

# Cambridgeshire Early Help Strategy

## Introduction and Purpose

Early help is about families, people in communities and organisations working together to ensure families are able to thrive. Together the intention is to quickly identify families who are beginning to struggle, 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.

This strategy sets out how the Cambridgeshire Children's Partnership will work together to provide and facilitate early help for families. It sets out the vision and guiding principles of our work and identifies some specific areas for focus as we continue to develop our arrangements.

## The Case for Early Help

Partners in Cambridgeshire have already invested significantly in early help and prevention arrangements and our partnership is building from a strong base. However the need for a continued focus on early help and even better aligned support is clear when we observe that;

- Demand across the range of specialist services including the Police, acute health services, mental health teams, Children's Social Care, the justice system, special schools and others remains high and in many cases is rising. The strides we have made in more effective early intervention have been matched by rising need or the uncovering of needs which were previously hidden from view.
- There is a financial imperative across the public and voluntary sector to reduce this demand, as all public and voluntary sector agencies are responding to very major budget reductions and pressures – the current model is unsustainable.

Each family we work with will have unique circumstances, needs, strengths and relationships and we want the help we offer to be flexible enough to respond to the individual and specific needs of each family. Looking across our communities and current services we have built a detailed understanding of the needs, risks and the key issues facing families in Cambridgeshire. Some of the key issues early help must focus on include;

- Cambridgeshire is a diverse County, with some areas of concentrated need and hidden poverty in many otherwise affluent areas. 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. We want to help families and prevent poverty having an adverse impact on outcomes for children

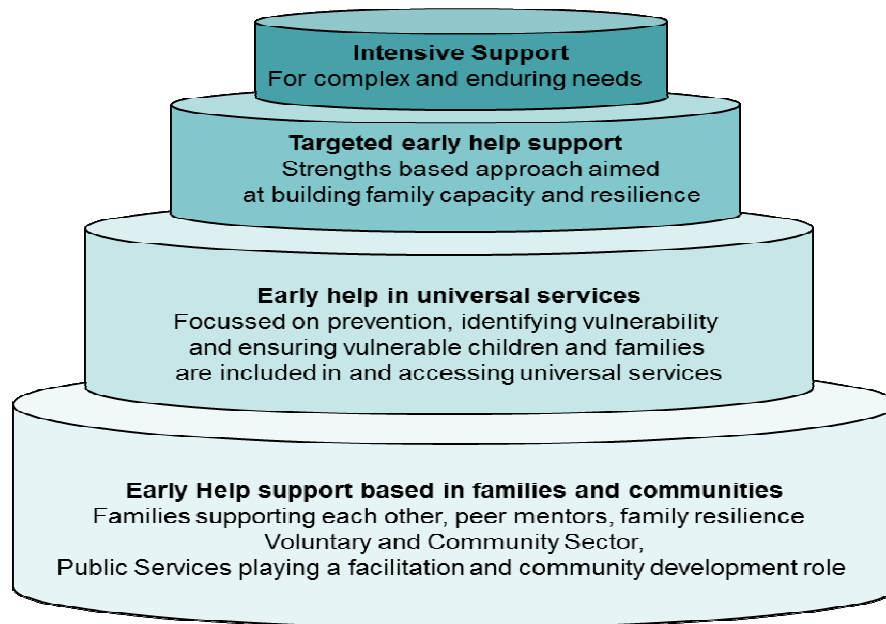
- There is a rapidly growing population, with over 23,900 more 0-19 year olds expected by 2031, with the greatest increases in the south of the County. We want to ensure new communities have early help in place and there are no gaps in support across the county
- Nearly a fifth of the child population have special educational needs or a disability and this number is rising. We want to ensure children can access high quality education and plan together with families for children to move into an adulthood which is as independent as possible and in which they can thrive
- 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. We want to ensure that people can get help quickly and that it is available within community settings.
- School attendance and attainment across vulnerable groups is not as strong in Cambridgeshire as we expect it to be. We want to accelerate the achievement of children in vulnerable groups, ensure they remain in education, and reach the high attainment expectations we have for them.
- 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.
- Children whose families need but don't find help in their early years often have more complex needs in adolescence, requiring costly specialist services. We want to link families together, helping them through the challenging early years and offering targeted support to families who are really struggling.
- There are many families facing up to multiple and sometimes longstanding problems. Families living in sometimes chaotic households which feature substance misuse, anti-social behaviour, worklessness, mental health concerns, problems with housing and money, domestic abuse and relationship breakdowns. These families need our focussed and intensive support, with public services and local communities collaborating together to help understand the issues, gain trust, problem solve and support and challenge families to help turn things round.

