

Early Help Strategy for Children, Young People and Families in County Durham

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Foreword

This strategy sets out our commitment to provide early help, Intervention and Prevention in County Durham.

Thanks to many colleagues and their valuable input The Early Help Strategy has been developed and will be implemented in partnership.

The Early Help Strategy outlines our partnership commitment to deliver early help and timely intervention to children, young people and their families in County Durham. It aims to outline our shared vision and principles, our shared ambitions and objectives and how collectively we can deliver stronger services to support our children, young people and families, improve their outcomes and reduce cost to our services and communities.

Early help is a key message and principle in a broad range of partnership work and has many cross cutting themes and objectives.

An effective early help strategy is not static. This strategy and its implementation will be regularly reviewed and developed.

The Early Help Strategy is for all those who work with or who have an interest in the outcomes of children, young people and their families in County Durham.

Thank you to all of our partners and colleagues who have contributed to the development of this strategy. The strategy has had a vast amount of consultation and a great amount of support has been received throughout.

The writing of the Early Help Strategy is the beginning of its journey and we hope its shared vision and ambitions and the commitment to 'getting it right' continues in its implementation and governance across our partnerships.

Consultation

The Early Help Strategy has been developed through discussion and consultation with partners across the County Durham Partnership. The wide range of views and feedback has enabled us to be confident that the strategy is taking us in the right direction and is consistent with our partner's ambitions of ensuring children, young people and adults who are parents and carers get the right support at the earliest opportunity.

The Early Help Strategy is based on a sound evidence base relating to 'what works', with the voices of children, young people and parents at its heart. Their views have been sought through commissioned work through Investing in Children as well as reference groups working with groups of children and parents from within our existing services.

We know that children and young people value

- Trust, openness and honesty
- Being treated with respect
- Support for their parents as well as themselves

There have been two phases of consultation, one before work commenced on the strategy and one after a draft had been produced.

The Think Family Partnership have worked on the draft Early Help Strategy to ensure their services key principles and objectives were reflected. Two further workshops were held and attended by colleagues from across partner agencies in Durham.

Alongside the consultation workshops, senior management meetings, team meetings, reference groups, 1:1s, Community of Learning Groups, partnerships and forums across Durham have all hosted Early help Consultations.

All the feedback, views and amendments have been reflected to ensure that an effective early help offer is the responsibility of all partners and is a responsibility shared with families and their communities.

Introduction

The majority of children and young people in County Durham will grow up and reach their potential in a supportive environment but there are still many who don't.

Some children, young people and their families face additional difficulties and problems, additional help and support needs to be there at the earliest opportunity to stop these problems from escalating and negatively impacting on their future

This help can range from appropriate advice and support, to a single agency response to an issue, through to the need for more coordinated and intensive support, sometimes from specialist services.

In Durham, we are in a positive position to move forward with the Early Help Strategy. Significant progress has already been made in many areas to deliver timely early help and prevention services that work well together and there is a strong commitment set out across Durham's Children, Young people and Families Partnership and Durham's LSCB to genuinely work collaboratively.

We will use this knowledge and commitment as a platform for early help, we will build on what we know works and aim to strengthen joint working and consistency across partners to ensure that we work together to identify needs and provide support to children, young people and their families at the earliest possible stage, improving outcomes and reducing costs

Durham's Early Help Strategy is inclusive. It is a strategy for all, for all of our colleagues, for all of our partners and for all of our children, young people and families.

All agencies in County Durham should be committed to the principle of providing help as early as possible to families.

This document aims to:

1. Outline the vision and ambitions for Durham's Early Help strategy
2. Define what we mean by early help in Durham and why it is important for children, young people and families.
3. Outline the national and local policy directives and evidence driving the implementation of the Early Help Strategy.
4. Articulate the principles that underpin the future development and delivery of services.

5. Describe the role of 'early help' within our integrated delivery model, for supporting children, young people and families and set out clearly what we plan to do and how we intend to work, with an increasing emphasis on high quality services, value for money and the significance of early help.
6. Set out the Implications of the Early Help Strategy, how it differs from current delivery and how partners and services can add value to it across the pathway of need, from universal, right through to specialist services.
7. Describe the importance of effective commissioning across the County Durham Partnership in what services all partners will offer to children, young people and families.
8. Identify key priorities and actions for the implementation of the Early Help Strategy across all our services and our entire workforce.

"Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years".

Department for Education (2013) Working Together to Safeguard Children

Definition of Early help

Children, young people and their families have different levels of need depending on their individual circumstances and quite often these change over time with some families moving between universal, targeted and specialist services.

Children can be helped in three broad ways:

- **Prevention** ➡ So that problems don't arise in the first place
- **Early Intervention** ➡ So that problems are cut off at an early stage
- **Protection/ Targeted intervention / treatment** ➡ So that something is in place for needs or problems that are serious or will endure.

At any or all three stages, there will always be a need for some level of help which requires services to be equipped and able to respond to these changing needs and demands.

Early help is an approach and the need for early help can occur at any point in time. Central to this approach is a focus on increasing independence for families and communities, supporting and building resilience.

It is a way of thinking and working that views children, young people and their families as equal partners with an emphasis on doing 'with' rather than doing 'to'.

For the purpose of this strategy we refer to early help both in the context of the early years of a child's life (including pre natal interventions) and early in the emergence of a problem at any stage in their lives.

We incorporate the concepts of 'protection/treatment', 'early intervention' and 'prevention' and the importance of anticipating problems and taking action to prevent these.

It takes into account the individual needs of the whole family including social, educational, physical and mental health and wider impacts such as social and health inequalities and material disadvantage.

Early help includes universal services that are offered to an entire population to prevent problems from developing and also services that are targeted to particular children, young people and families with existing risk factors or additional needs to reduce the risk of problems developing, or reduce the severity of problems that may have already emerged.

"intervening early and as soon as possible to tackle problems emerging for children, young people and their families or with a population most at risk of developing problems. Early intervention may occur at any point in a child or young person's life".

Centre for Excellence and Outcomes -C4EO (2010)

Vision

At the heart of this strategy are our children young people and their families.

We share the vision of the Children, Young People and Families Partnership Plan that in County Durham.

'All children, young people and families believe, achieve and succeed'

The Early Help Strategy's core objective is to help deliver this vision by ensuring that;

County Durham has an effective and consistent early help offer across its partnership.

Improving the outcomes and life chances for all, particularly our most vulnerable through a collaborative and effective early help offer is the foundation of this piece of work

Underpinning our vision and objective are three main ambitions:

- 1. We will work collaboratively- Early help will be everyone's business**
- 2. Children, young people and families will get the right help at the right time.**
- 3. We will provide help that we know works**

To have an effective and consistent offer of early help across our partnership, we need to work together and share the responsibility. We will learn from the best and deliver high quality preventative help and intervention backed by evidence of success. We will ensure we have seamless, clear and efficient pathways into and through services and have integrated approaches to screening, assessment, planning and service delivery.

If we intervene early with high quality coordinated services we should be able to increase the number of children, young people and families reaching positive outcomes and reduce the number of families requiring higher cost interventions.

Our Ambitions

1 We will work collaboratively - early help will be everyone's business

What?

Early help and prevention are terms often used interchangeably but in reality they overlap. The first ambition of this strategy is to ensure that early help is everyone's business. Which means our entire workforce across the partnership will provide help at the earliest possible opportunity to tackle problems emerging or becoming worse for individual children, young people and their families.

Why?

Together we will make a difference.

Thinking Family and multi agency working go hand in hand. Adults and children's services need to work more closely and effectively together to ensure that when problems faced by the adults in the family are identified and addressed, the implications for their children are also consistently considered and addressed in a holistic way.

Collectively agencies invest greatly in services for children and their families. We have many high quality services and a highly trained and experienced workforce. However, the array of services is complex and not always well coordinated, with different systems and definitions of need.

As a result, some families' problems are allowed to escalate because no agency is willing to take responsibility early enough, leading to high levels of demand on expensive specialist services.

We will need to genuinely work together. Effective collaboration relies upon effective sharing of information between professionals and local agencies. It is essential for effective identification, assessment and service provision.

Early sharing of information is the key to providing effective early help where there are emerging problems. At the other end of the continuum, sharing information can be essential to put in place effective child protection services.

We will work collaboratively - early help will be Everyone's Business

What we need to do:

Develop a shared understanding, responsibility and commitment from all partners of our early help offer

Create a culture across our partnership of early identification and information sharing to ensure joined up work and collaboration

Focus more on pathways and how we will work together to agree our responsibilities and respective roles

We will 'Think Family': all needs of the whole family will be considered, such as employment, education, health, substance misuse and housing.

A workforce and services committed to working collaboratively in addressing unmet need and managing risk at the lowest levels and the earliest opportunity.

Listen effectively and respond to the views of children, young people and their families

Provide effective governance processes and accountability through our existing Children and Families partnership and our Local Safeguarding Children's Board.

Key Strategic Actions to reach this ambition:

1. We need to ensure there are clear pathways to share information and identify families early so we are able to work in genuine collaboration to get the best offer of support at the right time to the right families.
2. We need to embed the Think Family ethos across our partnership so that the well-being of children and young people can be properly addressed by ensuring that the voice and needs of the child are heard and clearly informs our work alongside assisting parents.

Good Practice Journey so Far:

Durham's LSCB protocol for collaborative working to protect vulnerable adults and children 2014 is a good tool to enable practitioners from different service to work together effectively by sharing information

Through our partnerships we are successfully delivering the national Troubled Families Programme, locally known as Stronger Families. To date this programme is working with 1504 families and has turned around 677 which means we have supported 52% of our targeted families to achieve positive outcomes.

