

The logo for 'getset' features the word in a bold, lowercase, maroon sans-serif font. To the right of the text is a colorful, stylized flower or pinwheel icon with multiple petals in shades of blue, green, yellow, orange, and purple, and a white center.

Early Help Commissioning Strategy 2015-2018



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Early Help Commissioning Strategy 2015-2018

1. Introduction

The Early Help Strategy (2013) outlines the current position of early help in Somerset. Whilst there are many useful examples of successful partnership working and delivery of positive outcomes, there is now a clear need to co-ordinate Somerset's early help offer more consistently so that it is effective across the whole county. This is highlighted by the findings of the 2013 peer review.

Our commissioning strategy is centred on **local, community-based delivery**, providing a core programme of support that meets a range of needs. It sits alongside the Early Help Delivery Plan which provides detail of the operational offer. The strategy is not solely aimed at children but includes **all children, young people and family members** who have an additional need, not just those who live in areas of deprivation.

Providing effective early help is an issue that cannot be tackled by one single organisation - it requires an **integrated partnership approach**. A district based model built upon on the principles of joint investment and early intervention that is designed around the customer, has the potential to deliver better results for service users, communities and the taxpayer.

The rationale is that a more **joined-up and evidence-based approach** to early help will reduce demand for acute services, therefore resulting in better outcomes and reduced costs to the whole system. In essence, effective early help including programmes around the CAF¹, CAMHS², and Troubled Families, will mean fewer families with complex needs in the future.

2. Profile of Need

The number of people living in Somerset is increasing due to an increasing birth rate (particularly in the larger urban areas) and fewer people leaving, compared to the numbers coming in to the county. In 2012, approximately 530,000 people lived in Somerset, of which 116,000 (22%) were children and young people aged 0 – 18 years.

The strategy seeks to address the causes and consequences of the following:

- 14,000 children & young people considered to be living in poverty
- 40 young people excluded from schools
- 3,500 children & young people persistently absent from school
- 770 young people not in education, employment or training
- 5,600 children & young people affected by domestic violence
- 3,500 children & young people who are Children in Need
- 500 children & young people Looked after by the Local Authority
- 300 children & young people subject to a Child Protection Plan
- 1,900 children & young people who are from lower income families entitled to, but not claiming free school meals
- 22% of reception and 33% of Year 6 children who are overweight or obese
- 244 girls conceived before their 18th birthday, of whom 50 were under 16 (2012)
- Rural isolation

¹ Common Assessment Framework (see p. 8)

² Child and Adolescent Mental Health Services

3. Early Help Commissioning Intent

The overall aims are based on our current understanding of need and seek to reduce poverty, raise attainment in schools, improve health and well being and increase engagement in work and training for young people and parents. These aims will be achieved through the delivery of integrated, district based services; relationships with schools and health services will be further developed, building resilient communities and making better use of local expertise and volunteers.

The intention is to establish jointly commissioned services reflecting our four early help outcome based themes:

- Family
- Achieving
- Staying Healthy
- Staying Safe

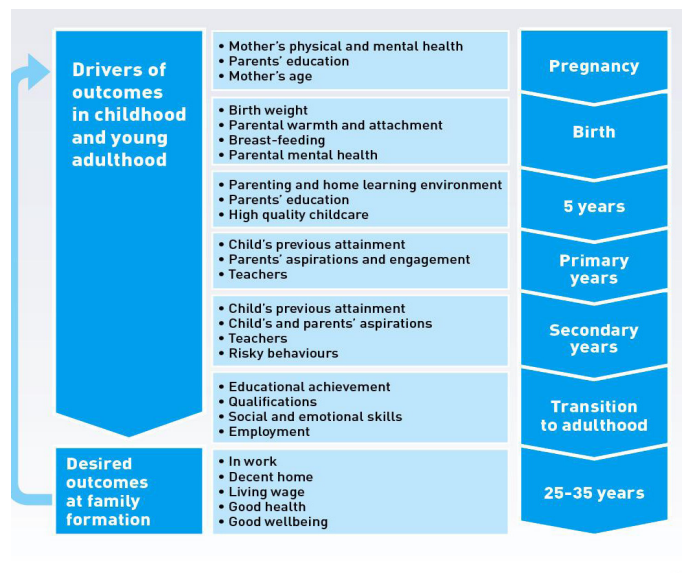
The commissioning strategy focuses on 0-25 year olds with an emphasis on families, especially those with younger children, as evidence suggests this is where early help can be particularly effective.

