
EARLY HELP FOR FAMILIES IN CAMBRIDGESHIRE

DEVELOPING A NEW APPROACH

DISCUSSION PAPER

APRIL 2014

Introduction

Early help starts with the right family and community support, before support from another 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 later down the line. The early help approach is central across the 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.

To continue to succeed for families we must focus our early help offer, but we will need to do it with fewer resources. This paper is intended as the starting point for the development of a new and shared partnership strategy for early help. It will build on the model we have already developed together but places less emphasis on public agencies stepping in to provide services and greater emphasis on identifying the strengths and capacity in each family and each community and using these as the basis for change. Crucially we want to work collaboratively to help families to help themselves and others.

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 develop and build that capacity and 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 our direct offer has greatest impact, is evidence based and outcome focussed.

This change represents a challenge for public services but it is not a new concept. There are already a great many examples of family and community-led early help work across Cambridgeshire - the task now is to build on this.

The rest of this paper sets out;

- The context of change
- An outline service model
- Service design principles and themes which could underpin our collaborative approach
- For each principle some practice examples of the approach in operation
- A set of key questions to prompt further discussion

THE CONTEXT FOR CHANGE

The pattern of need and demand for early help and specialist services is changing and increasing in Cambridgeshire

Our design of early help services should be informed by our understanding of the needs of children and families in Cambridgeshire. The key features we will be looking to respond to are;

- Cambridgeshire is a diverse County, with some areas of concentrated need and hidden poverty in many otherwise affluent areas which has an adverse impact on outcomes for children
- There is a marked contrast of need and demographics between the north and south of the County and between the significant affluence of some parts of the county and those living in more deprived areas.
- There is a rapidly growing population, with over 23,900 more 0-19 year olds expected by 2031, with the greatest increases in the south of the County
- The population is increasingly diverse, in particular we are seeing more families moving in from abroad.
- Welfare benefit reforms and the economic climate are having a direct impact on the economic resilience of families and we are seeing increased use of food banks, short term loans and other indicators of poverty and hardship.
- Nearly a fifth of the child population have special educational needs or a disability and this number is rising
- A large number of children and families we are working with do not have good mental health and there is evidence that levels of mental health need are rising.
- School attendance and attainment across vulnerable groups is not as strong in Cambridgeshire as we might expect it to be
- In general the numbers of young people entering education employment and training are high, but not as high as they should be for the most vulnerable. We also know that nationally and locally the challenge for young people of moving into employment with strong career prospects is greater than ever.
- Young people who slip through the net in their earlier years often have more complex needs in adolescence, requiring costly specialist services
- Many families in Cambridgeshire who come into contact with our services have been affected by domestic abuse or substance misuse
- In addition, more specialist services are under considerable pressure as demand increases. Rising demand for SEN services is anticipated with an increasingly high-need population and the arrival of the Children and Families Bill.
- Demand across the social care system is steady but is not reducing. Referral rates, numbers of open cases and numbers of looked after children (LAC) are not reducing (albeit that the LAC rate is still lower than comparable authorities) and the number of children with a child protection plan has increased since the middle of 2013.

Significant change is happening across the early help sector

There has been considerable change across the health system, and since April 2013, responsibility for commissioning health services for children and young people across Cambridgeshire and Peterborough sits with four different strategic commissioners:

- GP led Clinical Commissioning Groups and Local Commissioning groups lead on acute services including hospital provision, community health and community mental health such as Paediatrics, Community Child Health Services and Child and Adolescent Mental Health Provision
- The Specialist NHS England team have responsibility for areas such as specialist neo-natal services and In-Patient Units for mental health such as the Croft
- The NHS England Local Area Team commission Health Visiting Services, Family Nurse Partnership, Child Health Records
- Cambridgeshire County Council now leads on public health commissioning and provision. School Nursing Services fall within the County council remit and from 2015 responsibility for Health Visiting services and Family Nurse Partnership will also move into the local authority.

Joint commissioning arrangements between these various partners are being explored and scoped creating new opportunities to align health services with teams focused on other aspects of early help such as safeguarding, inclusion and family functioning.

