Prevention and Early Help Strategy

2014 – 2016

Version 10 2014-04-08
Version 11 2014-04-30
Version 12 06-05-14

Page | 1
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Help Strategy</td>
<td>4-11</td>
</tr>
<tr>
<td>Appendix 1 - Definition of Prevention and Early Help</td>
<td>12-16</td>
</tr>
<tr>
<td>Appendix 2 - Case studies and examples: ‘Prevention in Practice’</td>
<td>17</td>
</tr>
<tr>
<td>Appendix 3 – Accessing Early Help Provision</td>
<td>18-30</td>
</tr>
<tr>
<td>Appendix 4 - National Policy Context</td>
<td>31-32</td>
</tr>
</tbody>
</table>
Foreword

We are pleased to introduce Suffolk’s Early Help Strategy.

Effective early help relies upon us all working together, providing local support as soon as a problem arises at any point in a child’s life, from early years through to the teenage years and into early adulthood.

Providing early help is more effective in promoting the welfare of children than reacting later. By identifying emerging problems, sharing information with other professionals and targeting assessed need, positive outcomes for children, young people and their families are increased.

That philosophy is at the heart of this Strategy and is shared as a key element of the Suffolk Health and Wellbeing Board Strategy.

Significant changes have been made to the way we support families and how we deliver our responsibilities in recent years. We need to look at those functions which support children and families where there are lower levels of need and where effective identification, assessment and service provision at an early stage can make a big difference in tackling issues more effectively.

We also need to honestly look at how our services are perceived by families – whilst there is much service delivery that we can be proud of for both families and Practitioners too often the tale is of services that are hard to access, boatloads of jargon and the passing around of problems. Rather we need to be solving problems as soon as possible using methods that leave families more empowered to help themselves the next time problems occur. Practitioners need to be freed up to spend more time directly working with families. We need to focus on the outcomes rather than organisational boundaries.

Prevention and early help are not new, but it is clear that we need to refresh our approach and in here we set out our proposals for how we think things need to work. The evidence base for what works in early intervention is now much stronger as is the evidence base for the harmful effects of poor parenting and negative childhood experiences.

This Strategy sets out our approach, and a clear way of working. We intend to put prevention and early help at the heart of our delivery.
Introduction

This is a new statement of Suffolk’s approach to prevention and early help.

We have a firm commitment to early help in Suffolk. This is set out in our plans for children, young people and families. This Strategy sets out a refreshed approach to prevention and early help in Suffolk.

It covers the role of prevention and early help within the framework for supporting children, young people and families. It sets out clearly what we plan to do and how we intend to work with an increasing emphasis on the value of effective early help.

The strategy includes a clear statement of how we will work, using the Common Assessment Framework as the approach which links prevention and early help to more specialist services, and our commitment to a Lead Practitioner model to ensure that services are coordinated around the needs of families. The Strategy also includes a clear outline of the outcomes we are seeking.

Early help and prevention forms a key element of Suffolk’s Health and Wellbeing Strategy and we want to move more towards a service that identifies issues early and moves away from seeking to solve problems when it may be too late. We recognise that there will always be families where specialist intervention and support are necessary. However if we can identify issues earlier and provide the appropriate services to provide the proportionate level of support we will be working in the right direction to ensure that problems do not become long term.

What is causing us to develop this Strategy and think afresh about prevention and early help?

1. An increasing recognition that a focus on early help and in particular the application of evidence based programmes can make a significant contribution to better outcomes for children and families. This is now well established, evidenced and tested.

2. Whilst there is a desire therefore to shift resources to support effective early help, in practice there is also increasing pressure for more specialist and acute services. Finding the right balance and understanding the costs and benefits of investment in early help must lie at the heart of our approach.
3. The changes in the way we work and in particular the introduction nationally of the Troubled Families programme. This type of concentrated focus on new ways of working with families in most need means we also need to look at how well we are working to support those children and families with lower levels of need. We need to enable and empower families to be able to solve their own problems.

4. A need to ensure a strong early help focus as part of the Suffolk Health and Wellbeing Strategy – to contribute to the objective of integrated commissioning approaches which place evidence based practice at the heart of future Public Health commissioning.

A Suffolk model for prevention and early help

Our key principles

The following principles underpin our approach and have been drawn from the Centre for Excellence and Outcomes (C4EO) Grasping the Nettle work:

1. **Prevention** is preferable and there continues to be a need for universal or open access services which can support children, young people and families in a non-stigmatising and non-judgemental way.

2. **Engaging young people, parents and communities**: There is a significant body of evidence that a greater emphasis on engaging and involving parents, families and communities in developing solutions works. This may be through programmes such as community mentoring/peer support/coaching to work with families and parents to avoid the stigma of statutory involvement. We will therefore develop this type of approach as part of our Strategy. Raising the Bar currently includes a project working with schools and other educational settings to focus on ‘valuing parents’ and the significant contributions they can make to their children’s learning and development. It will increasingly become a requirement that we co-produce services in partnership with families and that we give control over resources directly to families through means such as personal budgets.
3. **Early years and the best start in life:** Early help in the early years is critical and done well can bring the most significant benefits – investing earlier to save earlier is better and more cost effective than taking remedial action. Child development and language skills are especially critical in developing school readiness.

4. **Identification:** We need the best approach possible to identify where additional help is needed, assessing this and communicating across agencies in a consistent way. The Common Assessment Framework (CAF) is the basic means of achieving this and is employed across all Suffolk services that work with children, young people and families. This requires us to share information in a way that is legal but is not fettered by often imagined restrictions.

