



**Safeguarding
Children Board**



Early Help - delivering better outcomes

2013 - 2017

A multi-agency strategy for delivering Early Help
to children, young people and families in Cornwall

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Foreword

Our vision is for all children and young people in Cornwall to be healthy and safe to have good opportunities to achieve and to improve themselves. We are working to close the gap between those who are doing well and those who are doing less well by supporting those with greater needs.

The challenges for children's services across all agencies are threefold. Firstly, there is an increase in the number of children in Cornwall over the last 10 years, up by 22% between 2000 - 2011. The ongoing economic recession and the welfare reforms are putting increasing pressure on families in Cornwall. This means increased pressure on our frontline services. Secondly, the government is cutting the money it gives to the Council and local agencies that commission and/or deliver children's services, which means that we are having to reduce the budgets available to those frontline services. So, we have fewer resources to meet the increasing need. Thirdly, the government is extending the Council's statutory duties to children and young people, at the same time demanding improved services and raised standards through its inspection regime.

Circumstances are tough for families and the services that are there to support them through these difficult times.

We are going to meet these challenges in three ways. Firstly, we are going to pull together more effectively by integrating our services wherever possible and where there is some evidence that integration of commissioning and service delivery can improve outcomes. By pulling together I am talking about all the agencies, particularly the Council, schools, health services and the police. But I am also talking about our communities, local groups and voluntary organisations. Secondly we are going to try and shift our resources into Early Help because we all know that identifying problems early and doing something about them is the best way of preventing those problems becoming a crisis. This intention is at the heart of this strategy. Thirdly, we are going to invest in the knowledge and skills of frontline staff so that they have what it takes to work together with families to overcome the problems they face and to improve outcomes for children and young people. This will include making better use of our community, family and young people's resources to develop self and peer support solutions.

I am proud to be the Lead Member for children's services in Cornwall. I have seen and heard for myself the pressures that families are under and the problems they face. I have seen some of the fantastic work that is done by our dedicated staff, across all agencies, to help and protect children. I have seen how working together and providing early help works for families.

I commend this strategy to you and ask you to consider how you can help to make our vision a reality for children and young people in Cornwall.

Councillor Andrew Wallis
Lead Member for Children and Young People

Vision

Multi-agency early help services in Cornwall play a big part in narrowing the gap in outcomes for those children and young people who are vulnerable to poor outcomes. Families, carers and professionals identify additional needs early and work together effectively to assess those needs and to deal with them before they escalate into concerns about a child's or young person's health, development, welfare or safety.

Definition of Early Help

Early help is about identifying problems at an early stage and providing purposeful and effective help as soon as possible once they have been identified, working with families to solve those problems before they get out of hand.

Early help includes help provided in both early childhood and early in the development of a problem. Early help is available to children and young people of all ages from pre-birth up to the age of 17, and up to the age of 25 where young people have special needs.

Early help is provided across the full range of services, from Universal Services, through Targeted Services, to Specialist Services.

Universal Services

Early help includes the full range of universal services that are offered to all children and young people to prevent additional needs developing (like health visitors, GPs, nurseries and schools). Then there are 'universal plus' services when additional needs are identified and then 'universal partnership plus' when the contribution of another service is needed to provide effective help to prevent those additional needs from getting worse

Targeted Services

Early help also includes targeted services that are offered to those children, young people and families we know are beset by a range of difficulties or risk factors that can have a long-term impact on the welfare, health and safety of a child. These can include issues like disability, unemployment, poor school attendance, and anti-social behaviour or offending. But they can also include things like being a very young parent, being an isolated single parent, being a young carer, families where there are mental health problems, alcohol and substance misuse problems, and relationship problems, including domestic violence. Targeted services are resourced and skilled to help children, young people and their parents/carers to master those difficulties and build better life chances. For disabled children, ongoing co-ordination through TAC can prevent escalation to specialist social work involvement, thus reducing the demands on complex and acute services. Targeted services help to prevent family breakdown and the need for children to come into care.

Specialist Services

Specialist services also have a part to play in assessing for the more acute and complex needs, intervening promptly to reduce the risks to a child's welfare and long-term development. Help and protection is most effective

in these circumstances when people and professionals in contact with children and young people, their parents or carers make a referral as early as possible. Some acute services, like social work and some police teams, have a statutory duty to intervene in family life to protect children and young people from the risk of significant harm.

