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1. Introduction

There is a long standing and strong commitment to early intervention and prevention across all agencies and strategic partners in Leicestershire. In response to a range of national and local policy developments, this new strategy for Early Help and Prevention represents a refresh of our approach and reflects our desire for an integrated approach to Early Help and Prevention across children’ and adults services, and public health as part of a Whole Council approach.

This strategy has been developed as part of an externally commissioned review of Early Help and Prevention in March / April 2016. This scope of this review included services either directly delivered by Leicestershire County Council or externally commissioned, and was undertaken to ensure that the Leicestershire approach to Early Help and Prevention:

- Ensures an integrated approach to commissioning and delivery of services.
- Is efficient across children and adults' services, and public health.
- Focuses scarce resources on services that make the biggest impact
- Operates within available resources

This strategy therefore reflects the findings of this review in driving forward a newly integrated approach by Leicestershire to early help and prevention. In doing so, this strategy aims to build upon the good practice and existing strategy which already exists in Leicestershire in respect of Early Help and Prevention, but contains clear actions as to how this can be further developed. To this end, where relevant, each section in the strategy has an action plan for future development which is then collated into an overall action plan at the end of the strategy.
2. Purpose of Strategy and Legislative Framework

In Leicestershire we see a focus on early help and prevention as fundamental in tackling the root causes of problems as soon as they arise; this is critical to improving people’s quality of life throughout each life stage. We want to break down intergenerational cycles of deprivation and poor outcomes, preventing problems from escalating and reducing the need for the involvement of statutory services. In doing so and promoting better outcomes for the communities and people of Leicestershire, we also help to ensure that we reduce avoidable spend in acute services where early intervention would have prevented, reduced or delayed the need for them, and hence provide better value for public money.

Legislative Framework

The recent changes in legislation have reinforced the need to consider the needs of all vulnerable children and young people in the context of the whole family, as well as the needs of vulnerable adults.

The Children & Family Act 2014 sets out a range of new responsibilities including the promotion of greater integration across education, health and social care. This focus on joint approaches to deliver integrated and personalised care provides a fresh impetus on achieving together the outcomes that matter to children, young people and their families. The act requires particular attention to be given to:

- Prevention
- Early identification
- Access
- Transition across life stages, and
- Preparation for adult life.

Also important to Early Help and Prevention work for children are the Children Act 1989 and 2004; the Ofsted single inspection framework; the thematic Ofsted framework; the Ofsted Children’s Centre inspection framework; and the new Ofsted SEND inspection framework.

The Care Act 2014 highlights the requirement of effective person-centred planning to help intervene at the earliest possible stage. It states “It is critical to the vision in the Care Act that the care and support system works to actively promote wellbeing and independence, and does not just wait to respond when people reach a crisis point. To meet the challenges of the future, it will be vital that the care and support system intervenes early to support individuals, helps people retain or regain their skills and confidence, and prevents need or delays deterioration wherever possible”.

3. What do we mean by Early Help and Prevention?

In Leicestershire, all agencies working with children or adults recognise that prevention and earlier intervention is more successful and cost effective than later or more formal interventions. We are all engaged to a greater or lesser extent in work that seeks to prevent the escalation of difficulties or the deterioration of circumstances which could adversely affect people at any age.

Defining “early help” is much more common when describing it within the context of children’s services than it is in adults. The following definition is adapted from the C4EO publication ‘Grasping the Nettle’ in 2010:

“Taking targeted action early and as soon as possible to tackle problems emerging for children, young people and their families, or with a population most at risk of developing problems. Early intervention may occur at any point in a child or young person’s life”.

Though this definition focusses on children, young people and their families, it usefully helps to form the basis of the Leicestershire approach to early help across children’s and adults’ services, and public health. However, it does not necessarily capture the concept of prevention and early intervention starting at a stage even earlier than when it needs to be targeted. Nor does it capture the role of communities to support early intervention through an “asset based approach” that makes the most of the support that people may have on their doorstep.

Leicestershire’s definition of “early help and prevention” across children’s and adults’ services and public health may therefore be described as thus:

“Supporting communities to prevent and reduce need at the earliest stage whilst taking targeted action as soon as possible to tackle problems emerging where there is a risk of a person developing problems. Early intervention may occur at any point in a person’s life”.

By early intervention we mean the targeted action that we take to prevent the development or escalation of problems. This definition importantly includes both help provided early in life (with young children, including pre-birth interventions) as well as the help delivered early in the development of a problem (with any person, regardless of age).

Specifically in relation to children’s services, Eileen Munro (2011)¹ outlines three levels of prevention; primary, secondary and tertiary. Focussed more on adults, the Care Act 2014 provides a similar categorisation using the language of prevent, reduce and delay.

The following diagram shows how both the principles of “Prevent, Reduce, Delay” interrelates with Primary, Secondary and Tertiary Prevention, so that whether we are talking of children’s or adults’ services, we have a clear framework to describe early help and prevention work in Leicestershire.

