

Essex Child and Family Wellbeing Service

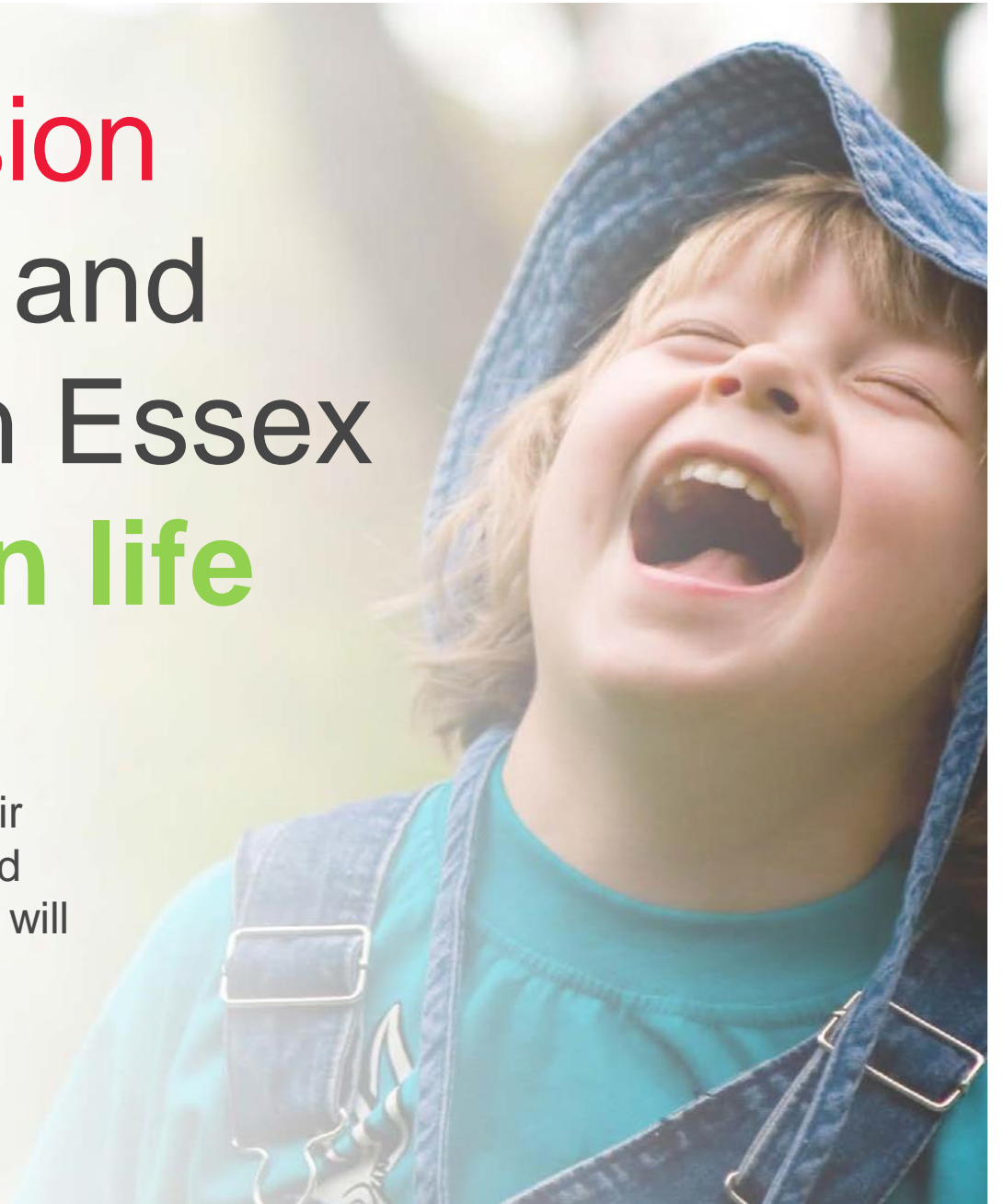
Pre-Birth to 19: A New Vision for Essex

Commissioners and contractors



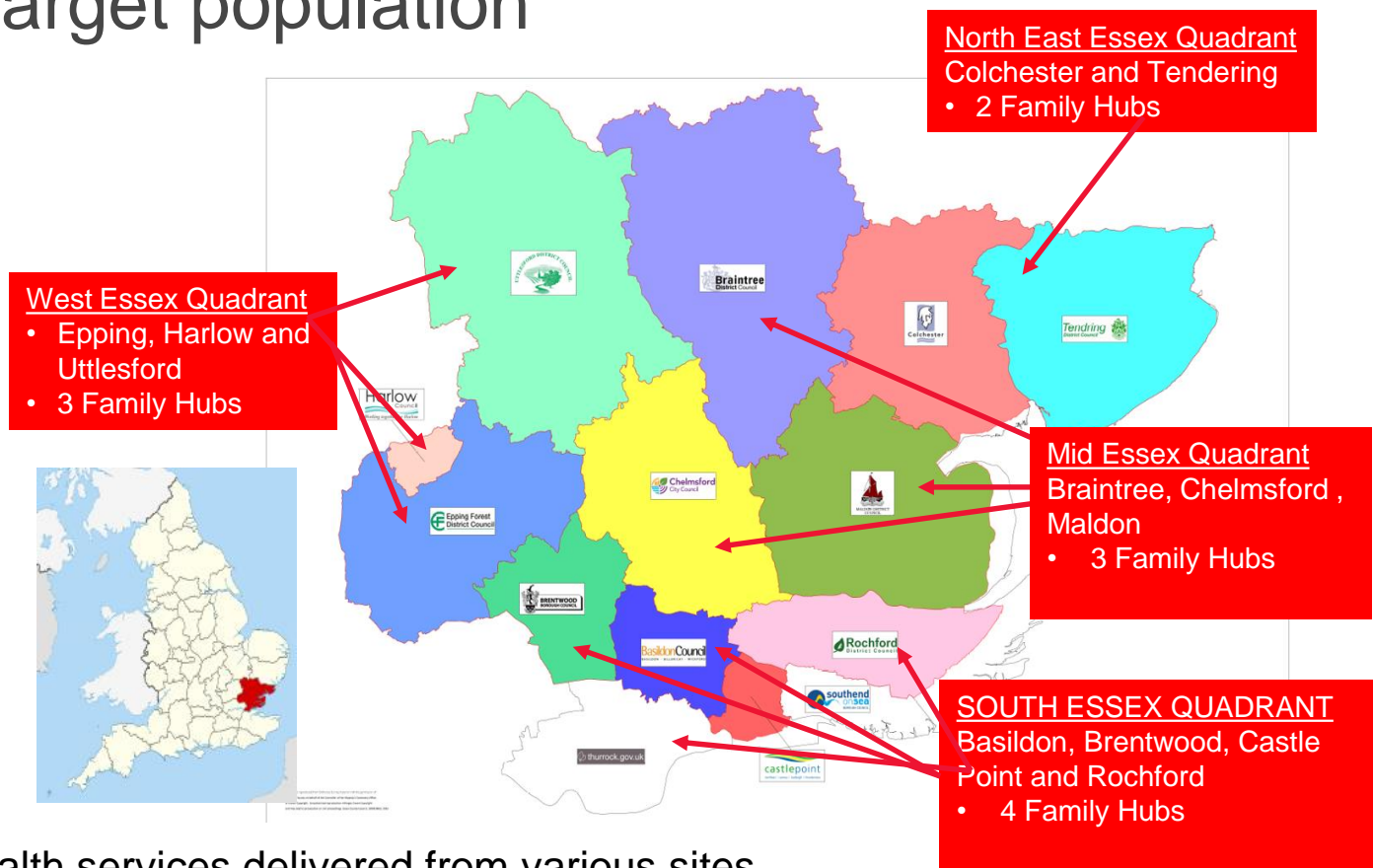
We're on a mission to give children and young people in Essex the **best start in life**

We know that supporting children and their families from conception, through birth and the early years, and into young adulthood will give them the best possible chance to succeed.