5. **Integrated approaches:** There is an integrated approach to service delivery and support, with clear responsibilities in place for lead professional roles and effective sharing of information to avoid delay and disjointed approaches. There are opportunities for multi-agency working and co-location to underpin this approach.

6. **Integrated Commissioning:** We will commission together and align and pool budgets where that makes the most sense for the delivery of services to children and families.

**An overall model**

Using these principles, our model is based on:

1. An effective **universal** approach which creates an environment that identifies risk and need and promotes resilience in children and their families. Universal/open access services continue to provide an essential element in the overall approach and more focus should be placed on reducing the stigma of service delivery by the public sector through new models of co-production with families.

2. **Identification and early warning** is critical, so our preventative services and organisations need to be able to spot signs of trouble or distress in families and understand how this will be addressed. We will have clear ways of sharing information and joint working based on the Common Assessment Framework.

3. A clear **rationale for action** which is based on:
   a. Tackling causes not symptoms
   b. Intervention before escalation
   c. Investing earlier to save earlier
   d. Increasing protective factors, decreasing harm factors
4. A commitment to **effective case management approach** and **Team Around the Family** rather than complex referral routes between services. Our whole approach is based on a case management approach. We will identify a Lead Practitioner/Case Worker to provide the continuity and consistency in support. Wherever possible, families will have a choice of Case Worker.

5. A range of **effective, targeted services** which are based on evidence of what works, but which are personalised and flexible in response to need and are based on evidence of what works. We will focus our investment on a more sophisticated analysis of causes and will systematically analyse the evidence for particular approaches in developing our programmes.

6. An approach based on **accelerating improvements** in key outcomes – evidencing achievement through outcomes based accountability.

7. A **reduction in the demand** for more specialist services, leading to real cost savings.

8. A commitment to **evidence, insight evaluation and review – a constant process of testing and refining**. We will give greater focus on outcomes and develop our data and intelligence in order that we can better demonstrate outcomes.

9. A strong **commissioning** model based on a co-production approach which works with young people, families and providers.

10. Overall **better outcomes for children, young people and families**.
Turning priorities into action: our priorities for implementation of prevention and early help

We want this Strategy to make a real difference, and to focus our efforts on a number of specific priorities that we will pursue and which the Local Safeguarding Children Board (LSCB) will monitor.

This section outlines how and where we will intervene to implement our Strategy.

- To ‘think family’, ensuring that we are being creative in enabling families to meet their own needs rather than just delivering services and to maximise Practitioner time in directly enabling families to address their issues
- Ensuring an increasingly integrated approach across and within partner agencies;
- Understanding children, young people and families experience of what works to design services better and increasingly co-producing services with families;
- Making it easier for families to access information, advice and assistance;
- Intervening early before issues, needs and costs increase;
- Adopting the Signs of Safety and Wellbeing approach to working with families;
- Developing a common language so that we all know what we are talking about;
- Building the capacity of communities and individuals to develop services and to support each other.
Suffolk Children and Young People’s Directorate approach to supporting children, young people and families: our framework for support

Suffolk
Levels of Need and Services 2013

Specialist Services (Level 4) – Children or young people with complex / acute additional needs requiring specialist or statutory integrated response OR child protection

Key agencies: • Universal services • Children’s Social Care • specialist health services • Youth Offending Team • CAMHS • Family support services • voluntary and community services

Targeted Services (Level 3) Children and young people with high or complex additional needs requiring integrated targeted support OR child in need

Key agencies: • Universal services • Children’s Social Care • SEN services • specialist health services • Youth Offending Team • Locality Integrated Teams • Teams Targeted Drug and alcohol support • CAMHS • Family support services • voluntary and community services • childcare brokerage

Targeted Support (Level 2) Children and young people with low level additional needs that are likely to be short-term and that may be known but are not being met

Services that may support at this level: Universal services • Targeted drug and alcohol advice • youth crime prevention services • Educational Psychology, Educational Attendance • family support services • Locality Integrated Teams • voluntary and community services • childcare brokerage

Universal (Level 1) Children and young people who are achieving expected outcomes and have their needs met within universal service provision without any additional support

Universal services that may support at this level: GPs, health visitors, midwives and school nurses • early education, childcare and children’s centres • primary, middle and secondary schools • post-16 education and work based learning • police • voluntary and community sector • Families Information Service • district and borough councils
How will we measure progress?

We will develop how we use existing data to improve how we target early intervention and prevention services.

By intervening early we aim to:

- Prevent harm to all children and young people, especially those who are vulnerable or disadvantaged
- Reduce the impact of poverty and poor housing
- Prevent exclusion from school and wider education and training
- Reduce underachievement
- Prevent children and young people from becoming involved in anti-social behaviour and offending
- Prevent isolation from recreational, cultural and social opportunities
- Prevent health related issues that impact adversely on children and young people’s wellbeing
- Reduce inappropriate risk-taking behaviour

Information is already collated and analysed on the strategic priorities and indicators outlined below and that information will provide an important insight into the wider and longer term impact of early help.