All except one of Cambridgeshire's secondary schools are Academies. Academies have taken on significant commissioning roles around early help, bringing in support from a range of providers, and buying back local authority early help in addition to the provision they make themselves for children with additional vulnerabilities or needs.

Cambridgeshire has embarked on innovative arrangements with secondary partnerships which devolve funds for the provision of alternative education for pupils who struggle to access the mainstream curriculum. Changes to the Ofsted Framework exert considerable pressure on all schools to deliver against standards which may work against a collective ambition to be inclusive.

There is a large Voluntary and Community Sector (VCS) in Cambridgeshire with over 300 children's voluntary organisations providing niche services to specific group or neighbourhoods. Voluntary organisations are important providers of universal and targeted services and there is a range of jointly commissioned provision funded through the Local Authority, schools and health. However the level of community capacity and access to support from community organisations varies across Cambridgeshire. Many VCS providers are engaging in collaborative provision or consortium arrangements in an effort to respond to financial pressures, growing demand and escalating local needs.

Cambridgeshire has been at the forefront of investment in innovative and multi-disciplinary approaches to early intervention. The 14 multi-disciplinary Locality Teams have been in existence since 2006, and delivered good outcomes for young people and families. Cambridgeshire was the first local authority in the Country to introduce Multi-Systemic Therapy, and has retained investment in the service and grown it.

The Together for Families (Troubled Families) Programme is being seen as a vehicle by which we may trial new ways of working across our public sector partnership which may deliver better outcomes and more efficient delivery for our most vulnerable families.

The reconfiguration of Children's Social Care has seen an investment in a more systemic and therapeutic approach with families which is still in the early days of implementation, but is an exciting and leading edge development for safeguarding services.

All public services are facing unprecedented financial challenges

Within Enhanced and Preventative Services, our early help offer needs to be delivered within a budget which is reducing by over 30% over the next three years. This will clearly have a significant impact on our capacity and we need to plan how to respond.

Similarly the health sector is seeing increased demand for services without any corresponding increase in investment from national budgets. National reforms such as those around the SEND agenda and 24 working will also create new expectations making for a very difficult financial climate for the health sector and pressure for further reform and efficiency.

The national economic climate and state of public finances has impacted on voluntary and community groups. The demand for help from voluntary and community organisations is ever increasing but at a time where the funding sources (individual and institutional) are ever decreasing.

Education budgets have been notionally protected in national funding allocations but we know that Cambridgeshire schools have the lowest allocation per pupil of any County in England and schools finances are far from unaffected by national and local funding policy.

Emergency services in the Police and Fire and Rescue Services have had to make multimillion pound savings on a similar scale to those delivered across local government as well as managing national and local performance and quality expectations.

Designing Early Help Principles

In designing an early help strategy it is helpful to begin with a set of principles which should underpin the design of support.

Our early help strategy should;

1. Be based and designed within communities
2. Support families as a whole; building on their strengths and creating resilience
3. Be joined up and coherent across organisations and sectors
4. Be flexible and creative, helping families with a wide range of issues
5. Offer clear targeted support to the right families and demonstrate impact and evidence
6. Provide a seamless interface with specialist services where required

These suggested principles reflect emerging thinking - challenge and debate is invited.

1. Based in Communities

The starting point for early help should be the place, the community and the neighbourhood in which people live, rather than the traditional service structures. Support is more likely to be effective for a community if it is created by local people based on their aspirations, needs and strengths rather than designed in isolation by public bodies or focussed narrowly on whether service thresholds have been met.

Capacity within communities should be the basis on which early help is built. Most commonly it is the support from friends, from neighbours, from other families in the community, from volunteers, and from local groups that makes the difference in people's lives. Even where families have more complex or specialist needs, support can often be found from within voluntary and community organisations or from local people with experience of a similar situation and the desire to help.

In this context, public services need to fully engage with their community development, community engagement and community navigator roles, thinking creatively about how they can work alongside local groups, support voluntary sector organisations and help local people to contribute. The roles for public bodies can include facilitation; signposting, building the capacity in voluntary and community groups, offering building space, making referrals, helping identify funding sources and linking people with similar needs and skills together.