Key Drivers

National Policy Context

The national policy context provides a reference point and body of evidence that any local approach to improving outcomes for children and young people must feature prevention and early intervention, including:

- Marmot Review: 'Fair Society – Healthy Lives'
- Frank Field: 'The Foundation Years, Preventing Poor Children Becoming Poor Adults'
- Graham Allen MP: 'Early Intervention: The Next Steps'
- Graham Allen MP: 'Early Intervention: Smart Investment, Massive Savings'
- Department for Communities and Local Government: 'Best Value Statutory Guidance'
- Dawn Plimmer and Matthew Van Poortvliet: 'Prevention and early intervention – Scoping study for the Big Lottery Fund'
- Tickell Review: 'The Early Years: Foundations for life, health and learning'
- Kennedy Review: 'Overcoming cultural barriers in the NHS'
- Department for Education: 'Support and Aspiration: A new approach to special educational needs and disability'. Early Support is the nationally recognised model for delivering early help to families with disabled children and children with special educational needs.
- Munro Review of Child Protection: devotes a full chapter to 'Sharing responsibility for early help.'

Despite the research and policy context, it has proved notoriously difficult to refocus resources on early help services when the pressures on acute services remain high. It has also proven difficult to develop early help services that work. The significant additional investment in early help and early years services, such as Sure Start, have not reduced those pressures.

Local Needs Assessment*

There are a number of demographic pressures on children's services:

- There are 116,000 children 0 – 19 living in Cornwall (Census 2011).
- There has been a 22% increase in the number of children in Cornwall between 2000-2011. There was an inward migration of pupils last year of around 1,000. Of those children around 10% have additional and special educational needs and 3-4% have acute health and social care needs, including maltreatment, neglect and abuse.
- Whilst the percentage of children in poverty in Cornwall overall (19%) is below the national average (21%) there are some neighbourhoods where the proportion is twice the national average.
- The ongoing recession has placed additional pressure on fragile families and there has been a corresponding increase in adult mental ill health,

alcohol/ substance misuse and domestic violence. As the recession continues and the welfare reforms impact, these pressures are forecast to increase.

- The number of families surveyed by health visitors in 2012 where a child under 3 was being cared for by a parent or carer with: mental health problems was 3,082; drug misuse was 446; and domestic abuse was 1,357. Many of these parents had more than one of these problems.
- There were nearly 800 Common Assessment Framework assessments (CAF) undertaken in 2012/13, over 9,000 referrals to the Multi-Agency Referral Unit and over 3,000 social work assessments.
- At the most recent count for 2012/13 there were: 19,030 children in poverty; 13,892 children with additional educational needs, including special educational needs; 6,400 children with a mental health problem (estimate); 420 young carers (estimate); 257 teenage parents; 703 children being supported by a CAF team around the child and an additional 700 children being supported through an Early Support team around the child; 3,629 children in need; 579 young offenders; 460 children subject to a child protection plan; and 465 children in care.
- The number of children coming into care in Cornwall has been rising, with a rise of 20.5% between May 2008 and September 2012. There has been a particular increase in the number of adolescents coming into care, with a 76% increase in children 10 years and over coming into care between the periods April-August 2011 compared to April-August 2012.

* Further analysis of local need can be found in Kernow Matters¹, the Joint Strategic Needs Assessment and the wider evidence base for the development and delivery of services for children, young people and families in Cornwall used to formulate the Children and Young People Plan.

Resource Analysis

The Early Help Strategy is formulated at a time of 2 challenges: increasing demand for public services due to ongoing recession and the impact of welfare reforms on fragile families; and reducing resources available to fund public services:

- 60,100 households receive local authority benefits
- 49,020 people receive Department of Work and Pension benefits (affecting more than 10,000 children)
- 1 in 5 working age people will be affected by the welfare reforms
- Large families (3 or more children) will be among those most affected by the welfare reforms. There are over 4,000 such families in Cornwall.
- Over 90 families who have 3 or more children will lose income due to the benefit cap (half those families are likely to lose more than £600 per month).
- Statistics taken from Carers UK show that 1 in 8 adults (around 6 million people) are carers, every day another 6,000 people take on a caring responsibility and over 3 million people juggle care with work, while 1 in 5 carers are forced to give up work due to their caring commitments.
- Figures from the 2001 Census indicate that there are 174,995 young people under the age of 18 who provide care; 13,029 of those provide

¹ <http://www.cornwallchildrenstrust.org.uk/Default.aspx?page=1> (06/12/11)

care for 50 hours or more per week. 85% of all children providing care are caring for between 1-19 hours per week.

