

**AGENDA ITEM**  
**REPORT TO HEALTH AND**  
**WELLBEING BOARD**  
**29 MARCH 2017**  
**REPORT OF DIRECTOR OF**  
**CHILDREN'S SERVICES**

**EARLY HELP – WHERE NEXT: 'YOU CAN....WE'LL HELP'**

**SUMMARY**

This paper sets out proposals for the next phase of refinement of the early help approach. These proposals have been drawn together following the design sessions held in late 2016 with partners, focusing on the vision process and prevention. The proposals set out the basis of closer integration with the 0-19 model; enhancing the visibility of early help and an increased focus on a number of priority areas.

**RECOMMENDATIONS**

The Board is requested to endorse the proposals in this paper.

**DETAIL**

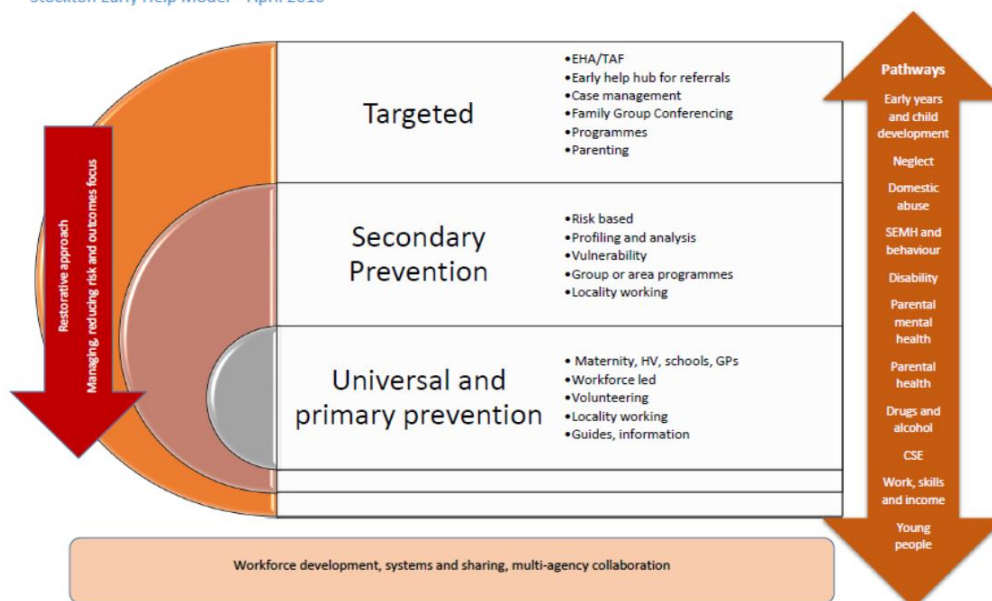
**The challenges that remain**

1. There is still a lack of clarity amongst partners about what early help means. Whilst this is disappointing to an extent, it does reflect the fact that the model and approach has seen constantly changing, not least to accommodate the Children's Hub.
2. Families and professionals are not completely clear on the ethos of early help, and how it differs to social care involvement. We have strengthened our management of early help cases to respond to the requirement from Ofsted to demonstrate a similar level of management oversight and decision making, but for some, it feels too similar to social care, and this can be a barrier to their (voluntary) engagement.
3. There isn't always the clarity about systems and process we need to be effective. There is confusion about when to initiate early help assessment for some, and the link between the EHA process and the rest of early help isn't clear.
4. Our offer hasn't been as clearly defined as we need it to be – the different roles of the Family Support Team, and the services commissioned as part of the Troubled Families programme is one example of some overlaps between services.
5. We haven't managed to make an impact on the referrals to the Children's Hub. Demand remains high across the system. We are not stemming demand and too many agencies and professionals are still referring directly into the Children's Hub.
6. Our systems have largely been bolted on to existing social care systems, which doesn't enable analysis of trends, impacts and outcomes to be undertaken.

## Our building blocks

7. However....there is some excellent work being undertaken, and we have excellent building blocks.
8. The fundamentals of our approach remain the same:
  - a. Early help is everyone's role;
  - b. We need to focus on secondary prevention if we are to break the cycle;
  - c. Access to targeted services will be via Early help Assessment
  - d. Having clear pathways through early help for key issues is critical.