Families need support to find and access the range and breadth of different organisations, groups and services which exist, reducing dependence on public services. We also need to think about how we can better identify where more activities and services are needed and work with local people to provide them.. All the evidence suggests that engaging local people from the outset makes support significantly more effective and where new services or support are being created it is vital that this is 'co-created' with communities.

Equally it is important the support is delivered at the most local level appropriate, recognising that each community has a distinct set of demographics, needs and priorities and that commissioning support is most effective when led by those with the best knowledge of each local community and the stakeholders involved.

The role of primary health, early years settings and schools is crucial as part of the community context in which families grow and thrive. Working together with universal providers to enhance the capacity to respond to the needs of families early should be a core element of an Early Help Strategy.

Principle in Practice

For Cambridgeshire County Council, the focus on locally based early help for children, young people and families is led by multi-disciplinary locality teams and children centres. Locality Teams are based around clusters of schools and operate as the delivery arm for preventative work with children, young people and their families as well as acting as a local hub for identifying need and coordinating support. The local delivery focus and responsiveness to local need and are strengths and our strategy looking forward will retain the locality-based model and will look to develop the role of teams in facilitating community-led support and linking up the work from all partners as well as offering direct support.

There are strong examples of co-construction of services alongside communities, such as the work of the All Ears Team in the north of Huntingdon. Last year, the All Ears team listened to over 300 people at events, on doorsteps, in groups and on the street to find out their loves, concerns, vision and ideas for their community using an approach called Root Solution, Listening Matters. The aim was to build trust, respect and relationships, and to enable new community leadership to flourish. People came up with hundreds of creative ideas to improve things such as The Community Shop which now provides affordable clothes, household goods & toys, alongside a café and useful local services and clothing parcels for families in need.

In addition to these existing models we might consider ‘community navigator’ type approaches which reach out into communities to identify isolated families, link them with relevant activities and services and help people overcome barriers to access. This is a core element of work being done in relation to adults services as part of the ‘Transforming Lives’ agenda – there are opportunities to be explored about joining up this work.

Many District and City Councils have established community development functions. There may be opportunities to align better our activities which will support a shared ambition.

Our model should also consider the contribution that can be made by the private sector. The resilience of communities is hugely affected by issues such as the living wage, skills and employment support, responsible employment practices and financial resilience. We need to think about ways we can open a wider dialogue with businesses about social responsibility, shared value and inclusive growth

In Summary – What should our Early Help Strategy Deliver?

- **A community and family focus which connects people**
- **Making information about services available to people**

2. Supporting families by building on their strengths and creating resilience

Work with families is at the heart of an effective early help model. Early help should always be provided with consent, choice and control for families, based on their wishes. Moreover it should be focussed on building the strengths and capacity within families to meet their own needs rather than establishing a dependence on services at an early stage. Helping parents to gain skills, confidence and self-esteem can be a more effective approach than direct intervention from the public sector.

Services can play a key role, but the spark and strength for change in families can come from the wider family and kinship group, from neighbours and other families in the community and from across the voluntary and community sector. A strengths-based approach can be liberating for families and professionals allowing them to work proactively together to reach the point where families can succeed in independence and move away from a focus on needs, deficits and problems.

The focus on families rather than individuals is also important. It recognises that the needs of people within families are almost always inter-related and in this context our responses need to be ‘whole family’ rather than narrowly focussed on one family member or a particular presenting issue. By understanding issues in the family context we can have a greater impact and ensure support is coherent and joined up rather than disjointed and piecemeal.

Principle in Practice

Work to build family capacity and family strengths takes place in a variety of forms across organisations. These are just a handful of examples of the right approach being applied by public services:

- Evidence-based parenting programmes run through children’s centres give parents lacking confidence the skills to cope
- Many schools find ways to engage parents who struggle with the confidence to support their child’s learning, working with the children and their family members together
- Health and primary care teams are crucial to support and advise parents on care for newborn and young children
- Teams work with the parents of disabled children helping them understand the likely implications of a child’s disabilities as they grow up and to put in place coping strategies from an early age.