2

Children, young people and families will get the right help at the right time

What?

Effective early help will mean identifying:

- the right families
- the right services
- at the right time
- to improve outcomes

Why?

It should never be too late to offer early help.

We know that a small number of families with complex needs are responsible for a disproportionate amount of the workload of many agencies. To improve our offer of early help, we need to join up and coordinate our responses to ensure children, young people and families get the right support and intervention they need to achieve good outcomes and not fall through the gaps often created by service thresholds and remits.

As an authority Durham County Council will be focusing emphasis on targeted services. In an era of decreasing resource, services must be offered first to those who need them, when they need them.

Early help involves all staff adopting a 'Think Family' ethos at all levels of support and intervention and in all services. We know that children's problems do not sit in isolation from their parents, and that parents' problems impact on their children. By making sure that families receive co-ordinated, multi-agency, solution focused help, we can ensure that all family members are able to get the support they need, at the right time.

We know that situations change for families; their lives are not static, and challenging issues can arise at any time. We need our services to be timely and responsive throughout a child's life and to the needs of their families as they either escalate or as their circumstances improve.

Genuine collaboration will allow our children, young people and families to receive a seamless service. Our service boundaries and thresholds should not be a barrier to support. We know from audits and case reviews in Durham that there are still families treated like 'hot potatoes' where no one truly grips the family, often because they are seen as difficult to work with, or reluctant to engage. This then leads to an escalation of need or a 'revolving door' situation where the family re-presents because the original issues have not been resolved.

The Early Help Strategy is reinforced by Durham's LSCB Protocol: Collaborative Working to Protect Vulnerable Adults and Children. Effective service delivery depends upon proficient information sharing; continued collaboration; understanding and mutual respect between agencies and professionals.

The Right Help at the Right Time

What we need to do:

We need to ensure there is seamless escalation and de-escalation between services to ensure families are supported holistically by the right people at the right time.

We need to target resources at those who need it most.

The child or young person must remain at the centre of our work. We will work together to ensure that the child's journey is seamless and positive.

Children, young people and their families will access support through a 'Single Front Door' within County Durham which will screen all requests for help to ensure that appropriate levels of response are provided in every case.

One family, one plan- all agencies will be committed to identifying children and families' unmet needs and identifying early, low level problems emerging for children and their families. There will be no wrong door; all services have a responsibility to provide early help, no matter which service a member of a family first makes contact with, and regardless of whether the issue falls within their immediate area of professional expertise.

We will recognise the important part universal and preventative services play in our early help offer and support services such as schools and health services to offer early, holistic support to the people who need it the most.

Key Strategic Actions to reach this ambition:

1. We will use a single but proportionate assessment model across all levels of need and assessment. Help and assessment will be offered in tandem so that families are not waiting for early help and support.
2. We will, never do nothing. We will use our staircase model to adopt a 'step up-step down', 'Think Family' approach so that families move smoothly between services and a seamless offer of support is received at the right level at the right time.

Good Practice Journey so Far:

Strategic work such as the transformation of children's services is already underway

The single front door and single assessment models are expected to be implemented by January 2014. This work has all been developed in partnership.

3

We will provide help that we know works

What?

Early help must include the concept of building resilience in families so that they are able to meet their own needs and do not become dependent on services, and are able to find their own long term solutions.

We need to harness community resources. This will help to break cycles of dependency and improve outcomes in the long term for families as well as ultimately reducing costs.

Why?

Durham has made significant progress over recent years to build the foundations for providing early help to families through its universal and targeted services. The development of the One Point Service, the Family Pathfinder Service, The Family Nurse Partnership, The Family Intervention Project, Pre Birth service and Stronger Families programme to name but a few, have all played their part in turning around hundreds of our most vulnerable, challenging and challenged families' in County Durham over the years.

Many of these programmes have had had positive Independent evaluations and several have won awards.

According to an independent evaluation of Durham's FIP in 2010, every household supported by the FIP produces cost-savings of between £21,313 and £64,867. A similar evaluation of Family Pathfinder showed that for every £1 invested in service, £2.50 of future cost was avoided.

This would suggest that not only does this style of working have huge cost savings potential, but also that it works, with effective support at the earliest opportunity children, young people and their families are able to thrive and achieve.

We need to work together and ensure we provide the right services at the right time.

Commissioning, accountability and clear partnership governance are all mapped out later in this strategy as key to successfully embedding the early help ethos.

Services use a lot of resource dealing with the consequences of poor parenting; family breakdown and an array of multiple and complex problems. It is important to shift this focus away from solving problems to preventing and reducing problems. Help must be offered in a way that families want to engage with, so that it can make a real and lasting difference to their lives and tackle the root causes to ensure that changes that families make can be sustained.

We will provide help that we know works

What we need to do:

We need to learn from 'what works' and do more of those things that have a sound evidence base rather than activities that do not.

We must coordinate our commissioned services and ensure alignment of budgets and services, for example between Public Health and CAS commissioned services

We must deliver services that deliver positive outcomes and reduce the inequality gap for children young, people and their families

Our work will be solution focused. Families will be offered the help that works for them.

Our workforce will be assertive in the early identification of vulnerable families and will respond flexibly to their needs.

Key Strategic Actions to reach this ambition:

1. We will ensure our commissioning strategies are aligned.
2. We will audit our current activity and reshape what we offer to match the needs of our families to prevent children from experiencing harm, neglect and poor outcomes.
3. Our workforce will offer practical hands on support to families in order to build resilience within our families and achieve sustainable positive change to the families who need it most.
4. We will be outcome focussed. Services will demonstrate and monitor what difference they have made to the lives of the children and families who use them.

Good Practice Journey so Far:

Evidenced based practice in Durham is not a new concept. Much of the development across agencies is based on what we know works. Durham's Stronger Families programme has built on existing partnerships and long standing multiagency partnerships and work.

The Family Intervention Project, Pathfinder, Child in Need Pilot, Pre Birth Pilot and High Impact Families amongst others in Durham all have proven success in supporting families to achieve positive outcomes. Several evaluations of these services highlight them to be cost saving and well-liked by both professionals and the families they support.

Why does Durham need an early help Strategy?

There has been a continued emphasis across key partners in County Durham to deliver an early help approach to improve outcomes for children and young people and families to reduce their need for intensive, acute or specialist support and prevent harm, not least because of the:

- recognition of the importance and impact of intervening early to achieve positive outcomes for children and young people;
- the high demand for specialist support for children and young people;
- Continued pressure on public sector budgets and spend.

Early help reflects the widespread recognition that it is better to identify risks offer **help early** and **prevent** problems from occurring rather than responding later when risks have heightened and require action from intensive, high cost and statutory services.

For children, young people and families who need additional help, every day matters. The actions taken by professionals to meet the needs of these children as early as possible can be critical to their future.

“The case for preventative and Early Help Services is clear, both in the sense of offering help to children and families before any problems are apparent and in providing help when low level problems emerge. From the perspective of a child or young person, it is clearly better if they receive help before they have any, or only minor, adverse experiences.”

The Munro Review of Child Protection, 2011

There is sound evidence both **nationally** and **locally** that early help needs to be a priority when working with children, young people and their families.

National Drivers

Over the last fifteen to twenty years successive governments have continued to build emphasis on the importance of early help. Policy direction has set the way for strategic thinking and funding streams nationwide, The Early Intervention Grant (EIG), The Health Visiting: Call to Action Programme, The Social Mobility Strategy, Supporting Families in the Foundation Years and The Troubled Families Programme to name but a few.

The central importance of early help in enabling children and adults to reach their full potential has been a common theme in five key documents published following the formation of the Coalition Government.

- **Professor Sir Michael Marmot 2010:** [Fair Society, Healthy Lives](#)
- **The Rt Hon Frank Field MP 2010:** [The Foundation Years: Preventing Poor Children Becoming Poor Adults](#)
- **Graham Allen, MP 2011:** [Early Intervention, the next steps](#)
- **Dame Clare Tickell 2010:** [Review of the Early Years Foundation Stage](#)
- **Professor Eileen Munro 2011:** [Review of Child Protection](#)

All five are united in their call for early intervention and all have independently reached the same conclusions on the importance of providing help early in order to improve outcomes for children and young people, with concerns that range from preventing abuse and neglect to helping parents achieve the aspirations they hold for their children.

The foundations for virtually every aspect of human development – physical, intellectual and emotional are laid in early childhood. What happens during those early years, starting in the womb, has lifelong effects on many aspects of health and wellbeing, from obesity, heart disease and mental health, to educational and economic achievement... Later interventions, although important, are considerably less effective if they have not had good early foundations.”

Marmot 2010

We have found overwhelming evidence that children’s life chances are most heavily predicated on their development in the first five years of life. It is family background, parental education, good parenting and the opportunities for learning and development in those crucial years that together matter more to children than money, in determining whether their potential is realised in adult life.

Field 2010

“The case for preventative and Early Help Services is clear, both in the sense of offering help to children and families before any problems are apparent and in providing help when low level problems emerge. From the perspective of a child or young person, it is clearly better if they receive help before they have any, or only minor, adverse experiences.”

Munro 2011

Building their essential social and emotional capabilities means children are less likely to adopt antisocial or violent behavior throughout life. It means fewer disruptive toddlers, fewer unmanageable school children, fewer young people engaging in crime and antisocial behavior. Early intervention can forestall the physical and mental health problems that commonly perpetuate a cycle of dysfunction.

