Early help strategy 2013-2017

A partnership commitment to deliver early help and timely intervention

Ambition

Our ambition is that children and young people in Surrey are safe, healthy and creative with the personal confidence, skills and opportunities to achieve well and contribute more than thought possible. They are supported by resilient, healthy and happy families, and thriving communities.

Purpose

“Early help means providing support as soon as a problem emerges, at any point in a child’s life, from the foundation years through to the teenage years. Providing early help is more effective in promoting the welfare of children than reacting later.” (Working Together 2013)\(^1\)

This early help strategy 2013-17 outlines our partnership commitment to deliver early help and timely intervention to children, young people and their families in Surrey based on evidence of need and best practice. The document is for all those who work with or who have an interest in the outcomes of children, young people and their families.

1. Context

The early help strategy 2013-17 builds on the interim early help strategy 2012-13 and represents a renewed focus on early help system of delivery across Surrey. There has been a continued emphasis across key partners in Surrey to deliver an early help approach to improve outcomes for children and young people and to reduce their need for intensive, acute or specialist support and prevent harm, not least because of the:

- recognition of the importance and impact of intervening early to achieve positive outcomes for children and young people
- rising demand for specialist support for children and young people
- continued pressure on public sector budgets and spend.

This strategy has been developed with partners so that a collective understanding of early help exists within the system of delivery across the county. It also supports developing a community-based approach to early help, building on all partners’ social responsibility to deliver timely intervention.

As part of this, the early help partnership reference group held a two day event in June to consolidate developments around the early help strategy in addition to operational tools and processes. Professionals from across partner agencies in Surrey came together to agree a partnership early help strategy, endorse new thresholds for accessing services and sign off proposals for a new early help assessment to replace, and build upon, the common assessment framework (CAF).

This strategy sets out:

- a partnership commitment to deliver and implement an early help system of delivery in Surrey
- a shared vision, priorities and outcomes for achieving this
- the support mechanisms and governance arrangements needed in the system to enable a greater focus on pathways and how we will work together to agree our responsibilities and respective roles in delivering this strategy.

The partnership is committed to working together to achieve the following by March 2014:

- A partnership commissioning plan to deliver co-ordinated early help services ensuring that appropriate governance, tools and monitoring arrangements are in place.
- A partnership action plan to implement the proposed early help system and priorities set out in this strategy.

In doing so, the partnership is committed to achieving the following outcomes for children, young people and their families:

- families are resilient and feel supported to tackle issues and problems as soon as they arise
- families receive a minimum intervention as early as possible to prevent escalation of problems
- children and young people make good relationships
- children and young people are happy, healthy and well
- children and young people optimise life opportunities.

The strategy will be owned collectively by the Surrey Safeguarding Children’s Board and the Surrey Children and Young People’s Partnership, and supported by the Health and Wellbeing Board.

2. Role

The Surrey Children and Young People’s Partnership is committed to working together to provide a coherent and effective early help offer for children, young people and their families in order to improve positive outcomes and reduce the demand for services. If delivered appropriately we can:

- support children and families before problems escalate and reach crisis
- build on the positive elements of families’ lives
• build good relationships between families and services (through the voluntary rather than statutory nature of early help services)
• enhance individual and family resilience at a time when it is easier for them to do so
• minimise adverse periods and so maximise life chances.

National evidence also demonstrates the critical role of early help in:
• achieving positive outcomes for children, young people and families
• reducing costs associated with acute and specialist services.

The evidence and case for early help is made across major reviews on child protection (Munro), health inequalities (Marmot), poverty and life chances (Field) and education (Tickell). Both reports by Graham Allen strongly suggest that by using evidence based approaches to early help, children and young people will achieve better outcomes at less cost. National organisations such as C4EO, the Wave Trust and Innovation Unit have been researching and testing early help approaches and have evidence of considerable impact on child outcomes. Overall the evidence suggests that early help is needed throughout all phases of the life course as problems develop.