To ascertain the impact of the early help offer we will measure progress on a small number of specific indicators that are likely to include:

- The number of Children in Need (CIN)
- The number of CAF/TACs
- The number of referrals to the Access Team/Multi Agency Safeguarding Hub (MASH)
- Children’s centre engagement rates in areas of high deprivation
- The success in closing the gap in educational attainment between children and young people from different socio economic backgrounds
- Feedback from children, young people and their families
- Entrants to Youth Justice System
- Anti-social behaviour
- Children and young people at risk of child sexual exploitation
Delivery and resources

We are developing this Strategy at a time of reducing public sector resources. Our focus is therefore on targeting our resources on the implementation of this model and in a way which gives us the best possible chance of achieving successful outcomes. We are not asking partners for additional resources, but for continued commitment to this way of working. Our model is based on collaboration and cooperation and in the consistent use of the Common Assessment Framework as the gateway to early intervention.

Suffolk Local Safeguarding Children Board (LSCB) partners endorse this Strategy and will monitor its implementation though an action plan based on the identified and agreed priorities. Reports on progress of the action plan will be delivered to the LSCB as it sees fit. Reports on progress will also be delivered to the Children’s Trust Commissioning Group and the Health and Wellbeing Board as required. Progress should be reported annually as a minimum.
Appendix 1
Definition of Prevention and Early Help

What we mean by prevention

Prevention is essentially a broad set of universal support which aims to increase the protective factors and decrease the risk factors facing children, young people and families. We aim to prevent problems occurring by building resilience and reducing risk factors.

It refers to the complex mix of individual, family, community and macro-economic factors which combine to keep individuals safe and well and for any problems or concerns to be tackled informally and quickly, without the need for more specialist support.

Public services often refer to ‘universal or open access’ services, which are available to all, and which can provide advice, guidance and support to families when they need it. This is often about single issue problems and can often be resolved through information, talking to someone or attending a training course or an open access programme. There is usually no referral route or detailed collection of information on outcomes for individuals but there may be information collected on numbers attending or accessing courses or programmes and data on wider population outcomes is measured – Public Health programmes such as immunisation for example.

Examples of preventative services include those offered by:

- Health Visitors and the range of advice and support provided to families
- Early years and Childcare providers
- School Nurses
- General Practitioners
- Children’s Centres and their programmes
- Schools and the management of low level attendance or behavioural issues
- Youth provision such as that provided by voluntary and uniformed organisations
- Immunisation programmes
- Housing support
- Leisure services
- Libraries
- Credit unions
- Voluntary and Community Organisations
What we mean by early help

Early help is about stopping problems escalating. It relies on accurate early identification of difficulties and early action which is targeted and evaluated. It can involve intensive intervention or lighter touch support and is usually based on a clear support plan, with identified actions, responsibilities and outcomes, which is then reviewed.

Early help is a form of targeted activity, with a specific action or actions being put in place to address a defined issue or combination of issues. It therefore forms part of a continuum of activity in supporting families.

NOTE: Examples of ‘prevention in practice’ and ‘early help in practice’ can be found at Appendix 2
**Issues, responsibilities and activities:**

A summary of the types of issues, responses and activities relating to prevention and early help is outlined below:

<table>
<thead>
<tr>
<th></th>
<th><strong>UNIVERSAL PREVENTION</strong></th>
<th><strong>VULNERABLE EARLY HELP</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Headlines</strong></td>
<td>Services available to all children, young people and families</td>
<td>Additional support needed&lt;br&gt;Usually delivered in existing settings based on initial identification</td>
</tr>
<tr>
<td><strong>What’s happening for these families?</strong></td>
<td>They are broadly able to cope, but sometimes need additional help, and so often use open access services</td>
<td>Issues around early identification of additional educational needs or disabilities&lt;br&gt;Some development needs&lt;br&gt;Potential issues around school attendance or behaviour&lt;br&gt;Early signs of neglect&lt;br&gt;Potential risk of no education, employment or training (NEET)&lt;br&gt;Low levels of health need&lt;br&gt;Risk of alcohol/drugs/criminal activity</td>
</tr>
<tr>
<td><strong>Type of responses</strong></td>
<td>Largely contained in individual settings or potentially through advice and support</td>
<td>Needs identified and plans put in place, usually based on a Common Assessment Framework and Team Around the Family approach</td>
</tr>
<tr>
<td><strong>Assessment and evidence</strong></td>
<td>No formal assessment usually undertaken</td>
<td>CAF&lt;br&gt;Early Years assessment(s)&lt;br&gt;Health Visitor assessments&lt;br&gt;Individual education plans in Early Year’s settings and schools.</td>
</tr>
<tr>
<td><strong>Interventions available</strong></td>
<td>Needs are usually met by individual settings and families&lt;br&gt;Universal parenting offer&lt;br&gt;Resilience approach&lt;br&gt;Child and Adolescent Mental Health Service (CAMHS)&lt;br&gt;Tier 1 advice and support&lt;br&gt;Activities Unlimited (for disabled children)&lt;br&gt;Realise Futures (Adult Education)</td>
<td>1:1 support&lt;br&gt;Portage Service&lt;br&gt;Team Around the Child/Family&lt;br&gt;Targeted parenting programmes&lt;br&gt;Prevention programmes&lt;br&gt;CAMHS (Tier 2) – targeted, sometimes group work (e.g. With targeted groups of young people)</td>
</tr>
</tbody>
</table>
Who delivers

<table>
<thead>
<tr>
<th>UNIVERSAL PREVENTION</th>
<th>VULNERABLE EARLY HELP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Midwives</td>
<td>School support staff</td>
</tr>
<tr>
<td>Health Visitors</td>
<td>Behaviour services</td>
</tr>
<tr>
<td>Children’s Centres</td>
<td>Early Years and Childcare Service</td>
</tr>
<tr>
<td>Early years settings</td>
<td>Integrated Services</td>
</tr>
<tr>
<td>Schools</td>
<td>Health Visitors and School Nurses</td>
</tr>
<tr>
<td>School Nurses</td>
<td>Voluntary and community sector</td>
</tr>
<tr>
<td>VCS Youth Services</td>
<td>Mental Health workers</td>
</tr>
<tr>
<td>Youth Support Workers</td>
<td></td>
</tr>
<tr>
<td>Colleges</td>
<td></td>
</tr>
</tbody>
</table>

Why is this important?