Work is frequently led by universal providers, voluntary and community groups and local people. Parent-led support groups take place in children’s centres and other community facilities across Cambridgeshire and voluntary organisations exist to help with a huge range of issues including domestic abuse, mental health concerns, poverty, bereavement, disability and many more.

Even where the needs of families have become acute and families have reached a crisis point a strengths-based approach can be effective. This is exemplified by the Video Interaction Guidance (VIG) model in which parents being worked with by Education Psychology and social care teams are guided to reflect on video clips of their own successful interactions. The process begins by helping the family to negotiate their own goals and asking them what it is they want to change. Adult-child interactions are then filmed and edited to produce a short film that focuses on the positive. They reflect collaboratively on what they are doing that is contributing towards the achievement of their goals, celebrate success and then make further goals for change.

The Together for Families Project has made significant progress in developing the ‘think family’ mindset. It has brought many agencies together to work with families with multiple needs and has given families clear and positive goals to work towards allowing them to succeed in independence and avoid negative interactions with public services.

Self-directed support puts children and families directly in control of the resources to meet their needs and allows them to design the support they want. The model is most fully developed for families with children with disabilities where self-directed plans and personal budgets are empowering families and allowing them to spend money in flexible and creative ways and find solutions which do not rely exclusively on public services. Personal budgets have been used, for example, to fund accommodation for a young person to train to take part in the Paralympics and in another case to buy a trampoline for the children. Our paralympian has achieved improved health, confidence and independence and the trampoline has given the children a safe activity and the parents the breathing space to get their routines tasks complete.

In summary – what should our Early Help Strategy deliver?

- **Timely intervention, advice and guidance in universal settings which prevents problems occurring or worsening**
- **Strategies which put families at the heart of the solution**

3. Be joined up and coherent across organisations and sectors

Early Help is provided in a wide variety of forms across health and mental health services, voluntary groups, emergency services, schools and education settings, local authorities, independent and private providers, within communities and by a host of other partners. Given the simultaneous pressure on families and on public sector budgets it is vital that the collective knowledge and capacity from all these people is brought together as coherently as possible and that we go further than ever before in offering joint and aligned early help which combines the skills in different organisations and communities.

A shared knowledge base about the needs of children and families is the best basis on which to design support. Our principle is therefore to share information between organisations where possible, but always respecting the principles of consent, security, confidentiality and sensitivity.

Our model means that organisations consider need holistically (not just within their own specialism), most frequently through the Common Assessment Framework (CAF) process and seek to coordinate support around a family based on a shared assessment and plan. This approach should not just be about coordinating different public services, it must include joining up the help that can be provided by community groups, by volunteers, by universal services and by other families. The question following a common assessment shouldn't be just about which services are needed but instead should also ask, is there someone within the wider family who could help, which local people might be in a similar circumstance to this family?, which local groups could we link them with, how else could we tackle these issues?

Ideally we would develop a full and shared understanding of the range of early help available across the system and ensure all organisations can help people navigate it, matching support to needs.

As well as designing joined up ways of working for each family, it will be important that we fully explore the opportunities for alignment and integration of services across organisations. In particular there are opportunities

- To continue to align the work of Health Visiting Teams and School Nursing with the early help offer in County Council locality teams and children's centres allowing; better information sharing, joint assessment and planning, easier joint casework, a shared understand of need.
- linked to the partnership strategy currently in development to address child and adolescent mental health needs and ensure mental health is seen as everyone's business
- To develop clear joint protocols or service level agreements between agencies for early help at all age ranges – building on the positive experience of partnership work in for early childhood services which has led the way
- To move the Together for Families Partnership (troubled families agenda) into phase 2, securing further national funding but more importantly deepening the integration of support provided from different organisations for the families in Cambridgeshire with the greatest need.

- Explore opportunities for co-location of teams from different organisations or with different specialisms wherever they exist.