We recognise that the 4 elements of Prevent, Reduce, Delay and Meet Need originate from the Care Act 2014 and have particular resonance with adults and communities, including public health.

The work of the Children and Family Services department will be mapped onto only the prevent, Reduce and Meet elements to reflect the inappropriateness of describing any of our work as potentially contributing to delay in addressing a child’s needs.
The table below summarises the different levels of prevention to help agencies to describe their contribution across three levels.

<table>
<thead>
<tr>
<th>Primary Prevention:</th>
<th>Secondary Prevention:</th>
<th>Tertiary Prevention:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevent</td>
<td>Reduce</td>
<td>Delay</td>
</tr>
<tr>
<td>Preventing the occurrence of problems</td>
<td>Preventing problem escalation</td>
<td>Reducing the severity of problems</td>
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</table>

Early Intervention is taken at the level of the whole population in order to prevent the development of risk factors. At this universal level agencies build resilience across the population. Informal and formal education, awareness raising, helps to strengthen the support communities provide for local people.

At this level agencies will intervene early with families who have existing risk factors, vulnerabilities or acknowledged additional needs to ensure that problems are halted and do not become either more significant or entrenched.

At this level agencies work with families to tackle more complex problems to reduce the severity of problems that have already emerged and reduce or delay the need for specialist services involvement. This includes children, young people and families in crisis and on the edge of family breakdown.

**Vision for Early Help**

Our vision is that by 2018 we will have a comprehensive offer for community based prevention for the citizens of Leicestershire, funded by bringing together all the resources available to Local Councils and partners.

This will include a core menu of preventative services will wrap around individuals and communities, as an essential component of the model of integrated care.
As part of this, every opportunity will be taken to improve health and wellbeing, support vulnerable people, maintain people’s independence, manage demand, and address the wider determinants of health and wellbeing.

Principles of Early Help

There are some clear principles to successfully delivering secondary, more targeted prevention.

- **Identification** – this is concerned with identifying those at risk and addressing future demand. Timeliness is a key factor – it is essential to be proactive and to intervene at the right time. The offer may be targeted and in some instances it may be necessary to make a repeat offer of support or to ‘follow up’ with some individuals. To make identification successful, there will need to be a range of information and service access points provided by a range of providers, including Clinical Commissioning Groups where established methods of identifying people at risk are utilised (risk stratification tools). The community should also be playing a key role in early identification;

- **Supporting Independence** – working with people to identify what their needs are and assisting them to get timely, effective and relevant information and to access community resources. This should be a largely short-term intervention which enhances control, increases resilience, facilitates participation and promotes inclusion. It should be outcomes-focussed and evidence-based and include an element of contingency planning for the future;

- **Maximising and Enhancing Community Resources** – maximising community resources. There should be a wide range of community resources available or developed and these should be able to respond to need associated with social isolation, health concerns, living environments, and carers. This community resource includes families, friends, neighbours, communities of interest, community groups and providers;

- **Community Development** – developing and supporting existing community infrastructures and community development. Key to community development is the Local Area Co-Ordination approach which harnesses existing and developing social capital, has knowledge of local assets and which can ensure that the right infrastructures are in place to sustain community responses to the needs of groups and individuals.

This strategy aims to deliver the Leicestershire approach to Early Help and Prevention which takes a collaborative approach involving the Council, its partners and the local community.
4. The Leicestershire Early Help and Prevention Framework

To help understand more specifically how existing services in Leicestershire contribute to Early Help and Prevention, a Target Operating Model has been developed alongside the Council's commitment to the principles of Prevent, Reduce and Delay.

There are four tiers to the Target Operating Model as it incorporates a “tier 0” which incorporates a range of community based initiatives which operate at a universal level to enable communities to support themselves and operate at a particular “reduction” / pre-primary prevention level.

The tiers of the Target Operating Model can be described thus:

<table>
<thead>
<tr>
<th>Tier</th>
<th>(Tier Number)</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>Tier 0</td>
<td>(Community Capacity)</td>
<td>Helping communities to build capacity, empowering and enabling them to support themselves and rely less on specific council resources</td>
</tr>
<tr>
<td>Tier 1</td>
<td>(Primary Prevention)</td>
<td>Maintaining independence, supporting good health and wellbeing through high-quality information and advice programmes to develop self-help behaviours</td>
</tr>
<tr>
<td>Tier 2</td>
<td>(Secondary Prevention)</td>
<td>Targeted prevention for individuals identified as being at risk of specific conditions, events or behaviours</td>
</tr>
<tr>
<td>Tier 3</td>
<td>(Tertiary Prevention)</td>
<td>Reducing more established needs</td>
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</tbody>
</table>
Target Operating Model for Early Help and Prevention

Tier 3 (tertiary prevention)
“Reducing more established needs”
Enablers: Early Intervention Tools

Tier 2 (secondary prevention)
“Targeted prevention for individuals identified as being at risk of specific conditions, events or behaviours”
Enablers: A streamlined approach to high-quality information, advice and guidance. Information sharing between organisations to identify those at risk.