About Essex and our target population

- 1.7m people
- Approx. 1,000 new births per month
- 85,000 zero to 4 year olds
- 235,000 four to 19 year olds
- 120,000 in primary school
- 80,000 in secondary school
- 520 schools
- West Essex children's community health services delivered from various sites
- There are 38 mandated service delivery sites for PB-19 provision – 12 districts each with one Family Hub and additional satellite Delivery Sites
- Profiling of individuals to identify 'priority' groups for targeted support and interventions at a local level e.g. Non-working households, Traveller families and those with other vulnerabilities that can result in inequalities facing children



In the past,
we worked on
**a deficit
model:**

All too often, professionals have been tasked with identifying what is wrong or what is missing — seeing presenting problems and then stepping in to fix things.

We now know
we must start
**with family
capability:**

We need to start here, with what people can do. We need to understand how to build and grow it, embedding the principle and practice of early intervention - anticipating what families might need and supporting them before they struggle.

Essex County Council and NHS West Essex

co-developed a New System Vision with Essex residents:

We will...



Look first at families' strengths

especially those of parents (both Mums and Dads) and take time to understand their needs fully



Focus on preventing problems

before they occur and offer flexible, responsive support when and where it's required



Build the resilience of parents

and communities to support each other



Work together across the whole system

– aligning our resources so we can best support families and 'do what needs to be done when it needs to be done' (not necessarily what is on our job description)



Base all we do on evidence

of both what is needed and of what works, and be brave enough to stop things that aren't working



Be clear and consistent about the outcomes

we expect, and judge what we do against them

We will know our system is successful if it delivers these outcomes:



Children...

- Are physically and emotionally healthy
- Are resilient and able to learn well
- Are supported by their families, their community, and - when necessary - professionals to thrive and be successful
- Live in environments that are safe and support their learning and development



Parents...

- Are supporting one another in their communities
- Know where to get help if they need it
- Have trusted relationships with practitioners, neighbours and other parents
- Are well informed about how best to help their child develop, and motivated to make great choices



Communities...


- See it as their collective responsibility to support parents and young children
- Are providing sustainable support through individuals, community groups, businesses and voluntary organisations
- Are seen, understood and valued by practitioners as being 'part of the solution'



Practitioners...

- Focus first on families and their strengths
- Work closely with families to understand what they need, and build trusting relationships
- Have a shared vision and understanding of outcomes and success
- Are skilled, knowledgeable and are co-creating and co-delivering approaches that work


What we as Commissioners asked for




Provide a more flexible support model for families and children throughout childhood, by freeing up staff currently tied to Children Centre buildings




Retain a 50 hour/week Family Hub (registered Children's Centre) in each of the 12 Essex Districts



Create 26 Family Hub delivery sites, and a network of outreach sites taking services to where parents/families actually need them



Create an integrated Pre-Birth to 19 workforce galvanised around a common set of outcomes, as articulated in the Our System Vision




Reduce the pressures on expensive, acute/crisis intervention services & systems such as Accident and Emergency, GP services and Children's Social Care




Retain universal services

such as health visitors, but with real focus on families at greatest risk of not achieving desired outcomes



Improve support to those in greatest need with significant focus on early intervention, and re-distribute resources across the County to the areas of greatest deprivation



Invest to build strong, resilient families who are able to identify when things need addressing and have the skills and confidence to find solutions or ask for help



Harness and support families and communities to develop their own support activities through the community building work of the voluntary sector in Essex