## Cambridgeshire Early Help Model

Our vision for early help is for a fully collaborative model with families and communities at the centre. Early help cannot be provided or controlled by any one organisation or individual, it requires 'system leadership', with the efforts and contributions of all partners coming together to drive effective help. This strategy therefore aims to drive greater flexibility and allow professionals, volunteers, community organisations, families and individuals to collaborate effectively to make the whole system most resilient.

Our model is built on the understanding that early help starts with the right family and community support, and that public services must work to build the capacity within families

and within communities to be more self-sustaining – as well as playing their role in offering direct support where needed.



Within this model

- We always look first to the early help that can be provided from within families and communities
- There would be increasing support and involvement from public services for increasing levels of need and vulnerability – but this would always build on and be alongside help from within families and communities rather than replacing it.
- All of the help provided at different tiers would be organised collaboratively together around a single plan for each family – the process is not about referral between tiers, but about the collective contribution of all partners to meeting needs
- The focus is on building strengths and independence for families – with the goal being to reduce the long-term reliance on higher tier public services
- More targeted, intensive or specialist help will aim to be time-limited wherever possible, with universal services, families and communities representing the sustainable and longer term sources of support

If we can get this model right we will build strength, trust and relationships within communities and reduce the number of people who are reliant on additional public services for help.

The amount of targeted and specialist service intervention provided directly by public services will have to reduce further and therefore cannot represent the sustainable solution for families in need of extra help. Wherever possible we want to drive this more specialist support towards time-limited problem solving interventions rather than ongoing involvement. This intensive professional early help will be available where needed, but will be seeking to work with families to reach the point where they can succeed independently. The sustainable support after these interventions will be from within families, within communities and from universal services.

This model does not represent an easy solution or even a well-ordered system of support. We will not be able to offer public services to every family we would like to help, nor will we be able to somehow create a huge wealth of new capacity within communities. The reality will be 'messier'; public services won't always be in a position to lead or commission, instead having to be far more creative in working with the capacity that already exists in communities and being as much prepared to follow and to be commissioned.

This model represents a challenge for public services but it is not a wholly new concept. There are already many examples of integrated, family and community-led early help work across Cambridgeshire - the task now is to build on this and tailor and apply the model to the needs of each community in Cambridgeshire.

## The Outcomes we want from Early Help

The overarching objectives and outcome for early help are;

1. To address emerging needs in families before they reach crisis point
2. To build the confidence, skill and capacity of families so they can succeed independent of public services
3. To help build and make most use of the range of early help available in communities, supporting the voluntary and community sector to thrive and local people to come together
4. To reduce the demand on specialist public, voluntary and community sector services
5. To ensure children and young people are ready for and attend school, make expected progress and go on to have the skills, qualifications and opportunities to succeed in the employment market.

## Key Features and Ways of Working

### Based and designed within communities

Early help should start with children and their families and the communities and the neighbourhoods in which they live, rather than the traditional service structures. Support is more likely to be effective if comes from 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.

Most commonly it is the support from friends, neighbours, other families in the community, volunteers, and from local groups that makes the difference in people's lives. Professionals are not necessarily the best people to deliver services – research shows that in many cases trained peer supporters are much better placed to help. 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.

We must make best use of the huge range of help that already exists within communities. Where there are gaps in support, 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.