Allen 2011

The evidence is clear that children’s experiences in their early years strongly influence their outcomes in later life, across a range of areas from health and social behaviour to their employment and educational attainment. The most recent neuroscientific evidence highlights the particular importance of the first three years of a child’s life. A strong start in the early years increases the probability of positive outcomes in later life; a weak foundation significantly increases the risk of later difficulties.

Tickell 2011

Local Drivers

One of the key drivers in Durham is the aspiration to reduce the number of children in receipt of statutory and specialist services. By having a successful offer of early help we would expect to see this number reduce.

We need a range of agencies to be identifying needs at the earliest opportunity to enable the right support to be offered at the right time and prevent problems from emerging or worsening. Too many of our children and young people live in situations which escalate over time often into chronic neglect. Last year (2013/14) 681 children were subject to child protection plans with neglect listed as a category; which is 61% of all cases.

It is these families in particular where we believe early help can be most effective. By working together to address the needs of the whole family at the earliest opportunity we would hope to see a reduction in the number of these cases.

To understand why early help is important in Durham and to be able effectively to prioritise and target early help responses it is essential to understand the key needs and issues of the local population.

It is also important when shaping our services to recognise that some outcomes such as life expectancy rates are lower in our most deprived areas, highlighting the significance of health inequalities which was the underlining theme throughout the 2010 Marmot review

In Durham we know:

Our Young people compared to national rates have a higher teenage pregnancy and child hood obesity rate and County Durham is ranked 12th worst out of all Local Authorities for alcohol related admissions for people under 18 years old. Their educational attainment has improved generally but the gap between those children in the bottom 20% and their peers remains wider than in other Local Authority areas.

The number of children with a child protection plan and children looked after has risen for several years. However, in County Durham the trend has recently turned downward both for children with a plan and for children looked after. Numbers per 10,000 are lower in County Durham than elsewhere in the region, where numbers continue to rise. (See appendix 1)

62% of children subject to a Child Protection plan in January 2013 had a plan as a result of neglect, which is an increase on previous years. The rate has been increasing since 2009/10. Neglect is a long term, chronic form of harm to children and services offering early help should be able to impact positively on outcomes for this group of children and young people – either in reducing levels of neglect or in reducing delay that many children experience before decisions are made about ‘good enough’ parenting.

Parental issues of domestic abuse, mental health and alcohol misuse continue to be key issues of risk relating to children subject to a child protection plan within County Durham. Unless parents’ issues are identified and supported through the provision of early help, the outcomes for their children will remain poorer than their peers.

There is extensive evidence to show that this group of children often experience poorer outcomes against a range of measures including education; higher prevalence within criminal justice agencies, for example.

County Durham experiences higher levels of deprivation than the national average. Almost 50% of the population live in relatively deprived areas. The Council's approach to financial inclusion has evolved over the past three years. With the ongoing impacts of the roll out of welfare reforms the main aims of the work are to assist residents in maximizing their income – through sustainable employment, as well as reducing household outgoings. The approach but still holds as a key element the principles of education, access to advice along with access to financial products.

Almost 8,000 people seek homeless and housing advice in County Durham every year. Homelessness has a detrimental effect on individuals, families and communities and can undermine social cohesion

Tackling the effects of homelessness can be costly to the public purse when compared to the costs associated with proactively seeking to prevent homelessness in the first place. Homelessness can happen to anyone at any time so it is important that services are available to all in housing need, in addition to those at greatest risk due to social or economic influences.

Life expectancy for Men in County Durham is 1.2 years less than the England average. For women it is 1.1 years less than the England average (at birth 2008-10).

With Welfare Reform taking an estimated £150 million out from our economy in 2013/1, vulnerable families are likely to further struggle and the inequality gap is likely to grow.

There are significant inequalities amongst our children, young people and families with almost half of our population living in relatively deprived areas and almost a third living in the most deprived areas of England.

The link between deprivation and poor health outcomes is well documented and the 2012 Marmot indicators (appendix 2/3) show County Durham to have significantly worse:

- Male and female life expectancy than England.
- Inequality in disability-free life expectancy for males and females than England.
- Levels of children achieving a good level of development at age 5 than England.
- Levels of young people not in education, employment or training compared to England.
- Households in receipt of means-tested benefits than England.

The health of the people of County Durham has improved significantly over recent years but remains worse than the England average. Health inequalities remain persistent and pervasive. Levels of deprivation are higher, and life expectancy is lower, than the England average.

Annual Report- Director of public Health, County Durham 2012/13

The Cost Implications

Early help matters. Not only is it the right thing to do to improve outcomes for children and their families as outcomes are improved and opportunities for change are maximised, but it is also cost effective.

The social cost of failing to act for children and young people who experience multiple disadvantage is significant. They run the risk of living with lower aspirations and failing to reach their potential. This can become inter-generational as these children and young people go on to become parents themselves.

There is good evidence, both nationally and locally, that investment in early help not only improves outcomes for children and families but provides value for money. Incorporating the concept of early help into Durham's invest to save strategies has been a commitment for some time, and this will need to continue to implement an offer of early help effectively.

Public spending is at an unprecedented level and we are all under financial pressure. Providing effective early help is paradoxically more challenging, yet more crucial in a time of significantly reduced public spending. During times of austerity and with a squeeze on resources, it is increasingly necessary to ensure that resources are targeted where they will make the greatest difference.

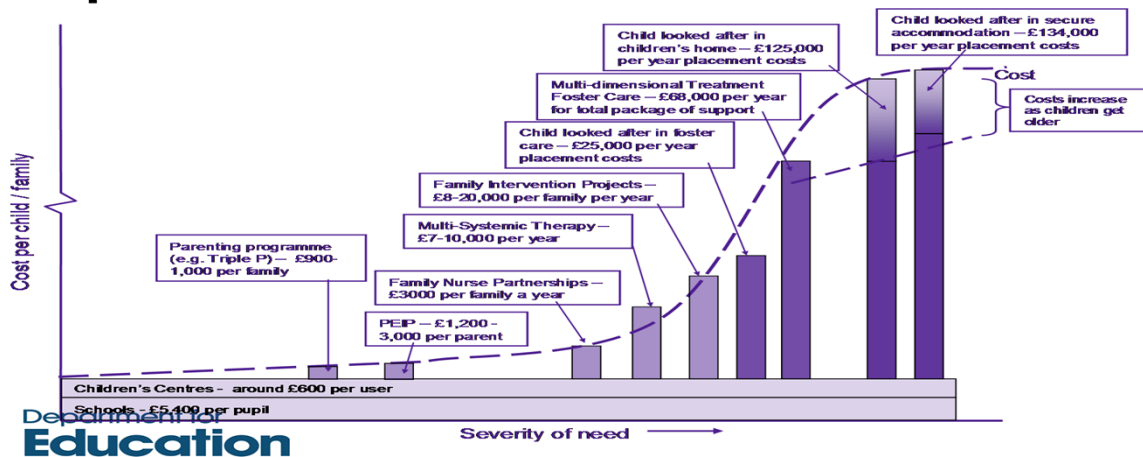
An effective offer of early help has the potential to reduce the need for more costly specialist and statutory interventions. However it is important to note that although helping early may be more cost effective in the long term in the short and perhaps even medium term, in order to transform it will require the refocus of already stretched resources.

It is also important to acknowledge that in the interim of embedding an early help offer costs and demands on resources may be increased by the very awareness raising that will ensure successful implementation. It is also important to note that there will always be some children, young people and families that will need the help and support of specialist and statutory services.

The financial case for delivering early help through coordinated, whole family services in a targeted way is well made through extensive evaluation of both Family Intervention and Family Pathfinder Projects. Further cost benefit evaluation is also beginning to be conducted for the Troubled Families Programme which will add to this evidence base

The Department of Education produced a graph in 2010 illustrating how the costs of intervention rise as the level of need rises and how much could potentially be saved if need and risk was identified in a much more proactive way and interventions were provided to meet that need.

The longer problems persist the more expensive it becomes....



Early help across Durham's Continuum of Need

Early help is a concept relevant to all services from universal right up to specialist services.

Most families will access our Universal Services never needing any additional support. These Universal services are well placed to provide for most families. The interventions and support they offer are vital in preventing many children, young people and families from escalating in to more targeted services.

In Durham, our universal services include children's centres, schools, health visiting and universal health services and some aspects of our One Point Service.

For children who need additional help, every day matters. Academic research is consistent in underlining the damage to children from delaying intervention. The actions taken by professionals to meet the needs of these children as early as possible can be critical to their future.

Department for Education Working Together to safeguard children (2013)

Families may also use leisure and play facilities, neighbourhood, community or voluntary sector services.

These universal services greatly support an effective early help approach; prevention services such as immunisation programmes, early years advice, health visiting and school nursing and universal and accessible public health information that supports better life style choices all serve to ensure that the huge numbers of children, young people and families they reach get what they need and preventing them from needing further support.

Universal Services are also in a key position to identify situations where a more targeted and assertive approach is required. Targeted services and intervention delivered early will reduce the need for specialist services.

Pro-actively challenging non-engagement, such as missed health appointments, also facilitates early help.

Schools, like other universal services, have a key role in identifying emerging concerns early on, and close working with the school community is critical to the successful delivery of early help to children, young people and their families. Often a child missing school will be the first indication that the family are experiencing problems. Schools play a key role in helping build resilience and stronger networks of support for families in their local communities.

Funding is increasingly devolved to schools to meet the needs of their pupils around careers advice, sex and relationship education, and other areas. Durham County Council will continue to work with schools to ensure that appropriate access to services is maintained, considering the needs of both individual school communities and the wider needs of children and young people across Durham.

