

## **AGENDA ITEM**

### **REPORT TO HEALTH AND WELLBEING BOARD**

**29 JUNE 2016**

### **REPORT OF STRATEGIC MANAGEMENT TEAM**

## **EARLY HELP: NEW APPROACH AND OPERATING MODEL**

### **SUMMARY**

The report provides Health and Wellbeing Board members with an update on the implementation of early help. It sets out the proposed revised approach and operating model for early help in Stockton. It is based on discussions with partners and staff, and draws on the outcomes from discussions at the Health and Wellbeing Board, Children and Young People's Partnership, Stockton Local Safeguarding Children's Board, Safer Stockton Partnership and Early Help Partnership Group. It is also based on research on and discussions with other areas. It outlines:

- a. An early help model for Stockton, and how this fits within the wider strategy for Children's Services
- b. An operating model for delivery, including the role of partners
- c. The integration of Stockton Families First, the troubled families programme for Stockton
- d. The way in which current major service reviews fit into the wider approach
- e. How the operating model will be delivered and funded
- f. How the model needs to be supported by a new ICT system, linked to the replacement of RAISE

### **RECOMMENDATIONS**

Health and Wellbeing Board members are invited to comment on and endorse the proposals

### **PURPOSE**

#### **Why a new approach and model is needed**

1. Previous reports including that considered at the Board on 26 January 2016 have illustrated some of the successes of current work, including:
  - a. Significantly increasing the number of Early Help Assessments being undertaken
  - b. The launch of the Information Directory for families
  - c. The launch of the Family Hub
  - d. The development of the Prevention and Early Help Strategy
  - e. The implementation of Graded Care Profile 2 as a tool for assisting in the identification of neglect;
  - f. The achievement of Troubled Families outcomes.

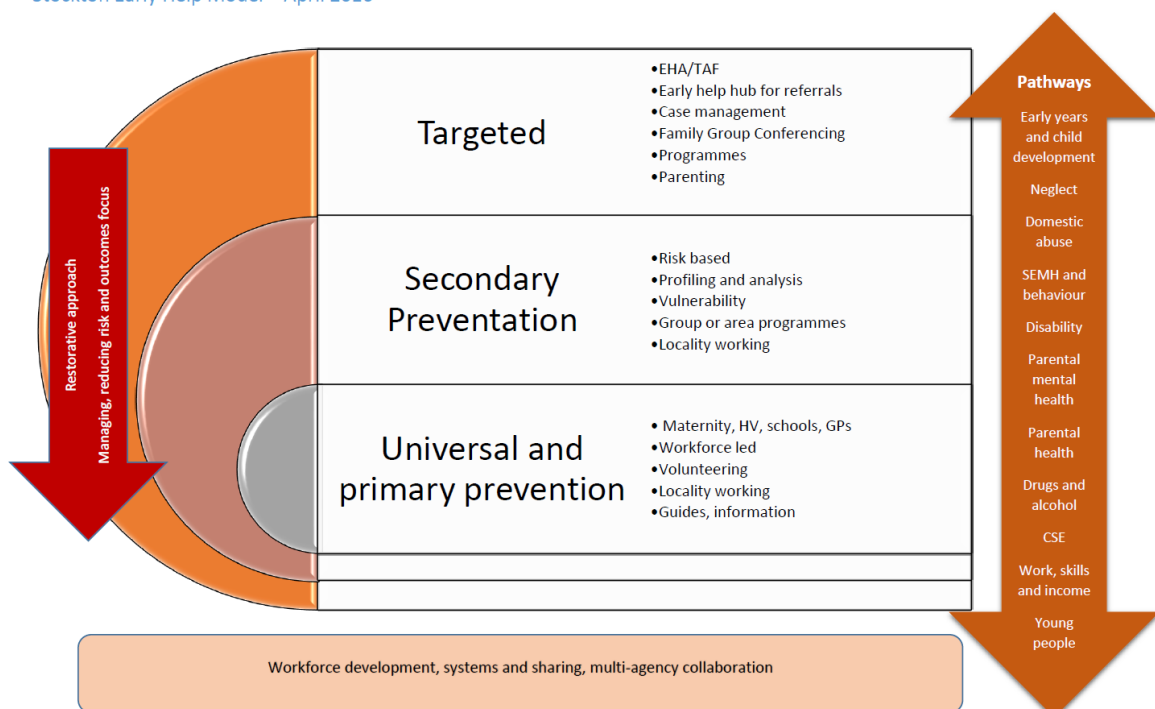
2. However, the following issues remain:
  - a. The lack of a coherent model for delivery which moves from theory and into practice. We have been unable to clearly articulate what the early help model and approach looks like in Stockton;
  - b. The lack of a clear focus on secondary / selective prevention – we have not focused enough on identifying children, young people and families who are vulnerable and at risk and in delivering support activity which can reduce the need for an early help assessment;
  - c. A disconnection between practice and ways of working, and the implementation of specific interventions: although we have a model based on assessment and case working, we have not systematically developed the range of services and tools which case workers can draw on to effect change in families;
  - d. The lack of a consistent focus on those issues and factors which are being identified through assessment as being the most important (for example a response to behaviour or domestic abuse);
  - e. The Troubled Families programme operating outside of a model and approach, which is resulting in missed opportunities to use the programme to help influence and shape models of service delivery;
  - f. The lack of a clear performance management framework: we have tended to over-emphasise on process and count those aspects which are easiest to count, rather than focusing on outcomes.

