

**To the Chair and Members of the
DONCASTER HEALTH AND WELLBEING BOARD**

**A NEW MULTI-AGENCY APPROACH TO DELIVERING EARLY HELP IN
DONCASTER**

Purpose

The purpose of this paper is to share the work on Early Help with members of the Health and Wellbeing Board and to seek the views of Board members on the proposed framework and delivery plan.

Recommendations

Members are asked to comment on the report, and to agree how the Board wishes to receive updates and be involved in the developments of early help going forward.

Summary

A multi-agency steering group was established in October 2013 to oversee the development of a more consistent and effective approach to supporting families. The key partners were the Council including CYPS, public health and adults and communities, schools, RDash, the CCG, NHS England, and representatives from independent early years providers. Discussions are now underway with Police and St Legers, and with the voluntary and community sector to explore how they will be involved.

Work to date has included agreeing an early help strategy, a set of principles to underpin future service delivery and putting in place temporary arrangements to improve the current effectiveness of the CYPS integrated family support service. This paper describes the agreed framework for the future of early help support for families which simplifies and improves access to interventions in a timely way, and is appropriate for different levels of need and complexity.

Why we need an agreed Early Help Strategy

The Early Help Strategy sets out the importance of creating a new, improved family support offer in Doncaster. This is due to:

- High demand for statutory social care services is resulting in a high cost service that does not meet need early enough and so result in poorer outcomes for children and families

- ➔ The emerging evidence of the effectiveness of family support in achieving Early help objectives, including a reduction in numbers of Looked After Children and high costs across the public sector of delivering specialist and intensive services
- ➔ Children and family feedback suggesting that the most important improvements were communication and clarity, co-ordination of services and hands on support. This will require building expertise into the Early Help service so we get decisions right first time
- ➔ Evidence of duplication (and gaps) within existing provision which leads to an inefficient service that is confusing for both families and professionals. The current system does not make effective use of resources across the partnership
- ➔ The identified lack of a coherent family support offer for children and families, and in particular those who sit at the lower end of social care (Child in Need cases) and those stepped down from social care services
- ➔ National drivers, in particular the Troubled Families agenda, which require local authorities to identify a number of multiple need families and deliver interventions that effect change and positive outcomes.

We want to build on good practice such as one team working and the Stronger Families programme to develop a robust early help offer in Doncaster.

Agreed Principles for the new Early Help Model

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| <p>We will support all families in Doncaster</p> | <ul style="list-style-type: none"> • We will support all children and families in Doncaster across the four tiers of need • We will ensure that services are locally accessible, working with the existing 4 area structure | <ul style="list-style-type: none"> • We will be clear about what support is on offer and how it can be accessed. Our approach will involve listening to families rather than assuming that we know what is best for them. • We will commit to and manage the locality model by developing governance structures at an area level |
| <p>We will provide support to families at the earliest opportunity</p> | <ul style="list-style-type: none"> • We will work together across the partnership to share intelligence and identify needs at the earliest opportunity • We will reach out to those who are reluctant to engage to ensure that the needs of children and families are not | <ul style="list-style-type: none"> • Ensuring effective information sharing and confidence to discuss or report in issues but take responsibility for getting them resolved • Building trusting relationships and do whatever it takes to support families from ‘marigold’ practical support through to therapeutic or specialist services |

