

Children, Families and Adults Services

Enhanced & Preventative Services

Informal Consultation on the Recommissioning of Early Help Services

***Information for all staff
22nd May 2014***

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INTRODUCTION

1 Message from Sarah Ferguson, Service Director (Enhanced and Preventative Services)

As the role of the public sector undergoes a significant shift in response to reducing resources and changing expectations, there is a need for us to reimagine what services we should provide in the future and what our focus needs to be. Never has the investment in families and communities been more important. The provision of direct services and support should only be when we are sure we have explored all the resources available within families and communities themselves to help resolve difficulties early. Where there is a need for direct intervention we need to be confident that we have assessed need well, that we aim always to build the resilience of the family to manage without prolonged support, and that our response is effective and integrated with other providers of services.

A conversation is taking place across Cambridgeshire about the need to 'rewire' the public sector to meet challenges ahead. This theme is at the heart of our discussion with partners about a future Early Help Strategy in Cambridgeshire, as we try to articulate a strategy which focusses on building protective factors for families rather than a risk based model which can propel families from one service to another.

Within Enhanced and Preventative Services there is an opportunity for us to refocus our vision. This is in part driven by the need for significant savings to be found within the directorate, but also the need for us to critically evaluate how we can better stem the demand for higher threshold services – specifically in Children's Social Care and the numbers of children receiving statements. The answer to this question doesn't exist solely within the Local Authority, but also within communities, universal services and other providers.

This paper is an informal consultation aimed primarily at staff within Enhanced and Preventative Services, to start to set out this vision for the Directorate within this context. There are a number of questions we need to explore about what this might mean in terms of the future service offer. We will want to do this with staff, Members and other stakeholders over the coming weeks to help answer some of the questions posed by a reduction in direct provision which will be the necessary consequence of the proposals. The focus in this consultation is on the functions we need to deliver rather than on specific posts.

A reduction in numbers of posts and configuration of teams will be inevitable during implementation from 2015 – 2016, and we shall need to retain good leadership and management throughout this period. A formal consultation will be held with staff in the autumn which will set out the detail of what this will look like. This is likely to have an impact on current levels of performance so we need to be very clear about where we need to make a difference with the resources we have, and share with partners.

I recognise that there has been and continues to be significant change across the Directorate and more widely across CFA. This is challenging, and whilst we work to build a vision for the future there is much personal and organisational uncertainty that comes with that. Please be assured that this is recognised and understood and we continue to be committed to ensuring that we minimise the impact of the changes as far as is possible.

2 The purpose of this document is to:

- Set the context for change in relation to a wider review of an Early Help strategy for Cambridgeshire
- Outline the direction we are taking within Enhanced & Preventative Services to reconfigure our early help offer for children and families
- Provide the basis for informal consultation with employees, trade unions and key stakeholders on the proposals

CONTEXT FOR CHANGE

3 THE VISION FOR EARLY HELP IN CAMBRIDGESHIRE

Early help starts with the right family and community support, before support from an external agency is needed. Early help is also about preventative and timely intervention work with families. It aims to stop problems deepening, to prevent families from experiencing crises and ultimately to reduce the need for specialist and statutory interventions. The early help approach is central across a range of needs amongst children and families. The principle applies equally to safeguarding work, family functioning, family health and mental health, work to support inclusion, educational achievement, special educational needs, further learning and employment prospects and issues such as poverty, offending and substance misuse.

The goal and objective of early help for families is more important now than ever. The economic climate, population growth and changing demographics mean that families are facing new and greater challenges at the same time that public services are facing decreasing budgets and change on an unprecedented scale.

The work to rethink the role of the public sector will need to place less emphasis on public agencies stepping in to provide services and greater emphasis on how we see families and communities themselves as the basis for change. It is the support from friends, from neighbours, from other families in the community, from volunteers, and from local groups that often makes the difference in people's lives. All families have strengths which can be built upon. The role of public services can be to help families gain the confidence and skills to succeed independently and help other people in their community.

The financial context means that the amount of service intervention provided directly by public services will have to reduce, become further targeted to those most in need and be better joined-up across partners. We will work together to ensure the direct offer has greatest impact, is evidence based and outcome focussed.

3.1 Principles for preventative work

We think early help services need to:

- Support families as a whole; building on their strengths and fostering resilience
- Be based and designed within communities, making the most of local resources and delivering services at the most local level possible
- Take a needs lead rather than service lead approach, using the lead professional model as a cornerstone of the work
- Be joined up and coherent across organisations and sectors, based around early identification, multi-agency assessments of need and good and timely information sharing
- Be flexible and creative, helping families with a wide range of issues
- Offer clear targeted support to the right families and demonstrate impact and evidence
- Provide a seamless interface with specialist services where required