Tier 1 (primary prevention)
“Maintaining independence, supporting good health and wellbeing through high-quality information and advice and programmes to develop self-help behaviours”
Enablers: Increased focus on those activities that allow communities to build the skills and infrastructures needed to support themselves. Robust commissioning and community strategies. Support from partners and the community.

Tier 0 (community capacity)
“Helping communities to build capacity, empowering and enabling them to support themselves and rely less on specific council resources”
Enablers: Increased focus on those activities that allow communities to build the skills and infrastructures needed to support themselves. Robust commissioning and community strategies. Support from partners and the community.

LOCAL AREA COORDINATORS
Commissioning and Performance Management

The Early Help and Prevention Review undertaken in May 2016 established that there were separate commissioning processes for early help and prevention services across departments. There was therefore a variation in the levels of performance management of externally commissioned early help and prevention services.

Though this strategy promotes an integrated approach to Early Help and Prevention, the following sections 4-6 highlight the specific services delivered via Public Health, Adults’ Services and Children’s Services.

5. Public Health - Key Elements of an Approach to Early Help and Prevention

There are three key elements to Public Health’s contribution to Early Help and Prevention:

Service Provision

Public Health commissions a range of services as outlined in the Target Operating Model in section 3. Actions to support a more consistent approach to the commissioning and contract management of external contracts are contained in the action plan in section 3.

First Contact

First Contact provides a central point of contact for professionals, which coordinates access for individuals to a range of organisations providing advice, information and other services. At present all referrals into the service come from professionals, using the First Contact referral form, however, from summer 2016 the new First Contact Plus service will allow self-referrals from the public into the service.

First Contact also provides a link with Local Area Coordinators (see below).

Whilst managed and administered by Leicestershire County Council, there is a strong emphasis on engaging partners in supporting the identification of those in need of early intervention and prevention. This is done via the First Contact Checklist which enables partners to identify key vulnerability factors in the course of carrying out their more substantive duties.
Local Area Coordinators

Local Area Coordination is a national initiative fully embedded into the Leicestershire approach to Early Help and Prevention which works in partnership with individuals, families and local communities to support them to access community resources and build capacity within communities. There are three key functions to Local Area Coordination:

- Working with individuals who are frequent users of formal service to support them in accessing more preventative support within the community
- Working with communities to develop resilience and capacity
- Using knowledge and capacity held within Leicestershire County Council to enable communities and other agencies to support people in their local areas.

The initiative is particularly important in supporting Tier 0 and Tier 1 prevention aims of the Target Operating Model, supporting communities to help themselves, and is closely aligned with the LCC Community Strategy.

Access into the service for individuals can be through direct introductions from GPs (linking in with the “Social Prescribing” model below) and other health professionals, including hospitals at point of discharge, from parishes, members of the community, or through other LCC organisations such as the Customer Service Centre and First Contact. Local Area Coordinators also work alongside the children’s Early Help Hubs and Supporting Leicestershire Families to support families who have been referred into the service through First Response and may only need a low-level of support.

Case Study 1: Local Area Coordinators – Gwen’s Story

Gwen is in her 90s and is living independently with a diagnosis of dementia. She requested a place at a day centre. The Local Area Coordinator visited her at home to find out her interests and the Coordinator then accompanied her to several of these groups to give her confidence. These included a coffee morning and a social group in a local church. Referrals were also made to the Alzheimer’s society and RVS Good Neighbours Scheme for befriending service, therefore avoiding any need for social services input at this time.
At the time of developing this strategy there were 8 Local Area Coordinators in Leicestershire, each covering a small local area within the County as part of a pilot programme delivered through Better Care Fund funding. Leicestershire County Council is committed to exploring the extension of this programme both beyond its current pilot and to a wider area of the County.

Case Study 2: Local Area Coordinators – Luke’s Story
Luke is 18 and was introduced to the Local Area Coordinator by the Job Centre. He was not in education, employment or training and lacked the confidence to deal with people face-to-face. He felt isolated and wished he had more friends. The Coordinator took time to explore what Luke’s strengths and interests were and supported him to join a training course 4 days a week. The programme includes lifeskills and confidence-building alongside B-tech qualifications. The course refunds Luke’s bus ticket and also gives him a lunch voucher, so he isn’t out of pocket. So far Luke has maintained a 100% attendance record and says that he has made new friends and feels more confident talking to people.