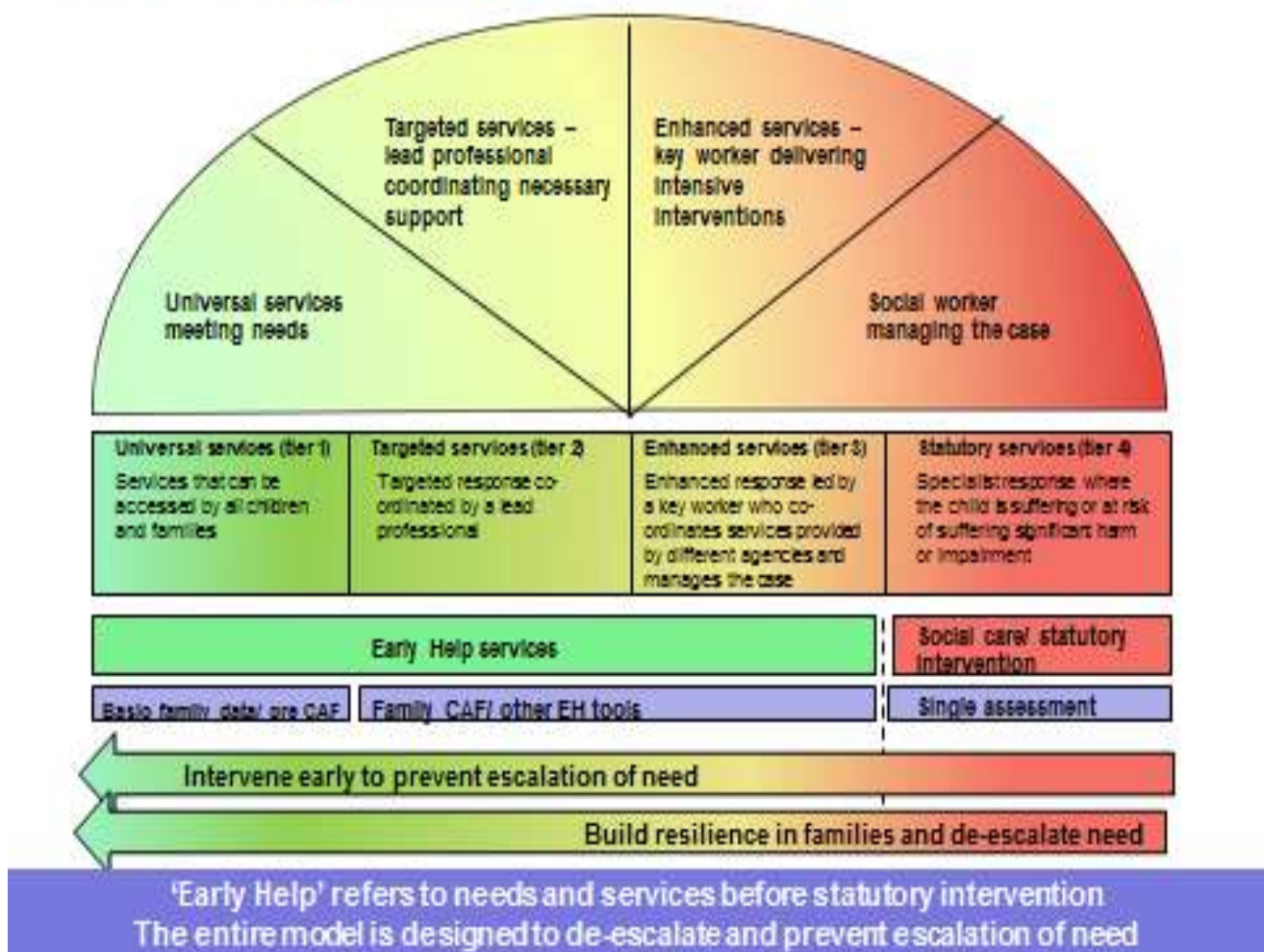
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| | <p>missed</p> <ul style="list-style-type: none"> • We will identify access points at neighbourhood and community level and across tiers of service provision | <ul style="list-style-type: none"> • Committing to co-locating teams and sharing buildings where possible. We will provide services in places where families feel comfortable to access them |
| <p>We will work to build resilience in families</p> | <ul style="list-style-type: none"> • Services and training will be focused on how to build resilience in children, families and communities and how to develop existing strengths • We will give families, children and young people and communities the skills and confidence to do things for themselves | <ul style="list-style-type: none"> • Working with the wide range of networks available to families (e.g. family, neighbourhood, community) to ensure resilience building and sustainability • We will only maintain involvement while a family needs us and will help them gain the skills and tools to stop needs arising again |
| <p>We build strong relationships to drive change</p> | <ul style="list-style-type: none"> • We will engage with families by any means necessary to ensure that needs are being met. This involves recognising the strengths and skills of different agencies, as well as community networks. • We will build on strengths within the family and use evidence based interventions to meet need | <ul style="list-style-type: none"> • Identifying who is best placed to work with a family to secure best outcomes. This person will begin by establishing how the family feel at present and listening to their problems, and will have the skills to build a trusting, honest relationship. We will not overly-professionalise our approach but will work in multiagency teams and co-ordinate support for a family through the lead professional • Working together with families to identify and build on their strengths and develop solutions to tackle their unmet needs |