Levels of Need

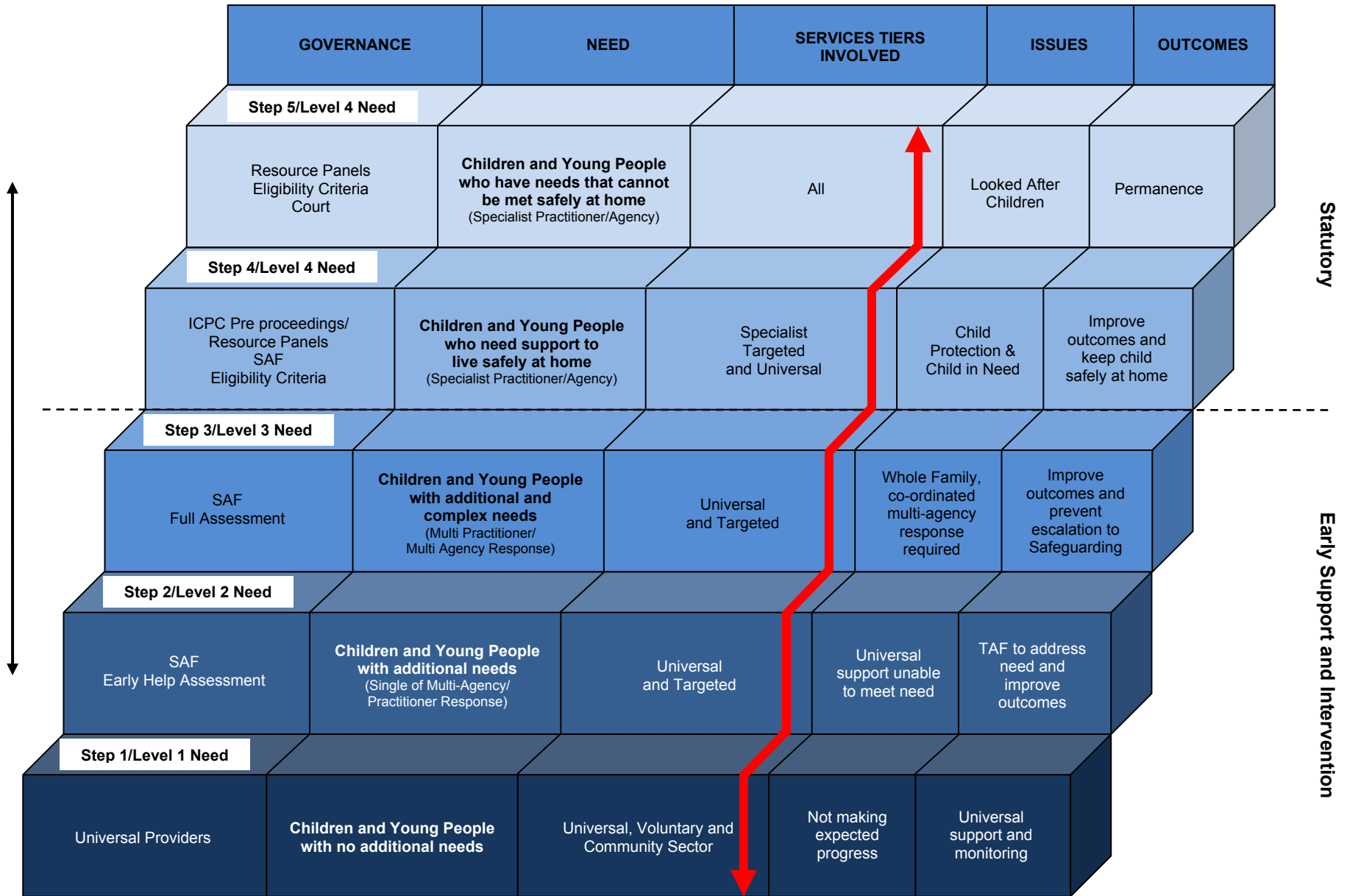
It is also important to have an agreed local understanding of levels of need and what work is facilitated across this.

A useful way to conceptualise need is to think of it as a staircase, with the lowest need represented as the bottom step and the highest level of need on the top step. As need increases the next step up might be taken and as need may decrease a step down can be taken. Regardless of which 'step' children, young people and families are identified they will be supported at the earliest opportunity and continued to be supported by the relevant services as they move up and down the staircase.

The Durham staircase illustrates our integrated services pathway model and is designed to reflect the fact that the needs of children, young people and families exist along a continuum. The model recognises that needs may change over time and is based on the principle that children and young people's welfare and safety is a shared responsibility and should be a seamless positive journey.

The staircase sets out need across 5 levels- 5 steps and is represented on the following page.

The Durham Staircase and Continuum of Need



Level 1- Universal Provision Children with no additional needs

Children and young people who are achieving expected outcomes and have their needs met through universal service provision. Typically, these children/young people are likely to live in a resilient and protective environment. Families will make use of community resources. Universal services remain in place regardless of which level of need a child is experiencing.

Level 2-Early Intervention – Targeted Provision

Children with Additional Needs (single practitioner/agency response)

These are children and young people identified as having an additional need which may affect their health, educational or social development and they would be at risk of not reaching their full potential. At this level the pre CAF checklist can be used to decide whether a common assessment is required and the CAF may be a useful tool to identify need and plan help for the family

Level 3-Early Intervention - Targeted Provision Children with Additional Needs (multi practitioner/agency response)

These are children and families whose needs are not being met due to the range, depth and significance of their needs which makes them very vulnerable and at risk of poor outcomes. A multi agency response is required using either the CAF or whole family assessment tools as in most instances there will be issues for parents which are impacting on the children achieving positive outcomes. These families need a holistic and coordinated approach and more intensive intervention and help. Lead Professionals could come from a range of agencies as the key issue will be the quality of the relationship that exists between practitioner and family to assist them to make change and reduce the likelihood of moving into Level 4 services. Intensive support might come from One Point, Family Pathfinder Service; FIP, YOS

Level 4- Services to keep the child safely at home – (specialist practitioner/agency response)

These are children who's needs and care is significantly compromised and they may be at risk of harm or at risk of becoming accommodated by the Local Authority. These families require intensive support often on a statutory basis. This may include support provided by Children's Social Care such as a social work assessment, support from the Family Pathfinder Service or Family Intervention Project or for example, through the provision of Direct Payments for a disabled child. The assessment and multi agency response is likely to be coordinated by a social worker in most cases and will be holistic (considering the needs of all family members) and multi agency.

Level 5- Need that cannot be managed safely at home

Children and young people who require intensive help and support from a range of specialist services. These children will often need to be accommodated outside of their immediate family or may require admission into hospital. In most cases the multi-agency involvement would be led by Children's Social Care.

In general, children and young people with disabilities will have their needs met through early intervention and targeted services at levels 1, 2 and 3. However, some children with a high level of need related to severe disabilities may require specialist services at levels 4 and 5.

Cross Cutting Themes

This strategy is not a stand-alone document. It cross cuts much of the strategic thinking in Durham. It ties in and is evident in strategies and plans that have been developed by our many services and organisations and is driven and shaped by national changes.

Locally

We will all achieve our strategic vision through sharing and delivering our key priorities both as a Council and through our Partners.

The County Durham Partnership (CDP) is the overarching partnership for County Durham and is supported by five thematic Partnerships, each of which has a specific focus:

- Economic Partnership - 'altogether wealthier' - creating a vibrant economy and putting regeneration and economic development at the heart of all our plans
- Children and Families Partnership - 'altogether better for children and young people' – enabling children and young people to develop, achieve their aspirations and maximise their potential;
- Health and Wellbeing Board - 'altogether healthier' - improving health and wellbeing;
- Safe Durham Partnership - 'altogether safer' - creating a safer and more cohesive county;
- Environment Partnership - 'altogether greener' - ensuring an attractive and 'liveable' local environment and contributing to tackling global environmental challenges.

It is acknowledged that the foundations for positive outcomes for our children, young people and families relies upon wider needs and social inequalities being addressed for example, employment, health and wellbeing, education, transport, crime and disorder these are best addressed through the Sustainable Community Strategy (SCS) which is the over-arching strategic document of the County Durham Partnership.

Early help will be the golden thread that runs through all of our services, strategies and thematic partnerships for children young people and their families.

The strategy has been designed to provide an overarching ethos for all partners to work together to ensure all their strategies are integrated within a combined early help offer, in order to improve life chances and outcomes for children and their families within County Durham.

Early help will thread through transformational work and strategic direction within Durham’s Children and Families Partnership and the County Durham Partnership. It will over arch and guide the vision for much of the development work and key messages that run through our partnership strategies.



What Does Early Help mean for Schools?

Schools are key partners in the delivery of the early help strategy. We are committed to supporting schools to provide access to early help by;

Making information available to schools and families so that they can find out what services there are, where and how they can access them, when they need them;-- FIS and DIG SEND info on school sites

Assessing needs easily – using the early help single assessment to identify where there is a need for the involvement of more than one agency;

Having easy access to targeted and specialist services through First Contact Service so that families can ‘step up and step down’ between tiers of need quickly as their needs emerge and are dealt with;

Where children and families need coordinated, multi-agency support, a full Single Assessment is undertaken and ‘Team Around the Family’ developed to ensure a full and clear picture of the family’s needs are known and understood.

This approach will enable stable families to get support quickly and easily.

Team Around Schools will also be developed following learning from their pilot. This service will allow for schools to identify children and young people at an early stage who may need further support from multi agency services.