3.2 Early Help stakeholder consultation

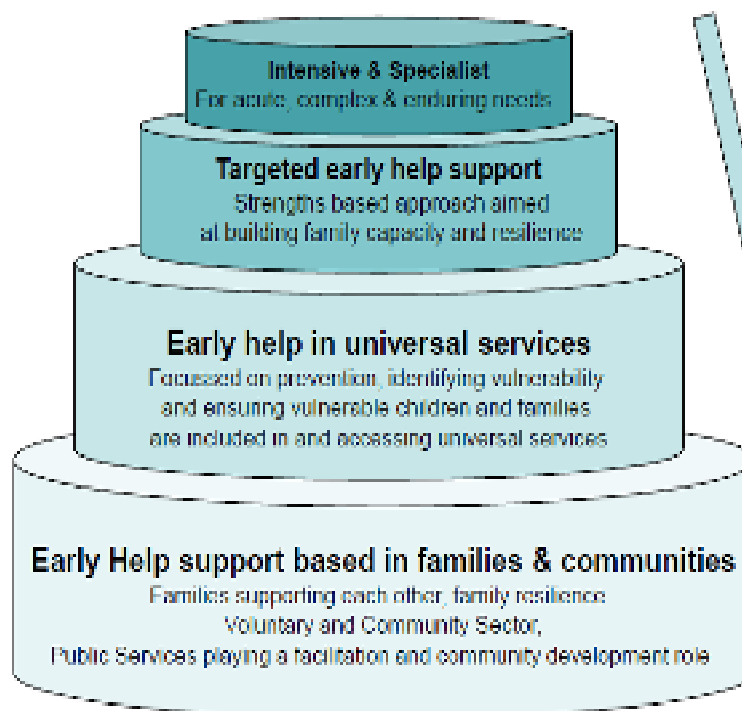
During April and May 2014, a series of Early Help stakeholder events were held across the County to open up the conversation about how we need to start to rethink preventative work with children and families. Over 290 staff from a wide range of services and organisations have come together to start to engage with the debate about what we do differently. How can we shift the focus in preventative work from a model of provision to one which focuses first on building the protective environment in which children can thrive?

As an aid to discussion, a future model has been discussed which starts to express this shift in focus.

3.3 Draft Model for Early Help

A tiered model with increasing support for increasing levels of need and vulnerability.

But not a model based on referral from one tier to another – instead support always begins with the family and community as the base on which other support is built where needed.



Public Services should be providing support aimed at reducing the reliance on the top tiers, while strengthening the capacity of the lower tier

3.4 Emerging themes from the consultation

Strengths based approach

Work to support protective factors and develop resilience in families and children. Build upon strengths, focus on opportunities rather than risk. Support individuals towards self help

Empower families - engage and listen to families and young people

Engage and listen to what families and young people want, involve them in developing the solutions. Support parents to support their children and build resilience.

Whole family approach

Move towards a whole family approach. Joint commissioning of services across health and the local authority, children and adult services. Develop greater integration between health, adult, children and family services.

Support community and voluntary sector development

Services to support communities to build confidence and capacity. Promote community navigators, mentors and good role models within the community. Provide and support opportunities for volunteering.

Communication and information sharing

Improve information sharing and communication between organisations working with families. Improve knowledge of other organisations roles, contacts and networking

Early intervention

Look to intervene at an earlier age and earlier stage of need to prevent escalation of issues.

Transition points

Focus on times of transition; develop clear embedded processes and information exchange.

Workforce development

Share and pool the expertise from across organisations. Develop staff skills and knowledge to enable greater flexibility to work across a wider range of family needs, particularly early support around mental health issues. Develop a staffing model which can make the best available use of specialist consultation and supervision in order to be able to undertake work of increasing complexity

Mental Health

Focus on delivery of work to support the mental health needs of children and young people who do not meet the criteria for referral to specialist CAMH services.

4 REFOCUSING ENHANCED AND PREVENTATIVE SERVICES

4.1 Purpose of the review

Previous discussion papers have outlined more detail about the context within which Enhanced and Preventative Services are operating and ways in which the service will need to think in a more streamlined way with our internal and external partners. The work on the Early Help Strategy with partners as set out above is providing the context within which Enhanced and Preventative Services needs to resonate.

It is not the intention of the review to seek change for changes sake. There is much excellent work within the Directorate which we will want to build on, but we do need to be clear how we will meet needs better with less money. We shall seek to avoid structural change unless it is necessary to deliver better services delivering on the principles we are developing for Early Help. We shall seek to align priorities better across Directorates within CFA and with our partners. We shall seek to deliver a service which focuses on strengths and resilience rather than deficit and intervention.

4.2 Budgets and Savings

Clearly, one of the most significant drivers for change is the budget constraints. Across CFA, the financial challenge is to find £79m of savings from 2014 - 2017. Plans continue to be developed about how services can be delivered within a greatly reduced budget and an environment of growing demand. Within Enhanced and Preventative Services, just under £6m from a £19m Local Authority budget (excluding Dedicated Schools Grant and other ringfenced funding) needs to be found over this time period. Some savings have already been found from within Children's Centres, Youth Offending Service and In School Support.

Services within Enhanced and Preventative Services are not all funded by the Local Authority directly. Much of the significant work we do is funded through schools funding (DSG), external grants (e.g. Youth Justice Board) and Public Health. However, pressure will be increasingly exerted across all these funding streams. Making savings in one area will inevitably have an impact on other parts of the system so in spite of how services are individually funded, a review of how we provide services needs to include all aspects of the Directorate.

There will be a reduction in the number of posts and the variety of roles we deliver. This will mean we will work with fewer families and young people.

Work has begun to reduce core spend during 2014 with reductions in budgets for Children's Centres, Youth Offending Service, and the In School Support service. The task in hand for 2015 and beyond is to consider how best to deliver further savings whilst using the opportunity to consolidate and build a positive vision for the future of the work of the Directorate based on need and the principles for Early Help we are developing with partners.

