

Session 2:

Local Voices, Local Change: Co-Production as a Driver of Early Years Integration



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Halton 0-19 (+SEND) Healthy Child Programme and Start for Life Healthy Babies Family Hubs Information Sharing – ASQs Pilot



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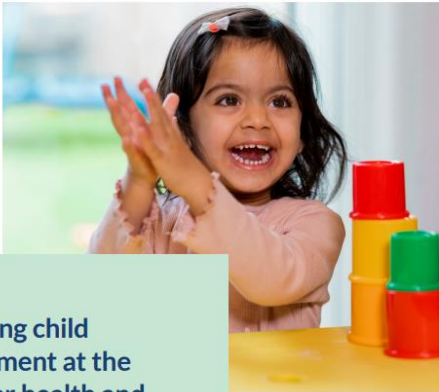


Problem Statement:

- Ensure a robust, joined-up multi agency approach to data and information sharing
- Identify children at the earliest opportunity who may need additional support
- Connect children to appropriate interventions promptly

Rationale:

- Early identification improves long-term outcomes
- Data-driven decision-making supports targeted interventions
- Multi-agency collaboration ensures timely support
- Builds evidence base linking access to services and interventions to child development outcomes



Measuring child development at the 2-2½ year health and development review

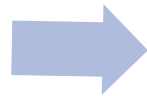
A review of available tools, stakeholder priorities, and learning to support successful implementation of a tool for routine health care use.

The report explicitly recommends that the ASQ should be embedded within a holistic, in-person health and development review rather than used as a stand-alone screening tool.

It should enable a conversation about the child's development, health, and family context. Practitioners and parents valued follow-up pathways more than the tool itself — stressing that data sharing must support timely referrals and joined-up support.

The authors warn that separating ASQ data collection from the wider review risks fragmentation; instead, ASQ outcomes should inform multi-agency decision-making and coordinated early help packages.

Complete a DPIA (Data Protection Impact Assessment) Titled "Review of children in the 0-19 service aged 2.5 years and what relationship they have in the Halton Family Hub."



To retrospectively review data systems and processes to identify any areas for improvement and to determine future data flows. Analyse ASQ scores and related information for each child aged 2.5 years as of May 25, to assess support from BCHFT and Halton Family Hub. This ensures the partnership continues to meet its goal of providing optimal support to vulnerable children and their families.



The data quality process will only retrospectively review the process the patient took or potentially took, their information will not be added to any other clinical systems at this point, this is a data quality exercise only to determine data flows and improvement processes.



Agree and define the data matching fields



Identify key personnel who have access to various reporting systems to be part of the project; FH Transformation Lead, Bridgewater 0-19 Operational Manager, Family Hub Data Analyst, Early Years Data Analyst, 0-19 Health Visiting Team Lead. Meet to discuss



FamilyHub
Together for all in Halton

Together for all in Halton



All identified personnel receive the list of children (50) via spreadsheet and additional data matching fields are added

Each individual service completes the data matching exercise (2 weeks) and resubmits back to FH Transformation Lead



Analysis of findings undertaken and completed. Meet to share findings



Report of findings submitted back to 0-19 Commissioner and Information Governance Lead and meeting to discuss next steps established.

NHS Number
Gender
First and Surname
DOB
Address & Postcode
Ward
IMD
IDACI

ASQ Outcomes across each domain
Total Zones
Communication Zone
Gross Motor Zone
Problem Solving Zone
Fine Motor Zone
Personal Social Zone

Family Hub Registration
Number of sessions attended
Date of last session
EH / Social Care record created?
Previous Early Help or Social Care Involvement
Targeted Groups accessed

Education System ID
Accessing EY Entitlement
Start date in setting (first funded term)
Type of entitlement accessing
Name of provision
Hours in setting
Integrated review completed
Latest Wellcomm screening
Health Notification Received
SENIF Application completed

Level of Healthy Child Programme
Other agencies involved
Number of contacts by 0-19 team
Date of last 0-19 contact
Follow up required
Nursery contacted
Offered an Early Help Assessment
Parental concerns not reported by review