Nationally

Services for children, young people and families are operating within the context of rapid change. Recent, key national cross cutting themes which may impact on the development of the early help strategy include:

- Transformation of the special educational needs (SEN) system for children and young people including those with disabilities; giving children, young people and their parents greater control and choice in decisions. Including a requirement for local authorities to publish a 'local offer' of support.
- The development of local clinical commissioning groups.
- Changes to public health nursing.
- The appointment of Police and Crime Commissioners and their role in supporting preventive initiatives in the community.
- Working Together to Safeguard Children: A guide to inter-agency working to promote the welfare of children - HM Government (March 2013)

- The introduction of Public Health in to Local authority
- National Troubled Families Programme

- Probation Service Reform

The Early Help Strategy is linked with existing strategies across the County Durham Partnership including the strategies which have a broader application to population risk factors such as Durham's Joint Strategic Needs Assessment, the Joint Health and Well Being strategy, The Safe Durham Partnership Plan, Durham's Homeless Strategy and Durham's Financial Inclusion Plan the strategy is underpinned by Durham's Children & Young People and Families Plan

Implications of the Strategy

Current activity

For several years, services and organisations in Durham have worked in partnership to start 'Thinking Family'. There has been significant investment and resourcing such as Children's Centre Investment, Provision of a Family Intervention Project and Pathfinder service, One Point Development and Health Visitor Expansion. Despite this, over the years, there has been a rise in the numbers of Looked after Children, a significant increase in core assessments and an increase in children subject to a Child protection Plan as a result of neglect.

Following a mapping exercise in March 2013, a graph was produced to summarise activity across the continuum of need in Durham (see below chart 1)

From this exercise we know that during 2011/12 3,124 referral (a rate of 309.8 per 10,000 population aged under 18).

The rate of referrals to Children's Care resulted in 'No further action' (NFA) in 2011/12 of 33% which was significantly higher than the England average (15.6%) and the north east average (6.4%). This amounts to 1026 referrals.

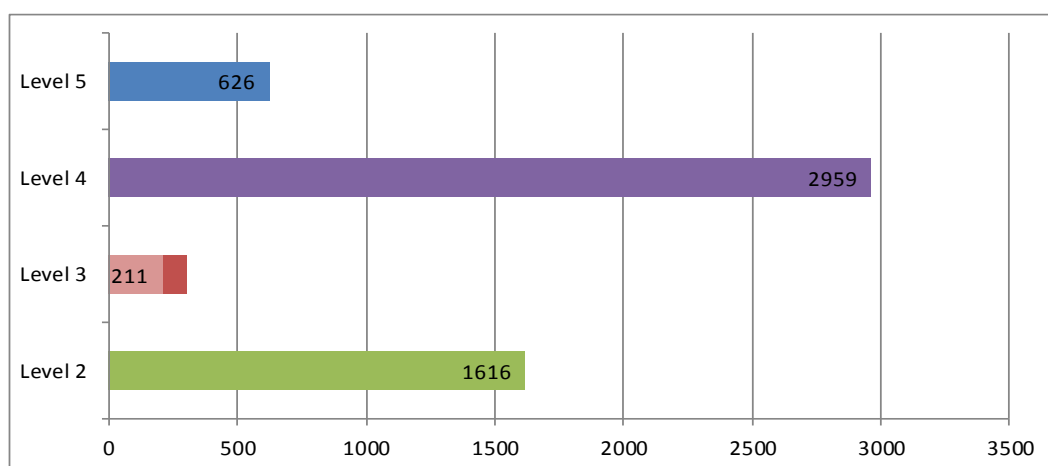
This would suggest that there are high numbers of professionals who are concerned about children and their outcomes and are seeking support for these families but are going to the wrong place to find it. The key presenting issues in relation to significant harm to children remains the 'toxic trio' of parental mental health, drug and alcohol misuse and domestic abuse.

There is evidence that numbers of referrals into early help services from these key adult agencies remains very low. Professionals working with adults who are parents are well placed to identify at an early stage the emerging needs of the children within these families and play a critical role in the early identification and support for families, in line with the Think Family approach.

Looking at the graph below it is clear to see that a disproportionate level of activity is undertaken at the statutory levels and that a significant number of families are by passing the early help levels 2 and 3.

This table illustrates our current activity in Durham and underpins the early help Strategy – we need to get better helping families earlier.

Services Delivered to Children, Young People and their Families through the CAF/CIN Procedures at 31st March 2013.



Pre CAF's and CAF's are recorded on behalf of the whole Children's Trust and therefore the figures above are illustrative of the whole of County Durham Partnership and their involvement in delivering against the CAF/CIN procedures. Please note level 1 is not represented on this chart

If we got it right

To readdress this balance to how we need it to look we need to switch our services from battling with the symptoms of high need and risk rather than tackling cause an earlier stage. In an era of decreasing resources we need to ensure that we target what we have at the families who need it most in the most effective and efficient ways.

Although we know our preventative and universal services are keeping many more families from reaching level two, it would seem in many services Durham that all too often early help is a stage that is missed out.

This strategy is designed to assist in transforming service delivery towards a robust 'early help' offer and change the trajectory of the graph above to begin to represent a smaller number of children at the higher levels of need.

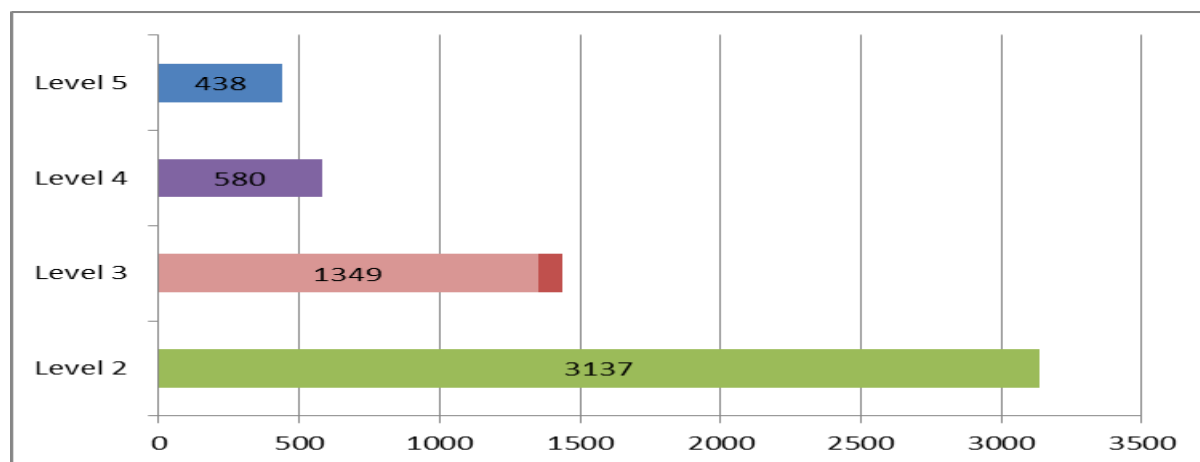
If we successfully supported families better at the earliest opportunity we would expect to see a significant reduction in the numbers of children needing to access high need high cost services and an expansion in those assisted at levels 2 and 3.

The earlier the better, we must support our workforce to assertively identify, help and support our children, young people and families at the earliest opportunity to stop their needs developing and enable them to meet positive outcomes.

The graph below shows how if we deliver early help successfully across all of our partners we would expect a proportionate decrease in families receiving support the higher up the level of need they go with the largest cohort being at level 2 and the smallest at level 5. It should be expected , that numbers reduce, as need increases.

This model would not only have significant cost saving implications but it would mean we have successfully supported more children, young people and families to achieve positive outcomes and prevented them from moving up the continuum of need.

A projected proportionate service delivery in Durham-How we would hope to see activity in Durham



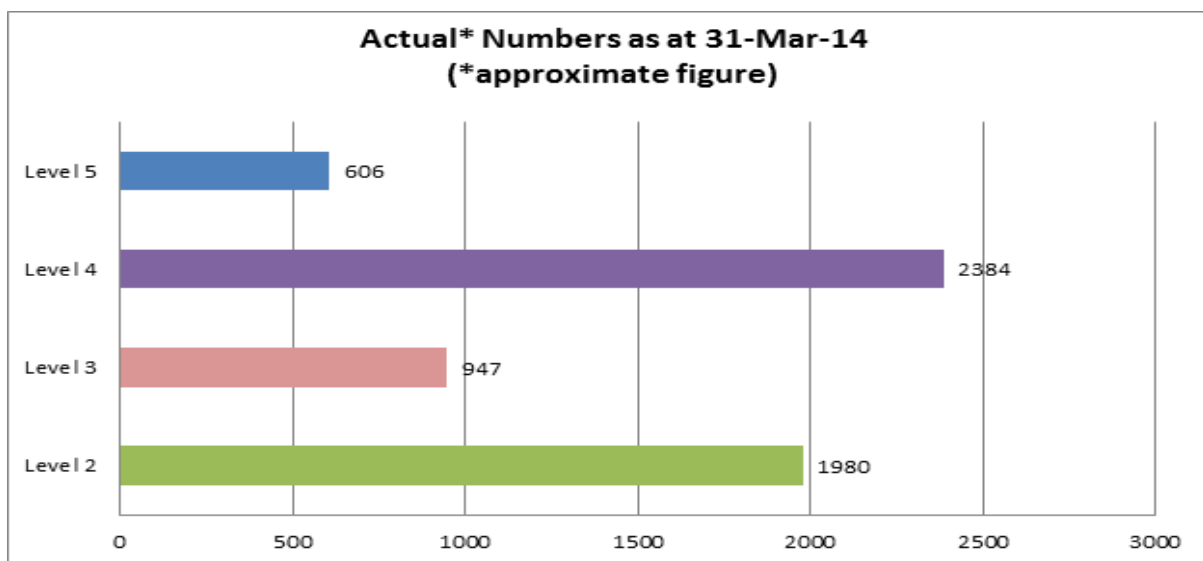
Please note level 1 is not represented on this chart

The projected vision suggests that changes may be needed in the way in services are configured, in order to be able to manage demand across the levels of need

In Durham we need to learn from our successes, do more of those things that work and less of those that don't. We need to develop and deliver services which are more outcome focused and which can demonstrate that they have made real differences to people's lives

One year on from the original graph our work in driving forward an early help offer has started to impact on our activity.