4.3 Work which has taken place so far

The proposals in this paper have emerged from a number of different activities and discussions which have taken place over the last six months. This has included:

- Outcome from the consultations and discussions with stakeholders in response to the Children's Centre consultation, and learning from the work on the integrated pathways for 0-5s which has involved all agencies
- Feedback from teams on discussion papers circulated in December 2013 and March 2014
- Project groups have met to look in detail about future possible priorities, and what a future service offer might look like (see below)

- Members seminar
- Discussions with schools
- Five multi-agency stakeholder events
- Intensive work to look at key areas of focus for future service delivery has been lead by Heads of Service and engaged other Directorates

Work has been planned to engage with children, young people and parents about a future operating model, and there is extensive work being undertaken on the needs of vulnerable families in Cambridgeshire, being lead by Public Health. Engaging with staff and key stakeholders about the direction of travel set out in this paper will be an important part in the process. All these activities will feed into the final proposals for the future of Enhanced and Preventative Services and more detailed proposals about team budgets and structures in the Autumn.

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5 THE VISION FOR ENHANCED AND PREVENTATIVE SERVICES

5.1 The vision

To help build resilient families and communities, supported effectively by universal and community based services, whilst offering targeted support for those who most need it in order to achieve

The service offer will be predicated on an assumption that most children can do well in the protective environment of their families, communities and schools. It will be our role with partners to facilitate good local support networks, and communities which are making good connections with and for families. The offer from universal health services, early years settings and schools will reinforce the message that sometimes there are simple solutions which can be easily provided and make a big impact.

The areas where we will continue to focus our direct work will be on developing and delivering Early Childhood Services¹, whole family working and supporting those young people who most need help in order to succeed.

5.2 Focus areas

The direct provision to families and children, where it has been identified there is a specific need for support will focus on overcoming barriers presented where there is:

- SEND
- Child and parental mental health issues
- A risk that children could underachieve due to social - economic factors
- Domestic abuse
- Substance misuse
- Families facing multiple problems

Workers in more generic roles will be expected to have a level of understanding and skill in meeting the needs of families affected by these factors. They will be supported by specialist services who will also directly provide support where needs are more complex or a statutory intervention is required.

5.3 Outcomes

The desired outcomes for the children and families we work with through targeted support are;

1. Children are ready for and attend school, and make expected progress
2. Children and young people are kept safe
3. Parents have the skills and confidence to support their children effectively

¹ Early Childhood Services as described in the Childcare Act, 2006, are those services which provide child care and information about child care for young children; health services, local authority social services, employment support and information; advice and assistance relating to young children, their parents and prospective parents. By making arrangements to ensure that these services are provided in an integrated manner access is improved to services and benefits maximised for all parents irrespective of where they are. Through effective integrated service delivery Early Childhood Services can anticipate having the maximum impact on a child's well being and their readiness to access learning at school.

4. Young people have the skills, qualifications and opportunities to succeed in the employment market
5. The number of young people offending or reoffending is minimised
6. The number of families who need intervention from specialist services is minimised

5.4 Success criteria

We will know we have been successful if:

- Foundation Stage Profile scores for children receiving Free School Meals improve
- Children with SEND are making expected progress
- Children who are most likely to stop attending, attend school
- Young people most at risk of not doing so make a good transition to employment, education and training
- Children and parents we work with tell us they are better able to cope
- Fewer families reach the threshold of significant risk of harm to children without being first identified and supported by preventative services

THE SERVICE OFFER

6 COMMUNITY AND TARGETED SUPPORT 0-19S LOCALITY WORK

6.1 Building community capacity

The Locality teams, working closely with partners, should act as enablers. They will work to support families to help themselves and identify community resources to meet need early.

Developing a community based approach has resonance across a wide range of public sector organisations including the voluntary and community sector. The Locality will be part of a wider network of services to deliver a more coordinated approach to community facing work. These ideas will need to be developed in partnership and involve elected Members.

6.2 Building capacity in universal services and supporting links and connections across services and teams

Localities will help build capacity in early years, schools and colleges, working to deliver effective evidence based approaches and an environment which protects children and young people well. This will include ensuring that effective advice and guidance is available to schools about support needs of children and parents, and that timely interventions are made when need is identified. Ensuring that GPs are aware and knowledgeable about early intervention assessments and local support services will be critical element of the work.

A coordinated conversation will take place with schools about emerging needs so that plans can be made about what support can be offered from a range of specialist and locality services. These conversations will be brokered by Locality Managers working closely with the managers of the SEND hubs (see page 16), and will ensure that an integrated response across services is provided in universal settings where needed. A theme from the consultation with stakeholders is whether the model used to identify young people at risk of being NEET (RONI – Risk of Not Participating Indicator) could be extended to key transition points through a child's journey through school, or even used more frequently.

Opportunities for the delivery of joint training/workforce development will be explored to maximise the resources across professional groups.

6.3 Localities will provide a multi-disciplinary response at a local level to need where specific intervention is needed; focussing on those children and families with needs at levels 2 and 3 on the Model of Staged Intervention.

Direct intervention provided by the Locality Team will be a simplified and focussed offer with three component parts:

All members of the workforce will be expected to have a heightened level of competency and skill level in supporting families and young people where the risk factors identified on page 9 are present. A focus on supporting the attendance of children at school will be a core requirement for all staff. A strong focus on the role of the lead professional will be needed.

1. **Early childhood services** for 0-5, which will include the delivery or coordination of Children's Centre provision to ensure the offer for 0-19s is seamless, and is a partnership agenda. The offer will build on closer working relationships across a range of services, particularly with health and early years education. The offer made by midwifery, Family Workers and Health Visitors will be aligned closely to ensure there is no duplication of role and that pathways are clear. Building on the links and principles of Early Support for children with complex needs will be an important part of the offer, seeing the extension of that model for those children into school.