Social Prescribing
Social prescribing is a means of enabling primary care services to refer patients with social, emotional or practical needs to a range of local, non-clinical services, often provided by the voluntary and community sector. Research into social prescribing reports benefits in three key areas (Friedli and Watson, 2004):

- Reducing social exclusion
- Improving community wellbeing
- Improving mental health outcomes

Social Prescribing is often seen as targeted towards older people with depression or who are socially isolated. Statistics show that one in four older people have symptoms of depression, which is exacerbated by feelings of social isolation. The risk of depression increases with age, with 40 per cent of people over 85 are affected. Furthermore, approximately 3.7 million older people live alone and about 17 per cent of older people see family, friends and neighbours less than once a week.
However, the definition of Social Prescribing need not to be limited to older people, and many younger adults would also benefit from addressing issues relating to social isolation or emotional health.

**Case Study 3: Social Prescribing – Arthur’s Story**  
Arthur was referred by his GP because of his depression. He was upset that he was in hospital and was not with his wife when she died. He received considerable support from his children but they were all still grieving. Age UK referred all the family members to CRUSE and provided emotional and social support to Arthur over several weeks. Arthur was referred to a local community group and is attending a weekly men’s group and lunch group. Age UK introduced Arthur to another social prescribing client who also attends the community centre. They were old family friends who had lost touch, but now meet regularly.

**Case Study 4: Social Prescribing – Mary’s Story**  
Mary’s husband committed suicide three years ago. Mary returned to work after a very short period of compassionate leave. Recently, she was made redundant from her job and at the same time, her two children were diagnosed with mental health problems. Age UK provided emotional support during three home visits. Practical support was offered to assist Mary to sort out a number of financial issues. An appointment was made for advice on will-writing with a solicitor who visits Age UK monthly. Mary decided to look for new employment in a different sector and Age UK provided information on appropriate courses and training. In the meantime, Mary is volunteering as an Age UK befriender while looking for paid work. She has also attended a number of Age UK theatre outings.
The model below demonstrates how Social Prescribing may work in Leicestershire:

**Emerging Model for Social Prescribing**

- **Physical Activity**
  - Exercise on Referral
  - District Councils’ Physical Activity Offer

- **Lightbulb**
  - Leicestershire's Integrated Housing Support

- **Information, Advice and Guidance**
  - Core Offer
  - Digital Council Integrated Points of Access

- **Wellbeing and Wellness Services**
  - Recovery College
  - Smoking Cessation
  - Diabetes Prevention
  - Carers Support
  - IAPT

- **First Contact Plus**
  - Navigator for Social Prescribing

- **Patient & GP Dialogue**
  - Consent for referral for social prescription

- **Social Support/Community Support**
  - Local Area Coordinators (LAC)
  - LCC’s Communities Strategy
  - Voluntary Sector Offer

- **Volunteering**
  - Timebanking
  - Targeted community capacity building in response to community need
6. Adults’ Services – Key Elements of an Approach to Early Help and Prevention

The majority of Early Help and Prevention services driven by Adults’ Services are driven through the commissioning of external services. These are detailed in the Target Operating Model in section 3.

Actions to support a more consistent approach to the commissioning and contract management of external contracts are contained in the action plan in section 3.

First Contact Points for Information and Advice

The following all act as first points of contact to provide information and advice to the public:

- LCC Customer Service Centre (Adults)
- Leicestershire Advice Service (Adults)
- First Contact Plus (Adults – self-referral from Summer 2016)
- Local Area Coordinators (Adults and Families)
- Family Information Directory Children and Families)

In addition to this, Children’s Centres and the Supporting Leicestershire Families team can also provide advice to families. However, advice and guidance from Supporting Leicestershire Families is generally at the secondary level of prevention and requires an initial referral through First Response, the Children’s Duty Team.

Assisted Living Technology

As part of its approach to early help and prevention, Leicestershire County Council deliver an Assisted Living Technology service for adults. The service provides both stand-alone equipment, including easy-to-use mobile phones, memory aides and equipment for those who are deaf or hard of hearing, and a linked telecare service.

There is clearly some overlap between early help and prevention services within Adults’ Services and Public Health, including the role of First Contact and the Local Area Co-Ordinators. These services are detailed more in section 6 under “Public Health”
7. Children’s Services - Key Elements of an Approach to Early Help and Prevention

Early Help in Children’s Services covers the service areas of Youth Offending Service (YOS), Community Safety, Children’s Centres, Supporting Leicestershire Families (Troubled Families) and Strengthening Families Service (Edge of Care services). In Leicestershire, the YOS still do some preventative work with those at risk of offending and also those at risk of re-offending. There are also a range of externally commissioned contracts to support early help and prevention.

Commissioned Contracts

Children’s Services commissions a range of services as outlined in the Target Operating Model in section 3. Actions to support a more consistent approach to the commissioning and contract management of external contracts are contained in the action plan in section 3.

Children’s Centre Provision

There are 36 Children’s Centres across Leicestershire that are grouped in line with district/borough council boundaries: Blaby, Oadby and Wigston; Charnwood; Harborough District; Hinckley and Bosworth; Melton; and North West Leicestershire.

Each area has a Co-Ordinator and a core team of Family Outreach Workers, Pathway Support Workers and Parent and Community Inclusion Workers.