Principle in Practice

The offer

The Children's Trust and Local Safeguarding Children Board has overseen the development of a shared Model of Staged Intervention (MOSI) which is at the centre of the integrated early help offer. It provides a shared language for practitioners across organisations to discuss levels and types of need and so decide which service or support will be best able to help. This shared language and the associated guidance helps practitioners consider the full range of types of need, gives clarity around thresholds and when and how to involve other services in early help.

The assessment

In Cambridgeshire the Common Assessment Framework (CAF) is the main tool for the assessment of needs and the coordination of early help support. The CAF process recognises that getting a full picture of the needs of children and families means bringing together information from a range of perspectives over time. Each organisation undertakes to find out and provide as much information as possible and to contribute to and build a shared assessment based on common descriptors which can underpin a shared plan. Assessment is an ongoing process not a 'one-off' referral mechanism. For children with special educational needs, joint assessments informed by a range of partners are undertaken through the statutory statementing process and through the early support programme for children with the most complex needs.

The Lead Professional

The concept of the lead professional taking responsibility for the coordination of support where multiple agencies are involved is at the heart of our early help strategy. It has been developed initially through the CAF programme, is embedded within the Early Support model and more recently through the Together for Families Project. The TFF Programme has delivered a significant workforce development programme across the children's partnership and helped secure agreements from different partners about when they can act as lead professional or support the aligned working practices which are so crucial to securing good outcomes.

Information sharing

The early help model is underpinned by a strategic commitment to information sharing across all the key public bodies in Cambridgeshire. A strategic Information Sharing Framework sets out common standards and also helps to ensure that information that is shared is managed consistently and securely.

<http://www.cambridgeshire.gov.uk/council/access-to-information/information-sharing-framework.htm>

Developing integrated working practices

Our integrated working practices are probably best developed for early childhood services (ages 0-5) where we have a fully integrated support model based on comprehensive partnership agreements between the 40 children's centres and Midwifery Services, Cambridgeshire NHS Community Services including Health Visiting, Family Nurse Partnership, Children's Social Care, Job Centre Plus, Public Health, Early Years and Childcare Services and SEN/D service providers in both the statutory and voluntary sectors.

Children's centres also act as the hub through which a wide range of health and wider services are delivered to families and we want to increase the extent to which they act as community hubs and the base for community-led support in a variety of forms.

For children 0-5 years old who have a disability or complex additional need the Early Support Programme provides the coordination model and shared pathway, offering a keyworker and family file to ensure the efforts of a range of specialists within the health and SEND sector are coordinated and that families remain in control of the support they receive.

Some local authorities have gone further in joining up their early help offer – establishing 'Early Help Hubs' as a single point of contact for professionals and families requiring family advice, support and access to appropriate Early Help Services working to coordinate the online information provided by all parts of the early help sector

In summary – what should our Early Help Strategy deliver?

- **A coherent and joined up approach to assessing need and coordinating inter-agency responses**
- **An approach which makes the best use of available community resources**

4. Flexible and creative, helping families with a wide range of issues

Recognising that families are complex, that often they have multiple needs and that they almost never fit neatly into artificial service boundaries we need a support model and a workforce which is flexible enough to respond to the reality of family life.

Creating this flexibility means a move away from professionals referring families to other teams or other organisations for help with different types of need and instead developing an expectation that our teams have the ability to work with a greater range of issues and think flexibly across professional boundaries.

Of course this does not mean an end to specialists, where needs are complex or require a completely different skillset then we need those experts, but we think it is right to expect professionals to be willing to cover a range of need and widen their focus to the whole family.

Unlocking the full flexibility and creativity within our teams will also be about devolving decision making, responsibility and budgets to the professional level. Sometimes our desire for rigour and consistency leads to fixed rules and procedures which constrain the ability of the teams on the ground to find creative solutions for families and think about different ways of meeting needs. We should consider approaches which free up professional judgement to play a bigger role, as long as this is properly supported and accountability is in place the benefits will outweigh the risks.

Principle in Practice

Within the County Council this principle will mean fewer but more flexible job roles in Early Help, and in particular a proposal to consolidate further the range of Family Worker roles and ensure they have the ability to work with a wider range of family needs.