2. **Family support:** we will aim to simplify the offer and reduce the number of roles to ensure that the offer is clear to families. Family workers in Locality teams will work with whole families, with some focussing on families with children under 5 as part of the Children's Centre offer and some focussing on work with the 5+. Family workers will take a whole family approach and be highly skilled in supporting families using evidence based approaches such as the Hope for Children and Families model. The offer will build on the evidence presented through the York evaluation into Early Intervention Family Work in Cambridgeshire.

Work will take place with schools to discuss how to develop consistent expectations of the Early Intervention Family Worker/ intervention to ensure this resource is meeting early needs of families.

3. **Support for young people:** a focussed workforce on the needs of young people, prioritising helping young people access education, employment and training. This workforce will however be family focussed in approach and work in the context of the family and community resources available. Some aspects of provision currently delivered by the Youth Offending Service could be provided within the locality. The workers will have a key role to play in supporting young people at risk of being or who are homeless or who are missing from home. This work could be explored as part of an 'alternative to care' model being lead by Children's Social Care. The workforce will include dedicated support for young people at risk of exclusion, including a quality assurance role in relation to the alternative provision arrangements being delivered by Behaviour and Attendance Improvement Partnerships (BAIPs). We will explore how this work could extend to working with younger children.

6.4 Targeted support

Localities will provide the focal point for the coordination of multi-agency processes to support the delivery of early help, and support the shared assessments of need, ensuring that the Team around the Family (TAF) and Locality Allocation & Review meetings (LARMS) work well and make an impact, aligning closely to schools and school clusters. The locality would harness the provision of services to ensure no duplication and clarity of roles and responsibilities across all public agencies in relation to early help. There are opportunities to align community health services with children's centres and locality teams, such as school nursing, health visiting and Family Nurse Partnership as these services move into being commissioned by the Local Authority. These opportunities will be explored through the Joint Commissioning Board with health partners, including Public Health and the Clinical Commissioning Group, and also with providers of services such as Cambridge Community Services (CSC).

6.5 Bridge to specialist services

The Locality Manager would act to broker additional support from specialist staff such as Educational Psychologists, Specialist Teaching Team and substance misuse services where the interventions for a family require a level of expertise not held within the locality. How the localities interface with Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) and mental health provision will be a further area to explore, as work continues to articulate the offer which will best serve families through the work on Cambridgeshire's Emotional Health and Mental Well Being Strategy. This will need to include dedicated input and support from CPFT to support the workforce development needs of staff working at levels 2 of need, where early intervention mental health support will be a core requirement from the Local Authority staff.

6.6 Senior Social Workers in Locality teams

The role of the Senior Social Worker in Locality teams where they exist has been well received in the context of the current Locality team structure. There is a demonstrable need for there to be close links and advice between Locality Teams and Children's Social Care which is open to all Locality Teams. The current model is only resourced in some localities, and there are risks in social workers becoming isolated from the core social work model being delivered through the Units. Considering how these links might work more consistently is an area to explore.

6.7 Locality Manager role

The role of the Locality Manager is central to the vision for future Locality Teams. Locality Managers will secure the operational delivery of a high quality targeted help services with a strong emphasis on safe practice through robust case management and effective supervision and workforce development. They will help coordinate community resources in partnership with others, brokering an integrated offer across early intervention and specialist support, commissioning specialist services where needed to deliver workforce development and direct intervention. They will be the key point of contact for schools, supporting a more seamless interface between universal, preventative and specialist services, and helping ensure effective information, advice and guidance is given when it is needed.

6.8 The evidence base

The resources and tools employed by staff in locality teams will be reviewed to ensure there is a strong focus on evidence based approaches and a clear set of resources which can be accessed to support the delivery of interventions which make an impact. This will require changes to how the workforce is supervised and managed in order to get the best from supervision from specialists both within and outside of CFA.

6.8 The workforce

Workers in Locality teams need to be flexible, and highly skilled in dealing with a range of issues. They will be confident in managing risk, assertive and focused on achieving lasting change. They will take a whole system approach to working with families and follow the Think Family principles, assuming more flexible job roles. We will build on a model where excellent supervision and clear methodologies around intervention (for example, developing the Hope for Children and Families Project) are the cornerstone of the work.

6.10 Number of Locality Teams

The ambition is to provide a focussed and targeted service which has families and communities at its heart. There will be a reduction in the budgets for the Locality Teams, which will mean the workforce delivering direct services to families and young people is reduced, but the focus on impact is increased. Whilst discussions are ongoing about the future focus for Localities it is not possible at this stage to indicate how many there are likely to be. Once discussions have concluded in response to this consultation paper, proposals will be made about the final number of teams which will give the best chance of future success.

Questions

1. What sort of resources are needed to invest in community approaches in Locality Teams? Is a dedicated post needed to support this work?
2. What are the opportunities to explore a more coordinated approach to community based work with partners?
3. What should the focus of activity be for our work with young people, and how could current roles be streamlined? What are the most important functions in this work with young people? Is it appropriate for Locality Teams to more explicitly have more of a role with young people who are homeless or missing from home?
4. How could operational links between all localities and CSC be developed in the context of reducing budgets and a desire to have a more streamlined offer to families?

5. Could the educational welfare function be concentrated on a central legal team, with a more generalised expectation that all staff will consider attendance at school as something they need to actively engage with?
6. What are the skills needed in a Locality Manager given the proposed refocusing of the role?
7. What are the options around closer integration of school nursing, health visiting and Family Nurse Partnership to Children's Centre and Locality services and how could this be achieved? Are there opportunities for structural integration and if so, how might that work?

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7 SPECIALIST SERVICES

Specialist support provides expertise in relation to difficulties most likely to have a significant impact on outcomes for children and young people if families are not effectively supported.