4. Key Principles of the Commissioning Strategy

- Focus on evidence-based delivery
- Outcomes-based commissioning
- Joint investment
- Service redesign
- Integrated approach
- The direct involvement of children and families embedded in service design
- Clear access to early help provision

5. Key Components of the Commissioning Strategy

- **Evidence based interventions:** delivering interventions which demonstrate a strong evidence base and reduce demand for more acute services.
- **Five district multi-agency teams:** with core and virtual members that provide direct services within existing resources to support children and families with a need not met through universal provision.
- **An integrated front door:** each getset service will provide streamlined co-ordination and case management across agencies.
- **An Early Help Commissioning Board** to ensure joint commissioning of services for children and young people across the partnership against clear and agreed early help specifications.
- **Aligning & pooling of budgets:** using released funding as existing contracts expire
- **Rationalising contracts:** to establish the district offer, greater efficiency and reduced management costs and duplication.
- **Greater proportion of resources allocated to service delivery.**
- **Working more effectively as an Early Help team:** joint training, planning and delivery



Key drivers of life chances through childhood³

6. Risk Factors

Research shows the top three 'toxic' parental issues relating to children in care cases are:

- poor parental mental health,
- domestic abuse
- alcohol/drug abuse by parents

The indicators below can be a sign of problems that are likely to escalate if appropriate early help is not provided.

Family indicators:

- Absence, exclusion and failure to progress satisfactorily in school
- Teenagers not in education, training or employment
- Anti-social behaviour
- Parental involvement with the criminal justice system
- Bullying as perpetrator or victim
- Under 18 conceptions
- Contact with the criminal justice system as perpetrator or victim
- Referrals to Children's Social Care
- Unhealthy weight and obesity
- Poor parenting
- Childhood developmental delay

Wider social indicators:

- Lack of community cohesion
- Poverty - financial and aspirational
- Unemployment
- Homelessness
- Rural isolation
- Frequent housing moves

Services that target specific areas within each district will be commissioned according to local need.

³ From 'The Foundation Years: Preventing Poor Children Becoming Poor Adults', Field, F. (2010)

7. Outcomes Framework

A. IMPROVING FAMILY LIFE: All families are confident in caring for their children

- Improved parenting, including building relationships, managing behaviour and family resilience
- Parent/carer empowerment - reduction of professional concern and input
- Secure finance and housing
- Reduced poverty

Example measures:

- Improved outcomes from parenting courses
- Increased parental confidence
- Number of CAF completions resulting in multi-agency plans that are outcomes focussed
- CAF outcome targets met

B. ACHIEVING: All children are eager to learn and confident in achieving their potential.

- Improved early language development
- Improved levels of school readiness
- Children and young people have high aspirations
- Reduced school exclusions
- Improved levels of school attendance
- Increase in young people ready for training and employment
- Adults moving from benefits to continuous employment

Example measures:

- Foundation Stage Profile
- Attendance and persistent absence rates
- Number of fixed term and permanent school exclusions
- NEET rate
- Children and young people meet or exceed their expected attainment levels

C. STAYING HEALTHY: All children are healthy

- More children and young people maintain a healthy weight
- Improved emotional health and well being
- Reduced levels of substance misuse
- Improved sexual health
- Fewer teenage pregnancies

Example measures:

- Overweight and obesity rates at Reception and Y6
- Hospital admissions (young people aged 10-24) as a result of self harm
- Hospital admissions as a result of alcohol misuse (under 18)
- Number of children and young people in contact with substance misuse services
- Number of under 18 conceptions
- Breastfeeding initiation
- Smoking status of mothers at time of delivery
- Diagnoses of Chlamydia in 15-24 year olds
- Referrals to CAMHS

D. STAYING SAFE: All children are safe within their families and communities

- Reduced incidence of children coming in to care
- Reduction in levels of bullying and discrimination
- Reduction in anti social behaviour
- Reduction in under 16 offending rates
- Reduction in preventable injury
- Reduced incidence of domestic abuse (taking into account increased reporting)

Example measures:

- Number of children coming into care
- Hospital admissions of children aged (0-4 and 5-17)
- Incidence of anti social behaviour
- Number of children affected by domestic abuse
- Number of first time entrants to the youth justice system

The outcomes above complement Ofsted's requirements under the [Single Inspection Framework \(2013\)](#). The new framework aims to monitor the 'experiences and progress of children who need extra help, protection and care'.