Stockton Early Help Model – April 2016



## Where next?

9. The new proposals are based on addressing the following, and respond directly to the issue raised partners, as well as a strengthening of our offer:
  - a. Vision, ethos and visibility
  - b. An increased focus on secondary prevention
  - c. Pathways and systems
  - d. Our offer
  - e. Skills
  - f. Collaboration and integration

### ***Vision, ethos and visibility***

10. We will establish an overall vision, brand and ethos, working title 'you can...we'll help'. This will be how we describe our approach in print, web and for all services.

11. This is not simply a title, but a way of articulating our approach which is to work with families, building resilience, and self-reliance
12. Our proposals for a new network of family hubs will form part of this programme, as will our new 0-19 services
13. We will brand our activities under this banner, and it will become the identifiable approach, similar to the 'Child Friendly Leeds' approach
14. It will support our approach of articulating early help as the basis of a range of agencies and organisations supporting early help.

### ***Secondary prevention***

15. We will focus more on working on secondary prevention - shifting the focus to predicting and preventing, and targeting without an EHA
16. This approach will be based on greater intelligence sharing and profiling
17. A menu of options for delivery – eg group based programmes; communities / geographies based on assessment of what works

### ***Pathways and systems***

18. Developing the thematic pathways of the model further with a clear offer
19. A single point of entry to the Team, though a single email address and a single triage system
20. Develop new EH system on Capita One
  - a. We need a clearer definition of an 'early help hub', which receives all requests for advice and support as well as the referrals from the hub. To avoid confusion with the Children's Hub, this COULD be renamed as the 'you can...we'll **help-point**'
  - b. The hub will assess all information and process as:
    - i. Immediate response where work can be done to reduce risks. Short term work will be undertaken by the help-point team. This may include referral as CIN, but this will be minimised through a bigger emphasis on a restorative approach
    - ii. Allocate to Early Help Assessment team where the response requires the development of a EHA
    - iii. Allocation to Family Solutions Service
    - iv. Allocation to a Family Hub for the family friends service
21. Clear communication on when to initiate an EHA, and when to refer to the hub/help-point as an alternative.

### ***Enhancing our offer***

22. A new model of family hubs will be the main ways in which families will access services locally. They will ensure the delivery of a core 0-5s offer, plus wider support.
- c. They will oversee the Family Friends approach for their areas. When families are allocated a family friend this will be documented on capita One and managed by the hub
  - a. The hubs will be the focus of preventative approaches, as they will oversee a vulnerability index and map / predict and prevent which will identify families at risk and work proactively with them
  - b. A further family hub will be developed as an interactive virtual family hub
23. Family friends / befriending – for those families who no longer need a 1-1 support service, but who require some form of ‘maintenance’ programme, and where a volunteer led approach will provide additional capacity into the system. For 0-5s this will work closely with the new health visiting service
24. Family Solutions Services
- c. A revised approach to working intensively and on a 1-1 basis with families, at early help and CIN / CP. See outline specification at Annex 1.
  - d. The FSS will work in a different way to the previous FST, working with CIN and CP cases, under the direction of social workers with accelerated actions, and to step down cases.
25. Family Group Conferencing – as an alternative to ICPC and on edge of care initially, but will also be offered to support step down from CIN to early help.
26. Intensive support – where additional specialist interventions will be required to tackle issues. This will be available for CIN and CP cases only, accessed via Family Solutions Service.

### ***Skills, quality and practice***

27. We need to invest further in equipping teams with the skills to have an impact, with an emphasis on working with families to build their capacity to cope. This will include:
- a. the development of Early help basic awareness
  - b. Assertive interventions tools and techniques
  - c. Evidence based programmes
  - d. Implementing an accredited qualification for early help and family support

### ***Information sharing and collaboration***

28. More opportunities for co-location, in a locality model, based around the 4 hubs. Health visiting, policing, schools and the early help teams will increasingly be organised around these localities
- a. Information sharing agreements

- b. Streamlining systems wherever possible
- c. An early help panel which works with those cases which are not making progress and where an additional intervention or a different approach may be required. This will also work with CIN cases

**Delivery**

- 29. The proposals are realistic and costed, with a clear application of funding from the troubled families programme
- 30. The approach integrates the work on troubled families
- 31. It is focused on a restructure of the way the Council is organised with a single Head of Service post for early help.
- 32. Strategic steering through partnership

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