7.1 SEND Specialist Services

SEND Specialist Services (SSS) will effectively respond to statutory requirements as well as ensure that schools and settings are advised and guided in how to support children when needs are first identified. Their role is not only to support work in Localities to build capacity in universal settings, but also to support the SEND Strategy and provide specialist interventions, advice and training through an integrated approach to SEND across directorates.

There is an opportunity to more closely align the SEND services within Enhanced and Preventative Services, taking one step further the work which has been done to bring the SSS under one Head of Service.

It is proposed that the SSS are grouped into Area or District based teams ('hubs'), providing an integrated SEND offer which will ease pathways to universal, locality and other specialist services. The teams will be managed by one manager. The teams would be comprised of Community Educational Psychology, Specialist Teaching and Early Years Support for Learning Services, with the option to strengthen the operational links with the START team and SEND provision in the Learning Directorate as part of the CFA SEND offer. SSS will also have a traded offer which can be made available to schools or settings who wish to strengthen the arrangements they are making for pupils with SEND.

Sensory Services will be retained at a County level, given their need to be able to respond to very specific needs of a small number children and young people in different parts of the County.

Much work to develop ideas and proposals about the future of SEND services is being lead through the work on the SEND Commissioning Strategy. Proposals in this paper set out a direction of travel, the detail of which will be developed through that workstream.

7.2 Building community capacity

Expectations of what the voluntary sector, health, schools and early years settings will provide for children affected by SEND will change as we work to implement the new legislation for SEND, and the replacement of Statements of Special Educational Need (SEN) with Education Health and Care Plans (EHCP). More emphasis will be placed on supporting universal services to be able to intervene effectively before Local Authority targeted support is required. Advice and guidance will be given to settings and schools by the SSS teams on the most effective tools and resources which can make an impact on children's lives, where it may not be in the child's best interests to go through a formal statementing process. SEND and Locality services in CFA will work closely together to ensure a greater focus on preventative activity that will reduce the numbers of children receiving SEN or EHCP in the County, which are higher than any of our statistical neighbours.

A closer and explicit link between area/ district SSS teams and Locality teams will strengthen the flow of expertise to more generic services, and ensure a more timely and seamless access to specialist services when it is considered direct intervention is needed.

An agreed amount of SSS service support will be brokered by the Locality Manager and a relevant manager within SSS as part of a yearly plan with schools and settings, to ensure there is a planned range of intervention and support in early years and school settings which makes the best use of the expertise. This proposal would need to consider how effective links are made to SEND provision in other parts of CFA to ensure a joined up approach is delivered to schools, settings and colleges of Further Education. This proposal needs development to understand how it might work in practice.

7.3 Targeted support

The Early Years specialist provision for children with the most complex needs is a lifeline for families coming to terms with parenting roles they may never have anticipated they would need to face. Ensuring the Early Years provision is deployed through the Early Support programme which advocates taking a whole family approach through a Family Plan will remain a central element of the provision. This provision also encompasses support to families and children with SEND who do not meet the criteria for Early Support and to Early Years settings.

The Specialist Teaching Team are an important resource in ensuring effective advice and guidance is provided to schools on specific issues which complements and adds value to the skill and knowledge level of the schools. The offer from the Specialist Teaching Team as part of integrated SSS team will need to be one which builds on specific areas of expertise where schools often lack the tools and resources to meet needs. Support for Autism, Behaviour, Dyslexia and Speech and Language are likely to be key strands.

Support for children who are at risk of being excluded or have been excluded at primary level will remain a critical element of the offer from SSS, provided currently through the Access and Inclusion teachers. This will involve direct tuition for children and leading the process to ensure an effective package of education is provided which meets the needs of the child and the statutory duties of the Local Authority.

As with other SSS provision, the Community Educational Psychology Service will be directed in part through brokered discussions at Locality level, but will continue to fulfil its duties in relation to statutory processes for individual pupils. In addition, as agreed with schools and in response to individual needs of families, Educational Psychologists will deliver direct support and input to children, families and schools using evidence based approaches to address learning, social and emotional difficulties experienced by children and young people 0 – 25 years.

All teams within SSS deliver direct support and input to children and families using evidence based approaches. They will also need to work flexibly as part of a wider whole family system an approach which permeates the ethos of Enhanced and Preventative Services. Strong collaborative leadership which enables the best use of expertise to be used across the system will be a critical element of the future workforce. All teams within SSS will continue to have an important role in relation to the quality assurance of specialist and independent educational provision. The focus will include working with those who persistently avoid service intervention inspite of concerns which may be shared by agencies.

7.4 The Workforce

The SSS teams will need to work flexibly as part of a wider whole family system and approach which permeates the ethos of Enhanced and Preventative Services. Strong collaborative leadership which enables the best use of expertise to be used across the system will be a critical element of the future workforce.

8 COUNTYWIDE SERVICES

8.1 Alternative provision

As the Local Authority divests itself of being the provider of direct provision for alternative provision for secondary aged pupils, there will be a strengthening of the quality assurance role held centrally. These arrangements will need to ensure that alternative provision for pupils at risk of exclusion or who have been excluded are of sufficient quality, and that the accountability assumed by schools for these pupils is fully discharged.

This will require a County lead role to coordinate and oversee the arrangements, linking strongly to the Education Inclusion roles held within the Locality Teams.