We also believe it is right that the County Council teams start to view issues such as mental ill-health, special educational needs, domestic violence, non-attendance at school and substance misuse as part of our core offer with families, supported by specialist teams where that support is needed. The workforce in Early Help needs to work seamlessly with teams providing higher threshold child protection or statutory interventions. This is a significant challenge for our workforce which will need to be supported with a strong workforce development programme.

Through our partnership work we would like to explore how this principle and the idea of role generosity could help us unlock greater efficiency in the way we work between organisations.

At the individual level we have begun the work to enable professional creativity through the budget-holding lead professional pilot.

In summary – what should our Early Help Strategy deliver?

- **A highly skilled workforce which can be deployed to support families and young people with a range of needs**
- **Effective links between local community based teams and specialist services**

5. Offer clear targeted support to the right families and demonstrate impact and evidence

We have a commitment to providing a spectrum of early help support at different levels of need and this is still a central idea. However with available resources reducing for all public organisations it is no longer sustainable for us to operate direct early help support services without a clearly defined lower threshold.

We will need to ensure that the offer we do make is focussed on those children and families with the most priority needs and vulnerabilities and this will mean clearly defining that cohort and testing whether our offer is reaching them.

We will need to get the balance right in focussing limited resources on families whose needs are more significant and complex, whilst also finding ways to identify the early indicators and triggers for escalating need and linking families to support as early as possible. Direct service provision will be with families who we know are on a trajectory towards requiring long-term, crisis and specialist interventions if they are not supported effectively by early help.

It is also more vital than ever that we know that all of our work has an impact and represents value for money. We will need to identify the evidence base for the services we offer and continue to evaluate our effectiveness and cost-effectiveness.

Principle in Practice

It is clear that delivering the considerable savings will mean that regrettably the total number of children and families we can support will have to reduce. It is also likely that the number of different job roles within our teams will reduce as we look to streamline and simplify our working arrangements and structures.

We will work to test the evidence base for our offer, ensuring that what is delivered is effective in meeting identified needs.

An important part of the joint development of an early help strategy for our partnership will be to map the work across organisations with different groups of families and identify any gaps or duplications. This work will need to capture the changes and service reduction planned in the coming years.

For the County Council, the following will be a focus for effecting change in families we are working with directly:

- Children with Special Educational Need and Disability and their families
- Early intervention in child and parental mental health needs
- Narrowing the gap in achievement for children in vulnerable groups
- Families where there is domestic abuse and where children are present
- Substance misuse amongst young people and parents
- Families facing multiple and complex problems

In summary – what should our Early Help Strategy deliver?

- **Targeted support on issues which can make the biggest impact to long term outcomes**
- **A strong evidence base to what we do**

6. Provide a seamless interface with higher threshold services

We should recognise that sometimes specialist child protection services will need to work alongside early help or respond where early help isn't working. Where this happens early help needs to be able to escalate quickly, provide higher threshold services with as much information as possible and be ready to support again if appropriate. We work to ensure that processes in early help and specialist services interlock so that families experience a seamless service and don't need to repeat their stories unnecessarily.

It is also important that this principle applies equally to support provided within communities and by voluntary sector organisations. Specialist services should be able to work alongside rather than instead of community based support. Reasons of confidentiality and safeguarding may mean that specialists need to do some work with families alone but these instances should not prevent us from considering how families with specialist needs can be supported within communities and how we can get professionals, volunteers and local people working together around a common plan.

Principle in Practice

Transitions between child protection and early help local authority services are managed through agreed 'step up and step down' procedures. 'Step ups' usually occur where the risk has reached the threshold for significant harm, 'step downs' usually occur where social work professionals feel confident that the immediate safeguarding risk has been reduced but the family need ongoing help to secure the improved outcomes. Where these transfers of lead responsibility take place we need to ensure that there is always a clear plan in place to sustain the positive improvement which have been achieved in our work with families and that those taking on the ongoing work with the family have capacity and are clear about how to proceed.