*The growing interest in early help as a policy issue reflects the widespread recognition that it is better to identify problems early and intervene effectively to prevent their escalation than to respond only when the difficulty has become so acute as to demand action. It is better for the individuals concerned, their families and society more broadly; it avoids a lot of personal suffering, reduces social problems and generally, it costs less than remedial action (C4EO, Grasping the Nettle).*

The idea of prevention and early help is therefore a simple one: by working together with children and families we can prevent issues occurring and deal with them more effectively when they do. We should always be working in a way that increases the resilience of children, young people and families in order that they can find and successfully implement their own solutions.

Interest nationally is growing in the evidence base for early help, and in particular a need to demonstrate effectiveness in order to produce cost savings in more specialist and acute services. Early help is not a one-off fix, but needs to be a sophisticated, highly targeted process and approach. A way of working to achieve specific outcomes. Establishing what works best at a local level and providing an effective return on investment, is critical and long-term.

It is estimated nationally that if the number of offences by children and young people was reduced by 1%, it would generate £45 million in savings to households and individuals per year. Statistics highlight intergenerational cycles: daughters of teenage parents are three times more likely to become teenage mothers and 65% of sons with a convicted father go on to offend themselves.
Inequality also impacts; The effect of deprivation and poverty on health and social outcomes is considerable and its impact on children is considerable as a disadvantaged start to life can severely limit the ability to achieve a child’s full potential across the life course. In Suffolk, 16% of children are living in poverty with as many as 22-23% living in poverty in Ipswich and Waveney. *

*State of Children in Suffolk 2013

So, why don’t we intervene early enough?

There are three main barriers to early intervention approaches:

1. Benefits are not necessarily accrued to the organisation that invests. For example, effective Early Help approaches in the early years by Health Visitors which address issues such as social and emotional wellbeing do not produce savings to that budget, but may result in future savings to educational support or youth offending budgets. Summer activities provided for young people may reduce low level crime and therefore pressure on the police but not result in cashable savings for a number of years.

2. It is hard to prove what hasn’t happened, or to demonstrate causality. It is not always easy to prove the impact of a specific intervention, as it is often being delivered alongside a number of other programmes. By joining up the myriad of data we all hold and using it intelligently we may be able to be much better at this.

3. The benefits from early help may take many years to be fully realised and costs may increase initially – it is difficult to create the space for investment in early help at a time of increasing pressure on more specialist and statutory services both in terms of budgets and increasing demand.
### Example 1:
In relation to preventing young women becoming pregnant, prevention would include; effective sexual health information, accessible contraceptive services, active participation in learning and planned programmes to support young people in developing healthy relationships in order to enable young people to make positive decisions about their lives.

### Example 2:
In relation to a mother with a 2 year old child attending a children’s centre, because their needs are not being met by the available services an integrated response is required via the Common Assessment Framework. The family is offered a package of childcare support, a referral to Health for speech and language therapy, and an evidence based parenting programme to help the parents manage the child’s behaviour more effectively. By taking a preventative approach, statutory intervention is not required as the family is effectively supported by universal and targeted provision.

### Example 3:
A 15 year old boy who arrived with his family from Lithuania two years previous associated with a group of young Lithuanian men. These young men encouraged him to steal from shops advising him that he would not be liable to prosecution due to his age. The Triage programme run by the Youth Offending Service and the Police offers a 24/7 response at the point of arrest. The young person was assessed using the ONSET tool and his parents’ views sought using interpreters. He was advised on the law, undertook restorative justice work in the shape of making him aware of the effect theft has on shop workers and was introduced to a mentor who encouraged him to take part in sporting activities supplied by Catch 22 (Positive Futures). School attendance improved and the young person’s father approached the young men who were influencing their son, requesting they did not associate. Through a quick assessment and introduction to positive activities along with supportive steps being taken by the family, escalation through the Youth Justice System was avoided.