8.2 Behaviour and attendance

The Local Authority retains a statutory duty in relation to legal processes related to non-attendance at school. This duty is overseen and delivered by a small countywide team, which includes offering support and annual quality checks for families who have chosen to Electively Home Educate (EHE). The team also has oversight of Children Missing from Education (CME) to ensure that there is sufficient follow up in relation to children who for various reasons are not attending school and are not electively home educated.

As the Local Authorities role in relation to attendance has reduced with the academisation agenda, there could be an opportunity to concentrate the expertise provided by Education Welfare into a countywide team which focussed primarily on statutory work, but could also flex to accommodate purchased services where academies are opting to buy back education welfare provision. This would see dedicated education welfare roles coming out of Locality Teams, and the overall resource being reduced.

There is currently one countywide Inclusion Manager whose role is to work with families and schools where children are at risk of being or have been excluded, to ensure legal processes are followed and all options are explored to ensure the best outcome for the child and family. Feedback from schools suggests that timely advice at these moments of crisis is crucial, as is effective and neutral support to the parents.

There may be opportunities to bring the different elements of the alternative provision and behaviour and attendance services together more closely at county level.

8.3 Drug and alcohol services

Drug and alcohol has a huge impact on the lives of children and families, both where children are misusing and where they live with parents who are misusing. The latest Health Related Behaviour Survey of secondary age pupils suggests that those young people who are continuing to drink are doing so more heavily. Adults who are alcohol or drug dependant can consume huge amounts of public sector resource through demands on police, health and housing providers. Ensuring there are effective strategies for working preventatively through community based services as well as through targeted support for those with greatest need will continue to be a priority for the wider Cambridgeshire partnership.

The work of the drug and alcohol teams is overseen by a public sector partnership, and directs the commissioning and procurement process for services to meet need. The work is funded primarily but not exclusively through Public Health funds. Providers of these services are experts in their field, but there is more which can be done to ensure that their expertise is shared with community based providers, and that they are being effectively deployed to deliver direct intervention through work being delivered by Locality teams, Children's Social Care and Adults services in a more integrated way. The pilot work being undertaken through the 'Children's Links Workers' is highlighting where we need to strengthen these arrangements.

We need to consider opportunities for children's and adults services to lever in resource from the current providers, to support workforce development and develop the skill base of community based staff, as well as to create a closer relationship between services as part of a Team Around the Family approach. Some services have been commissioned to offer consultation to staff as part of workforce development but this has not yet had a significant impact upon the work of frontline staff.

There will be a need to review the cost effectiveness of the current arrangements to ensure that best value for money is being achieved. There may be an opportunity to work more closely with Public Health and with the Clinical Commissioning Group to provide services which will address the needs of those just below the eligibility threshold of the high needs services for drug and alcohol treatment.

8.4 Domestic abuse

Domestic abuse is a feature in an overwhelming number of families lives who we work with. It is also a priority area of work for many partners, including the Police, Housing providers and the voluntary sector. A Domestic Abuse Strategy for Cambridgeshire is in the process of being developed which will set out the strategic priorities across the partnership which governs the work.

Within Enhanced and Preventative Services, a team of specialist domestic abuse staff deliver services to victims of domestic abuse where there is the highest level of risk. This team is based at the Multi-Agency Referrals Unit and form part of a coordinated response to need.

With domestic abuse being a priority focus for Enhanced and Preventative Services, we need to consider the skills and knowledge level of the workforce to ensure that interventions and support is as effective as possible at an early stage. We will work with the specialist services to build the competency of staff to work preventatively, and to support work with children who have been victims of domestic abuse through their witness. As part of this, there is a need to be able to articulate what the service needs are of community based and child protection services in relation to domestic abuse so that the right input to non-specialist front line staff is provided.

Questions

8. What are the benefits and risks of bringing specialist SEND services more closely together into SEND 'hubs' under one overarching manager?
9. Could other SEND services in CFA be aligned into integrated teams?
10. How would the role of the Locality Manager as a broker for some SEND services support a better integrated and streamlined process, which is easier for schools to navigate but doesn't act as a barrier to access services?
11. Alternatively, should we consider a model which would see Locality teams and some SEND services integrated into one team with one manager? What are the risks and benefits of doing this?
12. Could countywide education inclusion services be aligned better?
13. What are the risks and benefits of having a small dedicated Education Welfare provision at a County level?
14. How can the links between community based services and drug and alcohol/ domestic abuse services be better integrated to ensure best use of the expertise at the most local level?
15. How might a Children's Social Care Team, Locality Team or other service commission resources from these specialist teams?

9 INTENSIVE SERVICES

9.1 Youth Offending Service

Cambridgeshire's Youth Offending Service (YOS) offers statutory support to young people aged 10+ who have had a criminal conviction. The YOS has also been proactive in investing in preventative work through the piloting of YOS Prevention Officers in Locality Teams. It is a multi-disciplinary team with seconded staff from a number of different partner organisations such as CAMH and the Police. Although total numbers of cases which the YOS works with have fallen, the complexity of the cases being worked with are greater, with young people presenting with more complex problems. There is a strong correlation between high levels of mental health needs and young offenders.

The YOS offers a specialist integrated service to young people, and has in the last two years taken significant steps to broaden the scope of its work and to consider ways in which aspects of its preventative work could be delivered closer to locality services. From 2014, YOS Parenting work will be delivered through a Locality offer following a budget reduction in the YOS parenting team. The YOS has been a leading team in embracing the whole family approach in the delivery of the wider Together for Families agenda.

There are opportunities to further strengthen the links between the YOS and community based services and to build on the seamless approach to working with families which is the direction of travel for Enhanced and Preventative Services.