**Our collective purpose**

Where needed, to support the resilience and wellbeing of children young people, families, and communities promoting wellbeing and positive life opportunities.
- Surrey early help partnership reference group (June 2013)

An underpinning principle of the strategy is that services are commissioned and provided locally in the community creating greater opportunity for collective social responsibility by partners and the community within the system. This in turn will help to generate the environment for community budgets and social investment from all partners and organisations in the community as well as scope to develop both philanthropy and private investment.

**A flexible approach to early help**

The majority of children and young people in Surrey need little additional support to reach their potential. However, there are some children, young people and their families who require additional help and support provided at an early stage and before problems or difficulties escalate.

Children and young people also move between different levels of need as their own needs and circumstances change. Early help, as a system of support in its own right, aims to support children and young people to ‘step down’ to lower levels of need and support and avoid ‘step up’. To achieve this, the early help partnership reference group has agreed to distinguish between early help and timely intervention.

• **Early help:** achieving positive life outcomes for groups of children which research has indicated are at a higher risk of developing problems (refer to section 3 below on the groups who are most in need).
• **Timely intervention**: achieving positive life outcomes for children and young people and their families who require a quick response when problems arise in order to prevent them escalating.

Early help and timely support is part of a wider safeguarding and wellbeing system. Based on relationships, early help works with families to promote independence and resilience.

The figure below illustrates Surrey’s preferred operating model in which families receive co-ordinated support through a multitude of formal and informal providers and vehicles for provision (schools, family support programmes, children centres, health visitors, church and faith groups, youth support and centre based youth work, local communities and family networks).

**Early Help and Safeguarding System**

This diagram is illustrative and is not an exhaustive list of all available support.
Surrey’s Family Support Programme

A key operating model within this early help system is Surrey’s family support programme, Surrey’s local implementation of the government’s troubled families programme.

Families eligible for the programme benefit from locally co-ordinated support led by Surrey’s eleven borough and district councils, supported by all other agencies. All relevant agencies work as part of a team around the family for each of the families in the programme. Families undergo a single multi-agency assessment of their needs, a single multi-agency support plan, and receive a given period of intensive support.

At June 2013, 358 families had been brought into the family support programme, with only 31 families so far refusing the offer of help. It is planned that a further 500 families will join the programme by April 2014. The Surrey plan is to scale up the current services to cover between 4,000 and 7,000 families over three years from 2014-18 by including in the new programme families that sit outside of the DCLG’s criteria for troubled families.

As with the family support programme, it is important that all delivery components within the early help system adopt a whole family approach to ensure family needs are addressed in realising positive outcomes for children and young people.

3. Key areas of need in Surrey – the joint strategic needs assessment (JSNA)

An early help approach is needed to develop offers that identify and address the needs of Surrey’s children and families early, reducing the need for more intensive, acute or specialist support. The JSNA identifies the following groups who may most benefit from our strategic early help approach:

- **Families with multiple problems**: There are approximately 4,000 – 7,000 families with multiple problems living in Surrey dealing with issues from parental substance misuse to family poverty, mental ill-health, and children’s persistent absenteeism.

- **Children living in poverty and on the edge of poverty**: Approximately 23,000 children and young people - 9.9% of 0-19 year olds - are living in poverty. In areas of social disadvantage there is likely to be low levels of breastfeeding, higher prevalence rates of smoking and higher rates of adult and child mental health issues.

- **Young carers** are on average just 12 years old. They require support to combat poor outcomes due to mental ill-health, domestic abuse, a lack of time and material deprivation. An estimated 70% look after an adult in their family and 30% care for a sibling. Some young carers may be negatively impacted on due to the disability of those they care for. Young carers may also be experiencing domestic abuse and caring as a result of its impact.
• **Gypsies, Roma and traveller (GRT) children** are more likely to be young carers, live in deprivation, poor housing and have poor educational achievement. GRT young people are over-represented in the risk of neet indicator (RONI) cohort and many are persistent absenteees. GRT young people are also over-represented within Surrey’s youth justice system.