Each area operates the 2 Year Pathway and benefits from two centrally commissioned services – Baby Beginnings and Family Action.

The Two Year Pathway

This is targeted work with parents who are identified predominantly through midwifery services at the pre-birth stage, and who are therefore referred to the 2 Year Pathway. This is an intensive programme of weekly intervention for the first year, with transition to other services in year 2 and support where applicable to access the 2 Year Old Offer. Some referrals will come via the Early Help Hub where needs are not identified until after the child is born.
**Work with 3-5 year olds**

This is a targeted caseload approach to families of children aged 3-5 who are referred via the Early Help Hubs. Caseloads are held by the Family Support Workers.

**Universal Offer**

Children’s Centres still offer a universal offer predominantly delivered by other agencies, with examples being breastfeeding support, weaning support, baby clinics and parent led groups.

**Supporting Leicestershire Families**

The Supporting Leicestershire Families initiative focuses on families whose needs fall just short of the Child in Need criteria. The team is divided into North and South localities and then 5 areas across these – North West, Harborough / Oadby Wigston / Blaby, Loughborough / Shepshed, South Charnwood / Melton, and Hinckley / Bosworth. The service delivers brief intervention work and will work with a family for up to a year. Roles within the team include a two Locality Managers, team leaders for the 5 areas, Senior Family Support Workers, Family Support Workers, Youth Development Workers, Youth Workers and Youth Support Workers. The Youth Development Workers and Youth Workers are a more recent addition to the service after a restructure in April 2015. A pooled budget with police, CCG and districts is in place to support staffing costs.

**Case Study 5: Supporting Leicestershire Families**

The Grant family were at risk of eviction and were isolated from their family and community. The housing department had received complaints about anti-social behaviour and there were concerns raised about Mum’s capacity to keep her children safe.

A Supporting Leicestershire Families worker carried out an initial assessment and drew up a plan to provide the right support. They helped Mum to get the right benefits, clear rent arrears and avoid eviction. They also parenting advice to help Mum to create better routines and a safer environment and they help to ensure that she had support from family members and local community groups.

The Grant family are still living in their home and have avoided eviction. Mum now feels more confident about asking for help and has rebuilt relationships with her family. There have been no further complaints about anti-social behaviour from the children.
Youth Offending Service

The Youth Offending Service (YOS) works with children and young people between the ages of 8 and 17 in order to prevent offending and re-offending. The YOS offers a range of interventions to support young people across Leicestershire and Rutland; one to one work, group work, substance misuse, mental health, reparation, health based interventions and street based work in anti-social behaviour hotspot areas.

As well having indicators relating to Youth Justice, in terms of prevention, the Youth Offending Service deliver the IMPACT and YISP programmes.

IMPACT work through local partnerships to work with young people in areas affected by high levels of ASB, engaging with young people who are causing concerns for local residents, and trying to prevent them becoming involved in criminal or anti-social behaviour through advice and support.

The YISP works with young people who are referred to them primarily through schools, the police, and internally from within the YOS, and who are on the cusp of offending or have committed an initial low level offence which was not pursued by the criminal justice system.

A Social Return on Investment review of the IMPACT and YISP programmes in September 2014 showed that for every £1 spent on IMPACT there was a return of £1.34, and for every £1 spent on YISP a return of £2.59.

Families Information Service

Leicestershire County Council’s operate a Family Information Service which holds extensive information on many useful local organisations providing information and advice for families who have children or young people aged 0-25 years with special educational needs or disability. both a Family Information Directory (FID) and a Family Information Service (FIS). This service enable the public to access information about services and activities in their local area which may in many cases be “universal” but which can also direct to services which could be described as “early help”.

Early Help Hubs

Early Help Hubs are multi agency task groups which meet on a monthly basis to discuss the needs and ultimately allocation of individual cases who are defined as in need of secondary or in some cases tertiary intervention, but which do not meet the criteria for social care intervention. There are 7 Early Help Hubs covering 8 districts. Referrals come from First Response, and partners attend from a wide variety of services.

Case Study 6: Early Help Hubs – Family ‘M’
Family ‘M’ live in a small village with very little public transport. Dad has physical disabilities and Mum helps to care for him. They are finding the behaviour of their child to be challenging and are feeling isolated. Mum wanted some help with benefits, getting back into work and support with behaviour strategies to use at home.

Mum was referred to the local Children’s Centre who invited her to attend the parenting group. They offered to arrange transport for her if she couldn’t get there using public transport. She was also referred to “Me and My Learning” through Melton District Council who supported her with checking the benefits that she was entitled to and devising a plan to help her get back into work.

Case Study 7: Early Help Hubs – Family ‘S’
Family ‘S’ are struggling with multiple issues. Their youngest child has autism and anxiety and their eldest child has mental health difficulties; both are in receipt of services via CAMHS. Mum is struggling with depression and anxiety and is also having to manage her diabetes and chronic fatigue.