## Our new early help model

### *Outline of the model*

3. The proposed model is summarised below:

Stockton Early Help Model – April 2016



4. The key elements of the model are:
5. An explicit focus on three key layers, which correspond to the three levels of need as identified in the Hartlepool and Stockton threshold document:
  - a. **Universal and primary prevention** – those functions and services which are available to all, and where the focus is on primary prevention – preventing difficulties emerging;
  - b. **Secondary prevention** – placing a much bigger emphasis on identifying vulnerable children, young people and families and ensuring there are specific preventative programmes and actions in place to reduce risks;
  - c. **A targeted approach**, based on Early Help Assessment, the development of an early help hub, and a strong emphasis on case management and the delivery of targeted evidence based practice
6. A clearer focus on ‘restorative practice’ – ie working with families to address concerns rather than the simple provision of services and support as a means of building capacity, reducing the need for intervention and securing longer lasting outcomes.
7. A concerted focus on the practice and capacity to deliver
  - a. Developing a clear focus on skills led practice for early help – in assessment, in support and in delivery of programmes;
  - b. Closer multi-agency collaboration and working – through the development of an early help hub, with co-located partners and with an ICT system which supports an intelligence led approach
  - c. A revisiting of information sharing protocols as part of a move towards more intelligence led system driven by an approach to identifying and addressing vulnerability;
8. A systematic focus on the key pathways driving early help and social care activity. We will develop a set of clear pathways through the model which focus on the key issues facing children, young people and families, and commission range of provision to meet those needs, including in some cases the fundamental redesign of service delivery.

### ***Strategic fit***

9. The new proposed model fits within the wider context of the Children’s Strategy, which emphasise early help as one major strand in a change and improvement programme for Children’s Services.
10. The redesign and the development of pathways in particular underpin the 2016/17 action plan for the delivery of the Prevention and Early Help Strategy, and therefor also provides the work programme for the Early Help Partnership Group which will be relaunched to oversee implementation, and to support the further evolution of the model.

### **Operating model**

11. The implementation of the model will be based on the following:

#### **Establishment of an early help hub**

- a. As a strengthening of the current Early Help Assessment Team. There are three routes for work into the early help hub:
  - i. Referred by universal and preventative services developing an early help assessment

- ii. Cases referred to the Children's hub not meeting a CIN threshold or requesting early help / missing from home interview
  - iii. Step down CIN cases
- b. EH Hub Manager assesses work and grades into 3 priorities:
  - i. Red – response within 3 days, with potential for step up to Children's Hub
  - ii. Amber – response within 10 days, which may require specific involvement from family support or other case work teams
  - iii. Green – response within 15 days – EHA and TAF
- c. EH Hub currently includes co-located services for: CAB, domestic abuse, mental health. Additional services will be added as the approach develops, potentially including educational psychology, housing, neighbourhood policing and behaviour support.
- d. EH Hub also has analytical capacity to collate information on activity with children, young people and families where an EHA is not in place, but where additional services are being provided eg collecting evidence on support proposed by health visitors and children's centres in particular. This will inform the development of pathways, and the commissioning of flexible services.
- e. The Hub will also coordinate activities to collate local intelligence from partners. This will be supported by new locality working coordinator posts. Over time this will develop into a locality working model.