• **Children with additional needs and disabilities**: Nationally there is a trend towards more high risk pregnancies, survival rates for babies with congenital anomalies, trauma or illness have increased and there is more rigorous diagnosis of needs. Coupled with the local population projections, this suggests that there is likely to be an increase in the numbers of young children with additional needs. Children with additional needs can become children in need (CIN) due to family difficulties in. In addition some disabilities can make it more likely for families to struggle financially and so they may also live in poor housing conditions.

• **Parental and family Issues**: Parents and carers are the single biggest influence on outcomes for children and young people. A positive parenting experience enables children to develop good emotional wellbeing and positive resilience through a supportive and caring family, a safe and secure home, engaged parenting, promoting tolerance and good behaviour and promoting optimism and positivity. However, parental and family issues are often the root cause of poor outcomes for children and young people which can often lead to parents no longer being able to provide adequate care for their children.

• **Children living with parental mental ill-health**: Both poor parental mental health and poor parenting skills have been found to result in a four to five fold increase in the onset of emotional and conduct disorders in children. An estimated 10,450 children and young people in Surrey have a mental health issue, this indicates a potentially significant level of poor parental mental health. The fact that over half of children subject to a child protection plan (CPP) in 2010 in Surrey were affected by poor parent/carer mental health also highlights a potentially high level of hidden need.

• **Children living with parental substance misuse**: Often linked to parental mental ill-health is parental substance misuse. In 2009/10 approximately 30% of people in drug treatment in Surrey were parents and parental substance and/or alcohol misuse were recorded for over 20% of children on a CPP in 2010. Furthermore, since it is estimated that more than 25% of adults in Surrey who drink, do so above recommended safe levels, it is likely that there are significant numbers of children and young people affected by parental alcohol misuse. Children living in these families are more likely to have alcohol and/or substance misuse problems as adults, along with potential psychiatric disorders.

• **Children living with domestic abuse**: often exists with other aspects of problematic parenting and is closely associated with all types of abuse and neglect. National estimates suggest that nearly one in four young people witnessed at least one type of domestic abuse during childhood, so we anticipate that the local need could also be large. There were 12,567 incidents/crimes of domestic abuse reported to Surrey Police in 2012/13.
At 15.6% of the total incidents/crimes reported, domestic abuse was the second largest single category of incidents/crimes recorded in that year. The JSNA summary can be found in [here](#).

### 4. Our aspirations – principles and outcomes

Our vision for early help services in Surrey is that:

“Everyone works together to offer early help and timely intervention to support the resilience and wellbeing of children, young people, families and communities promoting wellbeing and positive life opportunities.” ([Surrey early help partnership reference group June 2013](#))

#### Outcomes

At each stage we want children, young people and families to achieve the following outcomes:
- families are resilient and feel supported to tackle issues and problems as soon as they arise
- families receive a minimum intervention as early as possible to prevent escalation of problems
- children and young people make good relationships
- children and young people are happy, healthy and well
- children and young people maximise life opportunities.

We will support children and young people to achieve positive outcomes at each phase of their life:
- pregnancy and birth
- the early years – readiness for nursery
- the primary years – readiness for school/secondary transition
- the secondary years – readiness for teenage years/secondary education
- young adulthood – readiness for adulthood.

#### Partnership outcomes

Partner agencies have recognised the following overarching outcomes to be achieved as a benefit to all parties:
- children and young people have better life opportunities, are safe, healthier and happier
- reduction in crime and anti-social behaviour
- reduction in accident and emergency attendance
- improved health and well-being
- children more available to learn, better attendance
- reduction in need for children and young people to become subject of a child protection plan (CPP) and becoming a Looked After Child (LAC)
- expectation management of families living with disability- personalised budgets
- less dependency on state
- adults ‘more available’ for learning and work.
A full outcomes table can be found in appendix one.