### Example 4:
A child under 10 years of age whose parent has additional needs such as a physical disability and poor mental health. The ACCORD protocol would be enacted to ensure that the parent has the appropriate support and interventions from Adult Services and that Children and Young People’s and Adult Services work collaboratively together to ensure that the child did not have to take on any caring responsibility and would receive the appropriate support for themselves to ensure that the experiences from their situation or difficulties did not have an adverse effect on engaging in school and social activities.
## Appendix 3  
### Accessing Early Help provision

<table>
<thead>
<tr>
<th>WHAT IS IT?</th>
<th>The Activities Unlimited Service (AU)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Activities Unlimited Service (AU)</strong> is a hub of support providing information, advice and guidance and a wealth of knowledge about the range of short break services available to children and young people with additional needs and disabilities and their families.</td>
<td></td>
</tr>
<tr>
<td>The services’ early help offer enables parents and carers to complete an on-line questionnaire enabling them to self-assess the support needs of their children and young people to attend inclusive and specialist play schemes and holiday activities. We then provide an introductory short break offers to meet 3 levels of needs.</td>
<td></td>
</tr>
<tr>
<td>The Activities Unlimited family care team provides direct support to families with children and young people who have additional needs and disabilities by providing a light touch programme of support to enable them to access the range of short break opportunities we provide in accordance with Suffolk County Council’s Short break Duty.</td>
<td></td>
</tr>
</tbody>
</table>

### WHO IS IT FOR?

Our **universal early help offer** is for families with children and young people with additional needs and disabilities aged 0-18 years

Our **targeted early help offer** includes:

- Children in Need (CIN)
- Children subject to a child protection plan (CPP)
- Looked After Children (LAC)
- Children with Special Educational Needs and Disabilities (SEND) attending an Early Years, education and college settings aged 0-18 years (up to age 25 for young people who remain in full time education)

We also work with providers of inclusive and specialists play schemes and holiday activities to help them improve the quality of their provision.
**HOW DO YOU GET IT?**

Contact the service by:

- Going on line and searching for [www.activities-unlimited.co.uk](http://www.activities-unlimited.co.uk)
- Telephone Activities Unlimited on 01473 260026 (cost of a local call). Open Monday to Friday 9am to 5pm
- See our website to learn more about the short break services we provide in Suffolk

Parents can seek early help by contacting Activities Unlimited, or a professional working with the family may also refer them for support. Professionals in Social Care, Health and those based in childcare settings and school nursery and reception classes can refer individual children to Activities Unlimited by supporting the parent to enrol and complete the on-line self-assessment questionnaire.

**WHAT IS IT?**

<table>
<thead>
<tr>
<th>Children’s Centre’s</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Children’s Centres</strong> offer a range of services for families with children from birth to 5 years in Suffolk, in a location that is convenient to them. Most services are free however; there may be a small fee for certain activities such as cooking ingredients or materials. Families are encouraged to register with their local Children’s Centre.</td>
</tr>
</tbody>
</table>

**WHO IS IT FOR?**

There are 48 Sure Start Children’s Centre in Suffolk, each centre runs a different timetable of activities. The services being offered at each children's centre are likely to include:

- Free activities including messy play and fun for babies
- Child and Family Health Service
- Information and services for families/information on childcare and early education
- Adult education classes.
- Training and employment advice.
- Support for parents
HOW DO YOU GET IT?
If you have a child less than 5 years, you can simply drop into your local centre to take part in the activities, gain advice or meet other parents or you can contact the Suffolk Families Information Service (FIS). The **universal early help offer** provided by Children’s Centres covers support to expectant parents and those with children aged 0-5 years.

The **targeted early help offer** includes:
- Teenage Parents
- Parents with additional significant support needs
- Children with additional needs
- Families who need extra help for a variety of reasons

Families being supported by Children’s Social Care

<table>
<thead>
<tr>
<th>WHAT IS IT?</th>
<th>Families Information Service (FIS)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Families Information Service (FIS)</strong> is the first port of call for families looking for childcare and other services in Suffolk. As part of our early help offer we provide lists of services (including parenting programmes) in a number of formats, if we identify that a family needs more help we can refer them to the outreach arm of the FIS, where staff broker information, advice and assistance face to face with families.</td>
<td></td>
</tr>
<tr>
<td>This may involve visiting a childcare provision with a family looking for childcare, helping them access children’s centre or out of school activities, finding funding to support the cost of childcare and helping with paperwork.</td>
<td></td>
</tr>
<tr>
<td>The FIS also pass requests about individual children to staff that can support them to be included in the childcare setting, nursery or reception class they attend.</td>
<td></td>
</tr>
</tbody>
</table>
WHO IS IT FOR?

Our **universal early help offer** is for families with children aged 0-19 (25 for those with additional needs).

Our **targeted early help offer** includes:

- Children in Need (CIN)
- Children subject to a child protection plan (CPP)
- Looked After Children (LAC)
- Children with families who are economically disadvantaged
- Children with SEND attending an early years or childcare setting aged 0-19 (25 for those with additional needs).
- Families who need childcare in an emergency situation (for example a parental illness or breakdown of their current childcare arrangements)

We also work with childcare providers and school nursery and reception classes to help them improve the quality of their provision.

HOW DO YOU GET IT?

- Phone the Suffolk Families Information Service on 0845 60 800 33 (cost of a local call) Open Monday to Friday 9am to 5pm.
  Mobile Text messaging 07624 80 10 60.
- Search for childcare and services online:
  - **Family Services Directory**
- See our website to learn more about the parenting programmes available in Suffolk.
- Parents can seek early help by contacting the FIS, or a professional working with the family may also refer them for support.
- Professionals in Social Care, Health and those based in childcare settings and school nursery and reception classes can refer individual children to the FIS.

As part of our targeted offer we also provide packages of support including funding some childcare for vulnerable children and families.
<table>
<thead>
<tr>
<th>WHAT IS IT?</th>
<th>Early Years Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Early Years and Child Care Service are responsible for helping develop good quality early education and child care in Suffolk.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WHO IS IT FOR?</th>
</tr>
</thead>
<tbody>
<tr>
<td>This guidance (PDF, 32Kb) is for Social Care Teams, Specialist Teams and Integrated Teams when using the Universal and Targeted Services Checklist for Families with Children 0-5 years.</td>
</tr>
</tbody>
</table>

Universal and Targeted Services Checklist for Families with Children 0-5 (PDF, 33Kb) can be used by professionals as a tool to help increase the take up of universal services for vulnerable pre-school children.