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| <p>We will provide services</p> | <ul style="list-style-type: none"> • We will invest in the first point of contact to ensure we provide families with the right support at the right time • We will ensure that the workforce feel responsible for a families' outcomes and react in a timely way • We will build our services and interventions from the bottom up and use the voice of the child and family to shape service delivery | <ul style="list-style-type: none"> • Developing a highly skilled, multiagency referral route into Early Help services. This will involve designing quick, simple processes to support a nimble and flexible model to respond to contacts, including an initial assessment of need and risk. We will look at collective resource across the partnership to develop the most appropriate response • Agree outcome based tools (e.g. family star) with families to shape provision and monitor progress. We will not carry on with the same approach when it isn't making a difference but will seek other ways to help • We will review our commissioning and assessment processes to ensure that children and families have a voice in how their needs are met |
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The Model

The diagram below represents how the different services and supports will work together. All children and their families can use universal settings and services such as schools, GPs, libraries and leisure. It is important that when they need additional help that is available as early as possible to prevent problems escalating. An effective system will ensure that families receive good and well co-ordinated multi-agency intervention.

Doncaster Early Help model



What will happen in different parts of the model?

Universal Services (Tier 1)

Universal services will play a vital role in meeting the needs of children and families at the earliest point, through:

- ➔ Working together to deliver the core offer including education, childcare, parenting provision, advice services, play services, health visiting, school nursing, GP provision, policing, voluntary and community sector organisations.
- ➔ Delivering extra services where possible to meet needs at the earliest stage, e.g. school nurses delivering low level emotional health and wellbeing services where necessary, schools employing family support workers.
- ➔ Working with the lowest levels of need within the Stronger Families cohort.
- ➔ Building strong links with the local communities to ensure that families get support at the earliest possible opportunity.
- ➔ Using local knowledge and information sharing to identify vulnerable families and tackle emerging needs in the locality areas.
- ➔ Providing local settings for targeted interventions (e.g. parenting programmes delivered through schools; Youth services working with Looked After Children).
- ➔ Ensuring the universal provision is meeting children and families' needs and managing emerging risks, using the escalation channels to the Multi-agency Area Teams or the Referral and Response service as appropriate.

Targeted Services (Tier 2)

Co-ordinated multi-agency working delivering targeted services with a supported lead professional role:

- ➔ Practitioner who is best placed to meet the core needs of the family appointed as lead professional (with some scope for family choice) by the Multi-Agency Management team.
- ➔ Working with the medium levels of need within the Stronger Families cohort.
- ➔ Lead professional to act as advocate for family and to take ownership for all agencies meeting their needs through leading Team Around the Family Meetings and co-ordinating work from agencies.
- ➔ Lead professional to take responsibility for monitoring risk with the family with the aim of stepping down to universal provision. In the event that needs begin to escalate and require an enhanced response the lead professional will be responsible for completing a CAF and sending the case to the EH Access team.

Enhanced Services (Tier 3)

Enhanced Early Help Core Service delivering intensive, whole family interventions for complex cases, including cases currently classified as Children in Need (CIN) and Looked After Children (LAC).

- Intensive Family Support Service offering intensive interventions – can be 12 months (+) with highest and complex need families, including multi-agency staff. Their role is to provide practical support and advice to families as well as identifying specialist provision that will help to meet their needs.
- Understanding locally accessible provision that will help build resilience in the family.
- Working with the most complex cases within the Stronger Families cohort.
- Potential to develop a crisis intervention team offering short term crisis interventions, especially at the edge of care.
- Managing risk with the aim of stepping down cases to universal or universal plus services.
- Identifying cases where needs are escalating and require a social care response and making the referral.

Main elements of the model and who will do what

| EH access team | Multiagency management team | Multiagency area team |
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| <ul style="list-style-type: none"> • Review contact form/ family CAF and gather additional information, including intelligence from partner agencies. Where an Early Help response is required progress to MMT • Step up inappropriate referrals which require a social care response to R&R • Signpost inappropriate referrals which do not meet Early Help or social care thresholds to universal services • Highlight potential Stronger Families that have not yet been identified • Respond to queries about Early Help from professionals/ members of the public and give advice about locally available services | <ul style="list-style-type: none"> • Review information from EH access team, prioritise cases and allocate • Where an enhanced response is required identify intensive family support worker and additional specialist services required and allocate case • Where a targeted response is required identify lead professional and allocate case • Review cases and unpick blockages • Approve cases for step up or step down • Link with collaboratives to identify emerging local needs | <ul style="list-style-type: none"> • A range of practitioners from different partner organisations who will act as intensive family support workers or lead professionals • Multiagency management arrangements to ensure collaborative working and cross-skilling of the workforce • Offering professional advice and support to deal with blockages • Escalating/ stepping down cases as required |
| Collaboratives (3/4 per area) | | |
| <p>Universal services meeting at a locality level to identify issues early and discuss vulnerable families and plan to meet their needs. Also identify emerging trends of need and gaps in provision and work with MMT to tackle this</p> | | |