**Principles**

In Surrey we want children and young people to have the best possible start in life and in order to achieve this we have agreed the following key principles to help guide our approach:

- **Early help and timely intervention**: partnership resource is directed at preventing problems before they arise.
- **Integrated working**: children and young people and families receive support for all of their needs through a single offer.
- **Flexible pathway and tools** that recognises children and young people will move between different levels of need as their needs and circumstances change.
- **Participation and co-design** with children, young people, and their families.
- **Early Help is everyone’s responsibility**: it requires everyone to work together to put the child or young person at the centre of everything they do to meet their needs and improve outcomes.

**5. Priorities**

Partners will work together as a single system to drive improvement in the provision of early help services for children, young people and their families. In order to achieve our vision the following priority areas will be addressed:

1. Provide well co-ordinated multi-agency early help that is accessible, to meet the needs of the local population

2. Ensure that partner agencies are effective in identifying and improving outcomes for children and young people and particularly for groups of young people at risk of poorer outcomes, for example, children with disabilities

3. Improve communication, information sharing and recording across partner agencies who deliver early help and preventative services so families know what services are available and how to access them

4. Work with children and families as equal partners to develop the provision of early help and preventative services

5. Build capacity in communities and the voluntary sector to deliver early help

6. Prevent and protect young people from suffering the long-term effects of neglect.
An additional objective which runs across all the priorities is the development and training of the partnership’s workforce to ensure that professionals feel confident and trained to co-ordinate early help based on an assessment of need, to collaborate, to act as the lead professional where appropriate, and to focus on the child as part of the whole family.

**Governance arrangements**

The early help strategy will be owned collectively by the Surrey Safeguarding Children’s Board and the Surrey Children and Young People’s Partnership. There will be an additional reporting line into the Health and Wellbeing Board. These arrangements are demonstrated in the diagram below.
Next steps

Between October 2013 and March 2014 the partnership will translate this vision and commitment to action by:

1. Launching the early help strategy 2013-17 and working with families as equal partners to design the family friendly version of the strategy.

2. Communicate and engage on an early help story setting out:
   a. what we will be doing
   b. what will be different
   c. how we will know we have made a difference.

3. Developing communications and engagement activity, including an extended early help partnership reference group in November 2013.

4. Developing a partnership approach to identifying and addressing workforce needs.
Appendix one: the lifecourse outcomes

This table sets out a summary of all the key outcomes at each of the key stages of the outline aspirational outcomes for children and young people.