For safeguarding concerns we have established the Integrated Access Team (IAT) who consider new referrals and work to ensure that the right cases are taken forward within Children's Social Care or whether an early help offer might be the correct response to the presenting issues. Increasingly we are working to develop the extent to which the IAT can link families with the wider early help offer, as well as performing its crucial role at the front door of children's social care.

In summary – what should our Early Help Strategy deliver?

- **Excellent pathways between early help and child protection services when it is needed**
- **A shared plan for families**

What might the Early Help Strategy look like?

The diagram below sets out what an Early Help Strategy could look like, building on the themes and principles set out above. The tiers of the ‘cake’ reflect the Model of Staged Intervention, but assume that layers of support are added for families if their needs are greater than can be provided in community and universal services. This model is further illustrated in figure 2.

Figure 1: Designing Early Help – Emerging Service Model

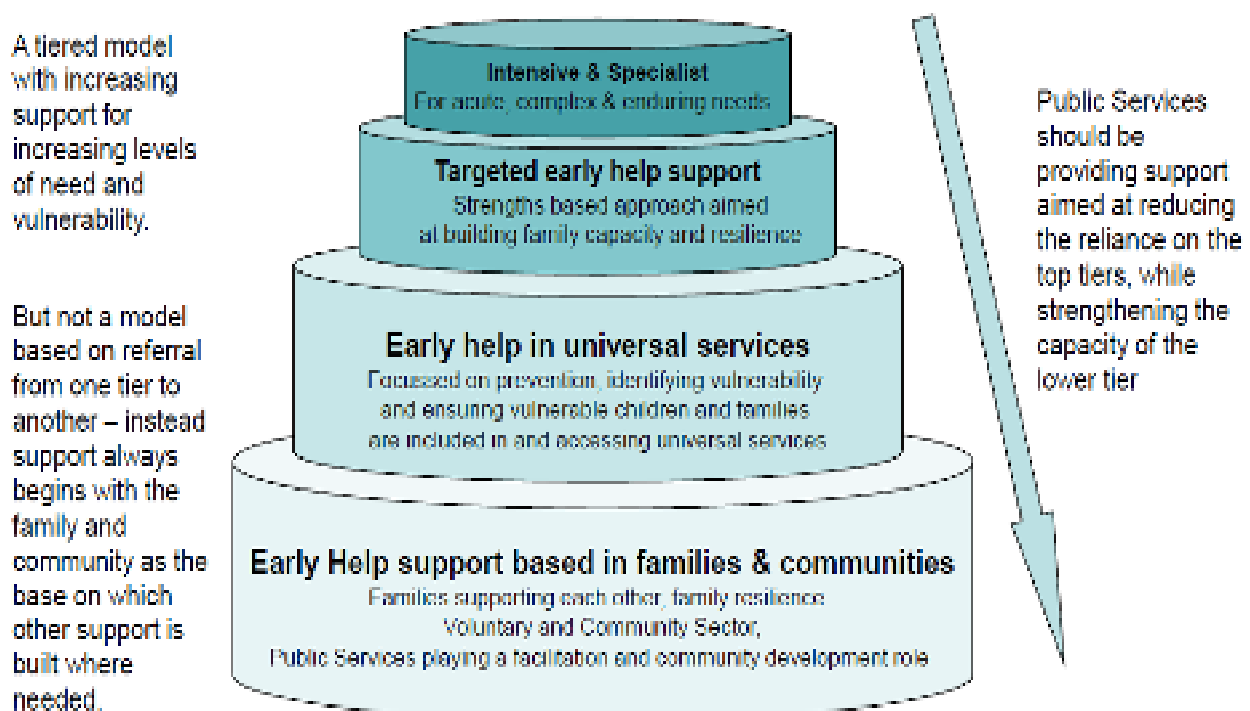
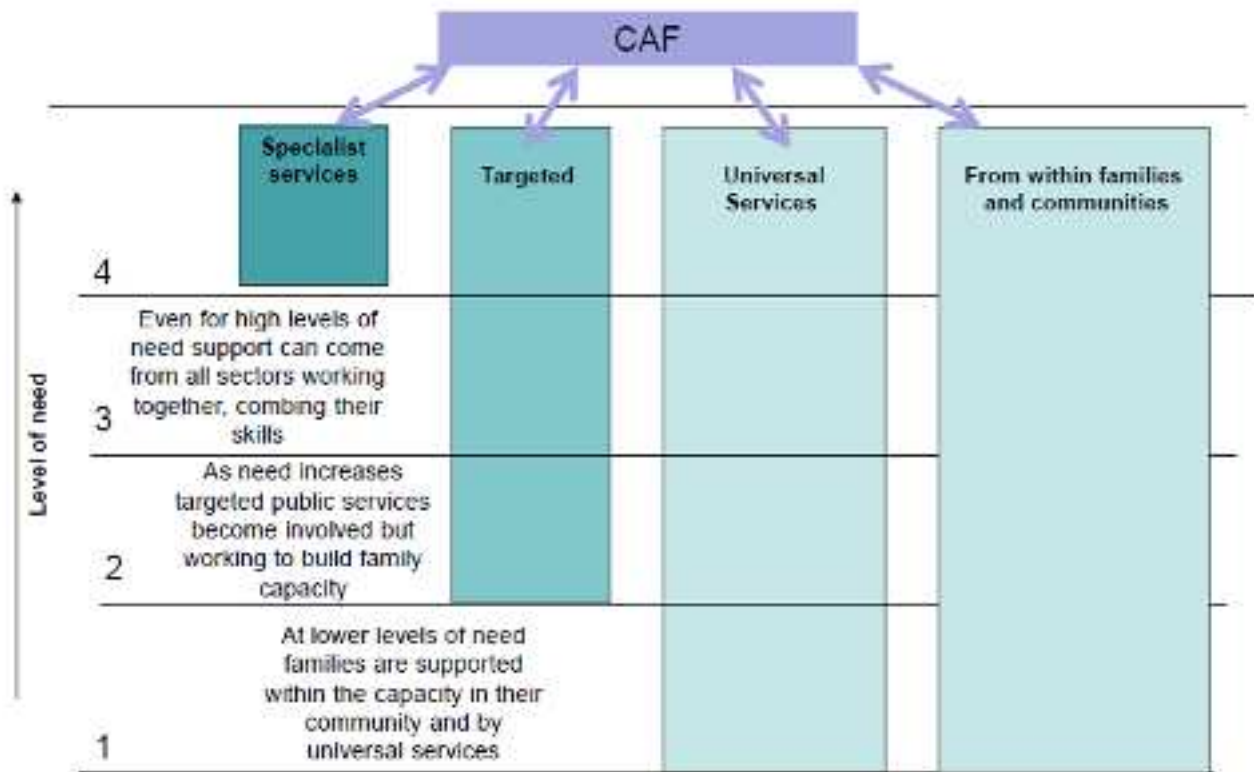


Figure 2: How do we help families?



Questions to take our thinking further

1. Do you support the principles set out in this paper as the basis for an early help strategy for Cambridgeshire? If not, what would you change or add?
2. What would need to be different across the children's sector for the model to work and for us to maximise the capacity within communities and families?
3. What are the risks and pitfalls in the emerging approaches and the proposed changes across organisations?
4. How would we need to develop our workforce across organisations to allow them to support this new model, what skills would teams require?
5. How could we do better at helping families and professionals to navigate the system of support and services and get quickly to the help which is right for them?
6. What are the opportunities for the work of organisations to be better aligned, joined up or integrated to achieve better results?

Next Steps and Timeline for Implementation

Timeline for the development of a countywide early help strategy

March – October 2014	Development of a draft early help strategy building on existing arrangements. Multi-agency stakeholder meetings: 25 th April (PM); 28 th April (AM); 1 st May (AM); 2 nd May (PM); 7 th May (AM)
	Input and approval through the Children's Trust, Local Safeguarding Children Board and Health and Wellbeing Board
November 2014	Finalisation of Cambridgeshire Early Help strategy

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