**Early Help and Prevention**

**Problem/need:** Transform existing services through a **whole system approach** to deliver **accessible** family help at the **right time** to meet the **local needs** of our families. Professionals will work together to ensure that **every contact counts** in coordinating support to ensure that all families, especially those experiencing **mental health** or who have children with **special educational needs and disabilities** (SEND), have their **needs met effectively**.

**Goal:** Deliver Cheshire East’s ‘**TOGETHER’ vision** to **coproduce high-quality**, **whole-family**, **integrated services** for our families, delivered **across Cheshire East**, in our **hub buildings, through outreach and digital** approaches for families with children **up to the age of 19** (or up to 25 for young people with SEND).

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**Inputs** (Resources)

**TF funding**

**Staffing**

* **Existing early help services**
* **Child health hubs**
* **Start for Life (new team)**
* **Input from professionals** across education, health and care, mental health, SEND, adults, libraries and police.
* **Input from other services**, including community development teams, debt management, welfare, housing services and volunteers (LA and VCFS)
* Community development officers (C&YP new posts)
* **Virtual services** – LiveWell, family information service, council and partner websites

**Strategic and operation buy-in across LA & partners**

* **Strong partnership and political commitment to change**
* **Youth support services, (Crewe Youth Zone in pipeline)**

**Shared vision, governance**

* Family hub steering group
* **Existing buildings**, including children's centres, family centres and youth centres
* **Data** analysis, needs mapping to identify need and gaps

**Co-produced activities**

* **Co-production** with YP, families, Parent Carer Forum and the workforce

**Activities** (Delivery)

**Review governance**

**Needs assessment**

* **Strategy and governance** – develop and implement a family hub strategy, vision and action plans. Ensure that the governance is in place to implement this, reporting to the health and wellbeing board.

**Agree delivery model (incl. outreach & online)**

**Service commissioning**

* **Staffing and resources** – transformation team, redesign of early help teams to align with family hub model, colocation of key staff across the partnership, Community development officers.
* **Service delivery** – reshape and integrate existing services to make them more accessible and targeted to families in need through local delivery plans, working with early years, school clusters, VCFS Community and rural outreach inc. EY home visiting service.
* **Operating model** – multi-agency locality operating model, including embedding making every contact count and approaches to working with families. Align with the supporting families programme. Delivery through multi-agency collaborative model.
* **SEND hub** – develop specialist services to meet the needs of SEND children earlier and more effectively, including a new early years SEND pathway, portage offer, behaviour support and inclusion offer. Embed a culture of quality of provision across all 0-25 SEND services and settings. Inclusion as a golden thread.
* **Mental health** - develop specialist, integrated services to target support for families around mental health and wellbeing across the FHs network.
* **Digital strategy** – develop and implement a digital strategy building on the Livewell site (health, wellbeing, and support service online directory) in Cheshire East.

**Building re-organisation & upgrades**

* **Delivery spaces** – map existing buildings and spaces used by families and coproduce whole family spaces to meet need, including extended opening, a rural and outreach offer. Delivery through 8 collaboratives (area-based partnerships).
* **Child health** – continue to move health services into local community buildings where clinically appropriate.

**Develop comms & engagement strategy (incl. re-branding & customer journey mapping)**

* **Communication** - develop and implement a communication plan to raise awareness of the benefits of family hubs, including newsletters, web pages, branding, signage etc.
* **Coproduction and feedback** – establish a coproduction and feedback plan so that services are developed and reviewed by services users.

**Multi-agency staff recruitment, workforce development & training**

* **Organisational change and workforce development** – develop and implement a multi-agency training and development plan to drive whole system change, underpinned by a restorative practice model and specialist training programme. Portage training model.

**Outputs** (Products/goods/services delivered)

**Operational, accessible FH sites with co-located services**

* Integrated and, where appropriate, co-located workforce in place
* Hub buildings established in each locality
* Multi-agency collaborative groups established in each locality to focus on local targeted action plans, informed by data (schools, early years, health, PCSOs, youth etc)

**One front door (physical & online access points)**

**Integrated referral pathways**

* Specialist mental health and SEND hubs and pathways in place to proactively identify and engage relevant families
* Single point of access
* Improved access to digital offer for parents, including the 0-19 Contact Hub and an enhanced LiveWell site
* Digital forum for professionals to share ideas and information
* Improved virtual offer for families in place, aligned with face-to-face offer

**Families using services**

* Improved accessibility to services for families – qualitative feedback
* Number of families/individuals accessing family hub services
* Number of early help assessments completed

**Staff training delivered**

* Numbers engaged with the organisational change programme
* Numbers engaged with the multi-agency workforce development programme
* Numbers trained in restorative practice model
* Multi-agency outcomes and performance framework
* Peer support model (volunteering network, training, support)

**Shared policy and strategy documents**

* Locality delivery plans
* Communication and coproduction plans in place
* Joint commissioning plan

**Impacts** (Broader societal changes)

**Children and Young People**

* Improved early/timely identification and packages of support for those with SEND and mental health needs
* Improved mental health and wellbeing
* Enhanced inclusion policies and practices and reduced school/ setting exclusions
* Have a strong start in the early years
* Increased social mobility, improved education and economic potential
* Better prepared for adult life

**Families**

* Families tell their stories once
* Trusted relationships with professionals
* Reduced need for statutory services overall
* Improved mental health and wellbeing
* Economic stability through access to housing and financial support

**Outcomes** (Changes following this activity)

**Children and Young People:**

* Cared for children are happy and able to achieve their full potential.
* Feel and are safe.
* Are happy and experience good mental health and wellbeing.
* Are healthy and make positive choices.
* Leave school with the best skills and qualifications they can achieve and the life skills they need to thrive in adulthood.
* Those with additional needs have the support they need to achieve and be happy.
* Have earlier access to support when they need it.

**Families:**

* Coproduced services better meet the needs of families.
* Receive help earlier, especially those with SEND children, mental health or living in the 0-30% most deprived LSOAs
* More accessible support to a range of services in one place through a single point of access and digital offer.
* Whole family increased wellbeing
* Improved family relationships

**Workforce:**

* Have the necessary skills and resources
* Enhanced understanding and knowledge of wider system reduces duplication and silo working
* Increased confidence in inclusive practice across the early years through evidenced based portage approach
* Increased intelligence to target resources where they are needed most

**System:**

* Data sharing agreements, pooling skills and resources
* Make financial efficiencies (linked to above)
* Available resources are better targeted, informed by LSOA and ward level data
* Consistent practice and language through shared operating model and training

**Risks:**

* Resource challenges (staff time, budget pressures, priorities), particularly with increasing demand due to cost of living.
* Timescales for staff recruitment and delivery and establishing governance (new/changed roles location)
* Communication and engagement activity doesn’t sufficiently explain the difference in the family hub offer so families don’t engage as they don’t understand or recognise services as meeting their needs or feel stigmatised
* There is a risk that family hubs are not sustained beyond the grant period

**Assumptions:**

* Organisations willing to work flexibly and strengthen data sharing
* All agencies buy-in to systems change and agile working and remain committed to the transformation process.
* Partnership working increases service resilience/efficiencies/effectiveness