<table>
<thead>
<tr>
<th>HOW DO YOU GET IT?</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIS Universal Services A4 Reference Card (PDF, 208Kb) is produced by the Suffolk Families Information Service (FIS). It includes contact details of Suffolk Children’s Centres on one side, and lists all universal services and free early learning entitlements in order of age on the other. This reference card is useful for any professional working with a family where there are children under 5, with contacts and web links to help you enable families to access appropriate support services.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WHAT IS IT?</th>
<th>The Accord Protocol</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHO IS IT FOR?</td>
<td></td>
</tr>
<tr>
<td>This checklist is to help Practitioners identify whether a parent may have a learning disability.</td>
<td></td>
</tr>
</tbody>
</table>

ACCORD stands for Adult and Children's Services Co-ordination of Services for families where a parent has a disability or additional support need.

<table>
<thead>
<tr>
<th>HOW DO YOU GET IT?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Further information about the Protocol (PDF, 407Kb) and practice guidance is found here</td>
</tr>
</tbody>
</table>
### WHAT IS IT?

**Family Group Conferencing (FGC)**

Family Group Conferences (FGC) are a way of giving families the chance to get together and try to make the best plan possible for children. Whilst the issues for discussion are set prior to the meeting by the referrer, it is the family members who devise the plan not the professionals.

### WHO IS IT FOR?

A family group conference should enable family members and friends to devise a family plan to:

- Prevent children needing Local Authority care
- Enable children (if already in care) to return to their family’s care
- Identify alternative permanent care arrangements for the child/ren, where this has been agreed as an aim of child care planning
- To explore family support options and plan to prevent child/ren from becoming subject to Child Protection Planning
- To support child/ren currently subject to Child Protection Planning and create a family plan to reduce risk
- All children who are on the edge of entering care must be considered for referral to FGC service

All children who are presented at County Resource Panel should have been considered for FGC.

### HOW DO YOU GET IT?

All referrals to FGC Service must be made by the child/young persons allocated social worker. Parent(s)/Carers and young person must agree to the referral before it is accepted. The referral form should be sent to FGC service inbox.

*If you are unsure if the referral is appropriate and/or meet thresholds please contact FGC Manager who will provide advice and consultation.*
### WHAT IS IT?
**County Youth Support Service** - Sometimes young people need some extra support to cope with an upsetting situation or help to make a positive change in their life. This is where the County Youth Support Service can help young people to make the right decision for them.

### WHO IS IT FOR?
- Young people aged 11-19 years (and up to 25 for those with additional needs) and their parents/carers.
- Specific information for young people with learning difficulties and disabilities (LDD)
- Workers supporting young people:
  - School pastoral Information Advice Guidance (IAG) leads
  - Operational teams/voluntary services partners

### HOW DO YOU GET IT?
Via the website promoted through the 12+ teams.

The Source [www.thesource.me.uk](http://www.thesource.me.uk) is a website for young people in Suffolk covering topics like education options, health, preparing for exams, local job vacancies, building a CV, careers, young people’s activities, volunteering and apprenticeships. Family Services Directory. [Family Services Directory](http://Family Services Directory) provides information about activities, young projects, sports clubs, youth clubs, music, arts and much more.

Via school. The Source is the front page on many school computers and also has twitter feed and a Facebook page.

[Future4me](http://www.future4me.org.uk) is a website with information about post-16 courses, training and qualifications for young people in Suffolk.

---

<table>
<thead>
<tr>
<th>WHAT IS IT?</th>
<th>County Youth Support Service</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>County Youth Support Service</strong> - Sometimes young people need some extra support to cope with an upsetting situation or help to make a positive change in their life. This is where the County Youth Support Service can help young people to make the right decision for them.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WHO IS IT FOR?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Young people aged 11-19 years (and up to 25 for those with additional needs) and their parents/carers.</td>
<td></td>
</tr>
<tr>
<td>▪ Specific information for young people with learning difficulties and disabilities (LDD)</td>
<td></td>
</tr>
<tr>
<td>▪ Workers supporting young people:</td>
<td></td>
</tr>
<tr>
<td>▪ School pastoral Information Advice Guidance (IAG) leads</td>
<td></td>
</tr>
<tr>
<td>▪ Operational teams/voluntary services partners</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HOW DO YOU GET IT?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Via the website promoted through the 12+ teams.</td>
<td></td>
</tr>
<tr>
<td>The Source <a href="http://www.thesource.me.uk">www.thesource.me.uk</a> is a website for young people in Suffolk covering topics like education options, health, preparing for exams, local job vacancies, building a CV, careers, young people’s activities, volunteering and apprenticeships.</td>
<td></td>
</tr>
<tr>
<td>Family Services Directory. [Family Services Directory](<a href="http://Family">http://Family</a> Services Directory) provides information about activities, young projects, sports clubs, youth clubs, music, arts and much more.</td>
<td></td>
</tr>
<tr>
<td>Via school. The Source is the front page on many school computers and also has twitter feed and a Facebook page.</td>
<td></td>
</tr>
<tr>
<td><a href="http://www.future4me.org.uk">Future4me</a> is a website with information about post-16 courses, training and qualifications for young people in Suffolk.</td>
<td></td>
</tr>
</tbody>
</table>
WHAT IS IT? Integrated Services

Integrated Services - Provides universal and additional help working in 7 teams covering 7 different geographical areas known as ‘localities’. In localities different services and agencies work together to co-ordinate effective interventions with families using the Team around the Child (TAC) model.