Making a difference and measuring outcomes

Children & young people (CYP) feel safe

1

Children and young people of school age reached who report (including through the school nurse drop-in) not feeling safe, who report feeling safe after support

Parents feel their CYP are safe

2

Number of parents/carers reached who tell the provider that their children/young people aren't safe who report feeling they are safe after support

Identified risks to children's safety are removed / mitigated

3

Children and young people identified as having risks to safety, with an action plan in place and with an event/outcome indicating risks are removed/mitigated following subsequent assessment as required by care in order to remove/mitigate risks to safety

Supporting children to be school ready and achieving the best transition into school

4

Families who show improvements in their parenting/behaviour following intervention.

5

Children identified while they are 2 years old (and before they turn 3) as not achieving an age appropriate level of development, who do achieve an age appropriate level of development in advance of starting school following intervention

6

Two year olds in receipt of FEEE2 identified as not reaching an age appropriate level of development, who do achieve an age appropriate level of development in advance of starting school following intervention

All mothers have good emotional well-being in the perinatal period

7

Pregnant Women identified and/or notified to the provider by the midwife as at risk of or experiencing poor emotional wellbeing during the perinatal period whose emotional wellbeing improves following support

8

Primary care gives identified following assessment as having poor emotional wellbeing, who have children on a Child Protection Plan and whose emotional well-being improves following support

Children and young people make positive lifestyle choices

9

Children and young people of secondary school age identified as not making positive lifestyle choices who are making more positive choices after support

10

Children living in most deprived quintile areas of Essex who were overweight at Year R measurement who have returned to a healthy weight at YR6 measurement

11

Teenage mothers living in the most deprived quintile in the quadrant identified as being at risk of not making positive lifestyle choices pre-birth, for whom positive lifestyle choices can be evidenced at six months post birth following support

12

MONITORING KPI
No and % of schools that retain or achieve enhanced healthy school status.

Making a difference and measuring outcomes

All children are supported to be ready for the next stage of life by 19 years of age

13

Young people 14 – 18 year olds identified and who agreed they needed support who reported that they were more ready for the next stage of life post intervention.

14

Young people aged 14 with an EHCP who report being more ready for the next stage of life post intervention in advance of turning 19

15

Looked after young people 14 – 18 in receipt of RHA who report being more ready for the next stage of life post intervention in advance of turning 19

All CYP have good emotional wellbeing

16

Statutory school age children and young people at risk of or experiencing poor emotional wellbeing whose emotional wellbeing improves following support

17

Statutory school age children and young people identified as young carers who are experiencing poor emotional wellbeing who show improved emotional wellbeing after 6 months post intervention.

Families are resilient

18

Primary care givers who are identified as being lonely or isolated and have low resilience who feel less lonely and whose resilience has increased after support

Children, young people and parents feel connected and included in a community

19

School age children and young people who report feeling less lonely after support

20

20 has been combined with 18

All children and young people have strong attachment to at least one adult or other person in their life

21

Primary care givers identified at 14 days who are assessed as showing improved close and loving relationship to their baby at 6 months post intervention.

22

Under-2 year olds identified as at risk of poor attachment with a primary care giver whose attachment improves with support

23

Children and young people from statutory school age who do not feel attached to a consistent adult and appropriate adult, who feel attached to a consistent and appropriate adult after support

Making a difference and measuring outcomes

Specific Outcome Measures for West Essex CCG-funded community children's services

1	2	3	4	5
Children and young people avoid hospital for their healthcare	Children and young people feel confident and competent to manage their health condition at home	Parents and Carers feel confident and competent to manage their child/young person's health condition in the community	Multi-disciplinary assessments and planning reduce duplication, improve communication and family experience	Young people and their families experience a safe and high quality transition to adult services

An Integrated Pre-Birth to 19 Health, Well-being and Family Support Services (PB19) delivered by Virgincare In partnership with Barnardos



Four geographic quadrants

- **North East** (Colchester, Tendring)
- **Mid** (Braintree, Chelmsford, Maldon)
- **South** (Basildon, Brentwood, Rochford, Castle Point)
- **West** (Harlow, Epping Forest, Uttlesford)

One integrated service across West Essex

Family Support to boost Public Health Outcomes

Tripartite system

Family, Community and School support are intertwined to improve public health outcomes for children, young people and families.