The family are unable to pay their mortgage and are worried they may be evicted. Mum feels that she can no longer cope and doesn’t know where to start or how to get support.

The Adult Social Care Inclusion Service contact Mum to offer a 12 week programme of support. They will help her to make and attend a range of appointment to seek advice with her health needs, housing difficulties and debt support. The team will also liaise with Supporting Leicestershire Families who can provide help to Mum if she feels she needs further advice and support after the programme.
8. Communications

Communicating the Leicestershire approach to Early Help and Prevention is a key part of the drive towards promoting early intervention, and its contribution to a fully understood, Council wide approach to early intervention cannot be underestimated.

Driven by a proactive programme of communications, a key priority is to build a positive dialogue with the community about how the council’s direction and role is changing, in the face of continued budget pressures. This supports the Council’s priorities around Early Help and Prevention to prevent, reduce and delay need.

To this end, the corporate communications function supports the following key messages:

- Communicating to residents what they can do themselves to stay healthy and well
- Promoting what’s available locally and where people can find information and advice
- Encouraging people to go online and self-serve
- Prompting changes in behaviour – so that people make the most of resources
- Promote how people, communities and businesses can solve problems

The Council operates a substantial Communications Strategy which this Early Help and Prevention Strategy links intrinsically to.
For the purposes of this strategy, the key elements of the Council’s approach to communicating its Early Help and Prevention approach is outlined here.

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Method of Communication</th>
<th>Key Messages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leicestershire County residents</td>
<td>Website, Newsletter, Press Articles</td>
<td>Launch and ongoing promotion of the LCC Early Help and Prevention Strategy and the key elements of the LCC Early Help and Prevention approach. Promotion of a community, asset based approach to early help and prevention. Promotion of an asset based, self help approach to early help and prevention.</td>
</tr>
<tr>
<td>Leicestershire County Council staff</td>
<td>Staff newsletter, Staff roadshows, Tailored, more focussed Early Help and Prevention development programme for staff within Adult’s Services, Children’s Services and Public Health, to help embed consistent and positive messages about community asset, self help approach to early help and prevention.</td>
<td>All staff to be aware of the key Early Help and Prevention messages and be aware that the promotion of these messages is “everyone’s business” and that all staff have a contribution to conveying this.</td>
</tr>
<tr>
<td>Leicestershire County Council elected members</td>
<td>Elected Member roadshows</td>
<td>Elected Members to be aware of the key Early Help and Prevention messages and be aware that the promotion of these messages is “everyone’s business” and that all staff have a contribution to conveying this.</td>
</tr>
<tr>
<td>Partner Agencies and Organisations</td>
<td>Partners event, Key Partnership fora</td>
<td>Launch and ongoing promotion of the LCC Early Help and Prevention Strategy and the key elements of the LCC Early Help and Prevention approach. Partners to be aware of their unique contribution to Early Help and Prevention as part of a co-ordinated and consistent approach.</td>
</tr>
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9. Workforce Development

Workforce Development is a key element of supporting Leicestershire County Council’s drive to promote and embed early help and prevention as part of “everyone’s business”, as well as remain at the cutting edge of innovation.

Workforce development is delivered corporately to Adults’ Services, Communities and Well Being Services and Public Health. For Children’s Services, some workforce development is commissioned though the corporate programme but they will also arrange their own training separately.

The Council are also a key driver in the partnership led “Commissioning Academy” which involves 15 public sector partners. This programme has been funded by the cabinet office and drives two key programmes – a 100 day “project” to identify how to work more effectively with service users at the high, medium and lower end of the prevention spectrum, and a “Behavioural Insights” programme focussed on how practitioners can support a change in public behaviour and expectations of early help and prevention provision. This is currently aimed at two cohorts – one with chief officers of Leicestershire County Council and other public sector organisations, and one with assistant directors / service managers but there is an opportunity to widen the reach of this programme.

10. Community Capacity Building – Working Towards an Community Asset Based Approach

Leicestershire County Council has always helped communities to “help themselves”, including helping people to understand their needs and develop their own solutions to these needs. Communities already help the Council to deliver some services, including snow, flood and heritage wardens, Youth Offending Service volunteers, and latterly in supporting the delivery of libraries.

The Council’s approach is captured in a new vision within its Community Strategy which commits to “Leading Leicestershire by working with our communities and partners for the benefit of everyone”
The Communities Strategy sets out how the Council works with communities with the following key priorities:

- **Priority 1** - Unlock the capacity of communities to support themselves and vulnerable individuals and families – reducing the demand on public services
- **Priority 2** - Support communities to work in partnership with the Council to design and deliver services, including those currently delivered by the Council
- **Priority 3** – Develop voluntary and community sector (VCS) organisations in Leicestershire as effective providers in a diverse market which supports delivery of the Council’s (service devolution and support for vulnerable families) priorities.