**A more cohesive set of early help service responses:**

- f. This will be made up of:
  - i. EHA / TAF with lead practitioner supporting delivery of the EH Plan
  - ii. Family support case workers managing a caseload and acting as lead practitioner
  - iii. Families in Need Service ( team managing step down of CIN cases from social care)
  - iv. Family Intervention Project – managing more complex cases where there is a need for more intensity
  - v. Youth Direction managing caseloads around the needs of the young person

**Early help pathways and commissioning**

- g. A set of pathways for specific issues and client groups based on the key issues and needs which together result in the most demand on other services. These are as set out below.
- h. Pathways provide:
  - i. Clarity for those working with children, young people and families on what is available at each stage of early help;
  - ii. Clarity for children, young people and families on what they can expect to receive and experience, and what their role is at each stage
- i. These pathways are not yet in place. The information below provides a representation of the type of support which will underpin this approach. We will

develop clear guidance and pathways for each pathway, and will flexibly commission a range of support services to address needs and fill gaps.

j. We will build our approach through targeting and profiling and information sharing.

	<i>Universal and primary prevention – available to all</i>	<i>Secondary prevention - programmes based on profiling</i>	<i>Targeted – based on EHA</i>
<b>Early years</b>	Information, advice and guidance based on FIS  Home visits and statutory checks  Offer of stay and play provision for all 0-5s	Group based parenting programmes  Targeted programmes such as Video Interactive	Targeted parenting programmes  Parental outreach
<b>Young people</b>	Information, advice and guidance based on FIS  Range of community based activities	This is me toolkit to identify wishes and potential risks  Advice and guidance  Street based work and profiling	Targeted and specialist youth work – those at risk (of offending, of CSE etc)
<b>Neglect</b>	Guides to parenting	Use of graded care profile tools to identify neglect  Group based parenting programmes to at risk groups	Specific parenting programmes  1-1 case management
<b>Domestic abuse</b>	School based education on positive relationships  Parenting guides  Zero tolerance information guides and campaigns	Parental conflict and relationship breakdown  Programmes to address aggression, lack of empathy for young people	Specific support for victims and perpetrators which may not meet social care thresholds
<b>Drugs and alcohol</b>	Basic information through front line services	At risk groups accessing programmes  Toolkits	Specific support and programmes Possible focus on family Drug and alcohol courts
<b>Parental mental wellbeing</b>	Basic information through front line services  Screening in maternity	Counselling support – group based	Specific programmes eg family therapy, Triple P
<b>SEMH and behaviour</b>	Training and skills for the workforce in managing behaviour	Young people flagged through patrols / profiling / top 20	Primary mental health workers for CAM<HS embedded in services
<b>Parental health and caring</b>	Public health programmes	Selective prevention focused on parents of most concern / risk factors	Targeted public health services  Young carers support and assessment
<b>Disability</b>	Information, advice and guidance based on FIS	Support in managing disability eg autism	Specific support services for children, young people and families
<b>Work, skills and income</b>	CAB delivered advice on incomes  Benefits advice	Basic skills / employability	Specific training and accessibility programmes eg Youth Employment Initiative