Identifying individuals in need of support

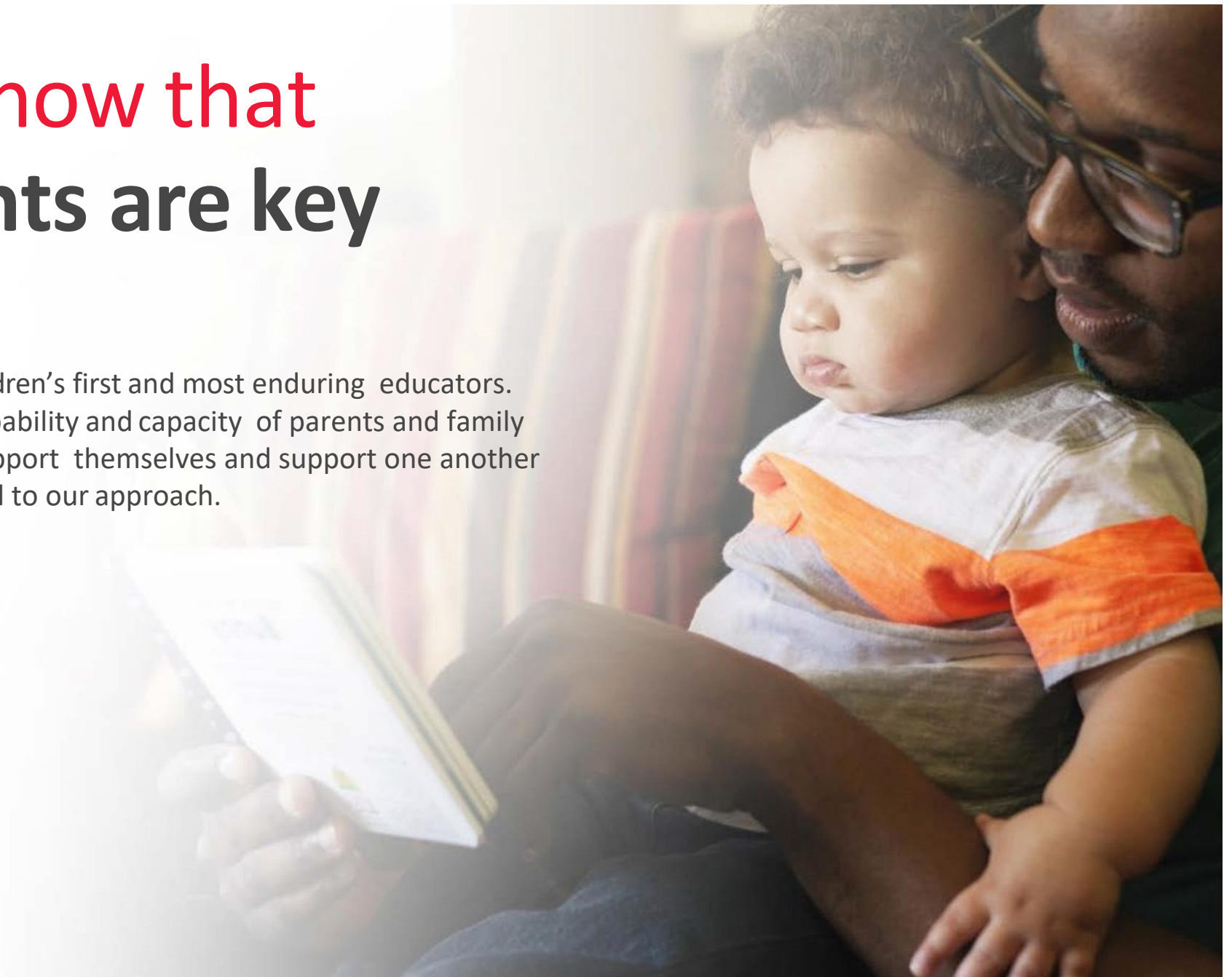
Assessment Points / Points of identification:

- Antenatal Contact (universal and targeted)
- New Birth visit
- 6 – 8 week check
- Health Visitor Led drop-in 50 hours per week in Family Hubs
- 1 and 2 year visit which include holistic review of emotional wellbeing
- Single Point of Contact
- Universal Services within the Family Hub
- School Entry Screen
- School Based School Nurse Drop-in
- CHAT Health
- A&E and DV notifications
- Minimum 6 monthly reviews for LAC Children
- Social Media, Facebook particularly
- Website
- Referrals ie from GPs, Schools, Voluntary Sector and Early Year Providers
- Population Health Needs assessment to target universal activities at the needs of the local community / Family Hub reach area



We know that parents are key

Parents are children's first and most enduring educators. Building the capability and capacity of parents and family members to support themselves and support one another must be central to our approach.



Working in partnership with Families

- **Home based coaching 1-1 using an emotion coaching model**
 - MESCH Programme
 - Brazelton
- **Evidence based group interventions**
 - Incredible Years Parenting Programme
 - Relax Kids
 - Baby Massage
 - Go Girls
 - Freedom Programme
- **Structured courses (ie: Adult community Learning)**
 - First Aid
 - English and Maths
- **Solution Focused Brief Intervention via drop-in**
- **Universal Service Offer –Linked with public health outcomes**
- **Telephone Information Advice and Guidance**
 - CHAT Health
 - Duty Practitioner



Working in partnership with Schools

- **Training for School Staff**
 - Understanding Health of your pupils
 - Challenging and identifying Risky Behaviours
 - School Meals
- **Curriculum guidance**
 - PHSEe Offer
- **Healthy Schools Programme**
 - Foundation & Enhanced
- **Support to establish behaviour change interventions**
 - Daily Mile
 - Risky Behaviours
- **Access to wider Public Health initiatives and support**
 - Risk Avert
 - School Sports Premium
 - School Meals Advice
- **Public Health Bulletins**
- **Information sharing**