Findings - Demographics

- All children were 2 years of age
- 48% of them were living in IDACI 1& 2 areas (**Income Deprivation Affecting Children Index.**) These areas are among the most deprived in England for children living in poverty
- 34% were living in IDACI 5 – 10
- 42% female & 58% male
- 16% of children had previous Social Care or Early Help Involvement
- 56% of children live in Runcorn

Findings

• Early Years Entitlements

- 60% of children were accessing some form of Early Years Provision
- 73% of those were accessing the Working Element of 2 year old funding for an average of 32 hours per week
- 27% of those were accessing the FRAS (Families Receiving Additional Support) funding and all accessing for full 15 hours per week
- 53% of children living in IDACI 1-3 accessing Early Years Provision
- 50% of children accessing an Early Years Provision live in both Runcorn and Widnes

• Family Hubs

- 42% of children registered at a Family Hub
- All but 1 of those children had attended at least 1 family hub session
- Average number of sessions attended by those children was 15 (range 0-59)
- 16% of children had previous social care or early help involvement
- 57% of children registered at a family hub lived in Runcorn
- 26% of children were registered at a family hub AND were accessing an early years provision
- 24% of children were not registered at a family hub, and NOT accessing an early years provision

Findings – 0-19 (+SEND) Healthy Child Programme

• ASQs In Monitoring Zone

- 38% of children in monitoring zone across at least 1 ASQ domain
- 26% of those children were classed as targeted as part of the Healthy Child Programme.
- Records indicated that 12% of those children had accessed a targeted intervention (HENRY, Tots Talking)
- 50% of these children, In Monitoring, would be recommended by Health to attend an MDT
- Overall, according to health records, 34% of the overall cohort of children (17) would benefit from being discussed at an MDT

• ASQs Below

- 4% of children were below across all domains of the ASQ
- Previous CIN and early help involvement
- X1 FRAS Funding so in a setting
- Integrated Review undertaken
- X1 health notification not received
- No SENIF application made by the setting
- Other agencies are involved in both children

Key Insights from 0-19 (+SEND) Healthy Child Programme – ASQs Pilot

Demographics & Deprivation

1. Nearly 48% of children live in IDACI 1–2 areas, indicating high deprivation.
2. 16% had previous social care or early help involvement, suggesting persistent vulnerability.

Early Years Provision

1. 60% accessed Early Years provision, but 24% had no Family Hub registration and no provision, leaving a gap for outreach.
2. Children in IDACI 1–3 areas had slightly higher engagement with provision (53%).

Family Hub Engagement

1. 42% registered at a Family Hub, but only 26% were registered AND in provision—integration between services is partial.
2. Average sessions attended: 15, but range is wide (0–59), suggesting inconsistent engagement.

ASQ Outcomes

1. 54% above monitoring zones, but 38% in monitoring and 4% below across all domains.
2. 18% flagged for Communication & Language concerns, yet only 2 had Wellcomm screening—gap in targeted follow-up.
3. Health records suggest 34% of cohort would / should be discussed at MDT, but only 12% had accessed targeted interventions.

Next Steps

- Creation of an Information Sharing Agreement between Bridgewater and Halton Family Hubs
- Implement an MDT Pathway following the outcome of the Development Review at 9-12 month and 2.5yrs
 - Did the child attend their development review? Yes or No
 - Is the child accessing a family hub, an early years provision or neither?
 - What was the outcome of the development review? Above, In Monitoring, below?
 - Depending on the outcome, determines the pathway the child will follow and the targeted interventions they are connected to including PEEP, Early Talk Boost
 - Increase resource across the home learning environment workstream to include a Communication & Language Lead Practitioner, Early Years and Best Start Home Learning Environment Officer and Health Practitioner
 - Children get tracked and invited to access a 3-3.5yr 'targeted review'
 - Tracking back of 5500 children GLD results using these metrics to identify themes / trends to inform future planning



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Thank You



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