The Community Strategy is key to driving Leicestershire County Council’s drive to develop services at Tier 0 of its Early Help and Prevention Target Operating Model and its Communities Model supports this. However, Leicestershire County Council realise that the Community Strategy needs to link closely with the Council’s Corporate Communications Strategy and Workforce Development Strategy as part of a whole Council approach to developing community capacity.

There are a number of national examples of how a community based approach to early help and prevention can work well.

**Case Study 8: Community Capacity Building – Men in Sheds**

Men in Sheds is a programme set up by Age UK in Exeter focused on reducing isolation of older men, particularly those that may be unlikely to engage in traditional schemes such as coffee mornings. It encourages men over 50 to meet for a few hours a week to socialise over renovating and refurbishing tools and gardening equipment. There are now around 100 Sheds in the UK and many more at the planning stage, helped by the formation of a UK Men’s Shed Association, offering help and support in setting up prospective new sheds.

Age UK Cheshire is currently looking at how the idea can be adapted to meet the needs of the veterans community offering a range of activities and services with other forces charities, in a friendly all inclusive environment.
11. Early Help Assessment Tools

To support the early identification of those in need of early help and prevention support, Leicestershire County Council is committed to collaborating on the development and introduction of a single Early Help Assessment checklist to support a whole workforce approach to identifying early indicators of vulnerability across Children and Adults. This will help practitioners and partner agencies in identifying if there is a need which may require further assessment.

Current examples of early help tools include the First Contact Checklist used within Public Health to support Adult’s Services and the Early Help Assessments within Children’s Services.

Case Study 9: Community Capacity Building – Timebanking
Taff Housing Association in Cardiff piloted its Timebanking project with young women from supported housing projects. The women were encouraged to earn time credits by contributing to the running of the hostel and participating in projects. For each hour contributed, the women earned one-time credit that could be spent attending house events, such as parties, BBQs and picnics. Following the success of the pilot, Taff Housing Association rolled out the Timebank to the rest of its tenants and, with the support of Spice, engaged partners in the city to contribute to the project. Now tenants are able to spend their time credits at local arts centres, theatres and sports and leisure clubs.
# Summary Action Plan

All workstreams will develop action plans with appropriate leads and timescales.