8. A new delivery model for Early Help

The intention is to develop five, district based, Early Help Hubs, delivering ‘getset’ services, i.e. co-ordinating a team around the family approach to deliver needs-led support. Local need will determine additional interventions, according to locally identified issues (e.g. debt management, community cohesion and domestic violence).

getset services (the new delivery model) provide.....	Instead of.....
Enhanced Family Information Service self-help facility	Limited Family Information Service
A new approach focused around families with a single family assessment (CAF) and the Team Around Family	Multiple individual assessments
A single point of access enabling better access to the right services, a common understanding of need across agencies and further sharing of information through integrated case discussions.	Multiple front doors and varying assessment processes leading to a fragmentation and duplication.
<p>Integrated getset services enabling joint management of cases and interventions across organisational boundaries.</p> <p>A core service consisting of:</p> <ul style="list-style-type: none"> • Family Support Workers (Children’s Centre & Family Focus) • School based Parent and Family Support Advisors (PFSAs) • Health Visitors • School Nurses • Midwives • Education Attendance Officers • Targeted Youth support workers • CAMHS link workers • Housing Options Officers • Job Centre Plus • PCSO⁴ & Police • Citizen’s Advice Bureaux • Voluntary and professional family mentors* <p>A wider service consisting of:</p> <ul style="list-style-type: none"> • Local need workers (e.g. domestic abuse support) • Other statutory, voluntary and community organisations providing early help services <p>*Trained, dedicated, voluntary family mentors. Peer support provided by volunteers from the community (as Family</p>	<p>Silo based approaches to children, young people and families not always rooted in the needs of a specific community, often leading to an escalation in need and unsustainable demand on more costly acute services.</p>

⁴ Police Community Support Officer

Focus model) trained to work alongside professionals, but whose similar life experiences bridge the 'approachability gap'.	Sporadic use of volunteers
An Early Help Commissioning Board jointly commissioning services for children and young people	A fragmented set of commissioned services resulting in duplication in some areas and gaps in others
The scale-up of evidence based interventions which reduce demand for more costly services following evaluation of 'what works' during year one	Interventions often not taken to full scale, not always evidenced based and commissioned on an organisational basis

9. Accessing Support

Children and families will access early support in three distinct ways:

- **Self-service** where the family or individual can access services without being specifically referred by another agency. This could include regular support groups such as fathers' groups or courses which have an open invitation
- **Assertive outreach** which will seek to engage with those children and their families who have traditionally found it difficult to engage with services. This could be due to factors such as the family's chaotic lifestyle, rural isolation or digital exclusion.
- **Self or agency referral** to the getset service

10. Structure and Governance for Early Help in Somerset

- Somerset Children's Trust Executive is the accountable body
- Somerset Early Help Commissioning Board is the responsible body
- getset services are responsible for the provision of early help in the district
- Each getset service will have an Advisory Board comprising key district stakeholders.

The five hubs will be co-ordinated and managed initially by Somerset County Council, but once established could be commissioned and eventually be contracted to a single organisation, a consortium or a number of separate organisations.

11. Performance Monitoring and Quality Assurance

Initially the getset services will be amalgamations of services from a variety of public sector, community and voluntary and private sector bodies that will each have their own quality assurance systems and processes. However, it will be crucial that the getset teams have a common and consistent performance management and quality assurance framework to work within that is agreed and used by all members of the getset service.

This performance management and quality assurance framework will compliment the pre-existing assurance systems but will also provide a robust overview of the Hubs. This will enable the performance of the Hubs to be closely monitored and managed.

12. Information sharing

The appropriate and timely sharing of information will be a vital component of success. By having one getset service in each area it will be easier to track referrals to specialist/targeted services such as Children's Social Care. There will be a more joined up approach to the safety and welfare of children and their families.

As early help services from a variety of sectors are brought together, there will be a need for clarity over the sharing of information.

Whilst pre-existing data sharing processes will still apply, some consideration will need to be given to the use of a collaborative IT information sharing platform which allows a number of approved users to access information securely. A range of packages are available, the installation of which would obviate the need for multiple access to existing systems e.g. Protocol and RIO as well as the need for everyone to send information to each other via a secure email address. The use of such a system will require the signing of an information sharing agreement by all organisations who want their staff to access the system.

12.1 Common Assessment Framework (CAF)

The CAF is the sole standardised tool for conducting assessments for a child or young person's additional needs. Its use should be considered for all early help and must be used as need escalates. It has an important interagency function; ensuring families only tell their story once and detailing the support action plan.

For more information see the CAF website: [Somerset County Council: Common Assessment Framework \(CAF\)](#)

13. Workforce development

Workforce development plans need to ensure that everyone working with children and families, especially disadvantaged groups, receive adequate training on language development, engaging and working with parents, and the value and uses of research and data particularly to analyse need for early identification. Multi agency training opportunities across all sectors will be essential for effective early help working.