Draft Teams to deliver the new Early Help Model

| Team within the new EH model | Potential staff (requires further work and modelling) |
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| EH Access team (virtual team developed from existing provision) | Family CAF coordinators; Referral and Information Officer; Facilitation and Investigation Officer; social workers; staff from partner organisations (e.g. health and police) |
| Multiagency management team | Health Area Manager; DMBC Children’s Services IFSS manager; DMBC Communities Area Manager; SY Police Sergeant; St. Leger Homes Neighbourhood Manager; Collaboratives representative; Schools representative (as appropriate); Adult services (mental health, substance misuse team, domestic abuse) |
| Multiagency area team (Intensive and Targeted services) | Intensive Family Support workers; Community neighbourhood teams; Family Support Area Coordinator; Advanced Nurse Practitioners; Health Visitors; School nurses; Midwifery representation; Community Practice Education representation; Children Centre staff; Youth Centre staff; Pupil Welfare and Attendance staff; Early Intervention Advisor; CAMHS representation; Domestic abuse case worker |
| Collaboratives (scope still being refined) | Local primary schools; local secondary schools (currently being engaged); Children’s Centre staff; Health; Youth Centre Staff Potential to expand to include community teams, police representation, GPs/ primary care etc. |

Role of local collaboratives

The introduction of local area “Early Help Collaboratives.” is designed to provide a key element of the Early Help Strategy. These collaborations bring together the local leaders of services and provisions who are best placed to jointly deliver effective integrated early help to children, young people and families. Agreement has been reached with primary schools on how best to organise across the borough and the first round of meetings of all the collaboratives have been held, with the second round now underway. A summary of their role and early identification of issues is attached at appendix 1.

Schools Forum met on the 20th February and agreed that £750k of DSG underspend should be utilised during 2014/15 to support the development of the collaboratives

and to enable them to begin to meet identified needs in local areas. This will greatly assist in the implementation of the early help model and what we can offer families. We will also put in place effective monitoring and evaluation to enable us to learn what is most effective in improving outcomes for children.

Review of Council children centres and youth services

The Council will be reducing the number of buildings which services are delivered from as part of the budget savings over the next 3 years. It is intended that there will be a reduction of 8 children centres and 9 youth centres. We are currently reviewing children centres and youth services recognising that the Council's services should increasingly be more targeted towards more vulnerable children and young people ie tiers 2, 3 and 4 in the early help model.

As part of this work we will be bringing forward proposals on how best to achieve this within this framework.

Next Steps

- Discussion at the Council's Executive Board, the Children and Young People Strategic Partnership, the Doncaster Safeguarding Children Board and the Health and Well-being Board to reach agreement to proceed with implementation of the proposed model
- Final strategy (to include this model) to be signed off by the Children's Strategic Partnership Board
- An implementation group, chaired by Jackie Wilson, Assistant Director Children and Families will oversee the development of a business case and delivery of the implementation plan.

The key themes of the business case will be:

- Modelling work to review staffing mix, caseloads, demand and cost of the new Early Help model
- Scoping and set up of Early Help Access Team including development of toolkit, performance management arrangements etc.
- Scoping and set up of Multi-disciplinary Management team and Multi-agency Area Team including development of toolkit, performance management arrangements etc.
- Service options at tiers 1 and 2 – review existing provision and identify the means of filling gaps
- Separate but linked work will progress on future of children centres and youth centres in line with the Council's budget proposals, and this will be included in the business case

Implementation will include:

- Workforce development plan across the new model
- Communications strategy and incorporating the voice of children and families into service delivery

- Putting in place monitoring and evaluation arrangements
- There are several key interdependencies with the work – not least the DMBC work to develop a new Target Operating model for CYPS and the work to move some functions of the department into the Trust. These will need to be carefully managed and monitored throughout implementation.

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