The teams provide information, advice and guidance, direct support and service provision including access to a variety of parenting programmes. Each locality has a Community Development Officer who can initiate projects that enhance the offer of early help to children and families in local communities.

WHO IS IT FOR?

The universal Early Help offer provided by Integrated Services covers support to pregnant mothers and for families with children 0-19 years (up to 25 years for those with additional needs).

Our targeted Early Help offer includes:

- Teenage parents
- Parents with additional significant support needs
- Young people at risk of going missing, becoming homeless and/or at risk of sexual exploitation
- Children and young people absent from school
- Children and young people at risk of becoming NEET (not in education, employment or training).
- Young people in independent accommodation
- Children stepping down from Social Care Services
- Children and parents where there are mental health concerns
- Families with health or issues relating to a bereavement

HOW DO YOU GET IT?

All families can access universal services through local Children’s Centres, Schools, Health Visiting and School Nursing Teams and GPs or contact the Families Information Service. Referral for more intensive support can be made by any professional or agency already working with the family using the Common Assessment Framework.

The MASH can refer a family that needs support but does not meet the criteria for social care. Contact Customer First 0808 800 4005. Lines are open Monday to Friday 8am to 6.45pm.
**WHAT IS IT?** School Nursing Service

The School Nursing Service promotes health and wellbeing in school aged children and young people between the ages of 5-19 years.

**WHO IS IT FOR?**

- **The Community:** School Nurses provide a service to the community by developing, providing and promoting access to the range of health services for children and their families.

- **Universal Service:** School Nurses deliver the ‘Healthy Child Programme’ to all children to ensure that they have a healthy start. This involves the team carrying out health checks on all children, providing immunisations and general health advice.

- **Universal Plus Service:** Early help and support is available from the School Nursing Team when specific expert help is required. This may include access to advice on sexual health, weight management, smoking or support for emotional or mental health problems.

- **Universal Partnership Plus:** Ongoing support is available to all families from the School Nursing Team working together with other relevant services when more complex problems exist.

**HOW DO YOU GET IT?**

The School Nursing Service is available to all school aged children and young people. When each child starts school they and their family are given information about how to contact their local School Nursing Team. Anyone can contact the School Nursing Service direct for any health advice or discussion during office hours.
<table>
<thead>
<tr>
<th>WHAT IS IT?</th>
<th>Health Visiting Service</th>
</tr>
</thead>
</table>

**The Health Visiting Service** provides a full range of services for children and families that:

- Help parents develop a strong bond with their children
- Encourages care that keeps children healthy and safe
- Protects children from serious diseases through screening and immunisation
- Reduces childhood obesity by promoting healthy eating and physical activity
- Encourages mothers to breastfeed
- Identifies problems in children’s health and development (e.g. learning difficulties) and safety (e.g. parental neglect), so that they can get help with their problems as early as possible
- Makes sure children are prepared for school
- Identifies and helps children with problems that might affect their chances later in life

<table>
<thead>
<tr>
<th>WHO IS IT FOR?</th>
</tr>
</thead>
</table>

Health Visitors are the lead professionals for the delivery of the Healthy Child Programme (HCP) Pregnancy to 5 years (DH 2009) and offer a service to communities, individuals and families.

- All pregnant women and families with children under 5 years have a Named Health Visitor who will work with them during the pregnancy and early years from birth to primary school
- **Your Community:** Health Visitors support and promote services set up by families and communities.
- **Universal Service:** All pregnant women and children are offered antenatal and post natal contacts, essential immunisation advice and health and development checks
- **Universal Plus Service:** Provides a rapid response with expert help for problems like postnatal depression, weaning or sleepless baby
- **Universal Partnership Service:** This service is offered to disadvantaged families living with complex situations requiring ongoing support and advice from more than one service
**HOW DO YOU GET IT?**

**Pregnant Women:** All women will be referred to the Health Visiting Service between 16 and 22 weeks of pregnancy by the Midwife. Contact will be made after this period of time according to need.

**Post Natal Handover at 10 – 14 days:** A Midwifery handover to the Health Visitor will take place at this point in time unless there are ongoing maternal clinical issues requiring Midwifery input.

**Transfer In-to Area:** Families moving into the area will be contacted within five working days of the Health Visitor being notified of their arrival.

**At Other Times:** If you are unsure who your Health Visitor is please contact your local Health Visiting Team.

---

**WHAT IS IT?**

**Suffolk Youth Offending Service**

<table>
<thead>
<tr>
<th>Suffolk Youth Offending Service</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Suffolk Youth Offending Service:</strong></td>
</tr>
<tr>
<td><strong>Time to Change</strong> – Youth Offending Prevention Service. Holistic assessment and intervention plan with child / young person and family, including other agencies who are also working with that family. Short time bound interventions (3-6 months) to address the risk factors and increase resilience/promote positive factors which can include mentoring and family support.</td>
</tr>
<tr>
<td><strong>Challenge for Change</strong> – Early intervention service to divert young people committing low level offences with no previous court sentences away from the criminal justice system. Triage scheme using a clinic model – young people who meet the criteria return to the Police custody centre within 24 hours. They are then assessed by a Youth Offending Service Practitioner to determine the level of intervention required. Providing they engage with the scheme the offence disposal is NFA (no further action).</td>
</tr>
</tbody>
</table>
### WHO IS IT FOR?

