive Contribution
- Achieve Economic Well Being

<sup>5</sup> The following key priorities of the Hampshire Children and Young People's plan speak particularly to the vision of forming resilient young people in Hampshire.

- Priority 2 – Securing physical, emotional and mental health, promoting healthy lifestyles and reducing inequalities

Barnardos has been promoting an evidence-based approach to children's services since the mid-1990s and has commissioned '*What works in building resilience?*'<sup>6</sup> which seeks to review strategies used to intervene and build resilience in children and young people. The weight of evidence suggests that incorporating resilience-promoting strategies in services to children and young people can make a real difference. It is suggested that if young people can build a sense of mastery of their lives, resilience even in the most difficult situations can be structured.

Newman believes that risk factors are cumulative and that the presence of one increases the likelihood that more will emerge. Transition points in children's lives can be both threats and opportunities but where the cumulative chain of adversities can be broken, most children are able to recover from even severe exposure to adversities in early life.

Newman also recognises that managed exposure to risk is necessary if children are to learn coping mechanisms. Key factors promoting resilience in children are: support from family and/or peers, good educational experiences, a sense of agency of self-efficacy and opportunities to contribute to family or community life by taking valued social roles.

Children and young people who have experienced difficulties report more often being helped by non-professional supporters (friends and family), rather than by professionals. This has implications for the training of teachers in Hampshire and how teachers perceive their responsibilities to, and relationships with, children and young people.

It is also suggested that different strategies are appropriate at different times during the life of a child or young person and these suggestions have implications for our work in Hampshire. To this end, we have taken those suggested strategies, considered those activities Hampshire has in place (or should be considering) and also those immediate actions needed.

In addition, each agency that is working with children and young people in Hampshire needs to consider the distinctive contribution to be made to building resilience for the children and young people in their care. We are concerned to *narrow*

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- Priority 3 – Providing opportunities to learn that raise children and young people's aspirations, encourage excellence and enable them to achieve beyond their expectations
  - Priority 5 – Providing vocational, leisure and recreational activities that provide opportunities to experience success and build resilience

<sup>6</sup> Newman, T. (2004) *What Works in Building Resilience?* London: Barnardos.

*the gap* and investigate effective strategies which contribute to this.

In an educational context, we need to reflect upon educational interventions (not just psychological ones) that are effective in giving all children and young people the space to reflect upon what kind of people they would like to become and what kind of world they would like to live in, and empower them to bring their life plans into reality. This is the mark of resilient adults. In addition, we need educational and philosophical reflection across agencies in Hampshire, regarding how in our different settings we to give the space for all children and young people form into resilient adults.

### Suggested effective strategies (Tony Newman 2004)

### Exemplification within Hampshire

#### Early years (antenatal to 4)

- In the antenatal period: adequate maternal nutrition throughout pregnancy.
- Avoidance of maternal and passive smoking.
- Moderate maternal alcohol consumption.
- Social support to mothers from partners, family and external networks.
- Good access to antenatal care.
- Interventions to prevent domestic violence.

#### During infancy

- Adequate parental income.
- Social support for mothers, to moderate peri-natal stress.
- Good-quality housing.
- Parent education.
- Safe play areas and provision of learning materials.
- Breastfeeding to three months.
- Support from male partners.
- Home-based input from health and social care services, lay or professional.

#### During the pre-school period

- High-quality pre-school day care.
- Preparatory work with parents on home-school links.
- Pairing with resilient peers.
- Availability of alternative caregivers.
- Food supplements.
- Links with other parents, local community networks and faith groups.
- Community regeneration initiatives.

#### Effective strategies for middle childhood (5 to 13)

- Reception classes that are sufficiently flexible to accommodate a range of cultural and community-specific behaviours.
  - Creation and maintenance of home-school links for at-risk children and their families, which can promote parental confidence and engagement.
  - Positive school experiences: academic, sporting or friendship-related.
  - Good and mutually trusting relationships with teachers.
  - The development of skills, opportunities for independence and mastery of tasks.
- RRR providing a basis for the curriculum.
  - Robust personal development programme including PSHE and Citizenship.
  - Social, emotional aspects of learning and development.
  - Peer mentoring.
  - Healthy Schools.
  - Working in curriculum areas.
  - Supporting headteachers to articulate and bring into reality school ethos which advance resilience in all students.