<table>
<thead>
<tr>
<th>Pregnancy and birth</th>
<th>The early years</th>
<th>The primary years</th>
<th>The secondary years</th>
<th>Young adulthood</th>
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</thead>
<tbody>
<tr>
<td>be happy and positive</td>
<td>be happy and positive</td>
<td>be happy and positive, enjoying their education and community</td>
<td>be happy and positive, enjoying their education and community</td>
<td>be happy and positive in their outlook</td>
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<tr>
<td>have access to sufficient material resources</td>
<td>have access to sufficient material resources</td>
<td>have access to sufficient material resources</td>
<td>have access to sufficient material resources</td>
<td>have access to sufficient material resources</td>
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<tr>
<td>have a positive network of families, friends and communities for support</td>
<td>have positive and supportive relationships within the family unit</td>
<td>have positive, supportive relationships within the family unit, friends and with authority figures</td>
<td>have positive relationships and support networks with their family, friends and community</td>
<td>have secure, positive relationships with family, friends, and communities that support their independence</td>
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<tr>
<td>have positive affectionate bonds with their babies</td>
<td>able to make friends, play with others and share</td>
<td>able to interact in a positive way within a team</td>
<td>able to interact positively in team of their peers</td>
<td>able to interact positively in team of peers or colleagues</td>
</tr>
<tr>
<td>have good maternal physical and mental health</td>
<td>have a basic understanding of authority, positive social behaviours and boundaries</td>
<td>have emotional sensitivity and tolerance towards the people and things around them</td>
<td>have a positive self-image through understanding and accepting their personal strengths and weaknesses</td>
<td>have developed social responsibility, emotional sensitivity and tolerance to enable them to participate positively in opportunities</td>
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<td>be confident in making well-informed family planning decisions</td>
<td>able to communicate positively and deal with frustration</td>
<td>be confident in themselves, engaged and able to deal with setbacks</td>
<td>continue to be physically active and eat healthily as a routine part of their lives</td>
<td>make an independent decision to continue to be physically active and eat healthily as a routine part of their lives</td>
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<td>be well informed about the benefits of breastfeeding</td>
<td>maintain a healthy weight through active play and healthy eating habits</td>
<td>maintain a healthy weight through physical activity and healthy eating habits, with a basic understanding of why this is important</td>
<td>continue to be physically active and maintain good healthy eating habits, in school and in their communities</td>
<td>make an independent decision to continue to be physically active and eat healthily as a routine part of their lives</td>
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<td>make positive choices for the health of the unborn child, for example not smoking</td>
<td>receive all scheduled immunisations</td>
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<td>receive all scheduled immunisations</td>
<td>continue to develop financial and money management skills</td>
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<tr>
<td>have a child-friendly, safe and secure home environment</td>
<td>explore, practice and extend numeracy and literacy skills</td>
<td>have good basic numeracy and literacy levels, including appropriate reading ability and basic arithmetic</td>
<td>know how to handle money, budget and prioritise for necessities</td>
<td>continue in education, or secure employment or training</td>
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<tr>
<td>have access to a network of professional support and services that are relevant to their needs</td>
<td>achieve well at the Early Years Foundation Stage Profile</td>
<td>achieve well at key stage 1 to provide a good foundation for excellent key stage 2 attainment</td>
<td>participate in education, employment and/or training that leads to the achievement of a level 3 qualification</td>
<td>have a broad set of skills that employers value</td>
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<td>have a safe labour and birth</td>
<td>be inquisitive and open to trying new things</td>
<td>be inquisitive and imaginative as a complement to their academic achievement</td>
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<tr>
<td>have babies with a healthy birth weight</td>
<td>able to solve simple problems and consider a set of low risk decisions, with support</td>
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<tr>
<td>live in a child-friendly, safe, secure and stimulating home environment, that supports their development</td>
<td>extend problem solving skills and take reasoned decisions about their safety, with support</td>
<td>understand how their personal interests, strengths and learning choices relate to the world of work</td>
<td>continue to cultivate positive behaviours, make positive life choices and take considered risks</td>
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<tr>
<td>have access to services and support that are relevant to their needs</td>
<td>have ambition, aspirations and drive for the future</td>
<td>able make well informed positive life choices that promote their own safety</td>
<td>engaged with opportunities for positive progress</td>
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<td>able to access stimulating and enjoyable leisure and cultural opportunities</td>
<td>live in a safe, secure and stable home environment, that supports their learning and development</td>
<td>have the ambition and drive to challenge themselves to succeed</td>
<td>have a safe, secure and stable place to live</td>
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<tr>
<td>be ready for primary school</td>
<td>have access to services and support that are relevant to their needs</td>
<td>live in a safe, secure and stable home environment, that supports their development</td>
<td>able to access and navigate relevant services, independently or with advocacy if needed</td>
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<td></td>
<td>able to access stimulating and enjoyable leisure and cultural opportunities</td>
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<td></td>
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<tr>
<td></td>
<td>be ready for secondary school</td>
<td>able to access stimulating and enjoyable leisure and cultural opportunities</td>
<td>transition successfully to adult’s services, if further support is necessary</td>
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<td></td>
<td></td>
<td>be well prepared for the transition to further or higher education, training or employment</td>
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