9.2 Family Intervention

Extensive work has been lead through the Families Review to consider how some aspects of intensive family support, currently provided through Enhanced and Preventative Services and Children's Social Care, may be rationalised and become more coordinated, within a reducing budget. The two services which have been considered as part of this review which sit within Enhanced and Preventative Services are Multi-Systemic Therapy (MST) and Family Intervention Partnership (FIP).

Multi-Systemic Therapy

Cambridgeshire piloted Multi-Systemic Therapy 14 years ago, taking a lead in embedding an approach which has a strong evidence base and which is now promoted nationally as a cornerstone of effective therapeutic interventions with families where conduct disorder amongst adolescents is prevalent. The approach has been extended in Cambridgeshire to providing support for young people with problem sexualised behaviour, and in working with families where there is child abuse and neglect. MST is strongly governed by an approved methodology emanating from the USA.

Family Intervention Partnership (FIP) and Together for Families

The FIP project offers long term intervention with families who have multiple problems and is a cornerstone of the partnership lead Together for Families programme in Cambridgeshire (Troubled Families). The approach focuses on the role of the FIP worker as the lead professional who in addition to providing direct intervention with families also acts to coordinate plans and activities across a range of partners. The intervention relies on assertive and persistent approach with families in order to achieve lasting change. This is part of a wider transformation agenda to move towards whole family working which Together for Families is driving.

Next steps

Work has been commissioned from York Consultancy to look at the links between services to see if there are greater opportunities for alignment, and to ensure that the service offer is clearer and more transparent for professionals and families across these services and the Specialist Family Support Service in Children's Social Care.

A number of options are being explored which may enable a more integrated approach which makes the best use of the diminishing resource and expertise:

- Strengthening functions at the Multi-Agency Referral Unit (MARU) to ensure information about services is available and advice on appropriate responses to need is shared. This could include a strengthened role for the Integrated Access Team (IAT) which could act as a referral and coordination point for some services. Ideas are being developed through the Together for Families programme about how the role of the Together for Families Family Researcher (based at the MARU) could be extended to support better coordination of this work.
- An alternative is to explore whether there could be a different delivery model for the Family Intervention Partnership which would see closer alignment with targeted support at a Locality level. This would require discussions and agreement with partners invested in the model, but could bring benefits in developing a whole family approach at a targeted level of service and strengthen links between Localities, Children's Social Care and other providers at a community level.

9.3 Relationship with Children's Social Care

A seamless interface with Children's Social Care within the context of a clear offer to families is a cornerstone of the work undertaken within Enhanced and Preventative Services. Extensive work has taken place and continues to evolve to ensure the arrangements in place work well. There is a need to ensure that more families have accessed early help services before referrals are made to Children's Social Care with the aim therefore of reducing the overall demand and pressure on the Children's Social Care Service. Underpinning the offer made within Enhanced and Preventative Services are arrangements which will:

- Work to build protective factors in families to reduce the likelihood of needs escalating
- Ensure clear pathways of support between Children's Social Care and domestic abuse and drug and alcohol services make the best use of expertise available
- Work on reducing the impact of factors in families lives which are most likely to lead to families being in receipt of higher threshold services if needs aren't met well at an early stage
- Secure good and timely information sharing between services
- Present routine opportunities for Children's Social Care and Localities to review caseloads
- Ensure social work advice and support is available to Locality Teams to support the management of risk
- Effective operation of the step up and step down protocols
- Strengthen the expectation that in non-urgent cases a well completed CAF and evidence of early help support will have been delivered before a referral is made to Children's Social Care
- A strengthened presence from Enhanced and Preventative Services at the IAT to ensure more cases are picked up by early help services before being escalated. In particular where a referral to the IAT for a Social Care Service is the first notification to the local authority about problems for a family, we want to consider whether in some cases an early help offer might be a better first response rather than the work being lead initially by a Social Care team

Questions

16. Are there elements of the YOS provision which could be delivered within the locality team, thereby making efficiencies across both teams? If so, which ones?

17. What are the opportunities of extending the functions at the MARU to secure better coordination of decision making about complex cases not being lead by Social Care, for example through developing the role of the TFF Family Researcher, and strengthening resources at the IAT?

18. Would there be a benefit in FIP work being managed within the Locality Team? What would the risks be?

19. What would partners need to have in place for this to be a possibility?

20. What are the best arrangements to secure social care input to Locality Teams to support risk management and advice on casework?

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10 COUNTYWIDE SUPPORT SERVICES AND MANAGEMENT

As with all parts of Enhanced and Preventative Services, there is a need to see where costs can be reduced in services and provision held at a County level. In doing so, a clear view needs to be retained on the focus and priorities set out in the rest of this paper as the core business of the Directorate.

10.1 Performance management and quality assurance

There are a number of services delivered by countywide teams or roles which support performance management and quality assurance functions. As services delivered directly by the Local Authority are streamlined, these functions will also need to be reviewed and rationalised to ensure they are fit for purpose. They will need to focus on the business of service improvements and development within Enhanced and Preventative Services, providing appropriate professional advice particularly in relation to the multi-disciplinary Locality Teams. Future areas of focus will need to mirror the more streamlined business of the Directorate.

10.2 Parent Partnership Service

The Parent Partnership Service is a statutory arms length service which needs to be organisationally distinct from parts of the Authority directly involved in delivering services to children and families where there is SEND. The service currently sits under the role of Parent Support Manager. This will be considered alongside the review of countywide roles.