### In Practice

*Our model is for public services to think creatively about how they can meet the needs of children and families by working alongside local groups and voluntary sector organisations and helping local people to contribute. We should expect that help from family members, from peer mentors, from community and charitable groups and other sources would feature in the support plans for all families receiving support, alongside or instead of the actions public services will deliver. Practitioners will be knowledgeable about the capacity in local areas and skilled at identifying how this can be matched with families in different circumstances.*

*Public services are working to ensure that their property assets can be used as flexibly as possible to provide a network of community or neighbourhood hubs across the county which support this community led model. We are moving away from standalone office bases for services and towards seeing libraries, children's centre and other key buildings as genuinely flexible spaces which facilitate a diverse range of early help and give local people a space to support one another. Research shows that some families who actually need support do not seek out and access early help services. Developing the neighbourhood hub model, with support provided for the community by the community and with pop-up locations and outreach into local "trusted" places (by local trusted people), should help to ensure that hard-to-reach families get the early help they need.*

*We will support and actively promote alternative governance arrangements to give communities the opportunity to design and run their own services which can better meet the needs of local children and families, and which can lever in other sources of funding that the public sector could not reach.*

### **A Whole Family Approach**

A focus on families is vital. The aspirations, strengths, desires, needs and problems 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. We must continue to understand the needs of individuals and in particular never lose sight of any risk of harm to children; but our involvement and planning will always be better if they work within the context of the family as a whole.

Different practitioners and organisations will bring particular skills and focus to their work with families and will need to collaborate together, especially for families with complex needs. But our strategy includes a clear expectation that everyone offering early help will 'think family' and work to consider the outcomes for the whole family in their approach. Seeing children and their parents and guardians together as a family unit to be supported collectively will drive far better outcomes than working separately.

Families should always have a lead professional who will coordinate the plan and focus on ensuring that the help being provided supports the family as a whole coherently.

### In Practice

*The think family concept is being pioneered through our Together for Families programme which is supporting professionals to work flexibly together with a lead professional ensuring everything is coordinated around the family's needs. We are continuing to apply and expand this model across statutory agencies and the voluntary and community sector.*

*Similarly our assessments are now taking a family focus. We are moving the common assessment framework on to the next stage towards 'Family CAFs' which look at the interrelated needs and strengths of all family members together – considering each individual but leading to single family plan rather the numerous separate assessments, plans and interventions.*

*At higher tiers of need joint early help work is usually managed through multi-agency Team Around the Child meetings (TACs), which bring together the relevant professionals to discuss progress and agree actions with the child and their family. Increasingly this model has developed into a Team Around the Family (TAF) mind-set.*

### **A strengths-based approach which empowers families**

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 and families to gain skills, confidence and self-esteem can be a more effective approach than direct intervention from the public sector.

A strengths-based perspective recognises the resilience of individuals and focuses on the potentials, strengths, interests, abilities, knowledge and capacities of individuals, rather than their limits, needs, diagnoses or similar. The model puts the family-practitioner relationship at the centre and ensures that families determine the interventions they have from public services as well as the actions they will take themselves to grow and change. Our early help work will be honest, assertive and challenging where necessary, being clear with families about what needs to change and how they can get help.

It also enables us to identify parents or young people peer supporters where they have successfully overcome difficulties themselves. Our early help practitioners will be skilled at identifying, training and nurturing these peer supporters, with the evidence base indicating that these peer supporters will be more successful at reaching some vulnerable families than public sector professionals,

### In Practice

*The CAF process and early help offer has been designed to be owned by children and young people and their families and carers. It must operate with clear and explicit consent and children and families should participate actively in the assessment and be part of the team established to meet the identified needs. Assessments focus on strengths as well as needs within families and how family members can support one another.*

*Our Together for Families programme has also developed further the use of small flexible personal budgets for families. The budgets can be used for a variety of reasons, such as promoting engagement with the family, incentivising change, or responding to a gap in*