- Approximately 3 million children live in households with a disabled family member.
- It is against this backdrop that Children's Schools and Families, as a single agency within the Children's Trust partnership, has had a gross budget reduction of £52 million between 2009-2013 and could face a further reduction of £30 million over the next 3-4 years.

Gap Analysis

- The views of parents and carers about the help on offer are consistent. They want services to work in partnership with them and not to feel 'done to'. They want help early and not when things have got so bad that they are more difficult to solve. They want to be able to tell their story once, rather than have to repeat it to different professionals. They want the professionals that are there to help them, to talk to each other and work together. Young people in Cornwall are clear about what they want, *"Young people believe they are the future, and believe they have the right to live in a community which promotes and provides support for young people to ensure their enjoyable and appropriate development"* (Youth Manifesto 2011).
- The inspection of arrangements for the protection of children in Cornwall was conducted by Ofsted in February 2013. The report said specifically: *"A good range of early help is available. This supports children effectively and helps to resolve problems early. However, not enough children benefit from this coordinated support as not all agencies participate fully in taking responsibility for assessments through the common assessment framework (CAF). ... The co-ordination of early help services between locality based family support and targeted youth support, children's centres and health partners is improving. ... In an increasing number of cases early help is preventing an escalation of problems within families and reducing the risk of harm to children and young people."*
- A self-assessment indicates that whilst the level of CAFs initiated is in line with the average for comparator authorities, it is lower than we would intend given what we know about local need. We would expect more CAFs/Early Help Assessments (EHA) than social work assessments. The initiation of CAFs is uneven across different agencies and disciplines. The quality of CAFs is inconsistent and the effectiveness of the help provided, including the contribution of different agencies and professionals is also inconsistent. A range of proxy measures such as the number of referrals to acute services, the number of referrals to acute services where families have not had access to early help, and the increasing demand for adolescent care placements indicates that further work is necessary to target effective interventions to the most vulnerable children and young people in Cornwall.

Key Partners and Stakeholders

Children, young people and their parents/carers are the most important partners in this strategy. This strategy also demonstrates the solid foundation of partnership working that exists in Cornwall for improving Early Help. The provision of effective early help services to children, young

people and their parents/carers in Cornwall is a multi-agency responsibility. This is a multi-agency strategy that demonstrates a collective commitment to fulfilling that responsibility, as individual agencies and in partnership. Through the Children's Trust Board the following agencies and organisations are signed up to this strategy:

- ✓ ***Cornwall Council***
- ✓ ***Cornwall Association of Primary Heads***
- ✓ ***Cornwall Association of Secondary Heads***
- ✓ ***Colleges of Further and Higher Education in Cornwall***
- ✓ ***NHS Kernow***
- ✓ ***NHS England – Devon and Cornwall Area Team***
- ✓ ***Cornwall Partnership Foundation NHS Trust***
- ✓ ***Royal Cornwall Hospitals NHS Trust***
- ✓ ***Peninsular Community Health***
- ✓ ***Cornwall Housing***
- ✓ ***Devon and Cornwall Constabulary***
- ✓ ***Devon and Cornwall Probation Trust***
- ✓ ***Cornwall Community Safety Partnership***
- ✓ ***Youth Offending Service***
- ✓ ***Careers South West***
- ✓ ***A wide range of Voluntary and Community Sector Groups providing service in Cornwall***