10.3 Early Childhood Services/ Children's Centre Commissioning

As work continues to ensure that the 0-5's offer is integrated across a wider partnership (see page 10), the commissioning and oversight of Children's Centre provision will continue to be a significant part of the business for Enhanced and Preventative Services. Given the statutory reach of the vision for Children's Centres, it is proposed that the leadership for the work on integration continues to sit within Enhanced and Preventative Services, irrespective of where teams are operationally located. This would be in the context of joint commissioning arrangements being developed across Children's Families and Adults and with key partners such as Public Health and Clinical Commissioning Group, supporting and coordinating activity generated through groups such as the Healthy Child Programme Board.

10.4 Youth Support Services

Ensuring young people make a good transition to education, employment and training is a core aspect of the future offer from Enhanced and Preventative Services. Supporting this activity will need to be the main focus for central Youth Support Services.

10.5 Business Support

Effective business support arrangements are crucial to the future of Enhanced and Preventative Services. They will focus on supporting the systems and processes which enable our services to work effectively with others, and which support good information sharing, effective caseload management and multi-agency processes to support families. The business support arrangements will be reviewed and streamlined to support the reconfigured services once the details have emerged. Details to be developed and announced during the formal consultation stage in Autumn 2014.

10.6 Management arrangements

Management structures at all levels within the Directorate will be considered once final details on the service offer have been developed. Details to be developed and announced during the formal consultation stage in Autumn 2014

Questions

21. How could the specialist support needed at a County level to support Locality work be more closely aligned with a coordinated Performance and Quality assurance function for the Directorate? Would it be beneficial to have one post overseeing the different elements?

22. What are the benefits of greater coherence around the 0-5's strategic leadership of Early Childhood Services, in the context of joint commissioning arrangements? Could this be usefully lead within Enhanced and Preventative Services?

23. What are the essential services to be provided from central Youth Support to support the offer within Enhanced and Preventative Services?

11 Community Impact Assessments

A Relevance Test has been completed to determine whether any Community Impact Assessments (CIAs) should be conducted in relation to this consultation. The tests concluded that the proposals could impact on the community and service users.

Community Impact Assessments have been completed to assess the potential impact of the proposals on sections of the community within the following protected characteristics:

- Age*
- Sex*
- Gender reassignment*
- Disability*
- Ethnicity, race and culture*
- Sexual orientation*
- Religion/(no)/belief*
- Pregnancy and maternity*
- Rural isolation
- Deprivation.

*Protected under the Equality Act 2010.

The completed Community Impact Assessments accompany the informal consultation and are attached (Appendix 1). The assessment will be updated as plans are refined.

12 HR Process

Although there are some proposals outlined in this paper which mention changes to specific roles, it is important to stress that it will be most important that the right skills for the future workforce in Enhanced and Preventative Services are retained irrespective of where budget reductions may affect specific teams or services.

The feedback from this informal consultation will influence and help formulate the future structure of services within Enhanced and Preventative Services.

The detailed service proposals will be subject to a formal 45 day consultation. It is intended that the formal consultation will commence in November, providing opportunity for staff, Trade Unions and other key stakeholders to provide feedback on the proposals and/or to suggest alternative models for service delivery.

The significant savings required will inevitably mean reductions in staffing and, in accordance with County Council policy, staff whose posts are directly affected by the proposals will be placed 'at risk' of redundancy. At risk staff will be provided with support throughout the consultation and will be

ringfenced to roles within the new structure wherever possible, to mitigate the number of compulsory redundancies.

Redeployment support will also be provided to assist staff at risk, or under notice of redundancy, in seeking suitable alternative employment, both in and outside of the Council.

The detailed HR processes to be applied will be dependent on the proposals put forward and will be fully outlined in the formal consultation.

Whilst this paper outlines proposed changes to specific teams and roles, it is important to stress that the Directorate will seek to retain the right skills for the future workforce, irrespective of where budget reductions may affect specific teams or services.

13 Consultation

This document marks the start of a 28 day informal consultation period on the future vision for Enhanced and Preventative services.

We welcome your views on the proposals and response to the questions detailed within the document. Please send your response to earlyhelp@cambridgeshire.gov.uk by **4 July 2014**.

Managers will be using team meetings with staff during this informal consultation period to provide the opportunity for you to ask questions and exchange comments and feedback.

During July to October we shall work on more detailed proposals and open a formal consultation in November on the proposed service structure and information on implications for teams and posts. The implementation period for any changes is likely to be from April 2015 to April 2016.

14 Consultation and Implementation timetable

Step 1 – Informal consultation with staff	22 May 2014 – 4 July 2014
Informal consultation with all staff in Enhanced and Preventative Services about a future vision for the services. A draft informal consultation document will be shared with staff on 22 May 2014; the final version will be circulated by 6 June following review by Members at the Children and Young Peoples Committee on 3 June. All responses to the informal consultation to be returned to earlyhelp@cambridgeshire.gov.uk	
Engagement with young people and families	

Step 2 – Response to informal consultation	July 2014
Feedback considered and results published	

Step 3 – Formal consultation	20 Nov 2014 – 5 Jan 2015
Consultation document published on the proposals for the reconfiguration of Enhanced and Preventative services.	

Step 4 – Results published**March 2015**

Feedback considered and results published

Step 5 - Implementation process**March – June 2015**

Assimilation of posts into new structure, appeals process, selection process for new/amended posts, selection for redundancy, support programme in place for selection process and departing employees.

Step 6 – Full implementation**April 2015 – April 2016**

New structure takes effect.

15 Contacts

For queries about the consultation process and recommissioning of early help services please contact:

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Responses to this document should be emailed by 4th July 2014 to:

earlyhelp@cambridgeshire.gov.uk