*services. These budgets can provide for the small extra spending which makes the difference – from white goods, carpets and clothes to transport, repairs and counselling. There is very little limit on what the budget can be used for as long as it can be clearly linked to sustainable outcomes for families. The use of the budgets is agreed between the family and the lead professional with a clear focus on how it is contributing to achieving outcomes.*

*This principle is extended for children with disabilities where early help is offered primarily through self-directed support which puts children and families directly in control of the resources to meet their needs and allows them to design the support they want.*

*The personal budget and self-directed model is also being expanded in the wider SEND sector, alongside the development of the single Education, health and care (EHC) plan for children with special educational needs. The SEN Commissioning Strategy sets out how our assessment of need will always look first together to how needs can be met from within the family and community before providing additional support to meet unmet needs. We will extend these principles in developing our commissioning intentions using Whole Life Approach to Personalisation<sup>1</sup>. This encourages professionals to work with families to explore and map all the resources that the child, young person, family and community have and can be used to self-direct their lives.*

### **A focus on creating resilience and capacity in families, reducing dependence**

If we can provide early help which keeps families together, builds their capacity to support each other into the future, and forges strong connections with sources of local support within the local community we will achieve better outcomes and reduce the reliance on costly public services. Our strategy will therefore include a strong focus on the ability to understand and build family relationships and relationships within the community, offering a mixture of support and challenge as needed.

#### **In Practice**

*For the most part our early help offer is therefore time-limited and based on setting goals for families to reach which will allow them to take back control and continue to thrive long-after public services have withdrawn. Even where we know that needs will be long-term, such as for families with children with special educational needs or disabilities, our intention is to plan realistically with families for the whole life-course making a plan which anticipates a time when direct support will be less, links with the local community will be greater, and they will need to be as independent of the public sector as possible.*

### **Shared identification and assessment of need leading to a shared early help plan**

Recognising that getting a full picture of the needs of children and families means bringing together information from a range of perspectives over time. Our principle is that 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. Usually this will follow the Common Assessment Framework, where assessment is an ongoing process not a 'one-off' referral mechanism. For children with

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<sup>1</sup> <http://www.in-control.org.uk/media/83027/whole%20life%20approach%20to%20personalisation.pdf>

Special Educational Needs this principle will be applied to the new and more comprehensive EHC plans.

Where families need help from several different partners we should work to a single joint plan covering all needs and all family members ensuring coherence and coordination of support from a variety of sources. Public services including the voluntary and community sector should work alongside support from within the community rather than instead of it, this is vital because it will be the support from families, local people and community groups that will provide the ongoing help to families once the involvement of public sector organisations has ended.

### In Practice

*The LSCB 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 as 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 MOSI is attached as an appendix*

*The Common Assessment Framework (CAF) will continue to be the primary method of accessing early help and form the basis of shared action plans to support children and families, coordinating the work of practitioners from different organisations.*

*Our multi-agency Early Support Programme identifies families with children with complex and lifelong disabilities at an early age and ensures that health, local authority and other support services are coordinated around them. The programme helps them meet their child's needs in the early years and make a positive transition to school.*

*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. A further development has been the budget holding lead professional pilot to test out the potential benefits of making available a small budget for use by a selected and trained group of Lead Professionals from Locality teams in an 'early help' context. The aim was to effect positive change within families where it has been difficult historically to make positive and sustained improvements in the lives of their children. The initial findings have been overwhelmingly positive.*

### **Aligned and Seamless**

It is vital that families experience a seamless service and don't need to repeat their stories unnecessarily or engage separately with different parts of our partnership. In addition to a shared assessment and a shared plan, our strategy is to align working practices and arrangements between organisations wherever possible. We will therefore explore and maximise opportunities to work across sectors to:

- Create joint or multi-disciplinary early help teams
- Co-locate teams or make flexibly use of shared space
- Integrate working practices

- Integrate Commissioning Arrangements
- Establish clear information sharing agreements
- Identify joint training opportunities

Recognising that sometimes specialist services will need to work alongside early help or respond where early help isn't working and that where this happens early help needs to be able to escalate issues quickly, provide higher threshold services with as much information as possible and be ready to support again if appropriate.