The graph below shows activity in Durham for 2013/14.



We can clearly see from this table that the direction of travel is positive. Initial trends suggest partnership work and awareness raising alongside the transformation of children's services and the imbedding of a 'Think Family' ethos across our partnerships are starting to play a part in turning around our activity.

What we need to do differently?

The change we need to see requires transformation of much of our practice and the culture it operates within. It requires services to be flexible enough to be able to deliver against clearly defined outcomes which are agreed with the family (and not rigidly set by the service) and it requires practitioners to work holistically with whole families in the context of multiagency support.

This is challenging. Creating the capacity for practitioners to be able to think about their clients' needs in the context of the needs of the whole family and ensure that these are being met is a significant shift in ways of working for many of our front line staff. For too long we have put barriers up around our individual remits, our capacity and our ability to share information appropriately.

Some key elements of what we know works when supporting children, young people and their families are outlined below. Elements of this have been recognised by successive governments' for a number of years as good practice and have a sound evidence base. It also harmonises with what families tell us is important about the way in which services are offered to them

Named workers for named families

Families will have a Lead Worker who they can build a trusting relationship with and who is then able to be challenging within the context of this good relationship. These workers will coordinate support for the whole family.

Successful Engagement

Practitioners must develop skills in building trusting relationships with families as well skills in persistence and assertiveness. Management oversight of 'lack of consent' issue needs to be more robust

Think Family

Practitioners must consider the whole family and identify everyone's need for support and then harness the appropriate practitioners and services around the family

Proportionate Assessment

One proportionate, whole family assessment model which adapts to the complexity of the issues in the family with sufficient analysis to understand the root causes of issues and which practitioners share with each other, with a view to avoiding repeated re referrals.

One Family One Plan

A single overarching support plan for the whole family which clearly indicates the objectives of the family and the associated responsibilities of the family and the practitioners. Clear indication of what needs to change and how this will be achieved.

Practical hands on help

Focus on delivering practical help and support to families which will facilitate change and which we know works. Less 'telling' families what is wrong and what needs to change and more 'doing with' families to show them and clearly illustrate what is needed

Strengths based solution focused practice

Strengths based model which is solution focused and identifies what works well within the family and builds on this. A model which truly works in partnership with families and asks them about their priorities for change. Is more likely to result in positive engagement and reduce numbers of families who won't give their consent to work with professionals

Smooth escalation and de-escalation through our continuum of need

We need to stop families falling through the gaps in our services. Support should be seamless and families should not be continuously opened assessed and closed without achieving sustainable and positive outcomes

Outcomes of the Early Help Strategy

Success should be directly measured against the outcomes experienced by children, young people and their families.

This Strategy will drive good practice and by doing that improve the outcomes for children, young people and families across County Durham.

We would expect more families to have received help at an earlier point and be empowered to take control of their own lives, avoiding the need for statutory intervention or repeated help and support.

The outcomes we will see in County Durham from the effective implementation of the principles within the early help strategy are;

- Fewer Looked After Children
- Fewer children subject to a Child Protection Plan
- Fewer re-referrals in to statutory services and services at level 4 and 5 of our continuum of need
- More children young people and their families achieving positive outcomes
- A greater number of identified early and receiving help through our universal, preventative and early help services.
- A greater number of children being 'ready for school'

Commissioning

Current arrangements are failing to work effectively with families at an early enough point, and as a result children are being “pushed” into statutory processes for want of effective help at an earlier stage.

Children’s services need to be reshaped to meet need and this may necessitate a range of commissioning actions, including new service provision, restructuring of existing services and creation of new job roles, as well as workforce development.

To date, new service activity has been promoted through government grant and local pilot programmes. This has led to effective service forms such as the Family Intervention Project, the Family Pathfinder Service and the Family Nurse Partnership. More recently, Troubled Families funding has been used to support workforce development activity through Think Family Mentors and new specialist Stronger Families roles in the One Point Service. This activity is targeted at step 3 on the Durham staircase, but is not yet adequately resourced to reach the number of families who need it. Although partners are committed to moulding their workforces to new requirements through Think Family action plans, it is unlikely that this alone will deliver the capacity required to meet need.

For the early help strategy to be fully effective, all commissioners involved in children's services will need to work together to develop coherent plans and strategies to transform activity on a much wider scale. This may require new commissioning partnerships and effective joint commissioning.

Governance and Accountability

It is crucial that this strategy has genuine commitment from everyone and that all partners shift focus to early help and strengthen the work around this

The delivery of an effective early help offer is not the responsibility of a single agency. It requires a Think Family approach owned by all partners working with children, young people and families.

These include Health, Police, Probation, Schools/Education, Adult Services, Housing, Voluntary and Community Organisations

Working Together (2013) requires local agencies to have in place effective ways of identifying emerging problems and potential unmet needs for individual children and their families. It also requires local agencies to work together to put processes in place for the effective assessment of needs of individual children who may benefit from early help services.

Scrutiny and challenge will be provided by Durham's LSCB and this will play an important role in driving good practice and holding to account those who do not share the responsibility for ensuring our offer of early help is embedded across our partnership.

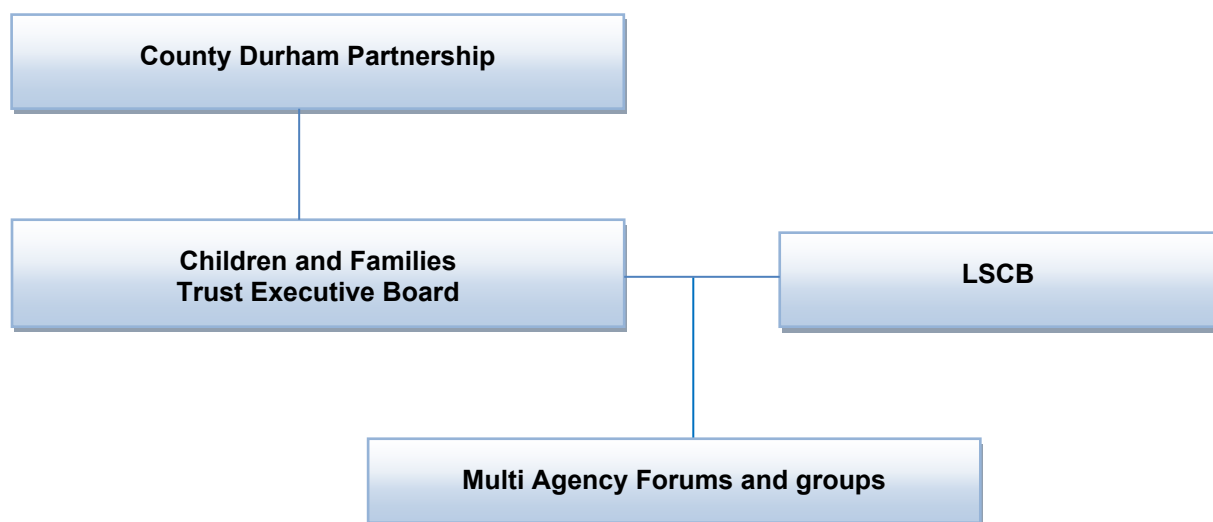
Durham's LSCB will be responsible for the governance of this strategy. They have two priorities for 2014/15

1. Early help
2. Information Sharing

Local Governance arrangements through the LSCB sub groups will provide the opportunity for multi-agency discussion about a child, young person or their family with early help or targeted level needs.

Scrutiny will also be provided by Durham's Children Young People and Families Partnership via the think Family Partnership, and other sub groups of this governance arrangement.

As a result of discussions held within these arrangements there will be a better understanding of what needs our children young people and families have and the services who are best placed to meet them.



Conclusion

The consequences for children and their families of services failing to offer robust early help to all those who need it are significant. Issues and problems are allowed to escalate and become more difficult and entrenched. Resistance to professional support can increase and practitioners give up as the 'family did not consent to work with them'. For some children this means being left in poor conditions with neglectful parenting for too long, with long term consequences for positive outcomes.

Uncoordinated activity with families leads to duplication, it's a waste of resource and more often than not is inefficient and ineffective. If positive change is not achieved families are re-referred and need more support and help. In the longer term, this results in a disproportionate amount of children needing services at levels 4 and 5 on the continuum of need which is costly - both at a human and financial level.

To deliver early help to families in County Durham consistently and ensuring that we target our resources at those who need it most, requires a significant transformation of some current models of service delivery. Some significant changes in practice and culture are necessary for some front line practitioners and managers.

In addition, the accountability, governance and management structures to support this change are essential to ensure that partners are accountable for the early identification of families in need of early help as well as the quality of the support that they offer.

