Project Brief: Helping Vulnerable Children

Document Information

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Revision History

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<thead>
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<th>Revision Date</th>
<th>Previous Revision</th>
<th>Summary of Changes</th>
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<td></td>
</tr>
</tbody>
</table>

Table of Contents

Document Information..............................................................................................................................................1

Table of Contents..................................................................................................................................................1

1  Project Definition (describe the project)....................................................................................................2
2  Outline Business Case (why you think we need to do it) ..............................................................................3
3  Project Product Description (what you physically want to receive) ...........................................................4
4  Project Approach (how we will go about doing it) .........................................................................................5
5  Project Team Structure & Roles (who is involved) .......................................................................................5
6  References......................................................................................................................................................6

Appendices.............................................................................................................................................................6

N.B. Projects are prioritised through the application of the prioritisation matrix, which can be found here: JSNA Project Prioritisation Matrix Please use the matrix to tailor the contents of this brief, to ensure the project is prioritised correctly.
1 Project Definition (describe the project)

It has been recognised that whilst the JSNA identifies the needs of some vulnerable children within the needs assessments and analysis it delivers, there is a gap in understanding of how ‘vulnerable children’ can be defined, what their needs are, how they can be targeted for support and how negative outcomes can be prevented.

The project will support the outcome that vulnerable children are identified early and provided with the appropriate help to prevent negative outcomes. Its initial scope includes all children in Warwickshire under the age of 18, or 25 for those with a disability, narrowing down to only those classed as ‘vulnerable’.

Its objectives are:

- Clear criteria for who is classed as ‘vulnerable’ – What does vulnerable mean?
- A methodology (Factor Analysis?) of how to identify the most vulnerable children – Who are our most vulnerable children in Warwickshire? What are the risk factors?
- Identification of the needs of the vulnerable children – What are their needs?
- An understanding of supply – What are the current services available?
- An understanding of demand – What services are vulnerable children accessing?
- Identification of gaps – Where are the gaps between need and supply? Why are some vulnerable children not getting early help?
- Provide recommendations – How can we provide the most effective early help, to the most vulnerable children in the most cost effective way?

It assumes that the project does not overlap with the Priority (Troubled) Families project or the Dartington project (to safely reduce the numbers of LAC by increasing community services and parenting capacity). If there is found to be significant overlap with either project then this project will be terminated.

The project and its products will interface with:

- Priority Families
- Safeguarding / Children in Need
- Children’s Safeguarding Strategy
- The Dartington Project
- Common Assessment Framework (CAF)
- School Early Intervention Service
- Family Information Services
- Family and Parenting Support
- Targeted Youth Support
- Early Help Commissioning Strategy
- CSWP
- Youth Justice Service and Family Intervention
- Warwickshire Police
- Warwickshire Probation
- Schools
- Health (current focus on Health Visitors and School Nurses)
- Warwickshire’s Child Poverty Strategy

Does the project directly relate to any statutory duty(ies)? If so, what are they and in which legislation can they be found?

Yes: ☒ No: ☐

The JSNA is a statutory requirement [Local Government Health and Public Involvement in Health Act (2007)], with one of its aims being the identification of groups whose needs are not being met and are experiencing poor outcomes.
**Does the topic align with Key Stakeholder’s Strategic Priorities (WCC, CCGs, and Districts & Boroughs)? If so, how and what are they?**

Yes: ☒ No: ☐

The WCC People Group Outcomes Framework contains the following outcomes:

- ‘*Warwickshire’s communities and individuals are safe and protected from harm and are able to remain independent for longer.*’
  - People are safe
  - People are independent
- ‘*The health and wellbeing of all in Warwickshire is protected.*’
  - People are cared for
  - People enjoy life
  - People are healthy
- ‘*Warwickshire has a vibrant and thriving economy, including high quality jobs, education and training.*’
  - People learn
  - People contribute
  - People are poverty-free

**Does the topic tie in with any of the existing Warwickshire JSNA priorities identified in the 2011 Annual Review? If so, which and where can they be found?**

Yes: ☒ No: ☐

- *Children & Young People* – Educational Attainment (page 6) and Looked after Children (page 7)
- *Lifestyle* - Lifestyle Factors Affecting Health and Wellbeing (page 9)
- *Vulnerable Communities* – Disability (page 15), Health Inequalities (page 14) and Safeguarding (page 16)
- *Ill-Health* - Mental wellbeing (page 12)

**Is there any national research, local research or anecdotal evidence you are aware of about this issue?**

There is a vast volume of research on this issue including:

- Research Report - WCC – Early Intervention Target Groups, 4th December 2013. H:\AdultComm\Shared\Team Items\Planning & Research\Early Intervention Strategic Review\Target groups

2 Outline Business Case *(why you think we need to do it)*

This will be confirmed through further discussions currently being held.

This project needs to be undertaken because if we do not identify who our most vulnerable children are in Warwickshire they are at risk of being unsafe, being dependent, being neglected, being unhappy, being unhealthy, being uneducated, not contributing and/or being in poverty. Our most vulnerable children are those who are already least likely to meet these outcomes, which have been defined as the ones we want Warwickshire children to meet through the People Group Outcomes Framework.
The first key driver behind this project is that WCC has limited resources, which are forecast to reduce further, and these must be targeted at the most vulnerable children to ensure those who need help most are supported. Then, any remaining resources can be targeted depending on the risk factors present.

The second key driver is that there is no common definition of ‘vulnerable’ which is used across the authority. This is a barrier to agreeing priority groups to target and allocating sufficient resource to make a real difference. Without this definition, services may miss working with children with specific risk factors.