### In Practice

*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>*

*We have established a network of Multi-agency Locality Allocation and Referral Meetings (LARMS) aimed at providing a co-ordinated and integrated response to identified needs. They have a focus on resource allocation, information sharing and problem solving for children/young people with more complicated or less clear needs.*

*The joint Multi-Agency Referral Unit (MARU) incorporates the local authority, police, health services, community groups and other partners and provides a multi-agency risk assessment and referral system to deal with the safeguarding of vulnerable children, adults and missing persons and instances of domestic abuse. The MARU accepts and directs contacts received from any source, including police, education, health, NSPCC and members of the public and uses both current and historical information from all partners to make threshold decisions and achieve a timely and coordinated response from the right services.*

### **Delivery at the most local level possible**

Each community has a distinct set of demographics, needs and priorities. Services need to be designed to meet these considerations and delivered at a sufficiently local level to be able to effectively link with local people in need and local capacity in communities. This principle also recognises that joining up working practices and commissioning support are most effective when led by those with the best knowledge of each local community and the stakeholders involved.

### In Practice

*For the County Council the 14 Locality Teams are at the centre of early help. These are multi-disciplinary teams based around clusters of schools with each team linking to one or more secondary schools and their cluster primaries. Locality Teams operate as the delivery arm for County Council preventative work (parenting, behaviour, attendance and youth support) with children, young people (aged 0-19) and their families and act as a local hub for identifying need and supporting children and young people. They connect with local community support*

*mechanisms, for example, neighbourhood hubs to ensure that families and young people needing early help have the most local and accessible form of support.*

*For early childhood services (ages 0-5) 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.*

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## Strategic Arrangements

We have strong partnership and strategic arrangements in place for children and families in need of early help in a range of priority areas.

Priority Group of Children and Families	Early Help Arrangements
Families facing multiple problems	Where families have needs which are complex, entrenched and in particular where they have already attempted to be addressed by a range of agencies the <b>Together for Families Programme</b> seeks to work differently to find solutions. We have used the additional payment by results funding from government to enhance the work focussed on identifying families with interrelated and complex needs and developing ways of working with between teams in the County Council, District Councils, the Police, Job Centre Plus, health services, voluntary and community groups and others which facilitate coordinated support. This has included the significant expansion of our Family Intervention Partnership Service, with 10 additional workers recruited and professionals from the Police and District Councils being attached to the Service. There has also been a systemic workforce development programme, Investment in development of family CAF, investment in specialist clinicians and the establishment of a Family Researcher' function in the Multi-Agency Safeguarding Hub.
Domestic abuse	<p><b>The multi-agency Domestic Abuse Partnership</b> works to reduce the harm, risks and costs associated with domestic abuse and to prevent these crimes occurring across Cambridgeshire. The County Council's primary dedicated contribution to addressing domestic abuse is the Independent Domestic Violence Advocate (IDVA) Service and this team works in close partnership with the Police and other safeguarding agencies to reduce and minimise the impact of domestic abuse in households.</p> <p>We have developed the Cambridgeshire Domestic Abuse Strategy through our Strategic Partnership. This is driving effective victim support, the development of successful direct interventions with families, robust safeguarding of children living in households with domestic abuse and raising awareness in schools and communities about domestic abuse and the damage it can do to lives.</p>
Children could underachieve due to social - economic factors	School are leading the drive across Cambridgeshire to improve the attainment of children from deprived backgrounds or with other barriers to learning. Joint work between schools, the local authority, families and communities is delivered through the <b>Accelerating Achievement Strategy</b> which includes making