14. The Business Case

The strategy is a mechanism to achieve savings; creating a situation where a proportion of savings from reduced demand are reinvested into early support and prevention activity, which would in turn lead to a further reduction in demand on Tier 3 and Tier 4 services. All the evidence demonstrates that through intelligent service design and a reallocation of resource within the system, costs incurred by individual agencies over a period of time should reduce.

As current contracts come to their natural end, funding will be released to re-invest in the reshaped services following new specifications that provide a family centred, outcomes based approach. This will avoid families and referring professionals having to go from agency to agency to find the "right" service. In addition, agencies that have established links with a family can remain involved even where needs may change.

There is currently no estimate for the total cost of early help in Somerset, or conversely, the costs of *not* providing effective, joined up early help. To fully understand the costs and potential benefits of our Early Help Strategy, financial modelling will have to be applied to all the different evidence based interventions from which a wider early help picture can be developed.

The following themes have emerged from the national Troubled Families initiative which will guide the next stage in developing the business case.

Family costs: Building a representative catalogue of costed family case studies, demonstrating the reactive costs of these families prior to intervention and the savings which may be realised if they are turned around.

Nailing down the unit costs: Working with partners across the criminal justice, housing, schools, health and voluntary sectors to secure a local consensus about the actual unit costs of different interventions and activities.

Projecting savings: Building on better cost data, local areas are developing new and improved processes to assess the potential financial benefits of the Troubled Families Programme in their locality.

Making the financial case for reform of services: Focusing on inefficiencies, duplications and gaps in provision to identify how services could be redesigned to deliver better value for money and better family outcomes.

Securing joint investment: Where areas have a strong grasp of their local costs, data and buy-in from a range of the benefiting local public bodies, they have started to form 'joint investment agreements' – long-term funding arrangements where the benefits of better outcomes are reflected in the financial stake of different public bodies.

15. Market Position

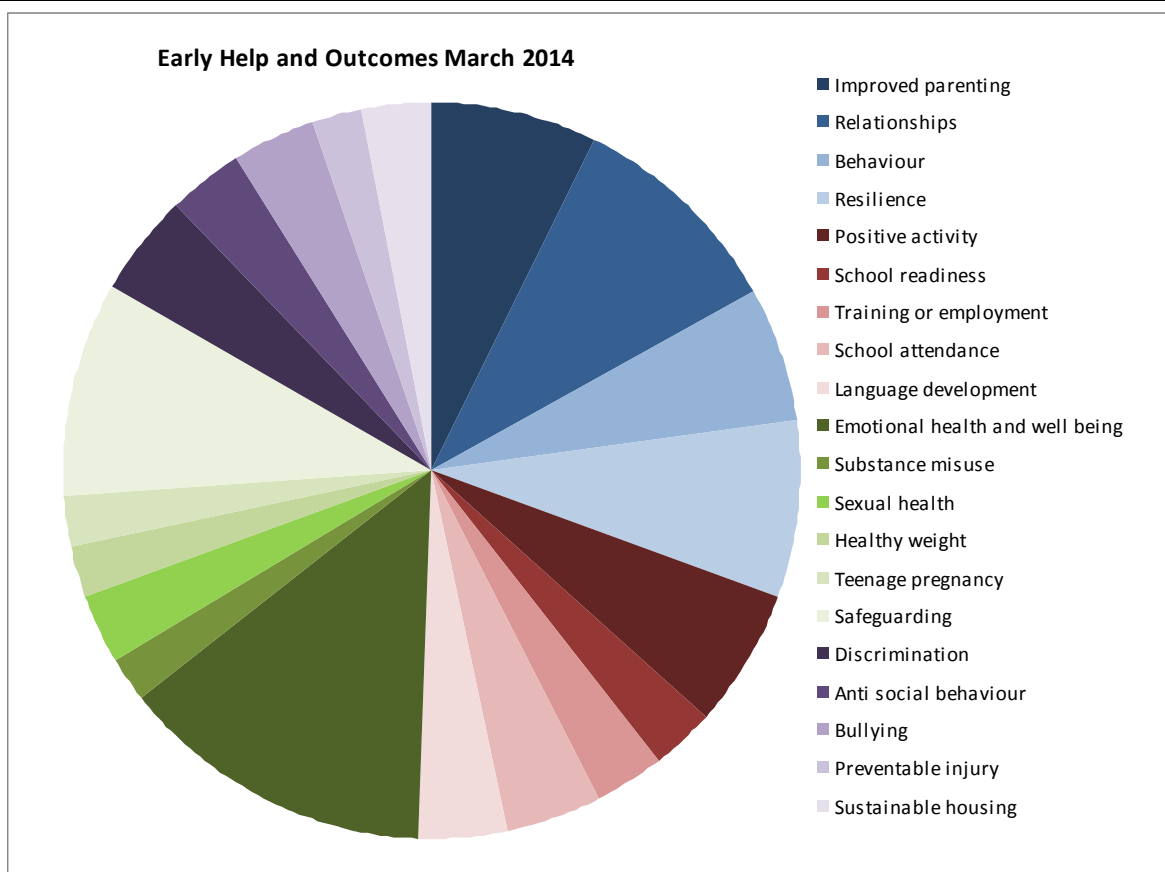
The commissioning process will seek to stimulate the early help provider market in Somerset, ensuring a mixed, sustainable economy that allows consistency of provision. It will also help to ensure that this market is accessible for potential new providers. Dialogue with the private, voluntary and independent sector (PVI) should begin as soon as possible; input from PVI organisations should inform the production of a detailed Market Position Statement for Somerset. The mapping exercise (see below) provides a useful starting point for this dialogue.