This project would solve the problem of not knowing who to focus our limited resources on. Once a definition of vulnerable has been agreed, this can be used to identify all the vulnerable children living in Warwickshire who can then be prioritised to be targeted for support. Whilst this is a huge task, not identifying those who are vulnerable puts them at risk not achieving the outcomes which WCC is committed to supporting them to achieve.

The options available are believed to be:

- Do nothing and commission Early Help services without an understanding of who the services should be helping
- Produce a definition of vulnerable and identify those children who are vulnerable in Warwickshire
  - but not produce an assessment of need for those children
  - and produce an assessment of need using only existing datasets, easily to hand
  - and then produce a comprehensive JSNA needs assessment

The options are set out in order of comprehensiveness. Each will take longer to complete, but will provide increasing levels of information to inform decision making. The benefit to commissioners of choosing to produce a comprehensive JSNA needs assessment is that they will have access to robust evidence, to support or question the targeting of certain groups of children and the corresponding allocation of resources. It will also ensure that the needs of vulnerable children are given the highest consideration.

3 Project Product Description (what you physically want to receive)

The product will produce:

- Stage 1 report covering the definition of vulnerable and identification of risk factors
  - A Word report document of no more than 10 pages of A4 text in the main body
- Stage 2 report covering the factor analysis of risk factors
  - A Word report document of no more than 10 pages of A4 text in the main body, not including charts and tables
- Stage 3 report covering the needs assessment
  - A Word report document of no more than 80 pages of A4 text in the main body, not including charts and tables and an executive summary of no more than 10 pages
- A supporting dataset

Acceptance of the project’s products will involve initial approval from the Senior Users, Hugh Disley and Kate Harker followed by final approval by the JSNA Commissioning Group.

The project products will meet the quality expectations of the Senior Users who will be able to make robust, evidence based commissioning decisions based on the information provided in the products.
4 Project Approach (how we will go about doing it)

3 stages

Stage 1

Definition of vulnerable and identification of risk factors

- Through desktop research of local, regional and national definitions and risk factors e.g. Priority Families national and local criteria
- Through consultation with people working with a cross section of children e.g. risk factor, ages, locations

Stage 2

The identification of our most vulnerable children

- Through a factor analysis of risks factors generated in Stage 1
- Through multi-agency collaboration, data sharing and cross referencing.

Stage 3

Needs assessment to identify needs, supply, demand and gaps

- Through desktop research of local, regional and national data
- Through consultation with people working with vulnerable people and children classed as vulnerable

Will the project involve engagement and adhere to the principles of Good Engagement at Appendix B? If not, why? 
Yes: ☒ No: ☐

Not applicable

Will the project involve research with either customers of services or professionals working in them? 
Yes: ☒ No: ☐

N.B. If so, the project is likely to have to go through a Research Governance process. Please ask the JSNA team about how to do this.

5 Project Team Structure & Roles (who is involved)

The Project Board will consist of a JSNA Programme Manager, the Project Executive, who will be XX and Senior Users, who will be Hugh Disley and Kate Harker). The Supplier interests will be
6 References

To any associated documents or products. (Max: 100 words)

Appendices

A. Project Brief Quality Criteria
B. Good Engagement Charter
Appendix A to Project Brief

Project Brief Quality Criteria

Once your Project Brief is complete check the document against the following Quality Criteria:

- It is as brief as possible because its purpose, at this point, is to provide a firm basis on which to initiate a project.
- The Project Brief accurately reflects the requirements of the organisations and the users involved.
- The project approach considers a range of solutions such as: bespoke or off-the-shelf; contracted out or developed in-house; designed from new or modified existing product etc.
- The project approach has been selected which maximises the chance of achieving overall success.
- The project objectives, project approach and strategies are consistent with the organisation’s policies.
- The project objectives are Specific, Measurable, Achievable, Realistic and Time-bound (SMART).
Good Engagement Charter

Healthwatch Warwickshire expects the following points to be addressed by organisations that carry out patient and public engagement:

1. **We will be clear about why there is a need to engage with our community:** The reasons for involving people must be clear from the start.

2. **We will make sure that we work with partners when engaging with our community:** People do not like being asked about the same thing over and over again. A joined-up approach is efficient and increases the likelihood of people taking part.

3. **We will make sure there is plenty of time for engagement:** We will give people plenty of time to give their opinions and will arrange events at different times so that more people can take part.

4. **We will use a range of different ways for people to have their say:** Some people like to talk in groups; others prefer to complete an online survey or to tell one person their ideas. We will be inclusive and tailor our activities to the people we are hoping will take part.

5. **We will be open, honest and transparent when engaging with our community:** Agencies carrying out engagement activity should be open and honest about what can and cannot be influenced – including any constraints and boundaries – giving reasons for this.

6. **We will make sure that information is accessible by all:** Information needs to be accessible, clear, understandable, and relevant. It also needs to be presented in the correct format for the audience.

7. **We will provide people with regular feedback when engaging with them:** Results of engagement should be easily accessible to people who wish to view it – especially those people affected by the results of the consultation activity.

8. **We will recognise best practice and make sure that it is used to inform future engagement with our community:** Engagement that has worked well should be celebrated, shared between partners and also be used to develop future engagement activities.

9. **We will evaluate the engagement process and make sure that any lessons learned are used to make engagement better in the future:** Engagement will be reviewed to see how well it worked and if it has achieved what it set out to do. The process will also be assessed against the standards outlined here.