Top Ten Objectives

1. All agencies, providers and the professionals working in them understand the benefits of early help to families experiencing difficulties, are committed to working together to help families resolve those difficulties, and make a purposeful contribution to the team around the child (TAC) or team around the family (TAF).
2. Providers and practitioners in front line early help services have the appropriate professional capabilities to help and protect children, working in partnership with families to assess their needs, express their concerns and use evidence-based approaches to preserve families.
3. All professionals in contact with children and families are prepared to raise their concerns with a family and to offer help. They are able to undertake an assessment, using the standards and format approved by the Children's Trust Board (CTB) and Local Safeguarding Children Board (SCB). They understand the SCB thresholds and know when and where to seek advice when their concerns escalate.
4. All professionals in contact with children and families are willing to take on the role of the lead professional and make a tangible contribution, as a member of the TAC/TAF to implementing the support plan. In cases where concerns escalate to acute services, they stay involved with the family and contribute to the child plan.
5. The number of families receiving support via a Common Assessment Framework (CAF) or Early Help Assessment (EHA) or Early Support Assessment increases year on year. The quality of multi-disciplinary practice in undertaking CAF/EHA, drawing up support plans and implementing those plans is consistently rated adequate or better.
6. Most families referred to the Multi-Agency Referral Unit (MARU) have received early help services previously via a CAF/EHA/Early Support and

- TAC/TAF. A reducing number of families that have received early help services need to be referred to the MARU.
7. There is an overall reduction in the number of re-referrals for CAF/EHA/Early Support and early help. There is an overall reduction in referrals to the MARU and re-referrals to the MARU following step down to CAF/TAC/Early Support.
 8. Young people 11+ receiving effective multi-agency early help, co-ordinated by Locality Services, are less likely to be accommodated, leading to a reduction in the requests for care placements and admissions to care.
 9. Practice quality standards for early help will be understood by practitioners and their supervisors. The Quality Assurance and Performance Management Framework for early help will show continuous improvement in those practice quality standards and the results will be reported to the CTB. Early help arrangements in Cornwall will be rated positively by Ofsted.
 10. Early help services will be based on co-produced local solutions to local need, supporting localism and promoting community engagement. Services will be co-produced with children and young people, families and communities to develop sustainable approaches that maximise the capacity of children and young people, families and communities to support themselves. The Best Value Guidance 2011 will be used when allocating commissioning budgets and deciding upon the award of contracts. This guidance recognises the overall value, including the social value of local voluntary and community groups and small businesses. These services will demonstrate good value for money in terms of: unit costs; reduction of pressure on acute budgets; and operate within allocated resources.

Key Success Measures

The Early Help strategy establishes a range of key success measures for those children and young people identified as being vulnerable to poor outcomes at any stage in their childhood or development. Whilst the lead agencies are shown, in each outcome measure the active voluntary and community groups in Cornwall make a major contribution to early help:

Universal – Targeted Services

1. Children -9 months – 5 years will have improved health outcomes in their developmental milestones, their general physical health such as dental health, and emotional wellbeing (Lead agencies: Public Health, Midwifery, Health Visiting and Children’s Centres).
2. Children 0 – 5 years will be better prepared for starting school in terms of their health and well being and preparedness for learning (Lead agencies: School Improvement Service for Early Years Foundation Stage, Children’s Centres and Early Years Inclusion Service).
3. Children 5 – 11 years will have improved school attendance, attainment and progress (Lead agencies: Primary Schools, Education Welfare Service, Behaviour Support Service, School Improvement Service, Educational Psychology Service and Short Stay Schools).
4. Children 11 years plus will be well-prepared for their transfer to secondary school and have improved school attendance, attainment and

- progress (Lead agencies: Secondary Schools and Colleges, School Nursing, Child and Adolescent Mental Health Service, Education Welfare Service, Behaviour Support Service, School Improvement Service, Educational Psychology Service, and Short Stay Schools).
5. Children and young people with disability, poor school attendance, living in families beset by poverty arising from unemployment and anti-social behaviour or offending have priority access to targeted services (Lead agencies: Together for Families, Cornwall Works with Families, Schools, School Nursing, Education Welfare Service, Child and Adolescent Mental Health Services, Locality Services, Early Support, Children in Need Teams, Police and Youth Offending Service).
 6. Children with special educational needs and disabilities receive the assessment and co-ordinated help they need to close the gap in education and health and social care outcomes (Lead agencies: Early Support Service, Disabled Children & Therapy Service, Educational Psychology Service, Locality Services, Child and Adolescent Mental Health Service and Children in Need Teams).
 7. Children at risk of anti-social behaviour and offending are identified early and supported to make a positive contribution (Lead agencies: Schools, Colleges, Behaviour Support Service, Police, Youth Offending Service, Anti-Social Behaviour Team and Youth Work).