15.1 Provision Mapping

The Early Help and Outcomes Mapping Exercise (February 2014) highlighted the breadth and range of early help provision across the county, but also the difficulty of ensuring all provision is captured. Much early help is provided by universal services such as schools and GP surgeries. The mapping did not provide an exhaustive list of provision available, merely a snapshot of the type of services available to children, families and schools.

Key points:

- There is a wide variety of provision
- A significant number of services are provided by the voluntary and community sector
- Sometimes it is difficult to identify exactly what is early help
- Most early help is available county wide, although a couple of smaller, more local providers do target specific areas (such as rural West Somerset)



The chart above shows the outcomes that providers told us their early help services aim to meet. It represents the number of providers only, not the size of provision or the geographical coverage (i.e. the large dark green segment shows that a significant number of providers reported offering services that seek to improve emotional health and wellbeing).

16. Links to Adults' Services

- Developing a culture of early help should ensure a preventative environment which helps young adults maintain well-being through supportive, more inclusive communities with less reliance on service-based solutions
- Seamless transition to adult service support, if appropriate, for young people with Education Health and Care plans (from September 2014)

17. Implementation Schedule

Action	Deadline for completion	Purpose	Responsibility
Share draft strategy with Children's Trust Board to capture partner feedback.	Complete	Determine definitive outcome framework on which the strategy will be developed.	Caroline Fry
Strengthen draft strategy (including need profile) based on feedback from partners and consideration of related EH Hub Project Plan work packages	Complete		Caroline Fry / Esther Bonfield
Explore use of Social Investment Bonds	Complete	The use of social impact bonds is not appropriate for early help services in Somerset at this stage.	Esther Bonfield
Establish Early Help Commissioning Work Group (EHCWG)	1 st April 2014 onwards	Chaired by EH Commissioner to coordinate and develop the commissioning response and strategy	Trevor Simpson
Align EHCS to other emerging work	Ongoing	To ensure joined up approach and development	EHCWG
Secure sign up to EH Commissioning Strategy – consider joining up and exploring joint commissioning	June / July 2014		Trevor Simpson/ Caroline Fry / Esther Bonfield
Carry out a cost/benefit analysis of current service provision provided by LA under 4 outcome themes	July 2014	To determine unit cost, value and quality of service provision from which a bigger picture business case can be developed. A detailed cost benefit analysis is being carried out for Family Focus from April 2014 using a nationally derived breakdown of different unit costs and benefits soon to be available to all Local Authorities.	Esther Bonfield & Gemma Pickford - Waugh
Develop Early Help Market Position Statement	Summer 2014	For this to be effective, we will need feedback from EH managers, to better understand need in each area and soft market testing with providers. Will allow the marketplace (private and voluntary sectors) to understand our aims and needs.	Caroline Fry / Esther Bonfield / Phil Lincoln
Establish multi-agency EH Commissioning Board (possibly a Sub Group of SCT Exec)	Autumn 2014	Joint commissioning should ensure services are meeting needs and are cost effective. Strategic approach should minimise duplication.	Trevor Simpson
Multi-agency agreement and commitment of resource to Early Help Strategy	Autumn 2014	Essential for success of re-shaped and redesigned support services providing early help	Trevor Simpson / EH Commissioning Board