The commitment to the offer of early help has to be owned across the County Durham Partnership and very real changes to the way that many services are delivered currently are necessary. The delivery of the Troubled Families Programme (Stronger Families) has begun to illustrate some of these challenges for agencies who traditionally have only worked with either adults or with children or who only work with individual children but not siblings or who only work with clients for set periods of time when the family support needs to go on for longer; or who have staff with very narrow job roles or job roles which focus on specific issues and who don't currently see this broader 'whole family' agenda as theirs.

The development of the single front assessment and first contact service will assist in ensuring that far fewer families fall through the gaps in service provision. Ensuring that there is a commitment here to an end to 'no further action' and that all families will receive a proportionate and timely response to their needs will assist in the overall delivery of the vision within this strategy. The ability to track progress with families against stated outcomes will be more easily achieved through this model and will aid the development of the governance and accountability around the delivery of early help.

Services will need to be redesigned to ensure that there is sufficient capacity at all levels of need and that job roles and responsibilities are sufficiently flexible to be able to respond to the needs of whole families and to move away from the concept of help for individuals within families. The need to integrate the offer of practical support to families within roles is critical.

In the longer term, there will be the possibility of moving resource from levels 4 and 5 into levels 2 and 3 if the vision for families as described in the graph in 8.6.5 can be realised. This will be cost effective and will lead to better outcomes in the longer term as well as breaking the cycle of intergenerational disadvantage.

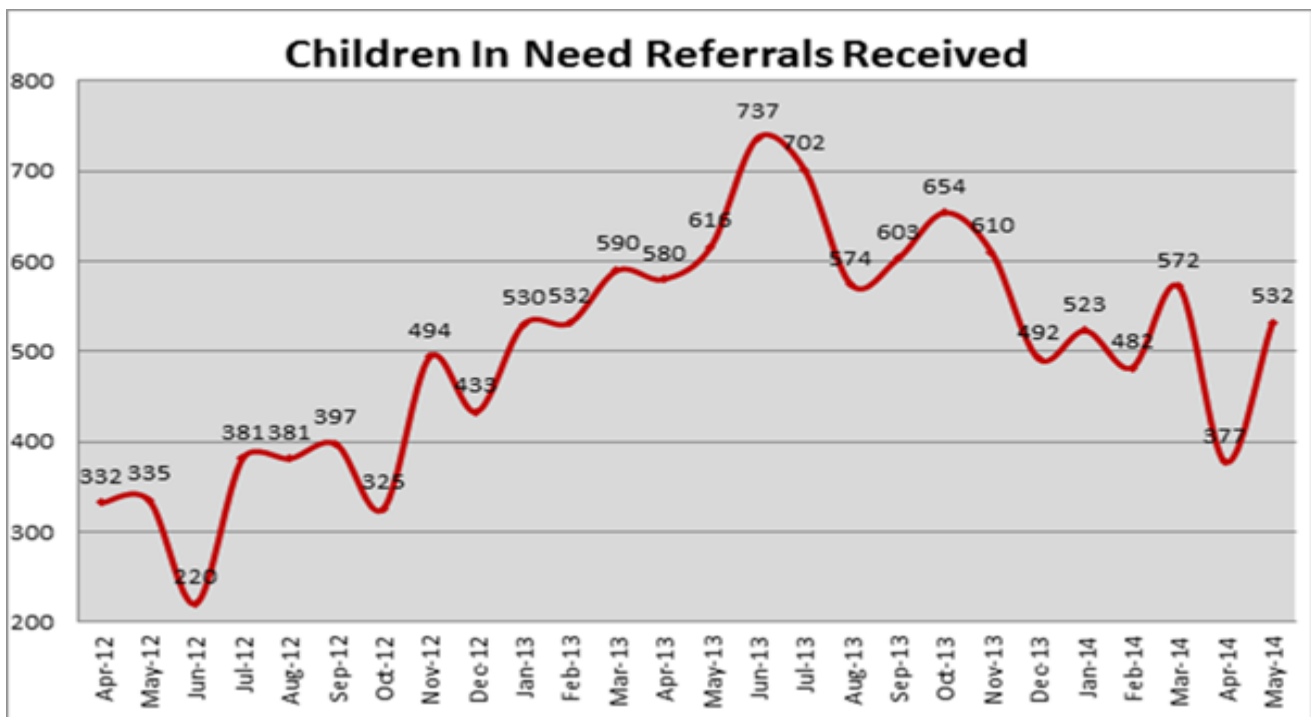
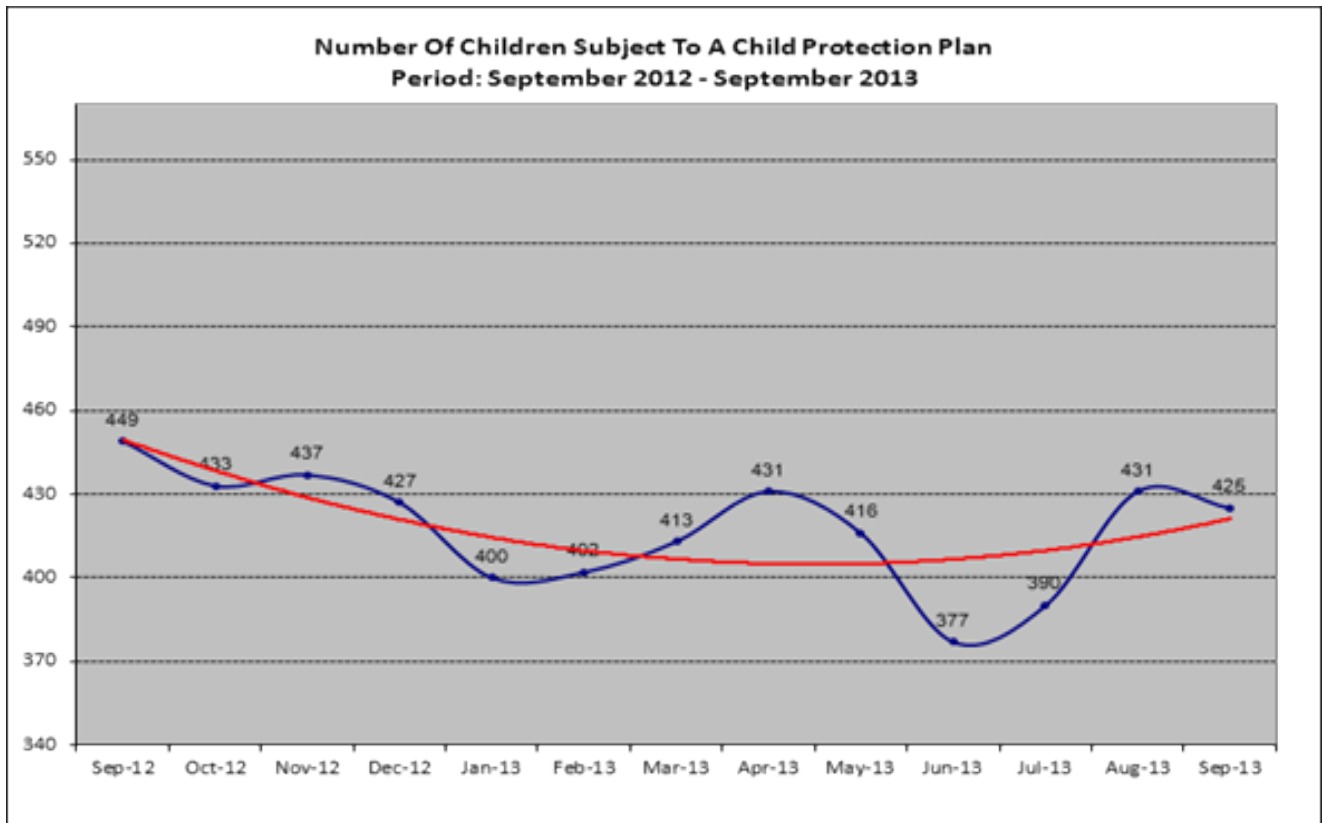


Table 1. Health summary. County Durham Health Profile 2013. Source: Public Health England.

Domain	Indicator	Local No. Per Year	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Our communities	1 Deprivation	147519	28.8	20.3	83.7		0.0
	2 Proportion of children in poverty	20445	23.0	21.1	45.9		6.2
	3 Statutory homelessness	425	2.0	2.3	9.7		0.0
	4 GCSE achieved (5A*-C inc. Eng & Maths)	3396	62.5	59.0	31.9		81.0
	5 Violent crime	4839	9.5	13.6	32.7		4.2
	6 Long term unemployment	3834	11.6	9.5	31.3		1.2
Children's and young people's health	7 Smoking in pregnancy ‡	1216	21.3	13.3	30.0		2.9
	8 Starting breast feeding ‡	3330	58.5	74.8	41.8		96.0
	9 Obese Children (Year 6) ‡	1057	22.7	19.2	28.5		10.3
	10 Alcohol-specific hospital stays (under 18)	124	122.0	61.8	154.9		12.5
	11 Teenage pregnancy (under 18) ‡	372	41.4	34.0	58.5		11.7
Adult health and lifestyle	12 Adults smoking	n/a	20.9	20.0	29.4		8.2
	13 Increasing and higher risk drinking	n/a	22.6	22.3	25.1		15.7
	14 Healthy eating adults	n/a	21.4	28.7	19.3		47.8
	15 Physically active adults	n/a	52.2	56.0	43.8		68.5
	16 Obese adults ‡	n/a	28.6	24.2	30.7		13.9
	Disease and poor health	17 Incidence of malignant melanoma	75	14.4	14.5	28.8	
18 Hospital stays for self-harm		1625	343.1	207.9	542.4		51.2
19 Hospital stays for alcohol related harm ‡		15418	2486	1895	3276		910
20 Drug misuse		2376	7.0	8.6	26.3		0.8
21 People diagnosed with diabetes		28542	6.5	5.8	8.4		3.4
22 New cases of tuberculosis		13	2.6	15.4	137.0		0.0
23 Acute sexually transmitted infections		3309	645	804	3210		162
24 Hip fracture in 65s and over		572	471	457	621		327
Life expectancy and causes of death	25 Excess winter deaths ‡	297	18.1	19.1	35.3		-0.4
	26 Life expectancy – male	n/a	77.5	78.9	73.8		83.0
	27 Life expectancy – female	n/a	81.4	82.9	79.3		86.4
	28 Infant deaths	23	4.0	4.3	8.0		1.1
	29 Smoking related deaths	1085	260	201	356		122
	30 Early deaths: heart disease and stroke	440	70.3	60.9	113.3		29.2
	31 Early deaths: cancer	748	119.2	108.1	153.2		77.7
	32 Road injuries and deaths	195	38.1	41.9	125.1		13.1