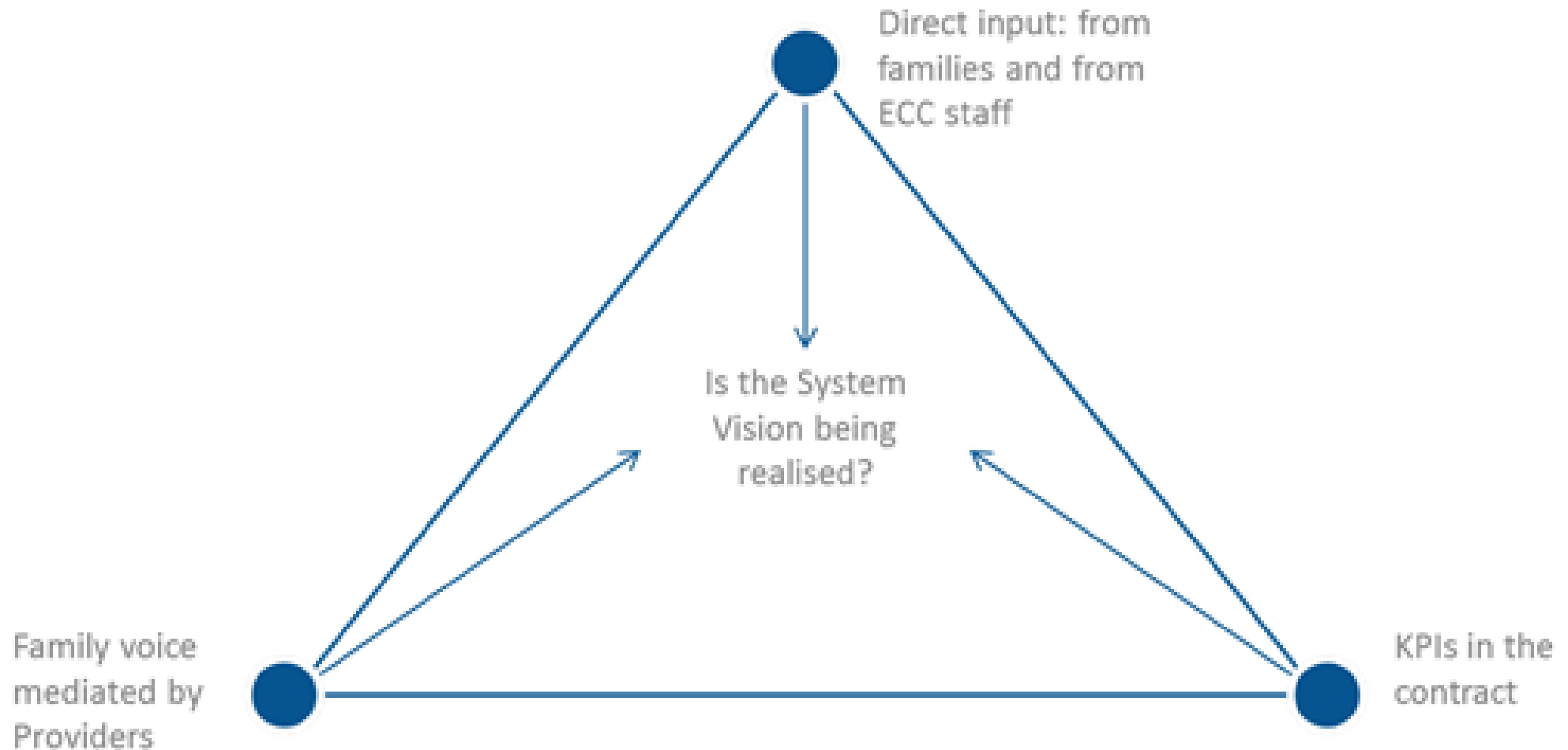


Working in partnership with Communities

- **Asset based approach**
 - Community Groups
 - Voluntary Sector Services
 - Community Safety
 - Partnership Working
- **Population needs assessment**
 - Anecdotal Data
 - Health Needs Assessments
 - Census Data
- **Training for Volunteers**
 - Breastfeeding Peer Supporters
 - Session Leaders
 - Coaching and Mentoring
 - Apprenticeships
- **Initiation of Parent / community led services**
 - Peer Support Groups
 - Parent Led Services



How do we know our service works?



How we know we are effective

- We work closely with individuals, families and communities across Essex to ensure the family and voice is effectively captured.
- The feedback we receive is used to improve and inform service design, development and delivery.
- We capture feedback by:
 - **The NHS Friends and Family Test**
(How likely are you to recommend our service to a friend or family member?)
 - **Citizen's Panels**
(themes fed-into Family Hub Advisory Board meetings)
 - **Compliments and Complaints**
(themes fed-into Quality and Safety meetings)
 - *You Said, We Did*





Working in this way
we are confident that
together we are delivering...

- **Genuinely strengths-based work** that is not orientated around services or family failure
- **Better outcomes for children** especially the most disadvantaged
- **More confident parents** who are less reliant on the usual touch points (e.g. GPs, A&E)
- **A reduction** in Health inequalities
- **A truly integrated system**, where families tell their story only once and **always get the support they require.**
- Essex children - especially the most disadvantaged - living in communities where they **feel more loved, valued, supported and included than ever before....**



Commissioned by