### Suggested effective strategies (Tony Newman 2004)

### Exemplification within Hampshire

- Structured routines, and a perception by the child that praise and sanctions are being administered fairly.
  - In abusive settings, the opportunity to maintain or develop attachments to the non-abusive parent, other family member or, otherwise, a reliable unrelated adult; maintenance of family routines and rituals.
  - Manageable contributions to the household that promote competencies, self-esteem and problem-solving coping.
  - In situations of marital discord, attachment to one parent, moderation of parental disharmony and opportunities to play a positive role in the family.
  - Help with resolving minor but chronic stresses as well as acute adversities
- Provision of breakfast and after-school clubs.

- Implementation of effective pedagogic strategies which are congruent with forming resilience in the classroom. For example the Community of Philosophical Enquiry (P4C) as a something that recognises rights and difference and has relationship to identity formation and emotional intelligence.

### Effective strategies for adolescence and early adulthood (13 to 19)

- Strong social support networks.
- The presence of a least one unconditionally supportive parent or parent substitute.
- A committed mentor or other person from outside the family.
- Positive school experiences.
- A sense of mastery and a belief and one's own efforts can make a difference.
- Participation in a range of extra-curricular activities.
- The capacity to re-frame adversities so that the beneficial as well as the damaging effects are recognised.
- The ability – or opportunity – to *make a difference* by helping others or through part-time work.
- Not to be excessively sheltered from challenging situations that provide opportunities to develop coping skills.

- RRR providing a basis for the curriculum.

- Robust personal development programme including PSHE and Citizenship.
- Social, emotional aspects of learning and development.
- Peer mentoring.
- Healthy Schools.
- Outdoor Education.
- IAG.
- Work experience.
- Community service.
- Working in curriculum areas.
- Supporting head teachers articulate and bring into reality school ethos which advance resilience in all students.
- Implementation of effective pedagogic strategies which are congruent with forming resilience in the classroom. For example the Community of Philosophical Enquiry (P4C) as a something that recognises rights and difference and has relationship to identity formation and emotional intelligence.

## Appendix 3

Reference documents which include ideas that support prevention and early intervention

**The National Service Framework for children, young people and maternity services (2004)** is presented as a ten year developmental strategy which sets national standards for the first time for children's health and social care.

[www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4089100](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4089100)

**The 2020 Children and Young People's Workforce Strategy (2008)** sets out the way forward for the children and young people's workforce as a whole.

<http://www.education.gov.uk/publications/standard/publicationdetail/page1/DCSF-01052-2008>

**Early Intervention: Securing Good Outcomes for all Children and Young People (2010)** supporting the implementation of consistent, high quality arrangements across by Children's Trust Boards.

[publications.dcsf.gov.uk/eOrderingDownload/DCSF-00349-2010.pdf](http://publications.dcsf.gov.uk/eOrderingDownload/DCSF-00349-2010.pdf)

**The Marmot Review: Fair Society, Healthy Lives (2010)** an independent review into health inequalities in England, proposing the most effective evidence-based strategies for reducing health inequalities.

[www.marmotreview.org/](http://www.marmotreview.org/)

**The Association of Chief Police Officers Children and Young People's Strategy 2010.**

<http://www.acpo.police.uk/documents/children/2010/201007CYPANS02.pdf>

**Prevention and Early Intervention in the Social Inclusion of Children and Young People (2004)** evaluation of the initial impact of Children's Fund preventative work.

[www.education.gov.uk/research/data/uploadfiles/RR603.pdf](http://www.education.gov.uk/research/data/uploadfiles/RR603.pdf)

**Hampshire Children's Trust Thresholds Chart** provides a quick reference guide to identifying the level of need; determining the appropriate response; the level of assessment and intervention required; types of intervention by level of need; and signposting to services providing appropriate interventions.

[www.hants.gov.uk/childrens-services/childrens-trust/information-library-2.htm](http://www.hants.gov.uk/childrens-services/childrens-trust/information-library-2.htm)

**Hampshire's Children and Young People's Plan 2009-12** the overarching strategy for those working with children and young people in Hampshire.

[www.hants.gov.uk/cypp](http://www.hants.gov.uk/cypp)

**Hampshire Children's Services Information Sharing and Confidentiality Policy** provides practical advice on information sharing, ensuring that any concerns staff have about maintaining confidentiality do not prevent justifiable information sharing in the best interests of the child/young person.

<http://www3.hants.gov.uk/childrens-services/childrens-trust/informationsharing.htm>