

Transforming our approach to delivering better outcomes for children and those in need of support

Preliminary Community Impact Assessment Approach

<p>Name of proposal: Transforming our approach to delivering better outcomes for children and those in need of support</p>		
<p>Be healthier and more independent;</p>	<p>Independent - People manage their own life, make their own choices, deal with issues their own way</p>	<p>That children and their parents are:</p> <ul style="list-style-type: none"> • Healthy & happy • Safe & supported • Independent & prosperous
<p>Feel safer, happier and more supported in and by their community.</p>	<p>Healthy & Well - People live long and fulfilling lives, being able to address the health and wellbeing issues that affect them</p>	<p>That children and their families are safe, healthy and well.</p>
<p>Project lead: (s) Mick Harrison, Commissioner for Families and Safety</p>		
<p>Names of other officers involved Pete Barker, Strategic Policy Officer Laura Kennedy, Development Officer Adam Rooney, Strategic Policy Officer Miriam Hussain, Strategic Policy Officer Insight Team, Staffordshire County Council</p>		
<p>Date: 18 January 2016</p>		
<p>Executive summary of the assessment</p> <p>This is a preliminary Community Impact Assessment approach ahead of a Cabinet decision on whether to explore how we can deliver better outcomes for children in need of support.</p> <p>As there are no policy or service changes proposed at present, this Community Impact Assessment approach provides some early health and equalities context in advance of any research and development work beginning, and emphasises the importance of both health and equalities implications for communities being considered at every stage of any work moving forward .</p>		

Signature
Mick Harrison, Commissioner for Families and Safety

1. Summary of aims and objectives:

In October 2014, a report was taken to Cabinet that requests permission to explore how we deliver better outcomes for children in need of support through the transformation of the whole children's system in Staffordshire, including looking at Families First and Independent Futures within this.

A business case was presented to Cabinet in October 2015. The business case outlines the approach being taken to explore, with our partners, how we commission for families as a foundation for the future. In doing so, we have an opportunity not only to improve outcomes but also make better use of our collective resources. The business case shows that there is now considerable engagement from partners to work differently together, and this work will improve outcomes for children and young people, and build greater resilience in families and communities across Staffordshire.

The current children's system is financially unsustainable. The business case shows a predicted range of savings and cost avoidance of between £9.291M and £12.344M, based on a set of assumptions.

Although some work will realise benefits and savings in the short term, most of the savings and cost avoidance from implementing smarter ways of working across the system will not be realised until years 3 onwards. Co-design and transformation of the whole system with partners requires time.

The design approach taken to transforming the current children's system, addressing the challenges, improving outcomes and reducing costs, is to:

- a. Engage with partners to develop a shared vision
- b. Work with partners strategically and locally to co-design new ways of working for a children and families "system" that addresses those with high level needs (the few), those with moderate level needs (the some) and to prevent needs materialising at all (the all)
- c. Make changes and efficiencies in commissioning, internally and integrated with partners, aligned to the new operating model
- d. Work within Families First to implement changes in internal provision identified through a review of the statutory system in December 2014

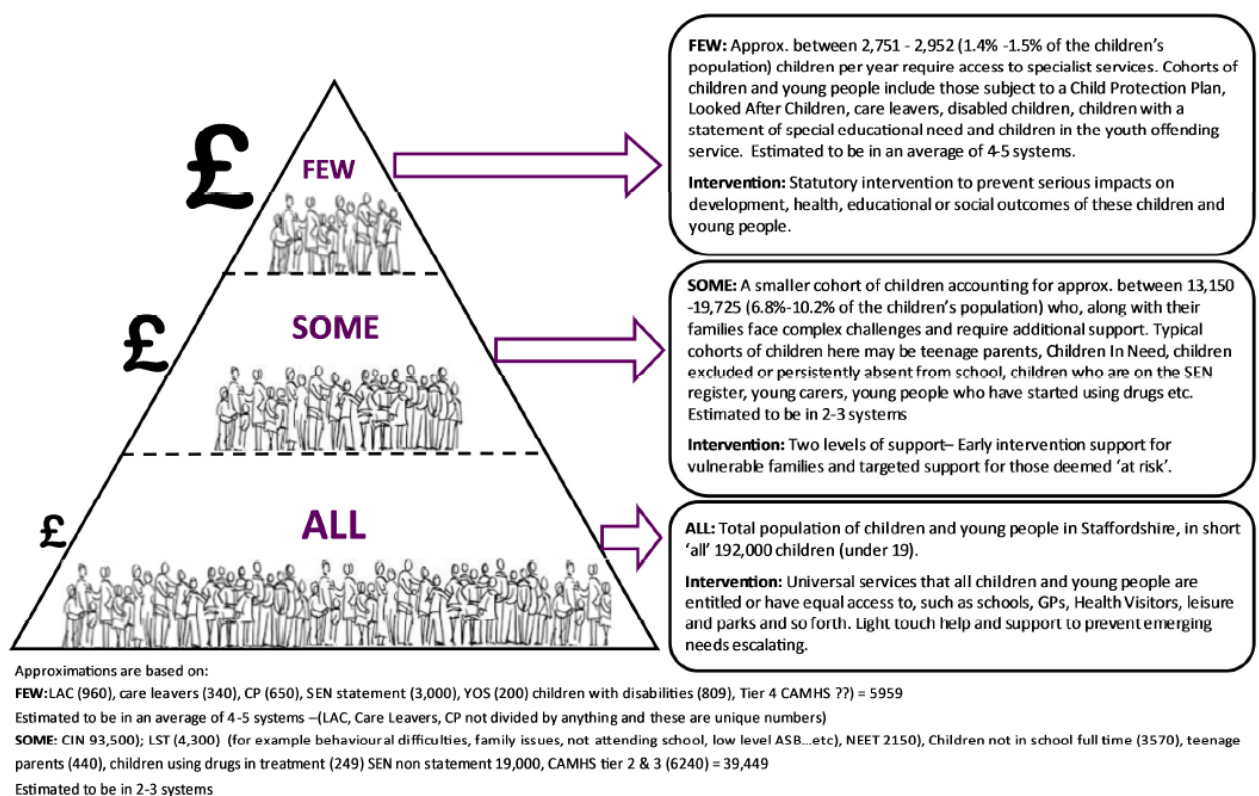
This work relates to a number of other Staffordshire County Council programmes of work that have also conducted Community Impact Assessments, including:

- a. Achieving Excellence for Young People
- b. Best Start (0-5s)
- c. Achieving Excellence in Learning and Skills
- d. Achieving Excellence in Public Health

- e. All-Age Disability Strategy
- f. Looked After Children's Health Support Service
- g. Doing Things Differently- Special Educational Needs (SEND) Reforms

2. Who is using the service and who are the main people that will be affected?

There are 192,000 0-18 year olds in Staffordshire and most children are well supported by their parents and carers, and through the provision of high quality universal services, including those provided by voluntary and community organisations. However, some children and their families face complex challenges and require additional support of varying levels. The diagram below and subsequent sections give further detail as to who these families and children are, what their needs are and the types of interventions they are currently receiving.



A [report](#) produced by the Insight Team in December 2015 found:

- a. Late intervention children's services are responding to a wide range of complex and multifaceted needs, it has been found that these services are often addressing similar symptoms which can be grouped into four main themes including mental health and emotional wellbeing; child abuse, neglect and exploitation; risk taking behaviour; and poor education outcomes and economic inactivity
- b. The 'toxic trio' of mental health, substance misuse and domestic abuse have been found to be common parental problems and family issues in Staffordshire. It is recognised that without early intervention these can lead to negative impacts on children and increase the need for costly late intervention services. However, it is also found that there are additional contributing family factors which can increase the demand for support services, such as the damaging effect that changing family

structures and parental relationship problems can have on children and young people;

- c. It has been found that there are wider socio-economic influential risk factors which can manifest in children and families experiencing disadvantage and vulnerability, these include deprivation; worklessness; poverty; poor housing and disabilities.

The Public Sector Equality Duty (PSED), requires public authorities to pay “due regard” to; eliminate discrimination; advance equality of opportunity; foster good relations between people. There are nine protected characteristics set out by the Equalities Act 2010, as assessed based on the information currently available. These include:

- a. age;
- b. disability;
- c. gender reassignment;
- d. marriage and civil partnership;
- e. pregnancy and maternity;
- f. race;
- g. religion or belief;
- h. sex;
- i. sexual orientation.

We know from our insight and data that as well as children and young people there are a number of people with one or more of these protected characteristics amongst Families First services for example –pregnant women, people with disabilities and black and minority ethnic communities (BME) are groups with disproportionately high representation among service users, and so who could be affected by any changes to this system.

Our ambitions and drivers for the system are about exploring different options to help ensure the sustainability of long-term, high quality services, which focus on the most vulnerable.

The work we envisage around integrated commissioning and integrated delivery would mean having a focus on ensuring support for vulnerable children is delivered through an integrated approach that delivers positive outcomes and experiences. By expanding our integrated delivery model to families we seek to be able to work closely with teams that deal with the toxic trio; drug and alcohol, mental health and domestic abuse. These areas are widely acknowledged as strong determinants of risk and poor future life prospects for children. We believe this approach will further help to prevent people passing from one agency to another and alert us to children who may be at risk, meaning more effective support for families, before statutory intervention is required.

We want to support communities who are experiencing challenges – whether at individual, family or community level – to help themselves and take control, so as not to rely on services or state intervention (where it is possible and appropriate). Reducing the numbers of children entering the social care system by preventing problems before they escalate, not only has a key impact on the outcomes for the children and families involved, but also enables resources to be spent on those who

need them most. The ambition is to support a behavioural change around early help within communities so that individuals, families and communities take ownership of local problems; and take action for and among themselves rather than rely on services. This could potentially mean a positive impact on improved community involvement. It is recognised that this is a process that would take time and would need to take account of national and local learning, and that it is essential for this work to be effective and avoid any extra resulting pressure on specialist services.

3. Will the proposal have an impact on staff?

Staff will be involved in the design approach (see section 1) and there will be anticipated changes to the ways of working as a result of this.

At present the impact is unknown.

4. If yes, please summarise, what this means for the workforce?

Please see above.

5. Are there any gaps in your evidence or conclusions that makes it difficult for you to quantify potential adverse impact (If so, please explain how you will explore the proposal in greater depth)?

The next steps of the project involve engagement with key stakeholders (e.g. health, schools), and we need to identify a methods on how we best engage with children, young people and families to inform the model we are developing.

Pilots are currently in the process of being established across Staffordshire to explore how we can manage demand in to the Children's Services as well as how outcomes for children, young people and families can be improved.

This Community Impact Assessment approach begins to discuss some broad equalities trends and recommends the further consideration of health and equality issues in any work moving forward.

6. Please provide details of all consultation undertaken specific to the proposal you are making, either prior to the CIA or as part of it and the results of this.

Please see above.

7. Actions

Further and more detailed Community Impact Assessment is completed, which outlines the potential impact of any proposals put forward on communities and makes recommendation to mitigate any potentially negative implications.