- **Time to Change** – Primarily focusing on 8-14 year olds with behaviour or engaging in activity that places them at risk of offending for example, anti-social behaviour  
- **Challenge for Change** – Young people aged 10-17 years who have committed an offence. They have made a full admission and there is sufficient evidence to prosecute. The offending is low level and the young person has no previous court convictions

### HOW DO YOU GET IT?

**Time to Change** – Referrals (that meet the criteria) accepted from any organisation, including self-referrals by a family, identifying a child/young person who is at risk of offending. The young person and parent/carer must consent to the referral and voluntarily engage with any assessment and intervention.

Operational Managers contact details:
- Rayan.Nolte@suffolk.gov.uk
- Simon.Bramford@suffolk.gov.uk
- Samantha.skeet@suffolk.gov.uk
- Lin.clancy@suffolk.gov.uk

**Challenge for Change** – referral by Police following an offence and admission by a young person. The young person and parent/carers must consent to the referral and voluntarily engage with any assessment and intervention.
WHAT IS IT? NSPCC

NSPCC
‘Turn The Page’ is a service for young people with Harmful Sexual Behaviour (HSB). It is based on current best practice in work with young people who exhibit HSB. It aims to manage the behaviour and reduce the risk of repeat offences by addressing underlying factors.

By the end of the programme the young person should be more able to:

- Identify positive goals
- Take part safely in a range of school and extra-curricular activities
- Participate better in family life

Key Aspects of the model incorporate:

- Cognitive behavioural therapy
- Attachment theory
- Psychodynamic psychotherapy
- Mentalisation (understanding the emotional state of self and others)
- Systems theory

WHO IS IT FOR?
Children and young people (aged 5-17 years) who have displayed Harmful Sexual Behaviour

HOW DO YOU GET IT?
Referrals can be made by contacting:
Susan Dowling Team Manager
NSPCC Ipswich Service Centre, Hyde Park House, 1 Crown Street, Ipswich, Suffolk, IP1 3LG
Tel: 01473 234850
Appendix 4  
National Policy Context

Since taking Office in May 2010, the Coalition Government has established two independent reviews covering early intervention and prevention:

- *The Foundation Years: Preventing poor children becoming poor adults*, by the Rt Hon Frank Field MP; (December 2010)
- *Early Intervention: The Next Steps* (January 2011) by Graham Allen MP.

Both reports are referred to in the Government’s Child Poverty Strategy with regard to the fundamental importance of the early years in determining a child’s life chances.

The Government sets out as a policy objective that all babies, children and young people should have the social and emotional bedrock essential for their future development and their ability to make effective life choices.¹

The Special Educational Needs and Disability Green Paper emphasises the difference early identification and intervention can make for children with special educational needs and disabilities and their families.

Positive for Youth States: “Some young people, particularly the most disadvantaged and vulnerable, need early additional help to develop the personal and social skills and qualities they need to participate and attain in learning, avoid negative and risky behaviours, and be ready for adult life and work”².

Health and Wellbeing Boards  
The *Health and Social Care Act 2012* establishes Health and Wellbeing Boards as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities.

---

¹ The case for early intervention is clear. Reviews conducted by Professor Sir Michael Marmot, The Rt Hon Frank Field MP, Graham Allen MP, Dame Clare Tickell and Professor Eileen Munro have all reinforced the importance of early intervention particularly in the foundation years.

² Positive for Youth, DfE, December 2011
'The Act makes Clinical Commissioning Groups (CCGs) directly responsible for commissioning services they consider appropriate to meet reasonable local needs. The Health and Wellbeing Board will support them by providing guidance and tools, based on the best available evidence, to enable them to commission effectively'. Extract from 'Clinically-led commissioning – The Health and Social Care Act 2012'.

The Munro Review of Child protection (2011) ➡
Emphasises the need for early intervention services to be in place and for co-ordination between statutory and local authority services in delivering an 'early help offer'.

Munro also recommends that local authorities and their partners should review and redesign the ways in which child and family social work is delivered, drawing on evidence of effectiveness of helping methods and good practice.

Revised safeguarding statutory guidance - working together ➡
The [Working Together to Safeguard Children](#) (2013) guidance has been published in response to recommendations from Professor Eileen Munro's report, 'A child-centred system'. It sets out how organisations and individuals should work together to safeguard and promote the welfare of children, how Practitioners should conduct the assessment of children and emphasises the importance of 'early help'.

'For children who need additional help, every day matters. Academic research is consistent in underlining the damage to children from delaying intervention. The actions taken by professionals to meet the needs of these children as early as possible can be critical to their future.'

Child Poverty Act 2010 ➡
The [Child Poverty Act](#) legislation ensures sustained action must be taken to tackle child poverty by this, and future, governments, by the devolved administrations and by local government and their partners.

Fair Society – Healthy Lives: The Marmot Review ➡
Professor Sir Michael Marmot's [independent review](#) identified the most effective evidence-based strategies for reducing health inequalities in England. This review was published in 2010 and focuses on taking action to reduce inequalities across the whole of society.