Targeted – Acute Services

8. Children and young people whose needs are assessed via a CAF or EHA and/or have a co-ordinated approach through a TAC (CAF or Early Support) are more likely to experience improved outcomes in health and education, and are less likely to be accommodated, leading to a reduction in the requests for care placements and admissions to care (Lead agencies: Locality Services, Early Support, Children's Centres, Youth Work, Youth Offending Service).
9. Parents and carers who have a parenting gap in the care they provide to their children due to difficulties such as learning difficulties, mental health problems, alcohol and substance misuse and/or domestic violence are supported to make sustainable changes and improve their parenting skills (Lead agencies: Adult Care and Support; Adult Learning Disability Services, Adult Mental Health Services, Adult Alcohol and Substance Misuse Services, Domestic Abuse Services, Police, Housing Services, Locality Services and Children in Need Teams).
10. Children and young people showing the signs and symptoms of maltreatment, neglect or abuse are identified early, referred to children's social care, have a social work assessment and an intervention appropriate to the assessed needs and risks. Risks are reduced so that children are not left too long in unsatisfactory circumstance but where they risks are not being reduced not decisive action is taken to protect the child. (Lead agencies: Multi-Agency Referral Unit, Children's Social Work Teams and Police).

Priority Areas for Development

The successful implementation of the Early Help strategy is dependent upon a number of priority developments over the next two years:

Within 3 months

1. Establish early help panels in each area to monitor the contribution of partners to the work of the team around the child and team around the family – helping to ensure that families receive co-ordinated help.
2. Put in place a joint framework of Quality Assurance and Performance Management to monitor the quality of multi-agency and multi-disciplinary practice and service provision that includes asking children, young people and their parents/carers for feedback about what works.
3. Establish a benchmark to monitor the changing level of provision (commissioned or supported through other sources) by community and voluntary organisations when compared with statutory services.

Within 6 months

4. Develop an integrated pathway for referral, assessment and the provision of early help, as the basis of continuity and a seamless transfer of information from one level of service to another.
5. Establish a single, multi-agency 'front door'; involving the voluntary and community sector and working closely with GP practices, schools and other settings that provide information, advice, guidance and access to early help children's services, including the local offer where queries relate to SEN or disability.
6. Review the impact of the commissioning strategy and approach on community resources and development.

Within 12 months

7. Strengthen partnership working arrangements with voluntary and community services (VCS) and explore opportunities for building their capacity, particularly in providing youth services. We intend to strengthen the voice of the VCS in the governance arrangements for the strategy to cover more work areas, and provide increased specialist capacity to do the early hard work, as part of the drafting of key policies.
8. Strengthen partnership working with schools and explore opportunities for establishing and/or delivering services within schools.
9. Strengthen partnership working with Adult Health and Social Care Services, particularly those services addressing adult mental health, alcohol and substance misuse and domestic abuse problems.
10. Promote a Team Around the Family approach to preserving families.

Within 24 months

11. Invest in the professional capabilities of front line practitioners with a focus on evidence-based practice skills and approaches, particularly the Maudsley Family Partnership Model, Motivational Interviewing, Signs of Safety, and Family Functioning Therapy. Also to make learning and training delivered by statutory agencies more available to practitioners in voluntary and community groups, as part of a commitment to support localism and to build community capacity.
12. Performance manage and evaluate the effectiveness of services as the basis for de-commissioning and/or re-commissioning services.

Governance and Consultation arrangements

The multi-agency Children's Trust Board acts as the strategic governance body for this strategy on an exception basis. Routine overview of progress is undertaken by the Head of Children's Social Work and Psychology Services as Senior Responsible Officer.

This strategy has been the subject of engagement with partners in key agencies and with children, young people and families. The development of the strategy has been supported by peer review as part of a programme of sector led improvement. Through consultation, this strategy has been endorsed by the following groups:

- The Children's Trust Board
- The Local Safeguarding Children Board Executive Group
- Adults Safeguarding Board
- The Cabinet of Cornwall Council.

Evaluation and review

The performance of agencies in achieving the success measures set out in the strategy will be reviewed by the Children's Trust Board and additionally, as requested, by the Local Safeguarding Children Board. The strategy will be reviewed by the Children's Trust Board annually.

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