### **Stockton Families First (troubled families)**

12. The revised approach and operating model will service as the implementation and outcomes plan for Stockton Families First, which will be completely integrated.
13. Troubled Families Phase 2 is projected for 5 years, 2015 – 2020. Phase 2 has broader national criteria than Phase 1:
  - a. Parents and children involved in crime or anti-social behaviour
  - b. Children who have not been attending school regularly
  - c. Children who need help: children of all ages who need help, those identified as 'in need' or subject to a Child Protection Plan.
  - d. Adults out of work or at risk of financial exclusion or young people at risk of worklessness
  - e. Families affected by domestic violence and abuse.
  - f. Parents and children with a range of health problems
14. The principles of phase 2 are as follows:
  - a. Trust: flexibility to work with the families of greatest concern and to shape the outcomes achieved locally
  - b. Transformation: ambitious service transformation goals to embed integrated, whole family approaches.
  - c. Transparency: introduction of a model of transparent local accountability for the success of the programme as a tool to drive greater service transformation, using streamlined data collection tools.
15. On 11<sup>th</sup> March 2016 DCLG confirmed the funding arrangements for 2016-2017 which allow opportunities to draw down the maximum amount of funding available from all programme funding streams of £953,000 and the minimum amount of £861,000. This range represents between 28% and 31% of the remaining funding. However a caveat to that is that any underspend in 2016-2017 is likely to be taken from each LA's 5 year allocation.
16. The enhanced intelligence and vulnerability approach will serve as the basis for the management of TF claims and for claiming of outcomes.
17. The model therefore achieves the objectives of the national TF programme – resulting in sustained and significant change to the way children, young people and families are identified and prioritised in service delivery.
18. The model will in effect mainstream this as a way of working. TF outcomes will be claimed for some families where they meet criteria.

### **The integration and role of major service reviews**

19. The approach and model provides the context for undertaking current and future major service reviews.
20. The early years and child development pathway will provide the context for the children's centres review, and will be integrated with the review of 0-5s healthy child programme (ie health visiting service). In short it will result in a single pathway for the early years, which integrates services and locates them in a wider early help model.

21. Similarly, the model provides for the development of a new model for services for young people, with a continuing emphasis on universal, prevention and targeted services.
22. Early help has also formed the first stage of the wider 'LEAN / efficiency' review given the need to build new processes to underpin a new model, and in particular to ensure systems linked to the new Children's Hub are in place by 1 June.

### **Delivery and funding**

23. The model is based on the following:
  - a. Assumed income from the national Troubled families programme over the 4 year period 2016-2020. This will result in income of £3.4m from transformation fund, attachment fees and outcomes payments, including some £900K in 2016/17.
  - b. The achievement of current savings targets for youth services and children's centres is built into the model.
  - c. Additional changes in the development of the early help hub and early help services are cost neutral to the mainline budget, and funded through Troubled Families income.
  - d. The proposals include provision for a flexible commissioning budget to address and strengthen the pathways as above. The model will also increasing influence and shape spend in a number of other reviews such as domestic abuse.
  - e. The early help model is also being used to underpin other activity such as a fundamental redesign of our approach to Special educational Needs and Disabilities, and opportunities or
24. The model will be taken forward through the Early Help Partnership Group which in turn reports into the Children and Young people's Partnership and regularly updates the SLSCB and the Health and Wellbeing Board (next update in June).
25. A range of performance measures are being developed to underpin the implementation of the model, including some or all of the following. There is a specific and explicit focus on moving from qualitative measures to outcomes measures as part of this package:
  - a. Increased use of FIS
  - b. Early help assessments – increasing and maintaining numbers
  - c. Reducing number of First Contact / Hub contact not meeting threshold
  - d. Increased early years take up
  - e. Maintain / increase quality of early years provision
  - f. Increased numbers of young carers identified
  - g. Reduction in children not school ready
  - h. Reduction in CYP in workless households
  - i. Reduction in CYP experiencing / witnessing domestic abuse
  - j. Reduction in CYP experiencing parental mental ill health issues
  - k. Reduction in CYP experiencing parental substance misuse issues
  - l. Reduced in CIN numbers and rates
  - m. Reduced numbers of CP
  - n. Reduced numbers becoming LAC
  - o. Reduced levels of mental health problems
26. The revised model also provides the basis for consideration of a new ICT system. Currently, early help (and specifically the Early Help Assessments process) is attached to a single screen in the social care system: RAISE. We are currently exploring options for a new system or early help, as part of the parallel work to identify options to replace RAISE. This is likely to

focus on more effective use of the Capital One suite of systems to be able to identify vulnerability across data already held.

### **FINANCIAL IMPLICATIONS**

27. There are no direct financial implications from this report.

### **LEGAL IMPLICATIONS**

28. There are no specific direct legal implications from this report.

### **RISK ASSESSMENT**

29. The strategy forms part of an assurance process for Children's Services to ensure sufficiency capacity to meet demand and need.

### **CONSULTATION**

30. Consultation has taken place with the Local Safeguarding Children's Board and the Children and Young People's Partnership.

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