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<th>Workstream</th>
<th>Scope of Workstream</th>
<th>Outcomes</th>
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| Commissioning     | 1. Consider a joint approach to the commissioning of Early Help across Public Health, Adults’ and Children’s Services:  
 a) Centralising the process of commissioning of contracts across the Council to reduce the risk of inconsistent commissioning  
 b) Considering how the corporate commissioning strategy, departmental strategies and commissioning intentions can align to support this process.  
 2. Undertake a further review of current contracts and internal services across Public Health, Adults and Children’s Services departments to identify where there may still be duplication or the opportunity to cluster contracts.  
 3. Develop a consistent quality assurance and performance management framework to be applied across all externally commissioned contracts.  
 4. Alongside the Communities Strategy, develop work with the VCS to develop consortia behaviour, whereby when new contracts are tendered or where they come up for review, the VCS may undertake a consortia approach to tendering to contract under a single agency agreement.  
 5. Develop a consistent approach to contract renewal, reviewing all contracts 6 months prior to expiry against set criteria based upon:  
 b) Relevance to Council priorities and latest analysis of need.  
 c) Contribution to the TOM framework and the principles of Prevent, Reduce, Delay.  
 d) Options appraisal of all ways of delivering the aims, objectives and intended outcomes of the service.                                                                                     | Centrally held record of contracts across Public Health, Adults’ Services and Children’s Services.  
 Performance Management Framework consistently applied.  
 Commissioning intentions and activity within one department are consistent with and complement those in other departments. |
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<td>Review of Children’s Services:</td>
<td>1. Implement Children’s Centre reconfiguration as per the recommendations in the Early Help and Prevention review.</td>
<td>An opportunity to further align with other Local Authorities that are reviewing Children’s Centre provision without significantly reducing the offer to service users.</td>
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<td>- Children’s Centres</td>
<td>2. Review linkages between the Supporting Leicestershire Families and Youth Offending Teams in respect of young people at risk of anti-social behaviour.</td>
<td>An opportunity to ensure that the Supporting Leicestershire Families and Youth Offending Teams work efficiently together to reduce anti-social behaviour.</td>
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<td>- Supporting Leicestershire Families / Youth Offending Team</td>
<td>3. Explore potential efficiency savings through reviewing advice services in line with current plans by Leicestershire County Council.</td>
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<td>Linkages</td>
<td>4. Explore increasing the level of support to address needs relating to autism within the Early Help Hubs, and to the Supporting Leicestershire Families Service in particular, as a number of cases appear to come to the hub with complex needs relating to autism that the Hubs appear to find challenging to address.</td>
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| Communities Strategy    | 1. In line with Council plans, review, update and redevelop the Communities Strategy to include:  
   a) How it supports the development of Tier 0 of the Target Operating Model across Public Health, Adults’ Services and Children’s Services.  
   b) How the corporate Communications Strategy can support key messages to the community around asset based, self-help approach to early help and prevention.  
   c) The development of consortia behaviour within the VCS.  
   d) How the Workforce Development Team can support Council staff, elected members, partners and the VCS in promoting the culture of an asset based, self-help approach to early help and prevention.  
  2. In line with Council plans, review the voluntary sector infrastructure arrangements. Any savings should be re-invested Tier 0 work.  
  3. In order to justify further investment in Tier 0 activity in the future, ensure that more rigorous KPIs are put in place for current Tier 0 contracts to evidence their impact on demand within other tiers and that the Council considers developing a model to evidence social return on investment. | An updated, reviewed and most importantly integrated Communities Strategy that supports the development of Tier 0 of the Target Operating Model across Public Health, Adults’ Services and Children’s Services. |
| Workforce Development   | 1. Consider further investment in the Commissioning Academy, including how a focus on Early Help can be built in.  
  2. Develop further the concept of the Behavioural Insights training and develop a programme targeted at practitioners, elected members and wider partners.  
  3. Develop a bespoke Workforce Development Strategy for Early Help and Prevention, integrated across all departments, to operate as a subset to the Council’s Corporate Workforce Development Strategy. | The Leicestershire County Council approach to an asset based, self-help approach to early help and prevention is understood by all key stakeholders and the culture of a “Leicestershire Way” is developed. |
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| First Contact Points / Information and Advice | 1. Review Information and Advice services across Public Health, Adults’ Services and Children’s Services, identify / address where there may be duplication and explore where they may complement each other further and consider the role of the digital agenda.  
2. Consolidate services to make it simpler for the public to have one point of contact, whilst still remaining Care Act compliant.  
3. Consider the establishment of a low-level advice and information ‘temperature-check’ service for families, possibly through bringing this into the First Contact service alongside information for Adults.  
4. Consider directing more individuals away from the Customer Service Centre and towards First Contact as a central point of advice and information (via the new online self-referral too when developed) through information provided on the Council website and a diversion option on the CSC phone line akin to that currently set up for the Leicestershire Advice Service.  
5. Develop a policy for information sharing between First Contact, Early Help Hubs (including Supporting Leicestershire Families), and the Local Area Coordinators to proactively identify those who may require additional support from partner services. | The approach to Information and Advice is clear and complementary, reducing duplication where this may exist. |
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<td>Partnership</td>
<td>1. Review the approach to Partnership to ensure that key stakeholders are involved at appropriate levels and stages. In particular:&lt;br&gt;2. Review and develop the role of the Police and Fire Service as key partners in early help and prevention.&lt;br&gt;3. Further develop partnerships between the eight Districts and the Council to support the provision of preventative activity throughout all areas of the county, reduce costs to the Council and districts by assessing areas of duplicated provision and working together to rationalise these.&lt;br&gt;4. The emerging group focussing on identifying frequent users of public sector services needs to include all relevant services. There appears to be a reluctance of health agencies to share information at this stage, but other areas have overcome this as part of a “social prescribing model”. Learning from how these barriers have been overcome would benefit this group.&lt;br&gt;5. Review the range of partnership groups which exist and develop a clear governance structure that ensures that these groups are accountable and add value.&lt;br&gt;6. Collaborate on the development and introduction of a single Early Help Assessment checklist to support a whole workforce approach to identifying early indicators of vulnerability across Children and Adults.</td>
<td>Partners are involved at an appropriate stage and an integrated approach is taken to early help and prevention. Information is shared appropriately which helps identify those in need of early help and prevention.</td>
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<td>Assisted Living Technology</td>
<td>1. Further review arrangements for the provision of Assisted Living Technology to explore:</td>
<td>The provision of Assisted Living Technology is clear to professionals and service users. Financial efficiencies are gained through a more integrated approach between the Council and districts.</td>
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<td>a) Opportunities for joint commissioning with districts to provide better economies of scale and a simpler and more consistent service for residents across the county.</td>
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<td>b) A review of the provision of stand-alone equipment as a free to use service through the introduction of means testing</td>
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<td>c) Further investigation of the benefits of developing self-assessment for basic pieces of Assistive Living Technology equipment via an online form akin to ‘AskSARA’, which would reduce the number of self-referrals to the customer service centre</td>
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<td>d) Consider how Assistive Living could be developed as part of the Lightbulb Project in the future.</td>
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<td>e) Further develop partnerships between the eight Districts and the Council to support the provision of preventative activity throughout all areas of the county, reduce costs to the Council and districts by assessing areas of duplicated provision and working together to rationalise these.</td>
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<td>Local Area Co-Ordination</td>
<td>1. Consider how the Local Area Co-Ordination pilot may be extended, both in terms of the duration of the current programme but also extension across the County.</td>
<td>An approach to Local Co-Ordination is taken which supports the Prevent, Reduce, Delay model by meeting need at a community based level at the earliest opportunity.</td>
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