	<p>maximum use of the additional pupil premium funding to secure extra help for children and their families.</p> <p>The Multi-agency Child Poverty Strategy 'Breaking the Cycle' is tackling issues linked to worklessness, helping families find support in their communities, has established a multi-agency response for families who risk losing their homes and is working with the voluntary sector to provide help and support to families in severe poverty. This multi-agency strategy coordinates the efforts to tackle poverty across all Cambridgeshire local authorities, voluntary sector organisation, welfare and work support teams, community organisations and the range of public sector partners.</p>
Child and parental mental health issues	<p>Our partnership approach to children's mental ill health and wellbeing has a particular focus on developing <b>an enhanced early help offer to address emerging and less complex mental health concerns</b>. A partnership emotional wellbeing and mental health strategy sets out how we can ensure that mental health is seen as the business of the whole of the public sector and all partners coordinate efforts alongside the specialist teams in the NHS Foundation Trust.</p>
Special Educational Need and Disability	<p>Our multi-agency <b>Early Support Programme</b> identifies families with children with complex and lifelong disabilities at an early age and ensures that health, local authority and other support services are coordinated around them. The programme helps them meet their child's needs in the early years and make a positive transition to school.</p> <p>Our <b>SEN Local Offer</b> sets out the huge range of help available to families with children with additional needs. It is designed to help them find both specialist and community-led support, to allow children to attend and succeed in school and help them plan for independence and success in adulthood. The <b>SEND Commissioning Strategy</b> sets out a template of how services for SEND will be commissioned in the future.</p> <p>The early help offer includes services for children with disabilities. Within the County Council the local offer is delivered by short breaks and self-directed support teams and includes a short break provision with Action for Children jointly commissioned by the County Council and health commissioners.</p>
Substance Misuse	<p>The Cambridgeshire Drug and Alcohol Action Team (DAAT) is a multi-agency partnership working to implement the National Drug</p>

	<p>Strategy. The DAAT agencies to provide specialist treatment and targeted prevention work for substance misusing clients who live in Cambridgeshire.</p> <p>The Cambridgeshire DAAT comprises senior staff from the Clinical Commissioning Groups; Police; Probation; District Councils; County Council, HM Prison Service and representatives of local services.</p> <p>The Work of the DAAT covers prevention and treatment of drug use as well as strong action to tackle drug supply, and related crime and anti-social behaviour.</p>
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## Areas for Development in Partnership

As we seek to develop and implement our strategy and early help model we have identified a number of specific key areas for further focus in our partnership work.

- **Troubled Families Phase 2:** We want to build on the success of our programme to date, spreading the learning from the focussed work with our families with the most complex needs to our wider work with all families. We will continue to embed the 'think family' principle across our services and will invest the phase 2 funding in direct support for families and helping teams collaborate even more closely and effectively to tackle entrenched needs.
- **Joint Commissioning:** Our Joint Commissioning Board and arrangements provide a platform to consider how we can align and redesign services for greater impact. We want to consider a more integrated delivery model for some services such as community health services working more closely alongside Locality Teams.
- **Community Resilience and Development:** We want to consider how community development and community based teams across organisations can collaborate much more closely to maximise their reach and impact. This includes teams in County Council adult, family and children's services, District Council community development functions, community health teams and the huge array of voluntary sector work. Similarly we will look to ensure that physical community resources are fully exploited, including how Children's Centres Libraries, community centres, schools, GP surgeries, job centres and other buildings can become truly flexible community hubs. This work must also include furthering the relationship between statutory public services and the voluntary sector, maximising the potential of voluntary organisation to act as providers of key services, agreeing joint working practices and ensuring the knowledge of communities held by VCS organisations is best used.
- **Early Help Coordination:** We want to develop our ability to match families with early help across organisations and to help families to navigate the system to get the support they need. We want to make it easier for local people and practitioners across organisations to know where to go for support and which services are available where. This includes developing our awareness of early help available when referrals are made to more specialist services including Children's Social Care.
- **Information Sharing and Targeted Intervention:** We want to develop our strategic information and intelligence sharing to enable better targeting. Tools such as the 'Risk of Non-Participation Indicator (RONI)' have been successful in using a set of known indicators of need to target help to the right children and families. We want to explore how similar data sharing and tools across organisation could help us identify families at an earlier stages and provide support before needs escalate, and in particular how this approach can support children at key transition points in their journey through education