‡ For comparison with PHOF Indicators, please go to the following link: www.healthprofiles.info/PHOF

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average



† In the South East Region this represents the Strategic Health Authority average

Indicator Notes

1 % people in this area living in 20% most deprived areas in England, 2010 2 % children (under 16) in families receiving means-tested benefits & low income, 2010 3 Crude rate per 1,000 households, 2011/12 4 % at Key Stage 4, 2011/12 5 Recorded violence against the person crimes, crude rate per 1,000 population, 2011/12 6 Crude rate per 1,000 population aged 16-64, 2012 7 % mothers smoking in pregnancy where status is known, 2011/12 8 % mothers initiating breast feeding where status is known, 2011/12 9 % school children in Year 6 (age 10-11), 2011/12 10 Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population, 2007/08 to 2009/10 (pooled) 11 Under-18 conception rate per 1,000 females aged 15-17 (crude rate) 2009-2011 12 % adults aged 18 and over, 2011/12 13 % aged 16+ in the resident population, 2008-2009 14 % adults, modelled estimate using Health Survey for England 2006-2008 15 % adults achieving at least 150 mins physical activity per week, 2012 16 % adults, modelled estimate using Health Survey for England 2006-2008 17 Directly age standardised rate per 100,000 population, aged under 75, 2008-2010 18 Directly age sex standardised rate per 100,000 population, 2011/12 19 Directly age sex standardised rate per 100,000 population, 2010/11 20 Estimated users of opiate and/or crack cocaine aged 15-64, crude rate per 1,000 population, 2010/11 21 % people on GP registers with a recorded diagnosis of diabetes 2011/12 22 Crude rate per 100,000 population, 2009-2011 23 Crude rate per 100,000 population, 2012 (chlamydia screening coverage may influence rate) 24 Directly age and sex standardised rate for emergency admissions, per 100,000 population aged 65 and over, 2011/12 25 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths 1.08.08-31.07.11 26 At birth, 2009-2011 27 At birth, 2009-2011 28 Rate per 1,000 live births, 2009-2011 29 Directly age standardised rate per 100,000 population aged 35 and over, 2009-2011 30 Directly age standardised rate per 100,000 population aged under 75, 2009-2011 31 Directly age standardised rate per 100,000 population aged under 75, 2009-2011 32 Rate per 100,000 population, 2009-2011

-Table 2. Health summary. County Durham Child Health Profile 2013.

Source: CHIMAT.

	Indicator	Local no per year	Local value	Eng ave.	Eng worst	Eng best
Provenable mortality	1 Infant mortality rate	23	4.0	4.4	8.0	2.2
	2 Child mortality rate (age 1-17 years)	11	11.3	13.7	23.7	7.5
Health protection	3 MMR Immunisation (by age 2 years)	5,410	94.3	91.2	78.7	97.2
	4 Diphtheria, tetanus, polio, pertussis, Hib immunisations (by age 2 years)	5,640	98.3	96.1	85.7	98.8
	5 Children in care immunisations	380	100.0	83.1	0.0	100.0
	6 Acute sexually transmitted infections (Including Chlamydia)	2,520	36.8	35.6	75.2	19.9
Wide determinants of ill health	7 Children achieving a good level of development at age 5	3,163	56.8	63.5	51.5	76.5
	8 GCSE achieved (5A*-C inc. Eng and maths)	3,398	62.5	59.4	40.9	79.6
	9 GCSE achieved (5A*-C inc. Eng and maths) for children in care	8	17.4	14.6	0.0	40.0
	10 Not in education, employment or training (age 16-18 years)	1,380	7.5	6.1	11.8	1.6
	11 First time entrants to the Youth Justice System	317	680.3	876.4	2,436.3	342.9
	12 Children living in poverty (aged under 16 years)	20,445	23.0	21.1	45.9	7.4
	13 Family homelessness	254	1.2	1.7	7.4	0.1
	14 Children in care	660	66.0	59.0	150.0	19.0
	15 Children killed or seriously injured in road traffic accidents	21	23.8	22.1	47.9	4.4
Health improvement	16 Low birthweight	450	7.7	7.4	11.0	5.0
	17 Obese children (age 4-5 years)	563	10.5	9.5	14.5	5.8
	18 Obese children (age 10-11 years)	1,072	22.5	19.2	27.8	12.3
	19 Participation in at least 3 hours of sport/PE	36,327	56.7	55.1	40.9	79.5
	20 Children's tooth decay (at age 12)	-	1.0	0.7	1.5	0.2
	21 Teenage conception rate (age under 18 years)	384	43.2	35.4	64.7	6.2
	22 Teenage mothers (age under 18 years)	155	2.6	1.3	2.8	0.3
	23 Hospital admissions due to alcohol specific conditions	118	116.0	55.8	138.3	16.9
Prevention of ill health	24 Hospital admissions due to substance misuse (age 15-24 years)	73	105.6	69.4	186.3	25.7
	25 Smoking in pregnancy	1,216	21.3	13.2	29.7	2.9
	26 Breastfeeding initiation	3,330	58.2	74.0	41.8	94.3
	27 Breastfeeding at 6-8 weeks	1,602	27.7	47.2	19.7	82.8
	28 A&E attendances (age 0-4 years)	9,801	347.8	483.9	1,187.4	136.3
	29 Hospital admissions due to injury (age under 18 years)	1,923	192.1	122.6	211.1	72.4
	30 Hospital admissions for asthma (age under 19 years)	210	196.1	193.9	484.4	73.4
	31 Hospital admissions for mental health conditions	90	89.9	91.3	479.7	22.6
	32 Hospital admissions as a result of self-harm	228	227.8	115.5	311.9	26.0

Notes and definitions - Where data are not available or have been suppressed, this is indicated by a dash in the appropriate box.

1 Mortality rate per 1,000 live births (age under 1 year), 2009-2011

2 Directly standardised rate per 100,000 children age 1-17 years, 2009-2011

3 % children immunised against measles, mumps and rubella (first dose by age 2 years), 2011/12

4 % children completing a course of immunisation against diphtheria, tetanus, polio, pertussis and Hib by age 2 years, 2011/12

5 % children in care with up-to-date immunisations, 2012

6 Acute STI diagnoses per 1,000 population aged 15-24 years, 2011

7 % children achieving a good level of development within Early Years Foundation Stage Profile, 2012

8 % pupils achieving 5 or more GCSEs or equivalent including maths and English, 2011/12

9 % children looked after achieving 5 or more GCSEs or equivalent including maths and English, 2011/12 (provisional)

10 % not in education, employment or training as a proportion of total age 16-18 year olds known to local Connexions services, 2011

11 Rate per 100,000 of 10-17 year olds receiving their first reprimand, warning or conviction, 2010/11

12 % of children aged under 16 living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income, 2010

13 Statutory homeless households with dependent children or pregnant women per 1,000 households, 2011/12

14 Rate of children looked after at 31 March per 10,000 population aged under 18, 2012

15 Crude rate of children age 0-15 years who were killed or seriously injured in road traffic accidents per 100,000 population, 2009-2011

16 Percentage of live and stillbirths weighing less than 2,500 grams, 2011

17 % school children in Reception year classified as obese, 2011/12

18 % school children in Year 6 classified as obese, 2011/12

19 % children participating in at least 3 hours per week of high quality PE and sport at school age (5-18 years), 2009/10

20 Weighted mean number of decayed, missing or filled teeth in 12 year olds, 2008/09

21 Under 18 conception rate per 1,000 females age 15-17 years, 2010

22 % of delivery episodes where the mother is aged less than 18 years, 2011/12

23 Crude rate per 100,000 under 18 year olds for alcohol specific hospital admissions, 2008-11

24 Directly standardised rate per 100,000 (age 15-24 years) for hospital admissions for substance misuse, 2009-12

25 % of mothers smoking at time of delivery, 2011/12

26 % of mothers initiating breastfeeding, 2011/12

27 % of mothers breastfeeding at 6-8 weeks, 2011/12

28 Crude rate per 1,000 (age 0-4 years) of A&E attendances, 2010/11

29 Crude rate per 10,000 (age 0-17 years) for emergency hospital admissions following injury, 2011/12

30 Crude rate per 100,000 (age 0-18 years) for emergency hospital admissions for asthma, 2011/12

31 Crude rate per 100,000 (age 0-17 years) for hospital admissions for mental health, 2011/12

32 Crude rate per 100,000 (age 0-17 years) for hospital admissions for self-harm, 2011/12